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

OMB No. 1545-0047

Department of the Treasury

Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2022 calendar year, or tax year beginning JUL 1 and ending JUN 30 C Name of organization Check if applicable: D Employer identification number Address change BOARD OF TRUSTEES OF WHITMAN COLLEGE Name change 91-0567740 Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ termin-ated 345 BOYER AVENUE 509-527-5411 218,058,576. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return WALLA WALLA, WA 99362-2067 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: SARAH BOLTON Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ( (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions HTTP://WWW.WHITMAN.EDU H(c) Group exemption number K Form of organization: X Corporation Trust Association Other L Year of formation: 1859 M State of legal domicile: WA Part I Summary Briefly describe the organization's mission or most significant activities: PROVIDE A RIGOROUS LIBERAL ARTS Governance EDUCATION TO PASSIONATE, ENGAGED STUDENTS FROM DIVERSE BACKGROUNDS 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 23 3 Number of voting members of the governing body (Part VI, line 1a) 3 22 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 Activities & 1652 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 667 6 802 694. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 25,622. 7h **Prior Year Current Year** 25,192,899, 24,868,989. Contributions and grants (Part VIII, line 1h) 8 Revenue 97,675,433 98,708,514. Program service revenue (Part VIII, line 2g) 31,195,807, 38,130,340. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,963,457 2,225,129. 11 156,027,596 163,932,972. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 40,174,163 41,505,390. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 50,979,638. 54,333,687. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 42,632,137. 59,723,816. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 133,785,938, 155,562,893. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 22,241,658. 8,370,079. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 951,754,815 1,016,276,452. Total assets (Part X, line 16) 115,740,918 119,856,091. 21 Total liabilities (Part X, line 26) 三年 836,013,897. 896,420,361. Net assets or fund balances. Subtract line 21 from line 20 ... Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign DAVID J. HAMRICK, VP FOR FINANCE & ADMIN Here Type or print name and title Date PTIN Preparer's signature Check Print/Type preparer's name TRACY S. PAGLIA TRACY S. PAGLIA 04/05/24 P00366884 Paid 91-0189318 Firm's name MOSS ADAMS LLP Preparer Firm's EIN Firm's address 3121 W MARCH LN, STE 200 Use Only

No

X Yes

Phone no. 209 - 955 - 6100

STOCKTON, CA 95219-2367

May the IRS discuss this return with the preparer shown above? See instructions

Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	THE MISSION OF WHITMAN COLLEGE IS TO PROVIDE A RIGOROUS LIBERAL ARTS	
	EDUCATION OF THE HIGHEST QUALITY TO PASSIONATE AND ENGAGED STUDENTS	
	FROM DIVERSE BACKGROUNDS. WHITMAN STUDENTS DEVELOP THEIR INTELLECTUAL	
	AND CREATIVE CAPACITIES IN A SUPPORTIVE SCHOLARLY COMMUNITY THAT	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2		Yes X No
	prior Form 990 or 990-EZ?	Yes A NO
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	expenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 65 , 849 , 754 . including grants of \$) (Revenue \$)	86,906,078.
	TO PROVIDE ACADEMIC INSTRUCTION, SUPPORT AND OTHER PROGRAMS TO ALL	_
	WHITMAN COLLEGE STUDENTS, INCLUDING 1,400 FULL-YEAR UNDUPLICATED FULL	
	TIME EQUIVALENT STUDENTS AND 355 GRADUATED STUDENTS.	
	· · · · · · · · · · · · · · · · · · ·	
4b	(Code:) (Expenses \$ 41,505,391. including grants of \$ 41,505,391. ) (Revenue \$	)
	TO PROVIDE STUDENTS WITH SERVICES INCLUDING FINANCIAL AID ASSISTANCE,	
	COUNSELING, INTERNSHIPS, JOB PLACEMENT, INSTRUCTIONAL SCHOLARSHIPS, AND	
	FEDERAL LOANS OR GRANTS. DURING THE FISCAL YEAR, 1,439 STUDENTS	
	RECEIVED INSTRUCTIONAL SCHOLARSHIPS AND 848 STUDENTS RECEIVED FEDERAL	
	LOANS OR GRANTS.	
	LOANS OR GRANTS.	
4c	(Code:) (Expenses \$ 14 , 927 , 972 including grants of \$ ) (Revenue \$	11,802,436.)
40	TO PROVIDE STUDENTS WITH AUXILIARY SERVICES, DURING THE FISCAL YEAR	
	797 STUDENTS WERE HOUSED IN COLLEGE-PROVIDED HOUSING AND 744 STUDENTS	
	PARTICIPATED IN COLLEGE-PROVIDED BOARD PLANS.	
	Other and the Control of Control	
4d	Other program services (Describe on Schedule O.)	,
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses 122,283,117.	
		Form <b>990</b> (2022)

Form 990 (2022)

#### 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			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
·	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_ <u> </u>		
•	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? <i>If</i> "Yes," <i>complete</i>	<b>-</b>		
0	, ,	8	Х	
•	Schedule D, Part III	<b>-</b> °		
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?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	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	
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	Х	
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		х
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	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
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Part IV	Checklist of Required Schedules	(continued)
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	<b>-</b>		Yes	No					
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		х						
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22							
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	23	х						
24.5	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23							
<b>24</b> a	last day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete</i>								
h	Schedule K. If "No," go to line 25a	24a 24b	Х	Х					
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240							
·		24c		х					
ч	Did the consist in set of a set like help of all increases the set of the set	24d		X					
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u							
<b>2</b> 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	254							
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?   If "Yes." complete								
	Schedule L. Part I	25b		х					
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200							
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	1							
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х					
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? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		х					
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? <i>If</i>								
-	"Yes," complete Schedule L, Part IV	28a		Х					
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Х						
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200							
·	"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	Х						
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? <i>If</i> "Yes." <i>complete</i>								
	Schedule N. Part II	32		х					
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		х					
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and								
	Part V, line 1	34	Х						
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х						
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity								
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х					
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?								
	If "Yes," complete Schedule R, Part V, line 2	36		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?								
	Note: All Form 990 filers are required to complete Schedule O	38	Х						
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance								
	Check if Schedule O contains a response or note to any line in this Part V								
			Yes	No					
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable								
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming								
	(gambling) winnings to prize winners?	1c	Х						

232004 12-13-22

Form 990 (2022)

Part V	Statements Regarding Other IRS Filings and Tax Compliance	(continued)

			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Х							
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							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?									
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X						
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
	any contributions that were not tax deductible as charitable contributions?	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).	_		х						
a	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								
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7.	х							
a		7c	21							
d	Tu i co, indicate the number of roms 6262 lines during the year	7e		х						
e f		7 <del>6</del>		x						
g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>						
h	If the organization received a contribution of qualified intellectual property, and the organization rife rorm coos as required:  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
•	sponsoring organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.									
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.)									
12a	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.									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
_	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans  13b									
	Enter the amount of reserves on hand	44-		Х						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>						
	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	15		x						
	excess parachute payment(s) during the year?  If "Yes," see the instructions and file Form 4720, Schedule N.	ıJ								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	х							
10	If "Yes," complete Form 4720, Schedule O.	10								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person 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.									
	• •									

Form **990** (2022) 232005 12-13-22

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

	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3_		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		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_		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			٠,,
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	l		.,
•	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:	0-	х	
a	The governing body?	8a 8b	X	
ь 9	Each committee with authority to act on behalf of the governing body?	OD	21	
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.)	<u> </u>		
	This Section B requests information about policies not required by the internal nevenue Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe 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	Х	
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			17
	taxable entity during the year?	16a		Х
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	16h		
Sec	exempt status with respect to such arrangements? tion C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filedCO_,CT_,DC_,FL_,GA_,HI_,IL_,KS_,KY_,LA_,MA_,MD			
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)s	only)	availal	ole
.0	for public inspection. Indicate how you made these available. Check all that apply.	. Crity)	a rundi	
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial	
	statements available to the public during the tax year.	,		
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	DARLENE WILSON, AVP FOR FINANCE & CONTROLLER, WHITMAN COLLEGE - 509-527-			
	345 BOYER AVENUE, WALLA WALLA, WA 99362			

## 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Note	(A) Name and title	(B) Average			Pos	C) ition			(D) Reportable	<b>(E)</b> Reportable	(F) Estimated
Tom from comparison or related organizations below line)   Fig.   Fig.	Name and title		box	, unle	ss pei	rson is	s both	n an	•	·	
1			_	cer an	ia a a	recto	r/trus	tee)			
1		1 '	direct				- - - -			-	-
1		related	tee or	ustee			ensate			,	organization
1		~	al trus	nal tr		loyee	comp		1099-NEC)		
1			dividu	stitutic	fficer	sy emp	ghest	rmer			organizations
C1   PETER W. HARVEY	(1) SARAH R. BOLTON		드	드	6	포	王ə	7.			
(2) PETER W. HARVEY CHIEF FINANCIAL OFFICER (THRU 5/23) 1.00 CHIEF FINANCIAL OFFICER (THRU 5/23) 1.00 CHIEF FINANCIAL OFFICER (THRU 5/23) 1.00  (3) ALZADA TIPTON 40.00 PROVOST AND DEAN OF FACULTY (4) KATHLEEN MURRAY 40.00 VP DEVELOPMENT AND ALUMNI RELATIONS (5) STEVEN J. SETCHELL 40.00 VP DEVELOPMENT AND ALUMNI RELATIONS (6) KAZIFUALIMEA JOSHUA VP STUDENT AFFAIRS AND DEAN OF STUDE (7) JOHN JOHNSON VP DIVERSITY AND INCLUSION (8) DAN TERRIO CHIEF INFORMATION OFFICER (9) PATRICK SPENCER 40.00 CHIEF INFORMATION OFFICER (10) SCOTT KLEINHEKSEL ASSOCIATE VP FOR DEVELOPMENT (11) PATRICK KEEF 40.00 PACULTY (12) PHILIP BRICK 40.00 VP FACULTY (13) KIMBERLY CHANDLER ASSOCIATE VP FOR DEVELOPMENT (13) KIMBERLY CHANDLER ASSOCIATE VP FOR DEVELOPMENT (14) DAUT J. HAMRICK (40.00 VP FOR FINANCE AND ADMIN (FROM 5/23) 1.00 VF FOR FINANCE AND ADMIN (FROM 5/23) 1.00 VF FOR FINANCE AND ADMIN (FROM 5/23) 1.00 VICE CHAIR  X X 0.0. 0.0. 0.0. 0.0. 0.0. 0.0. 0.0.	PRESIDENT (FROM 7/22)		1		х				305,944.	0.	43,528.
(3) ALZADA TIPTON	(2) PETER W. HARVEY	40.00							,		,
No.   No.	CHIEF FINANCIAL OFFICER (THRU 5/23)	1.00	1		х				273,765.	0.	64,361.
Column	(3) ALZADA TIPTON	40.00									-
RESIDENT (THRU 6/22)	PROVOST AND DEAN OF FACULTY					Х			237,803.	0.	76,351.
STEVEN J. SETCHELL	(4) KATHLEEN MURRAY	40.00									
VP DEVELOPMENT AND ALUMNI RELATIONS	PRESIDENT (THRU 6/22)				Х				285,196.	0.	20,030.
Column	(5) STEVEN J. SETCHELL	40.00									
VP STUDENT AFFAIRS AND DEAN OF STUDE	VP DEVELOPMENT AND ALUMNI RELATIONS					Х			266,076.	0.	35,107.
The content of the	, . ,	40.00									
VP DIVERSITY AND INCLUSION	-					Х			186,007.	0.	85,578.
CRIEF INFORMATION OFFICER	, , , , , , , , , , , , , , , , , , , ,	40.00	-								
CHIEF INFORMATION OFFICER	-					Х			184,392.	0.	27,171.
PATRICK SPENCER	, . ,	40.00	-							_	
X	-					Х	_		174,371.	0.	34,902.
ASSOCIATE VP FOR DEVELOPMENT		40.00	-						150 050		0.7.061
ASSOCIATE VP FOR DEVELOPMENT		40.00					X		1/2,959.	0.	27,261.
Mathematical Reservation   Mathematical Reserv		40.00	-				,,		166 170		25 252
FACULTY	-	40.00					X		166,1/8.	0.	25,352.
TRUSTEE (THRU 6/23)   TSO,908.   TSO,908.		40.00	-				Į		160 572	0	20 075
FACULTY (13) KIMBERLY CHANDLER DIRECTOR OF ATHLETICS, DEPT CHAIR & X 153,424. 0. 15,250. (14) DAVID J. HAMRICK VP FOR FINANCE AND ADMIN (FROM 5/23) 1.00 X 0. 0. 0. (15) JOSEPH C. DAVIS CHAIR (16) DANA REID VICE CHAIR X X X 0. 0. 0. 0. (17) BARBARA FEIGIN TRUSTEE (THRU 6/23) X 0. 0. 0. 0.		40.00					_		109,572.	0.	20,875.
(13) KIMBERLY CHANDLER DIRECTOR OF ATHLETICS, DEPT CHAIR & X 153,424. 0. 15,250.  (14) DAVID J. HAMRICK 40.00 VP FOR FINANCE AND ADMIN (FROM 5/23) 1.00 X 0. 0. 0.  (15) JOSEPH C. DAVIS 1.00 CHAIR X X 0. 0. 0. 0.  (16) DANA REID 1.00 VICE CHAIR X X 0. 0. 0. 0.  (17) BARBARA FEIGIN 1.00 TRUSTEE (THRU 6/23) X 0. 0. 0. 0.		40.00	1				x		150 908	0	24 132
DIRECTOR OF ATHLETICS, DEPT CHAIR &   X   153,424.   0.   15,250.		40 00							130,300.	· ·	24,132.
(14) DAVID J. HAMRICK     40.00       VP FOR FINANCE AND ADMIN (FROM 5/23)     1.00       (15) JOSEPH C. DAVIS     1.00       CHAIR     X X       (16) DANA REID     1.00       VICE CHAIR     X X       (17) BARBARA FEIGIN     1.00       TRUSTEE (THRU 6/23)     X         40.00     0.       0.     0.       0.     0.       0.     0.       0.     0.       0.     0.       0.     0.       0.     0.       0.     0.       0.     0.       0.     0.		10.00	1				x		153 424.	0.	15 250.
VP FOR FINANCE AND ADMIN (FROM 5/23)         1.00         X         0.         0.         0.           (15) JOSEPH C. DAVIS         1.00         X         X         X         0.         0.         0.         0.           CHAIR         X         X         X         0.         0.         0.         0.           VICE CHAIR         X         X         X         0.         0.         0.         0.           (17) BARBARA FEIGIN         1.00         X         0.         0.         0.         0.           TRUSTEE (THRU 6/23)         X         0.         0.         0.         0.         0.	•	40.00							200,121.	•	
(15) JOSEPH C. DAVIS     1.00       CHAIR     X X       (16) DANA REID     1.00       VICE CHAIR     X X       (17) BARBARA FEIGIN     1.00       TRUSTEE (THRU 6/23)     X         1.00       X     X       0.     0.       0.     0.       0.     0.			1		x				0.	0.	0.
(16) DANA REID     1.00       VICE CHAIR     X       (17) BARBARA FEIGIN     1.00       TRUSTEE (THRU 6/23)     X         0.     0.       0.     0.       0.     0.	-	1.00								-	
(16) DANA REID     1.00       VICE CHAIR     X       (17) BARBARA FEIGIN     1.00       TRUSTEE (THRU 6/23)     X         0.     0.       0.     0.       0.     0.       0.     0.			х		х				0.	0.	0.
(17) BARBARA FEIGIN     1.00       TRUSTEE (THRU 6/23)     X       0.     0.	(16) DANA REID	1.00									
(17) BARBARA FEIGIN     1.00       TRUSTEE (THRU 6/23)     X       0.     0.	VICE CHAIR		х		х				0.	0.	0.
	(17) BARBARA FEIGIN	1.00									
- 000 (2000)	TRUSTEE (THRU 6/23)		Х						0.	0.	

Form 990 (2022) 232007 12-13-22

1 01111 000 (2022)	TRUSTEES OF WH	T.I.M	AIN	СОГ	LEG	r E			91-056//4	Page C
Part VII Section A. Officers, Directors, T	rustees, Key Emp	oloy	ees,	and	l Hig	ghes	t Co	ompensated Employee	s (continued)	Г
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)					Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) DANIELLE GARBE RESER	1.00									
TRUSTEE		Х						0.	0.	0.
(19) MARK KAJITA	1.00									
TRUSTEE		Х						0.	0.	0.
(20) GORDON KEANE JR.	1.00									
TRUSTEE		Х						0.	0.	0.
(21) PETER LEWIS	1.00									
TRUSTEE		Х						0.	0.	0.
(22) LEIGH ANN LUCERO TRUSTEE	1.00	х						0.	0.	0.
(23) MARSHAL MCREAL	1.00									
TRUSTEE		х						0.	0.	0.
(24) NATHANIAL MILES	1.00									
TRUSTEE		х						0.	0.	0.
(25) TRICIA PUTNAM MONTEGOMERY	1.00									
TRUSTEE		х						0.	0.	0.
(26) JIM MOORE	1.00									
TRUSTEE (THRU 6/23)		х						0.	0.	0.
1b Subtotal								2,726,595.	0.	499,898.
c Total from continuation sheets to Par								0.	0.	0.
d Total (add lines 1b and 1c)								2,726,595.	0.	499,898.

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

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

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

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
BON APPETIT		
PO BOX 417632, BOSTON, MA 02241	FOOD SERVICES	5,871,255.
APOLLO MECHANICAL CONTRACT		
1133 W. COLUMBIA DRIVE, KENNEWICK, WA 99336	CONSTRUCTION	1,115,534.
HAYS ELECTRIC LLC		
620 N 13TH AVE, WALLA WALLA, WA 99362	CONSTRUCTION	612,325.
OTIS ELEVATOR		
PO BOX 73579, CHICAGO, IL 60673	CONSTRUCTION	347,636.
INTEGRUS ARCHITECTURE P S		
10 S CEDAR ST, SPOKANE, WA 99201	ARCHITECTURE	291,855.
2 Total number of independent contractors (including but not limited	to those listed above) who received more than	
\$100,000 of compensation from the organization	24	
GDD DADE VIII GDGETON A GOVERNMANTON GUDDEG		- 000 ()

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2022)

79

	Individual frustee or director	Pick a	and (C) Osition ositio	on at ap	ply)	(D)  Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	Individual frustee or director	Pick a	(C) ositionall that	on at ap	ply)	( <b>D)</b> Reportable compensation from the organization	(E) Reportable compensation from related organizations	Estimated amount of other compensation from the organization and related
N	Individual trustee or director	eck a	ositio	at ap		Reportable compensation from the organization	Reportable compensation from related organizations	Estimated amount of other compensation from the organization and related
N	Individual trustee or director	eck a	all tha	at ap		compensation from the organization	compensation from related organizations	amount of other compensation from the organization and related
	Individual trustee or director	ional trustee	advola			from the organization	from related organizations	other compensation from the organization and related
0 x 0 x 0 x 0 x 0 x	ζ	Institutional trustee	Officer Key em nlovee	Highest compensated employee	Former	the organization	organizations	from the organization and related
0 x 0 x 0 x 0 x 0 x	ζ	INSTITUTIONAL TRUSTEE	Officer Key employee	Highest compensated employ	Former			organization and related
0 x 0 x 0 x 0 x 0 x	ζ	Institutional trustee	Officer Key employee	Highest compensated er	Former	(W-2/1099-MISC)		and related
0 x 0 x 0 x 0 x 0 x	ζ	Institutional trustee	Officer Key employee	Highest compensal	Former			
0 x 0 x 0 x 0 x 0 x	ζ	Institutional t	Officer Key employer	Highest comp	Former			organizations
0 x 0 x 0 x 0 x 0 x	ζ	INSTITUTIO	Officer	Highest	Former			
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Statement of Revenue

			Check if Schedule O	onta	ains a r	response (	or note to any lin	e in this Part VIII			
								(A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
									iunction revenue	business revenue	sections 512 - 514
S S	1	а	Federated campaigns			1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues			1b					
جَ ۾			Fundraising events			1c					
fts, r A						1d					
ig ig			Government grants (contri			1e	788,254.				
Sin			All other contributions, gifts,				, , , , , , , , , , , , , , , , , , , ,				
e ți		'	similar amounts not included			1f	24,080,735.				
흕		~	Noncash contributions included in I			1g \$	2,846,443.				
i o		_		ines	ıa-ıı [	IGΙΦ	2,010,110.	24,868,989.			
Oa		<u> </u>	Total. Add lines 1a-1f			<u></u>	Business Code	21,000,505.			
_	_	_	STUDENT TUITION & F.	EES			616000	85,340,413.	85,340,413.		
ice	2	-	HOUSING & MEAL SERV				611710	11,782,571.	11,782,571.		
er ne		~	MISCELLANEOUS INCOM				900099	1,565,670.	1,565,670.		
n S		-					611710				
Program Service Revenue		a	AUXILIARY				011/10	19,860.	19,860.		
Š		e									
ъ.			All other program service	eve	nue			00 700 514			
-+		g	Total. Add lines 2a-2f					98,708,514.			
	3		Investment income (includ					0 212 065		000 604	0 510 271
	_							9,313,065.		802,694.	8,510,371.
	4		Income from investment o		-	pt bond p	roceeds				
	5		Royalties				(") D				
						Real	(ii) Personal				
			Gross rents	<u>6a</u>		32,846.					
			Less: rental expenses	6b		07,717.					
			Rental income or (loss)	6с	2,2	25,129.		0.005.400			0.005.100
			Net rental income or (loss)					2,225,129.			2,225,129.
	7	а	Gross amount from sales of		24 2	ecurities	(ii) Other				
			assets other than inventory	7a	81,6	35,162.					
		b	Less: cost or other basis		l						
ther Revenue			and sales expenses			17,887.					
Ne.			Gain or (loss)		•	17,275.					
æ			Net gain or (loss)					28,817,275.			28,817,275.
je l	8		Gross income from fundraising	ig ev	ents (n	ot					
δ			including \$			of					
			contributions reported on		,						
			Part IV, line 18								
			Less: direct expenses								
			Net income or (loss) from								
	9	а	Gross income from gamin								
			Part IV, line 19								
			Less: direct expenses								
			Net income or (loss) from								
	10	а	Gross sales of inventory, le								
			and allowances								
		b	Less: cost of goods sold			10b					
		С	Net income or (loss) from	sales	s of inv	entory					
S							Business Code				
Miscellaneous Revenue	11	а									
ane		b									
evel		С									
Ais		d	All other revenue								
		е	Total. Add lines 11a-11d								
	12		Total revenue. See instruction	ns				163,932,972.	98,708,514.	802,694.	39,552,775.

232009 12-13-22

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	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	38,762,048.	38,762,048.		
3	Grants and other assistance to foreign	, ,	, ,		
_	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	2,743,342.	2,743,342.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	2,231,688.	768,954.	1,069,013.	393,723
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	99,537.	14,000.	85,537.	
7	Other salaries and wages	38,399,132.	32,391,037.	4,118,927.	1,889,168
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	3,407,444.	2,779,269.	433,107.	195,068
9	Other employee benefits	7,346,120.	5,991,834.	933,737.	420,549
0	Payroll taxes	2,849,766.	2,324,400.	362,223.	163,143
1	Fees for services (nonemployees):				
а	Management				
b	Legal	529,865.		529,865.	
С	Accounting	128,731.		128,731.	
d	Lobbying	5,059.		5,059.	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	15,835,219.		15,835,219.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	16,590,152.	15,763,222.	268,066.	558,864
12	Advertising and promotion				
3	Office expenses	133,105.	123,275.	6,985.	2,845
4	Information technology	1,738,419.	46,017.	1,523,162.	169,240
5	Royalties				
6	Occupancy	3,107,254.	2,920,819.	186,435.	
7	Travel	5,218,116.	3,950,752.	1,057,145.	210,219
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	0.000.000	0.404.000	120.054	
0	Interest	2,330,893.	2,191,039.	139,854.	
1	Payments to affiliates	0 221 101	7 707 010	402 271	
2	Depreciation, depletion, and amortization	8,221,181.	7,727,910.	493,271.	
3	Insurance	1,065,991.		1,065,991.	
4	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 O.)				
а	SUPPLIES	3,683,940.	3,000,489.	683,451.	
b	COMMUNICATIONS	648,876.	528,495.	85,539.	34,842
С	PRINTING & PUBLICATION	291,900.	97,300.	48,650.	145,950
d	POSTAGE & SHIPPING	195,115.	158,915.	25,723.	10,477
е	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	155,562,893.	122,283,117.	29,085,690.	4,194,086
:6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

# Form 990 (2022) Part X Balance Sheet

Part	L X	Balance Sneet					
		Check if Schedule O contains a response or no	ote to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	2,585,673.	1	1,236,501		
	2	Savings and temporary cash investments			60,868,168.	2	48,496,022
	3	Pledges and grants receivable, net			17,907,905.	3	23,771,280
	4	Accounts receivable, net			726,632.	4	720,59
	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 the	ese persoi	ns		5	
	6	Loans and other receivables from other disqua	lified pers	ons (as defined			
		under section 4958(f)(1)), and persons describe	ed in secti	ion 4958(c)(3)(B)		6	
ပ္	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
¥	9	B			649,120.	9	1,167,13
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	294,428,405.			
	b	Less: accumulated depreciation	10b	121,413,394.	165,686,724.	10c	173,015,01
	11	Investments - publicly traded securities			288,232,930.	11	403,217,740
	12	Investments - other securities. See Part IV, line	11		413,312,465.	12	362,920,66
	13	Investments - program-related. See Part IV, line	e 11		738,496.	13	576,63
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		1,046,702.	15	1,154,87	
	16	Total assets. Add lines 1 through 15 (must eq	ual line 33	3)	951,754,815.	16	1,016,276,45
	17	Accounts payable and accrued expenses			9,729,651.	17	12,011,24
	18	Grants payable			989,264.	18	682,298
	19	Deferred revenue			1,863,212.	19	1,680,13
	20	Tax-exempt bond liabilities			78,057,872.	20	76,625,99
	21	Escrow or custodial account liability. Complete	Part IV o	f Schedule D		21	
မွ	22	Loans and other payables to any current or for					
≝		trustee, key employee, creator or founder, sub					
Liabilities		controlled entity or family member of any of the	ese perso	ns		22	
-	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p	•				
		parties, and other liabilities not included on line	es 17-24).	Complete Part X	05 400 040		00 056 406
					25,100,919.	25	28,856,422
-	26				115,740,918.	26	119,856,093
g		Organizations that follow FASB ASC 958, ch	eck here	X			
Š		and complete lines 27, 28, 32, and 33.			224 250 000		254 054 014
<u>a</u> ar	27				334,352,892.	27	354,254,214
ř	28	Net assets with donor restrictions			501,661,005.	28	542,166,147
<u> </u>		Organizations that do not follow FASB ASC	958, chec	ck here			
<u> </u>		and complete lines 29 through 33.					
ts	29	Capital stock or trust principal, or current fund				29	
SSe	30	Paid-in or capital surplus, or land, building, or				30	
ا ب	31	Retained earnings, endowment, accumulated i			026 040 000	31	005 100 55
	32	Total net assets or fund balances			836,013,897.	32	896,420,361
	33	Total liabilities and net assets/fund balances			951,754,815.	33	1,016,276,452

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				Х
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,932,	
2	Total expenses (must equal Part IX, column (A), line 25)			,562,	893.
3	Revenue less expenses. Subtract line 2 from line 1			,370,	079.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))				897.
5	Net unrealized gains (losses) on investments	5	54	,382,	125.
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	-2	,345,	740.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	896	,420,	361.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				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	Were the organization's financial statements audited by an independent accountant?		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 X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?			Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				1
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	Х	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audi	it		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

## **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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

BOARD OF TRUSTEES OF WHITMAN COLLEGE 91-0567740 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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))

### 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) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	17,710,272.	16,920,209.	12,967,849.	25,186,634.	24,868,989.	97,653,953.	
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	17,710,272.	16,920,209.	12,967,849.	25,186,634.	24,868,989.	97,653,953.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)						12,535,244.	
6	Public support. Subtract line 5 from line 4.						85,118,709.	
Sec	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
7	Amounts from line 4	17,710,272.	16,920,209.	12,967,849.	25,186,634.	24,868,989.	97,653,953.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	7,596,764.	7,752,681.	10,920,679.	9,245,307.	12,043,217.	47,558,648.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on			7,940,743.	6,827,840.	53,633.	14,822,216.	
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	<b>Total support.</b> Add lines 7 through 10						160,034,817.	
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	454,173,134.	
13	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)		
	organization, check this box and stop							
Sec	tion C. Computation of Publi	c Support Per	centage					
	Public support percentage for 2022 (li	, (,,	•	( )		14	53.19 %	
	Public support percentage from 2021					15	49.67 %	
16a	6a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and							
	stop here. The organization qualifies as a publicly supported organization							
b	b 33 1/3% support test - 2021. 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	17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,							
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization							
	meets the facts-and-circumstances te	st. The organization	n qualifies as a pul	olicly supported or	ganization			
b	10% -facts-and-circumstances test	- 2021. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or	
	more, and if the organization meets the	e facts-and-circum	stances test, chec	k this box and sto	<b>op here.</b> Explain ir	n Part VI how the		
	organization meets the facts-and-circu	ımstances test. The	e organization qua	lifies as a publicly	supported organiz	ation		
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	i, 16b, 17a, or 17b,	, check this box ar		(Form 990) 2022	

Schedule A (Form 990) 2022

#### 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.)

Sed	ction A. Public Support	siow, picase comp	oicte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	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						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) iotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	J		,	•	( ) ( )	· —
	check this box and stop here						
	ction C. Computation of Publi					<del> </del>	
	Public support percentage for 2022 (li	, ,,,	•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			. 10 1 (0)		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% 7 in
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	<b>top here.</b> The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

232023 12-09-22

Schedule A (Form 990) 2022

### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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")? |f "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? |f "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).
- 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
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2		
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За		
3b		
3c		
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4a		
4b		
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10a		
10b		
ule A (Forr	n 990)	2022

232024 12-09-22

Schedule A (Form 990

Pa	rt IV   Supporting Organizations <sub>(continued)</sub>			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
000	tion 6. Type it oupporting organizations		Vaa	NI.
_	Managaratik, af the conscious and a discontinuous and a second of the decrease and a second of the alternation		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u>Sac</u>	the supported organization(s). tion D. All Type III Supporting Organizations	1		
000	Hon B. All Type in Supporting Organizations		V	
_	Did the average time was ide to each of its average to describe the last day of the fifth seconds of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u> </u>	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	ıs).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b				
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

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 qualifyi	ng trust on N	ov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.		
	All other Type III non-functionally integrated supporting organizations must		·			
Sect	on 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	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
a	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
	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	on 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 integrated	Type III supporting orga	nization (see		
	instructions).					

Schedule A (Form 990) 2022

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continue	ed)	<u> </u>
Secti	on D - Distributions		•	ĺ	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	3	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		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 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	T		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	;	(iii) Distributable Amount for 2022
_1_	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
<u>a</u>	From 2017				
<u>b</u>	<b>b</b> From 2018				
c	<b>c</b> From 2019				
d	d From 2020				
e	e From 2021				
f	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2022 distributable amount				
<u>_i</u>	Carryover from 2017 not applied (see instructions)				
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
_8_	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

ART I, LINE 2 HITMAN COLLEGE ALSO QUALIFIES FOR PUBLIC CHARITY STATUS AS A SCHOOL  SSCRIBED IN SECTION 170(B)(1)(A)(II).

BOARD OF TRUSTEES OF WHITMAN COLLEGE

## 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

**2022** 

Employer identification number

В	OARD OF TRUSTEES OF WHITMAN COLLEGE	91-0567740				
Organization type (check	cone):					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> 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					
• •	n is covered by the <b>General Rule</b> or a <b>Special Rule</b> . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	lle. See instructions.				
	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor	•				
Special Rules						
sections 509(a)( <sup>-</sup> contributor, duri	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, aring the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) EZ, line 1. Complete Parts I and II.	nd 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, contributio is checked, ente purpose. Don't c	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ns exclusively for religious, charitable, etc., purposes, but no such contributions totaled me refer the total contributions that were received during the year for an exclusively religious complete any of the parts unless the <b>General Rule</b> applies to this organization because it ble, etc., contributions totaling \$5,000 or more during the year	nore than \$1,000. If this box is, charitable, etc., received nonexclusively				
answer "No" on Part IV, li	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fine 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF ing requirements of Schedule B (Form 990).	• •				
LHA For Paperwork Redu	ction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2022)				

Schedule B (Form 990) (2022) Page **2** 

Name of organization

Employer identification number

BOARD OF TRUSTEES OF WHITMAN COLLEGE

91-0567740

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
1		\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 2	Name, address, and ZIP + 4	\$2,800,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$1,610,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	\$1,952,500.	Person X Payroll
(a)	(b)	(c)	(d)
No. 5	Name, address, and ZIP + 4	\$1,035,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6 <u>6</u>	ivalite, duul ess, diiu LIF + 4	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022) Page **2** 

Name of organization Employer identification number

BOARD OF TRUSTEES OF WHITMAN COLLEGE 91-0567740

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
7		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<b>No.</b> 8	Name, address, and ZIP + 4	* 1,399,583.	Person X Payroll
(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)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions  \$	Person Payroll Complete Part II for noncash contributions.
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
No.	Name, audress, and ZIF + 4	\$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140.	Name, add 655, and ZIF + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022) Page **3** 

Name of organization

Employer identification number

BOARD OF TRUSTEES OF WHITMAN COLLEGE

91-0567740

Part II	Noncash Property (see instructions). Use duplicate copies of Par	rt 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
	REAL PROPERTY		
3			
		\$1,610,000.	10/04/22
(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Schedule B (Form 990) (2022)

Name of or	rganization		Employer identification number
BOARD OF	TRUSTEES OF WHITMAN COLLEGE		91-0567740
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, cluse duplicate copies of Part III if additional s	through <b>(e) and</b> the following line en haritable, etc., contributions of <b>\$1,000 or</b>	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year ntry. For organizations r 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 gi	ift
	Transferee's name, address, ar	nd 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, ar	(e) Transfer of gi	ift  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, ar	(e) Transfer of gi	ift  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, ar	(e) Transfer of gi	ift  Relationship of transferor to transferee

223454 11-15-22

#### SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 5

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.

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

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

Name of organization **Employer identification number** BOARD OF TRUSTEES OF WHITMAN COLLEGE 91-0567740 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures Volunteer hours for political campaign activities Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \_\_\_\_\_\_\$ \_\_\_\_ 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? No 4a Was a correction made? Yes Nο b If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Part I-C 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$\_\_\_\_\_\_\$ 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political contributions received and filing organization's promptly and directly funds. If none, enter -0-. 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) 2022

LHA

232041 11-08-22

Part II-A   Complete if the org		empt under section			ection under
section 501(h)).	amzation is ex	empt under section		u i oiiii 3700 (ei	ection under
A Check if the filing organiza		affiliated group (and list i	n Part IV each affiliated	group member's nam	ne, address, EIN,
expenses, and shar					
B Check if the filing organiza	tion checked box A	and "limited control" pr	ovisions apply.		
	ts on Lobbying Ex litures" means am	oenditures ounts paid or incurred.	)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ience public opinio	n (grassroots lobbying)			
<b>b</b> Total lobbying expenditures to influ	ience a legislative b	ody (direct lobbying)			
c Total lobbying expenditures (add lii	nes 1a and 1b)				
d Other exempt purpose expenditure	s				
e Total exempt purpose expenditure	s (add lines 1c and	1d)			
f Lobbying nontaxable amount. Ente	r the amount from	the following table in bot	h columns.		
If the amount on line 1e, column (a) o	r (b) is: The I	obbying nontaxable am	nount is:		
Not over \$500,000	20%	of the amount on line 1e			
Over \$500,000 but not over \$1,000		,000 plus 15% of the exc	cess over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000 \$175	,000 plus 10% of the exc	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,		,000 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,00	00,000.			
	050/ (1) 46				
g Grassroots nontaxable amount (en	•				
h Subtract line 1g from line 1a. If zero					
<ul><li>i Subtract line 1f from line 1c. If zero</li><li>j If there is an amount other than zero</li></ul>		or line 1i did the organiz	-		
reporting section 4911 tax for this	•	,			Yes No
reporting section 43 FF tax for this		Averaging Period Under			163 140
(Some organizations th	nat made a section		have to complete all o	f the five columns b	elow.
	Lobbying Exp	penditures During 4-Ye	ar Averaging Period		_
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(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) 2022

# 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 e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	a)	(t	)
	e lobbying activity.	Yes	No	Amo	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		
a h	Volunteers?  Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		x		
D	Media advertisements?		X		
	Mailings to members, legislators, or the public?		Х		
	Publications, or published or broadcast statements?		Х		
	Grants to other organizations for lobbying purposes?	Х			5,059.
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Х		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		
i	Other activities?		X		
j	Total. Add lines 1c through 1i				5,059.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	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?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), sectio 501(c)(6).	n 501(c)(t	o), or sec	tion	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), sectio 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				3, is
_					
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).		20		
	Current year				
C	Carryover from last year Total				
3	4				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
	expenditures next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par	t IV Supplemental Information				
instru	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 actions); and Part II-B, line 1. Also, complete this part for any additional information.  'II-B, LINE 1, LOBBYING ACTIVITIES:	list); Part II-	A, lines 1 a	nd 2 (See	
\$5,0	59 IS THE AMOUNT OF DUES PAID TO THE INDEPENDENT COLLEGES OF				
	INGTON ALLOCATED TO LOBBYING EFFORTS BY THE INDEPENDENT COLLEGES OF				
WASI	INGTON.				

Schedule C (Form 990) 2022

#### 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.

2022
Open to Public
Inspection

Name of the organization

Employer identification number

BOARD OF TRUSTEES OF WHITMAN COLLEGE 91-0567740 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year \_\_\_\_\_ Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors 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 Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. Total number of conservation easements 2a Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 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 exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 145,600. (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1

232051 09-01-22

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

Assets included in Form 990, Part X

Schedule D (Form 990) 2022

Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tre	easures, or Othe	er Similar	Assets	(continu	ıed)	age –
3	Using the organization's acquisition, accession						·		
	collection items (check all that apply):								
а	X Public exhibition	d	Loan or exc	change program					
b	b X Scholarly research e Other								
С	c X Preservation for future generations								
4	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.								
5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	sures, or other simila	ar assets				
	to be sold to raise funds rather than to be ma						Yes	Х	No
Par	reported an amount on Form 990, Par		ete if the organization	on answered "Yes" o	n Form 990,	, Part IV, li	ine 9, or		
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contribution	ns or other assets not	t included		_		_
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:						
							Amount		
С	Beginning balance				1c				
d	Additions during the year				1d				
е	Distributions during the year				1e				
f	Ending balance						_		
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escrow or c	ustodial account liab	ility?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete i								
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	-	(e) Four		
	Beginning of year balance	655,461,107.	812,714,816.		<del>                                     </del>	98,364.	534,8	<u> </u>	
b	Contributions	5,466,100.	, ,	<del>' ' '                                </del>	<del>                                     </del>	06,621.			776.
	Net investment earnings, gains, and losses	83,959,218.	-150,533,180.		<del>                                     </del>	02,221.			093.
d	Grants or scholarships	11,466,013.	10,110,816.	. 11,241,253.	10,69	91,838.	10,0	009,	928.
е	Other expenditures for facilities								
	and programs	19,313,294.		<del> </del>	<del></del>	77,756.			023.
f	Administrative expenses	14,796,932.				34,109.			229.
g	End of year balance	699,310,186.	655,461,107.	812,714,816.	560,65	53,503.	539,3	398,	364.
2	Provide the estimated percentage of the curr	•	e (line 1g, column (a	a)) held as:					
а	Board designated or quasi-endowment	29.0000	_%						
b	Permanent endowment 31.0000	%							
С	Term endowment40.0000	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered for t	the			. 1	
	organization by:						$\overline{}$	Yes	No
	(i) Unrelated organizations						3a(i)	Х	
	(ii) Related organizations						3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organization	•					3b		
4 Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm	ent.							
	Complete if the organization answered					ı			
	Description of property	(a) Cost or o basis (investr	, ,	' '	Accumulate epreciation	d	(d) Book	value	e 
1a	Land	10,03		3,479,089.			18,5	514,	467.
	Buildings		3,217. 255	5,952,550.	118,160,0	012.	148,9	965,	755.
	Leasehold improvements								
	Equipment	I	Ę	5,295,888.	3,253,3	382.	2,0	)42,	506.
	Other	1 4-4	0,044.	3,322,239.				_	283.
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X. column (B), line 1	10c.)			173,0	)15,	011.
					•	Schedule	D (Form	990)	2022

(B) (C) (D) (E) (F) (G) (H)

Part VII	Investments -	<ul> <li>Other Securities</li> </ul>
----------	---------------	--------------------------------------

Part VIII investments - Other Securities.		
Complete if the organization answered "Yes" or	n Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) COMMINGLED TRUSTS	44,283,053.	END-OF-YEAR MARKET VALUE
(B) ALTERNATIVE INVESTMENTS	318,637,608.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		

#### Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 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 equal Form 000, Part V. col. (P) line 12.)	_	

362,920,661.

## 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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

#### 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	50,000.
(2) POST RETIREMENT BENEFIT OBLIGATION	4,617,927.
(3) SPLIT INTEREST AGREEMENTS	13,992,630.
(4) DEFERRED COMPENSATION	1,154,870.
(5) REFUNDABLE ADVANCE	2,032,422.
(6) MED/DENTAL INS. TERMINAL LIABILITY	670,742.
(7) ASSET RETIREMENT OBLIGATION	4,779,344.
(8) FARM BENEFICIARY PAYMENT OBLIGATION	1,558,487.
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	28,856,422.

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

Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 BOARD OF TRUSTEES OF WHITMAN COLLEGE			91-056	7740 j	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemen	nts With F	Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	158,628	,751.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	54,382,129.			
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)	1	-1,543,046.			
е	Add lines 2a through 2d			2e	52,839	,083.
3	Subtract line 2e from line 1			3	105,789	,668.
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	15,835,219.			
b	Other (Describe in Part XIII.)	4b	42,308,085.			
С	Add lines 4a and 4b			4c	58,143	
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	163,932	,972.
Pai	T XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per F	Return.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	98,222	,283.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
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		0.
3	Subtract line 2e from line 1			3	98,222	,283.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	15,835,219.			
b	Other (Describe in Part XIII.)	4b	41,505,391.			
С	Add lines 4a and 4b			4c	57,340	,610.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	155,562	,893.
Pai	t XIII Supplemental Information.					
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, lines 1b a	and 2b; Part V, line 4	; Part X, lir	ne 2; Part XI,	
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addi	tional inform	ation.			
PART	'III, LINE 4:					
THE	COLLEGE HAS COLLECTIONS OF WORKS OF ART AND RARE BOOKS THAT AF	Œ				
UTIL	IZED BY THE STUDENTS IN THEIR STUDIES AND THE FACULTY IN THEIR	l .				
RESE	ARCH.					
PART	V, LINE 4:					
ENDC	WMENT FUNDS ARE USED SOLELY TO SUPPORT THE MISSION OF WHITMAN	COLLEGE				
FOR	COSTS SUCH AS FINANCIAL AID TO STUDENTS, FACULTY SALARIES AND	THE				
LIBR	ARY.					
PART	X, LINE 2:					
TIHW	MAN COLLEGE IS A QUALIFIED NOT-FOR-PROFIT ORGANIZATION UNDER I	NTERNAL				

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CONSOLIDATED STATEMENTS OF FINANCIAL POSITION.

Schedule D (Form 990) 2022

#### **SCHEDULE E**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schools**

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

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

Open to Public Inspection Employer identification number

BOARD OF TRUSTEES OF WHITMAN COLLEGE 91-0567740 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? X 2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, X catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its tax 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 X community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II 3 THE COLLEGE MAKES ITS POLICY OF NON-DISCRIMINATION KNOWN THROUGH THE COLLEGE WEBSITE, THE ANNUAL CATALOG, AND OTHER MATERIALS, ADDITIONALLY, THE COLLEGE PLACES AN ADVERTISEMENT WHICH DESCRIBES ITS POLICY IN A REGIONAL NEWSPAPER EACH YEAR. Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? **b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? Х 4b c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing Х with student admissions, programs, and scholarships? 4c X d Copies of all material used by the organization or on its behalf to solicit contributions? 4d If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Х a Students' rights or privileges? Х **b** Admissions policies? 5b c Employment of faculty or administrative staff? Х d Scholarships or other financial assistance? Х 5d х Educational policies? Х f Use of facilities? 5f х g Athletic programs? 5a Х Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Х **6a** Does the organization receive any financial aid or assistance from a governmental agency? 6a **b** Has the organization's right to such aid ever been revoked or suspended? Х If you answered "Yes" on either line 6a or line 6b, explain on Part II. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through

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

racial nondiscrimination? If "No," explain on Part II

4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering

Schedule E (Form 990) 2022

Schedule E (Form 990) 2022

#### 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.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Schedule F (Form 990) 2022

Name of the organization **Employer identification number** BOARD OF TRUSTEES OF WHITMAN COLLEGE 91-0567740 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, \_\_\_\_X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (a) Region (b) Number of (f) Total (c) Number of (d) Activities conducted in the region employees, expenditures offices (by type) (such as, fundraising, prois a program service, agents, and for and in the region gram services, investments, grants to describe specific type independent investments contractors of service(s) in the region recipients located in the region) in the region in the region CENTRAL AMERICA AND THE CARIBBEAN 0 0 PROGRAM SERVICES CONFERENCES & RESEARCH 1,593. CENTRAL AMERICA AND THE CARIBBEAN 0 0 PROGRAM SERVICES FOREIGN TRAVEL 7,469. EAST ASIA AND THE PACIFIC 0 0 PROGRAM SERVICES CONFERENCES & RESEARCH 27,016. EAST ASIA AND THE PACIFIC Λ PROGRAM SERVICES FORETGN TRAVEL 0 40,418. EUROPE (INCLUDING ICELAND AND CONFERENCES & RESEARCH GREENLAND) 0 0 PROGRAM SERVICES 67,758. EUROPE (INCLUDING TCELAND AND GREENLAND) 0 0 PROGRAM SERVICES FOREIGN TRAVEL 14,577. MIDDLE EAST AND NORTH AFRICA 0 0 PROGRAM SERVICES FOREIGN TRAVEL 23,374. NORTH AMERICA (CANADA AND MEXICO) 0 0 PROGRAM SERVICES CONFERENCES & RESEARCH 32,236. 0 0 214,441. 3 a Subtotal **b** Total from continuation 0 298,216,900**.** 0 sheets to Part I ...... c Totals (add lines 3a 298,431,341. and 3b)

232071 10-17-22

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Schedule F (Form 990)			ITMAN COLLEGE	91-0567	7740 Page 1
	1		• (Schedule F (Form 990), Part I, line 3		_
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
RUSSIA AND		_			
NEIGHBORING STATES	0	0	PROGRAM SERVICES	CONFERENCES & RESEARCH	557.
RUSSIA AND					
NEIGHBORING STATES	0	0	PROGRAM SERVICES	FOREIGN TRAVEL	9,171.
SOUTH AMERICA	0	0	PROGRAM SERVICES	CONFERENCES & RESEARCH	2,085.
SOUTH AMERICA	0	0	PROGRAM SERVICES	FOREIGN TRAVEL	8,727.
SOUTH ASIA	0	0	PROGRAM SERVICES	CONFERENCES & RESEARCH	7,148.
SOUTH ASIA	0	0	PROGRAM SERVICES	FOREIGN TRAVEL	12,639.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	CONFERENCES & RESEARCH	6,774.
				CONTENENT & NEEDENCE	5,772.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	FOREIGN TRAVEL	45,280.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTMAKING		55,850.
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		653,865.
Totals					
	1	I			

Schedule F (Form 990)			ITMAN COLLEGE	91-0567740	Page
Part I Continuation	on of Activities	s per Regior	• (Schedule F (Form 990), Part I, line 3)		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING					
GREENLAND)	0	0	GRANTMAKING		1,612,319
IIDDLE EAST AND					
ORTH AFRICA	0	0	GRANTMAKING		49,113
SOUTH AMERICA	0	0	GRANTMAKING		354,195
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		18,000
CENTRAL AMERICA AND			INVESTMENTS		295,333,177
EUROPE (INCLUDING					
REENLAND)			INVESTMENTS		48,000
Γotals	•				298,216,900

Part II

$\label{lem:continuous} \textbf{Grants and Other Assistance to Organizations or Entities Outside the United States.}$	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 n	eeded.

1 (a) Name of organization	<b>(b)</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)
			 recognized as charities by the for counsel has provided a sect			<u> </u>		

3 Enter total number of other organizations or entities

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. (h) Method of valuation (book, FMV, appraisal, other) (f) Amount of (c) Number of (d) Amount of (e) Manner of (g) Description of (b) Region (a) Type of grant or assistance recipients cash grant cash disbursement noncash noncash assistance assistance CENTRAL AMERICA STUDENT FINANCIAL AID AND THE CARIBBEAN 55,850. WIRE TRANSFER OR CHECK 0. EAST ASIA AND THE STUDENT FINANCIAL AID PACIFIC 21 653,865. WIRE TRANSFER OR CHECK 0 MIDDLE EAST AND STUDENT FINANCIAL AID NORTH AFRICA 49,113. WIRE TRANSFER OR CHECK 0. STUDENT FINANCIAL AID SOUTH AMERICA 12 354,195. WIRE TRANSFER OR CHECK 0. SUB-SAHARAN AFRICA 18,000. WIRE TRANSFER OR CHECK 0. STUDENT FINANCIAL AID STUDENT FINANCIAL AID EUROPE 57 1,612,319. WIRE TRANSFER OR CHECK 0.

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)	X Yes	No

Schedule F (Form 990) 2022

# BOARD OF TRUSTEES OF WHITMAN COLLEGE 91-0567740 Schedule F (Form 990) 2022 Page 5 Part V | Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. PART I, LINE 2: THE GRANTMAKING ACTIVITIES SHOWN IN PARTS I AND III INVOLVE COLLEGE FINANCIAL AID FUNDS DELIVERED TO ENROLLED STUDENTS' INDIVIDUAL ACCOUNTS. THE AID IS TO HELP DEFRAY THE COST OF CERTAIN STUDY PROGRAMS TAKING PLACE IN FOREIGN COUNTRIES. ALL SUCH PROGRAMS ARE CLOSELY VETTED BY THE COLLEGE TO ENSURE THE RECIPIENTS ARE OF HIGH ACADEMIC QUALITY AND FINANCIALLY STABLE. ANY AID DELIVERED TO SUCH STUDENTS IS GOVERNED BY THE PROCESSES OUTLINED IN SCHEDULE E. PART I, LINE 3: THE AMOUNT ON PART I, LINE 3, COLUMN (F) FOR GRANTMAKING AND PROGRAM SERVICE EXPENSES REPRESENTS ACTUAL EXPENDITURES IN THE REGION FOR A TAXPAYER ON THE ACCRUAL BASIS OF ACCOUNTING. THE AMOUNT ON PART I, LINE 3, COLUMN (F) FOR INVESTMENTS ARE BASED UPON THE FAIR MARKET VALUE OF EACH FUND. PART III, (ACCOUNTING METHOD): THE AMOUNT ON PART III, COLUMN (D) REPRESENTS ACTUAL EXPENDITURES IN THE REGION FOR A TAXPAYER ON THE ACCRUAL BASIS OF ACCOUNTING. INVESTMENTS IN COLUMN (D) AND COLUMN (F) ARE BASED UPON THE FAIR MARKET VALUE OF EACH FUND.

#### 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.

2022
Open to Public

Inspection

Schedule I (Form 990) 2022

Name of the organization	MEEG OF WILLIAM	AN GOLLEGE					Employer identification number 91-0567740
Part I General Information on Grants a		AN COLLEGE					91-0507740
Does the organization maintain records to criteria used to award the grants or assist Describe in Part IV the organization's process.	to substantiate the stance?	toring the use of grant	funds in the United	d States.			X Yes No
Part II Grants and Other Assistance to recipient that received more than S					anization answered "\	es" on Form 990, Par	t IV, line 21, for any
1 (a) 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 Enter total number of section 501(c)(3) a 3 Enter total number of other organizations	-	~	ne line 1 table				

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Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  Part III can be duplicated if additional space is needed.											
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance						
INSTITUTIONAL FINANCIAL AID	1344	38,762,048.	0.								
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.							
PART I, LINE 2:											
THE COLLEGE AWARDS SCHOLARSHIPS USING ESTABLISHED I	POLICIES ON T	HE BASIS OF									
BOTH NEED AND SCHOLARSHIP MERIT. AWARDS TO STUDENTS	S WITH NEED A	RE BASED ON									
THE STUDENTS' FINANCIAL INFORMATION CONTAINED IN THE	HE FINANCIAL	AID PROFILE									
FILED WITH THE COLLEGE SCHOLARSHIP SERVICES AND THE	E FREE APPLIC	ATION FOR									
FINANCIAL AID FILED WITH THE FEDERAL PROCESSOR. ALI	AID IS OBJE	CTIVELY									
DETERMINED AND AWARDED ON AN EQUAL BASIS TO RECIPIE	ENTS WITH SIM	IILAR									
ATTRIBUTES.											
			·	<u> </u>	<u> </u>						

47

### 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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Employer identification number

OMB No. 1545-0047

BOARD OF TRUSTEES OF WHITMAN COLLEGE

91-0567740

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  X Housing allowance or residence for personal use			l
	Travel for companions Payments for business use of personal residence			
	X 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
				l
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х	<u> </u>
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	
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			
	Independent compensation consultant Compensation survey or study			
	X   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		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			l
_	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:	_		v
	The organization?	5a		X
b	Any related organization?	5b		
_	If "Yes" on line 5a or 5b, describe in Part III.			l
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:			v
	The organization?	6a		X
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			v
_	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			v
_	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		i

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

Schedule J (Form 990) 2022

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-MISC and/or 10 compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	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) SARAH R. BOLTON	(i)	291,324.	0.	14,620.	25,500.	18,028.	349,472.	0.	
PRESIDENT (FROM 7/22)	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) PETER W. HARVEY	(i)	258,285.	0.	15,480.	27,269.	37,092.	338,126.	0.	
CHIEF FINANCIAL OFFICER (THRU 5/23)	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) ALZADA TIPTON	(i)	237,803.	0.	0.	24,583.	51,768.	314,154.	0.	
PROVOST AND DEAN OF FACULTY	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) KATHLEEN MURRAY	(i)	285,196.	0.	0.	0.	20,030.	305,226.	0.	
PRESIDENT (THRU 6/22)	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) STEVEN J. SETCHELL	(i)	245,576.	0.	20,500.	26,455.	8,652.	301,183.	0.	
VP DEVELOPMENT AND ALUMNI RELATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) KAZIPUTALIMBA JOSHUA	(i)	172,257.	0.	13,750.	19,627.	65,951.	271,585.	0.	
VP STUDENT AFFAIRS AND DEAN OF STUDE	(ii)	0.	0.	0.	0.	0.	0.	0.	
(7) JOHN JOHNSON	(i)	178,392.	0.	6,000.	18,519.	8,652.	211,563.	0.	
VP DIVERSITY AND INCLUSION	(ii)	0.	0.	0.	0.	0.	0.	0.	
(8) DAN TERRIO	(i)	174,371.	0.	0.	18,006.	16,896.	209,273.	0.	
CHIEF INFORMATION OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(9) PATRICK SPENCER	(i)	172,959.	0.	0.	17,141.	10,120.	200,220.	0.	
FACULTY	(ii)	0.	0.	0.	0.	0.	0.	0.	
(10) SCOTT KLEINHEKSEL	(i)	166,178.	0.	0.	16,700.	8,652.	191,530.	0.	
ASSOCIATE VP FOR DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(11) PATRICK KEEF	(i)	169,572.	0.	0.	12,223.	8,652.	190,447.	0.	
FACULTY	(ii)	0.	0.	0.	0.	0.	0.	0.	
(12) PHILIP BRICK	(i)	150,908.	0.	0.	14,480.	9,652.	175,040.	0.	
FACULTY	(ii)	0.	0.	0.	0.	0.	0.	0.	
(13) KIMBERLY CHANDLER	(i)	153,424.	0.	0.	15,250.	0.	168,674.	0.	
DIRECTOR OF ATHLETICS, DEPT CHAIR &	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)	_							
	(i)								
	(ii)								

Tartin Cappicinental information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 1A:
THE COLLEGE PRESIDENT AND VICE PRESIDENT FOR DEVELOPMENT AND ALUMNI
RELATIONS WERE PROVIDED MEMBERSHIPS IN SOCIAL CLUBS BY THE COLLEGE. THE
AMOUNTS PAID FOR DUES WERE INCLUDED IN THEIR W-2 AS TAXABLE COMPENSATION.
THE COLLEGE PRESIDENT IS REQUIRED, AS A CONDITION OF EMPLOYMENT AND FOR THE
CONVENIENCE OF THE COLLEGE, TO MAINTAIN THEIR PERSONAL RESIDENCE IN A HOUSE
PROVIDED BY THE COLLEGE. THIS HOUSE IS LOCATED ON THE EDGE OF THE CAMPUS.
THE PRESIDENT'S PERSONAL RESIDENCE (OWNED BY THE COLLEGE) IS PROVIDED
CLEANING SERVICES, YARD CARE, AND GARBAGE SERVICES BY THE COLLEGE.
THE AMOUNTS PAID FOR BY THE COLLEGE AND ALLOCATED TO PERSONAL BENEFIT WERE
INCLUDED IN THE PRESIDENT'S W-2 AS TAXABLE COMPENSATION.

#### 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.

(c) CUSIP#

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

(d) Date issued

(e) Issue price

(f) Description of purpose

2022
Open to Public Inspection

Name of the organization

**Bond Issues** 

(a) Issuer name

BOARD OF TRUSTEES OF WHITMAN COLLEGE

(b) Issuer EIN

Employer identification number 91-0567740

(g) Defeased (h) On behalf (i) Pooled

(a) issue hame	(2) 1000.01 2	(5, 555	(4, 24, 5	(0)	5 p55	(i) Boompaid	0. pap000	(3)		of iss	suer	er finar	
								Yes	No	Yes	No	Yes	No
WASHINGTON HIGHER EDUCATION													i
A FACILITIES AUTHORITY	91-1306482	939781U57	01/05/17	18,3	03,824.F	ACILITIES CO	ONSTRUCTION		Х		Х		Х
WASHINGTON HIGHER EDUCATION					R	EFUND BOND	ISSUE FROM						ı
B FACILITIES AUTHORITY	91-1306482	9397815K2	11/30/21	26,1	43,436.6	/10/08			х		Х		Х
<u>C</u>				+				+			-		_
D													ĺ
Part II Proceeds	<u> </u>												
			A			В	С				D		_
1 Amount of bonds retired				,650,000.		885,000.							
2 Amount of bonds legally defeased				-		-							
3 Total proceeds of issue				,303,824.	2	26,143,436.							
4 Gross proceeds in reserve funds													
5 Capitalized interest from proceeds				376,053.									
6 Proceeds in refunding escrows					2	21,328,565.							
7 Issuance costs from proceeds				325,296.		323,871.							
8 Credit enhancement from proceeds													
9 Working capital expenditures from proceeds													
10 Capital expenditures from proceeds			17	,602,475.									
11 Other spent proceeds						4,491,000.							
12 Other unspent proceeds													
13 Year of substantial completion				2019		2010							
			Yes	No	Yes	No	Yes	No		Yes		No	
14 Were the bonds issued as part of a refunding	· · · · · · · · · · · · · · · · · · ·	· ·											
if issued prior to 2018, a current refunding iss				X	X								
<b>15</b> Were the bonds issued as part of a refunding													
issued prior to 2018, an advance refunding is				X		Х			_		$\bot$		
16 Has the final allocation of proceeds been made			Х		Х				_		$\bot$		
17 Does the organization maintain adequate boo													
final allocation of proceeds?			Х		Х								

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

Schedule K (Form 990) 2022

Par	t III Private Business Use								
			A		В	(	С		)
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				
2	Are there any lease arrangements that may result in private business use of								
	bond-financed property?		Х		Х				
За	Are there any management or service contracts that may result in private								
	business use of bond-financed property?		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?								
С	Are there any research agreements that may result in private business use of								
	bond-financed property?		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		.00 %		.00 %		%		%
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		.00 %		.00 %		%	%	
_6_	Total of lines 4 and 5		.00 %		.00 %		%		%
_7_	Does the bond issue meet the private security or payment test?		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?		X		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							i	
	requirements under Regulations sections 1.141-12 and 1.145-2?	Х		Х					
Par	t IV Arbitrage								
			<b>A</b>		B I	`	Ç	_	)
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?		X		Х				
	If "No" to line 1, did the following apply?		T				_		
	Rebate not due yet?		X	Х					
	Exception to rebate?		Х		X				
<u>c</u>	No rebate due?	Х			Х				
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
	performed		37		77				
3	Is the bond issue a variable rate issue?		Х		X				

Part IV Arbitrage (continued)								
		A		В		С	ı	D
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?		Х		Х				
<b>b</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				
<b>b</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?		Х		Х				
7 Has the organization established written procedures to monitor the								
requirements of section 148?	Х		X					
Part V Procedures To Undertake Corrective Action								
		A	ı	В		<u>c</u>	r	D
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under								
applicable regulations?	Х		X					
Part VI Supplemental Information. Provide additional information for responses to questions	on Schedule	e K. See instru	uctions.					
SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:								
(A) ISSUER NAME: WASHINGTON HIGHER EDUCATION FACILITIES AUTHORITY								
DATE THE REBATE COMPUTATION WAS PERFORMED: 02/10/2022								
SCHEDULE K, PART II, PROCEEDS, LINE 10A:								
FOR THE FISCAL YEAR 6/30/23, PART II, LINE 10, COLUMN A WAS REDUCED BY								
THE CAPITALIZED INTEREST THAT IS ALREADY REPORTED ON LINE 5.								

#### **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

2022

Open To Public Inspection

Name of the organization								1	-	r ident	ificati	on nu	mber
	BOARD OF TRUS									7740			
					ion 501(c)(4), and se								
					art IV, line 25a or 25b	, or Form 990-E	Z, Pa	rt V, I	ine 40	b	1		
1 (a) Name of disqualified	person (b)	Relationship bet person and o			lified (	c) Description of	trans	sactio	n			Corre I	
	·	person and o	ı yaı ıızı	alion	<u> </u>	· · ·					<del>  Y</del>	es	No
											+	-+	
											-		
											-	_	
											+	-+	
											+	-	
2 Enter the amount of tax	ingurred by the c	rachization man	ogoro	or diag	ruplified persons dur	ing the year und	or						
section 4958	•	•	•		•	•			\$				
3 Enter the amount of tax													
3 Enter the amount of tax	, ii ariy, ori iirie 2,	above, reimburs	eu by	uie oit	gariizatiori				Ф				
Part II Loans to an	d/or From Int	erested Pers	sons	•									
	organization ans	wered "Yes" on l	Form 9	990-F7	, Part V, line 38a or F	orm 990 Part IV	/ line	26. 0	or if th	e orga	nizatio	n	
	ount on Form 990				, , , a, , , , , , , , , , , , , , , ,	51111 555, 1 a.r.	• ,	, 20, (	) II (II	o orga	mean	,,,	
(a) Name of	(b) Relationship	(c) Purpose	(d) Lo	oan to or	(e) Original	(f) Balance du	Je T	(a)	In	(h) Ap	proved	(i) W	ritten
interested person	with organization	of loan from the organization?		principal amount			defa		comm	ard or nittee?	agree	ment?	
			То	From	]			Yes	No	Yes	No	Yes	No
										<b>↓</b>			
										↓			
										Ь—			
Total		Cii I-I-			\$								
	ssistance Bei	_											
	organization ans	wered "Yes" on	Form 9	990, Pa									
(a) Name of interested	person	(b) Relationship			(c) Amount of assistance		Type o			•	) Purp assista	ose of	
		interested pers the organization		iu	assistance	8331	Staric	,6		•	assisi	arice	
									-				
									_				
									$\dashv$				
									$\dashv$				
									$\dashv$				
									$\dashv$				
					<del> </del>	-			-				

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

Schedule L (Form 990) 2022

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	aring of zation's lues?
				Yes	No
CARA SETCHELL	SPOUSE OF STEVE SET	85,537.	EMPLOYMENT		Х
WILLIAM G HARMAN	SPOUSE OF ALZADA TI	14,000.	EMPLOYMENT		Х
Part V Supplemental Information.	sponses to questions on Schedule L (see in	estructions)			
SCH L, PART IV, BUSINESS TRANSACTION		istractions).			
(A) NAME OF PERSON: CARA SETCHELL					
(B) RELATIONSHIP BETWEEN INTERESTED	PERSON AND ORGANIZATION:				
SPOUSE OF STEVE SETCHELL, THE VP FOR	DEVELOPMENT AND ALUMNI RELATION	S			
(A) NAME OF PERSON: WILLIAM G HARMAN					
(B) RELATIONSHIP BETWEEN INTERESTED	PERSON AND ORGANIZATION:				
SPOUSE OF ALZADA TIPTON, PROVOST AND	DEAN OF FACULTY				

#### **SCHEDULE M** (Form 990)

### **Noncash Contributions**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Employer identification number BOARD OF TRUSTEES OF WHITMAN COLLEGE 91-0567740

	BOARD OF TRUSTEES	OI WIIIII	и соппесь		) 1	-056//4	U	
Pa	rt I Types of Property				_			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of		_	s
1	Art - Works of art	Х	1		MARKET VALUE			
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications	Х		4,970	MARKET VALUE			
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	33	1,076,123	MARKET VALUE			
0	Securities - Closely held stock							
1	Securities - Partnership, LLC, or							
	trust interests							
2	Securities - Miscellaneous							
3	Qualified conservation contribution -							
	Historic structures							
4	Qualified conservation contribution - Other							
5	Real estate - Residential							
6	Real estate - Commercial	Х	1	1,610,000	MARKET VALUE			_
7	Real estate - Other			, ,				_
8	Collectibles							_
9	Food inventory							_
0	Drugs and medical supplies							_
1	Taxidermy							_
2	Historical artifacts							_
3	Scientific specimens							_
4	Archeological artifacts							_
5	Other ( AIRLINE VOUCHER )	Х	1	11,250	MARKET VALUE			_
6	Other ( )			,				_
7	Other (							_
3	Other (							_
<u></u> 9	Number of Forms 8283 received by the organia	zation during	the tax vear for co	ontributions				_
	for which the organization completed Form 82	`					2	
	when the organization completed form of	00,1 411 1, 2	onee mean	omone			Yes	l N
Ωa	During the year, did the organization receive by	v contributio	n any property rep	orted in Part I lines 1 throu	ah 28 that it		100	Ë
Ju	must hold for at least 3 years from the date of							
	exempt purposes for the entire holding period	•				30a		2
h	If "Yes," describe the arrangement in Part II.	·				.   30a		Ē
่ 1	Does the organization have a gift acceptance	nolicy that re	auires the review (	of any nonstandard contribu	ıtions?	21	х	
						31		
zа	Does the organization hire or use third parties					20-		,
	contributions?					32a		ŕ
	If "Yes," describe in Part II.	aliment ( ) f		. Kan andalah serbagai (1911)	الم ما ا			
3	If the organization didn't report an amount in c	column (c) fo	a type of property	ror which column (a) is che	ескеа,			
	describe in Part II.  For Paperwork Reduction Act Notice, see				Schedul			

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

Schedule M (Form 990) 2022

232142 09-09-22 Schedule M (Form 990) 2022

#### **SCHEDULE 0** (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-EZ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

BOARD OF TRUSTEES OF WHITMAN COLLEGE

Inspection **Employer identification number** 

91-0567740 LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PRIORITIZES STUDENT LEARNING WITHIN AND BEYOND THE CLASSROOM, FORM 990, PART VI, SECTION B, LINE 11B: AN ELECTRONIC DRAFT COPY IS PROVIDED TO THE AUDIT COMMITTEE VIA WHITMAN'S BOARD MANAGEMENT SOFTWARE CALLED ONBOARD PRIOR TO THE MEETING. THE COMMITTEE DISCUSSES AND PROVIDES INPUT TO MANAGEMENT. THE COMMITTEE NEXT ACCEPTS THE FORM 990 AND IT IS MADE AVAILABLE TO THE BOARD OF TRUSTEES FOR REVIEW. AFTER THE TRUSTEES HAVE PROVIDED THEIR INPUT AND ALL QUESTIONS ARE RESOLVED, THE FORM 990 IS THEN FILED WITH THE IRS AND POSTED ON THE COLLEGE'S WEBSITE TO BE AVAILABLE TO THE PUBLIC. FORM 990, PART VI, SECTION B, LINE 12C: TRUSTEES, OFFICERS, AND KEY EMPLOYEES ARE GIVEN A QUESTIONNAIRE ANNUALLY. THE QUESTIONNAIRE INCLUDES THE COLLEGE'S CONFLICT OF INTEREST POLICY AND ASKS EACH INDIVIDUAL ABOUT THE EXISTENCE OF CONFLICTS OF INTEREST. AS WELL AS OTHER PAYMENTS OR SITUATIONS WHICH COULD BE CONSTRUED TO PRESENT A CONFLICT. IF AN INDIVIDUAL ANSWERS ANY QUESTION IN THE AFFIRMATIVE, THEY ARE ASKED TO DESCRIBE THE SITUATION IN THEIR RESPONSE. IF THERE ARE ANY CONCERNS RELATIVE TO ANY ONE INDIVIDUAL'S RESPONSE, MANAGEMENT FOLLOWS UP TO DISCUSS HOW BEST TO DEAL WITH ANY IDENTIFIED POTENTIAL CONFLICTS. MANAGEMENT VERIFIES ALL IDENTIFIED INDIVIDUALS HAVE RESPONDED. ALL THE RESPONSES ARE RETAINED IN ACCORDANCE WITH THE COLLEGE'S FILE RETENTION POLICY. TRUSTEES ARE REMINDED OF POTENTIAL CONFLICTS AT EACH MEETING.

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

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page **2** 

Name of the organization  BOARD OF TRUSTEES OF WHITMAN COLLEGE		Employer identification number 91-0567740
THE TRUSTEES DELEGATED AUTHORITY FOR SETTING THE PRESIDENT'	s COMPENSATION	
TO THE EXECUTIVE COMMITTEE OF THE BOARD. COMPARABLE DATA FR	OM PEER	
INSTITUTIONS WAS USED IN THE DISCUSSION TO SET THE PRESIDEN	T'S	
COMPENSATION. THOSE DISCUSSIONS ARE SUMMARIZED IN A MEMO FR	OM THE CHAIR OF	
THE BOARD TO THE VICE PRESIDENT FOR FINANCE & ADMINISTRATIO	N.	
COMPARABLE DATA FROM PEER INSTITUTIONS FOR EACH POSITION WA	S USED TO SET	
THE COMPENSATION FOR OFFICERS AND KEY EMPLOYEES. THE TRUSTE	ES APPROVED THE	
COMPENSATION PACKAGES OF THE COLLEGE'S OFFICERS AND KEY EMP	LOYEES.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY O	F FORM 990:	
CO,CT,DC,FL,GA,HI,IL,KS,KY,LA,MA,MD,ME,MI,MN,MO,MS,NC,ND,NH	,NJ,NM,NV,NY,OH	
OK,OR,PA,RI,SC,TN,UT,VA,WA,WI,WV,AK,AL,AR,CA		
FORM 990, PART VI, SECTION C, LINE 19:		
THE COLLEGE PROVIDES ACCESS TO ITS FINANCIAL STATEMENTS VIA	ITS WEBSITE.	
THE COLLEGE'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST	POLICY ARE	
AVAILABLE UPON REQUEST.		
FORM 990, PART IX, LINE 11G, OTHER FEES:		
OTHER SERVICES:		
PROGRAM SERVICE EXPENSES	15,763,222.	
MANAGEMENT AND GENERAL EXPENSES	268,066.	
FUNDRAISING EXPENSES	558,864.	
TOTAL EXPENSES	16,590,152.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	16,590,152.	

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

Schedule O (Form 990) 2022		Page 2
Name of the organization  BOARD OF TRUSTEES OF WHITMAN CO	LLEGE	Employer identification number 91-0567740
CHANGE IN SPLIT INTEREST AGREEMENTS	-1,517,353.	
UBI GAIN FROM PARTNERSHIPS	-802,694.	
LOSS ON UNCOLLECTIBLE PLEDGES	-25,693.	
TOTAL TO FORM 990, PART XI, LINE 9	-2,345,740.	

#### **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.

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.

Open to Public Inspection

**Employer identification number** 

OMB No. 1545-0047

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

BOARD OF TRUSTEES OF	WHITMAN COLLEGE					91-0567740		
Part I Identification of Disregarded Entities. Comple	te if the organization answered "Y	es" on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state c foreign country)	(d) or Total inco	me End-of-yea	I .	Direct co	f) ontrolling tity	)
	-							
	-							
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organizati	on answered "Yes" on Form 990	), Part IV, line 34, I	pecause it had one	or more re	elated 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) controlling entity		<b>g)</b> 512(b)(13) olled ity?
				501(c)(3))	1		Yes	No
WHITMAN COLLEGE 21ST CENTURY TRUST - 91-6526001, 345 BOYER AVENUE, WALLA WALLA,	PROVIDE SUPPORT FOR				OF WHIT			
WA 99362	WHITMAN COLLEGE	WASHINGTON	501(C)(3)	LINE 12A, I	COLLEGE		Х	
	_							
-	1							

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

Schedule R (Form 990) 2022

	11 mm m (D1) 10 1 m T 11 D1 11	0 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	IIX/II F 000	D - + N / P 0.4	to a contract the first of the contract of the
David III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 34,	because it had one or more related
	organizations treated as a partnership during the tax year.				

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	Disprop alloca	h) ortionate ations?	(i) Code V-UBI amount in box 20 of Schedule	(j) General managir partner	(k) Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0

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

(a)  Name, address, and EIN  of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or	(d) Direct controlling entity	(e) Type of entity (C corp, S corp,	(f) Share of total income	(g) Share of end-of-year	(h) Percentage ownership	512(l	tion b)(13) rolled
Ç		foreign country)	,	or trust)		assets		ent	No
CHARITABLE LEAD ANNUITY TRUST (1)									
345 BOYER AVENUE									1
WALLA WALLA, WA 99362	HOLDINGS	WA	N/A						Х
CHARITABLE REMAINDER TRUSTS (30)									
345 BOYER AVENUE									1
WALLA WALLA, WA 99362	HOLDINGS	WA	N/A						х
POOLED INCOME FUNDS (2)									
345 BOYER AVENUE									1
WALLA WALLA, WA 99362	HOLDINGS	WA	N/A						Х
									1
									<del></del>
									1

<u>(5)</u>

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

No	Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No					
1	1 During the tax year, did the organization engage in any of the following transactions with one or	more rel	lated organizations listed ir	n Parts II-IV?								
á	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х					
	<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b		Х					
(	c Gift, grant, or capital contribution from related organization(s)				1c		Х					
	d Loans or loan guarantees to or for related organization(s)				1d		Х					
	e Loans or loan guarantees by related organization(s)				1e		Х					
f	f Dividends from related organization(s)				1f		Х					
ç	g Sale of assets to related organization(s)											
ŀ	h Purchase of assets from related organization(s)											
i	i Exchange of assets with related organization(s)											
j	j Lease of facilities, equipment, or other assets to related organization(s)				1j		Х					
ŀ	k Lease of facilities, equipment, or other assets from related organization(s)				1k		Х					
ı	I Performance of services or membership or fundraising solicitations for related organization(s)				11		Х					
r	m Performance of services or membership or fundraising solicitations by related organization(s)				1m		Х					
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		Х					
					10	Х						
ŗ	p Reimbursement paid to related organization(s) for expenses				<b>1</b> p		Х					
	q Reimbursement paid by related organization(s) for expenses				1q		Х					
r	r Other transfer of cash or property to related organization(s)				1r		Х					
	s Other transfer of cash or property from related organization(s)				1s		Х					
	2 If the answer to any of the above is "Yes," see the instructions for information on who must com											
	(a) (b)  Name of related organization Transact type (a)	tion	<b>(c)</b> Amount involved	(d) Method of determining amount invo	lved							
1)	1)											
2)	2)											
3)	31											

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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprition allocat	opor- late tions?	General manage partner	(k) Percentage ownership
									000) 0000

232165 09-14-22 Schedule R (Form 990) 2022

#### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print BOARD OF TRUSTEES OF WHITMAN COLLEGE 91-0567740 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 345 BOYER AVENUE return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. WALLA WALLA, WA 99362-2067 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Code Is For Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) DARLENE WILSON, AVP FOR FINANCE & CONTROLLER, WHITMAN COLLEGE The books are in the care of > 345 BOYER AVENUE - WALLA WALLA, WA 99362 Telephone No. ▶ 509-527-4936 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this If it is for part of the group, check this box MAY 15, 2024 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year ► X tax year beginning JUL 1, 2022 JUN 30, 2023 , and ending Tinal return Initial return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

223841 04-01-22

LHA

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

#### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

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OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print BOARD OF TRUSTEES OF WHITMAN COLLEGE 91-0567740 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 345 BOYER AVENUE return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. WALLA WALLA, WA 99362-2067 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) DARLENE WILSON, AVP FOR FINANCE & CONTROLLER, WHITMAN COLLEGE The books are in the care of > 345 BOYER AVENUE - WALLA WALLA, WA 99362 Telephone No. ▶ 509-527-4936 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this If it is for part of the group, check this box MAY 15, 2024 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year ► X tax year beginning JUL 1, 2022 JUN 30, 2023 , and ending Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

223841 04-01-22

LHA

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

Form <b>990-T</b>	EXTENDED TO MAY 15, 2024  Exempt Organization Business Income Tax Retur  (and proxy tax under section 6033(e))	n	OMB No. 1545-0047	
	For calendar year 2022 or other tax year beginning JUL 1, 2022, and ending JUN 30, 2023		2022	
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990T for instructions and the latest information.			
A Check box if address changed.	Name of organization (	DEmploy	ver identification number	
<b>B</b> Exempt under section	Print BOARD OF TRUSTEES OF WHITMAN COLLEGE	9	1-0567740	
X 501(c )(3 ) 408(e) 220(e)	Or Type Number, street, and room or suite no. If a P.O. box, see instructions.  345 BOYER AVENUE		exemption number structions)	
408A 530(a) 529(a) 529A	City or town, state or province, country, and ZIP or foreign postal code WALLA WALLA, WA 99362-2067	F	Check box if	
	C Book value of all assets at end of year		an amended return.	
G Check organization		State c	ollege/university	
H Check if filing only to				
	organization filing a consolidated return with a 501(c)(2) titleholding corporation			
	attached Schedules A (Form 990-T)	1	-	
• • •	was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No	
	ame and identifying number of the parent corporation. e of DARLENE WILSON, AVP FOR FINANCE & Telephone number	509-527	1026	
L The books are in car Part I Total Unr	e of DARLENE WILSON, AVP FOR FINANCE & Telephone number elated Business Taxable Income	309-321	-4930	
Total of unrelated	business taxable income computed from all unrelated trades or businesses (see			
instructions)	· · · · · · · · · · · · · · · · · · ·	1	27,339.	
o Decembed		2		
3 Add lines 1 and 2		3	27,339.	
4 Charitable contribu	utions (see instructions for limitation rules) STMT 1 STMT 2	4	717.	
5 Total unrelated bu	siness taxable income before net operating losses. Subtract line 4 from line 3	. 5	26,622.	
6 Deduction for net	operating loss. See instructions	6		
7 Total of unrelated	business taxable income before specific deduction and section 199A deduction.			
Subtract line 6 from	m line 5	7	26,622.	
8 Specific deduction	n (generally \$1,000, but see instructions for exceptions)	. 8	1,000.	
9 Trusts. Section 19	99A deduction. See instructions	9		
	Add lines 8 and 9	10	1,000.	
	ss taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7,		05.600	
Part II Tax Com	nutation	11	25,622.	
	table as corporations. Multiply Part I, line 11 by 21% (0.21)	1	5,381.	
•	trust rates. See instructions for tax computation. Income tax on the amount on		.,	
Part I, line 11 from		2		
3 Proxy tax. See ins		1 4		
4 Other tax amounts				
5 Alternative minimu				
	iant facility income. See instructions			
•	through 6 to line 1 or 2, whichever applies	7	5,381.	
	Reduction Act Notice, see instructions.		Form <b>990-T</b> (2022)	

Part	III T	Tax and Payments								
1a	Foreig	ın tax credit (corporations attach Form 1	118; trusts attach Form	1116)	1a					
b		credits (see instructions)			1b	2,41	0.			
С		al business credit. Attach Form 3800 (se			1c	2,97	1.			
d		for prior year minimum tax (attach Form								
е		credits. Add lines 1a through 1d					16	e	5,	381.
2										0.
3		amounts due. Check if from: Form				Form 8866				
						_	3	<u> </u>		
4	Total	tax. Add lines 2 and 3 (see instructions).	`	cludes tax pre						
•		,		•	,		4			0.
5		nt net 965 tax liability paid from Form 96								0.
6a		ents: A 2021 overpayment credited to 20			- 1	I				
b	-	estimated tax payments. Check if section			6b	4	_			
c						, ,				
d		n organizations: Tax paid or withheld at								
e		ip withholding (see instructions)								
f		for small employer health insurance pre								
g g		credits, adjustments, and payments:			···   <del>"</del>					
9			Other		—   al <b>6g</b>					
7		payments. Add lines 6a through 6g					7		1,983,	597.
8		ated tax penalty (see instructions). Check					_  <u></u> 8			
9		<b>ue.</b> If line 7 is smaller than the total of lin								
10		payment. If line 7 is larger than the total of							1,983,	597.
11		the amount of line 10 you want: <b>Credite</b>					- 1			0.
Part		Statements Regarding Certain					<u>. , .</u>	· · ·		
1		time during the 2022 calendar year, did			-	· · · · · · · · · · · · · · · · · · ·	v		Yes	No
•	•	i financial account (bank, securities, or ot	•		•		•		100	110
		N Form 114, Report of Foreign Bank and	, ,	•	•	•				
	here	THE THE THE THE THE THE THE THE THE	T manolal 7 loodanto. Il	res, eriter ti	io riarrio o	Talle foreign country	y			х
2		g the tax year, did the organization receiv	ve a distribution from or	was it the gra	entor of o	r transferor to a				
_		n trust?		-						х
		s," see instructions for other forms the or								
3		the amount of tax-exempt interest receiv				\$				
4		available pre-2018 NOL carryovers here				ny post-2017 NOL o	carryov	/er		
•		n on Schedule A (Form 990-T). Don't redu								
5		2017 NOL carryovers. Enter the Business						10 0.		
·		nounts shown below by any NOL claimed	•	•		•				
	tilo ui	Business Activi				able post-2017 NOL		over		
		Business / tetri	ty codo		\$	<u>ubic post 2017 1401</u>	_ ourry	5701		
					\$					
6a	Did th	e organization change its method of acc	ounting? (see instruction	ı ns)						х
b		s "Yes," has the organization described t	• .	,						
-		n in Part V	-							
Part		Supplemental Information								
		planation required by Part IV, line 6b. Als	so provide any other ac	ditional inforn	nation Se	e instructions				
		,p.aa,	50, p. 51, a.5 a., 5 a., 6							
		der penalties of perjury, I declare that I have examined					vledge ar	nd belief, it is tr	ue,	
Sign	СО	rrect, and complete. Declaration of preparer (other than	taxpayer) is based on all inform	ation of which prep	arer has any	knowledge.	ı			
Here				VP FOR F	INANCE	May the IRS discuss the preparer shown by				vith
	Si	gnature of officer	Date	Title				ions)? X		No
		Print/Type preparer's name	Preparer's signature		Date	Check		PTIN		
D-:-!			. roparor o orginaturo		Duit	self- employe				
Paid		TRACY S. PAGLIA	TRACY S. PAGLIA		04/05/24			P0036688	4	
Prepa		Firm's name MOSS ADAMS LLP	1	[		Firm's EIN		91-018		
Use C	nly	3121 W MARCH LN	I STE 200			LIIIII 2 EIIV				
		Firm's address STOCKTON, CA 95	•			Phone no.	209-	955-6100		

FORM 990-T	CONTRIBUTIONS	STATEMENT 1
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CHARITABLE CONTRIBUTIONS	N/A	717.
TOTAL TO FORM 990-T, PART I,	717.	

FORM 990-T CONTRIBUTIONS SUMMARY		STATEMENT 2
QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT		
CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS FOR TAX YEAR 2017 FOR TAX YEAR 2018 FOR TAX YEAR 2019 FOR TAX YEAR 2020 FOR TAX YEAR 2021		
TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CONTRIBUTIONS	717	
TOTAL CONTRIBUTIONS AVAILABLE TAXABLE INCOME LIMITATION AS ADJUSTED	717 2,634	-
EXCESS CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS	0 0 0	-
ALLOWABLE CONTRIBUTIONS DEDUCTION		717
TOTAL CONTRIBUTION DEDUCTION		717

FORM 990-T	OTHER CREDITS	STATEMENT 3
DESCRIPTION		AMOUNT
FORM 1118 FOREIGN TAX CREDIT		2,410.
TOTAL TO FORM 990-T, PAGE 2, P	ART III, LINE 1B	2,410.

### **SCHEDULE A** (Form 990-T)

## **Unrelated Business Taxable Income** From an Unrelated Trade or Business

	Go to www.irs.gov/Form990T for instructions and the latest information.  Department of the Treasury Internal Revenue Service  Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).					
<b>A</b>	Name of the organization  BOARD OF TRUSTEES OF WHITMAN COLLEGE  BOARD OF TRUSTEES OF WHITMAN COLLEGE  BOARD OF TRUSTEES OF WHITMAN COLLEGE					
<u>c</u> .	Unrelated business activity code (see instruc	ctions) 901101			<b>D</b> Sequence:	1 of 1
<b>E</b> [	Describe the unrelated trade or business	INVESTMENTS				
	rt I Unrelated Trade or Busines	s Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales					
b	Less returns and allowances	<b>c</b> Balance	1c			
2	Cost of goods sold (Part III, line 8)		2			
3	Gross profit. Subtract line 2 from line 1c		3			
4 a	Capital gain net income (attach Schedule					
			4a	0.		
b	Net gain (loss) (Form 4797) (attach Form 4		4b	-276,757.		-276,757.
С		•	4c			
5	Income (loss) from a partnership or an S c					
	statement) STATEMENT 4		5	1,079,451.		1,079,451.
6	Rent income (Part IV)		6			
7	Unrelated debt-financed income (Part V)		7			
8	Interest, annuities, royalties, and rents from					
	organization (Part VI)		8			
9	Investment income of section 501(c)(7), (9					
Ŭ	organizations (Part VII)		9			
10	Exploited exempt activity income (Part VIII		10			
11	Advertising income (Part IX)		11			
12	Other income (see instructions; attach sta		12			
13	<b>Total.</b> Combine lines 3 through 12		13	802,694.		802,694.
	rt II Deductions Not Taken Elsev	where See instruct	ions for	·	ctions. Deduction	· · ·
	directly connected with the u					1
1	Compensation of officers, directors, and to					
2	Salaries and wages					6,696.
3	Repairs and maintenance					-
4	Bad debts				4	
5	Interest (attach statement). See instruction	ns				
6					<u>6</u>	24,629.
7	Depreciation (attach Form 4562). See inst					
8	Less depreciation claimed in Part III and e	elsewhere on return		8a	8b	
9	Depletion					
10	Contributions to deferred compensation p					
11	Employee benefit programs					1,762.
12	Excess exempt expenses (Part VIII)					
13	Excess readership costs (Part IX)				13	
14				SEE STATEMENT	<sup>5</sup> 14	742,268.
15	Total deductions. Add lines 1 through 14					775,355.
16	Unrelated business income before net ope	erating loss deduction. S	ubtract li	ne 15 from Part I. line 13.		1

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 17 from line 16

Schedule A (Form 990-T) 2022

27,339.

16

17

Deduction for net operating loss. See instructions

P	an	۵	2

Part	III Cost of Goods Sold Enter met	nod of inventory valuati	on		Page Z
1		Tod of inventory variation		1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year			_	
8	Cost of goods sold. Subtract line 7 from line 6. Enter I	nere and in Part I, line 2		8	
9	Do the rules of section 263A (with respect to property)			<u>U</u>	Yes No
Part	IV Rent Income (From Real Property and	Personal Proper	ty Leased with R	eal Property)	
1	Description of property (property street address, city, s	tate, ZIP code). Check	if a dual-use. See inst	ructions.	
	A				
	В				
	c				
	D				
		A	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A	through D. Enter here	and on Part I line 6 o	olumn (A)	0.
3	Deductions directly connected with the income	tillough D. Linter here	and on raiti, line o, c	oldifiif (A)	
4	in lines 2(a) and 2(b) (attach statement)				
7	in inco Z(a) and Z(b) (attach statement)	I			
5	Total deductions. Add line 4 columns A through D. Er	iter here and on Part I.	line 6. column (B)		0.
Part '		ee instructions)	, , ,		
1	Description of debt-financed property (street address, of	city, state, ZIP code). C	heck if a dual-use. See	e instructions.	
	A				
	В 🔲				
	c 🗌				
	D				
		Α	В	С	<u>D</u>
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D)	. Enter here and on Par	t I, line 7, column (A)		0.
_	Alleganists designations and the Control of the Con	Γ		Τ	
9	Allocable deductions. Multiply line 3c by line 6	anab D. Easternie	Law David Library 7 1 1	(D)	0.
10 11	<b>Total allocable deductions.</b> Add line 9, columns A thr <b>Total dividends-received deductions</b> included in line				0.
11	. Sta. dividende i escived deductions included in line				••

	le A (Form 990-T) 2022 VI Interest, Annu		ovalties and Re	ents fror	n Control	led Or	ganizations	S (e	ee instruct	ione)		Page 3
· uit			,		50114101		Exempt Contro	,				
	Name of controlle organization	d	2. Employer identification number	identification income (los		unrelated 4. Total of specified ne (loss) payments made		5. Part of column 4 that is included in the controlling organization's gross income		mn 4 in the aniza-	connected with	
(1)									<u> </u>			
(2)												
(3)												
(4)												
			No	nexempt C	Controlled Or	ganizati	ions					
7.	Taxable Income	ir	Net unrelated acome (loss) e instructions)		otal of specif yments mad		that is inc controlling gross	cluded	in the zation's		con	ductions directly nected with e in column 10
(1)												
(2)												
(3)												
(4)												
Totals							Add colum Enter here line 8, c	and or	n Part I,	Ente	er he	umns 6 and 11. ere and on Part I, 3, column (B)
Part '	VII Investment	Income	of a Section 50	1(c)(7), (	9), or (17)	Orgar	nization (s	ee ins	tructions)	<u>I</u>		
	1. Desc	cription of	income		2. Amou incon		3. Deduction directly connucated (attach state)	ected	4. Set- (attach st		-	i. Total deductions and set-asides (add cols 3 and 4)
(1) (0)											+	
(2)											+	
(3)											+	
(4)					Add amou column 2. here and or line 9, colu	Enter n Part I, ımn (A)						Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals	//III = .1.311.=					0.						0.
Part '			Activity Income,	Otner i	nan Adve	ertising	g income	(see in	structions)			
1	Description of exploite	•						(*)				
2	Gross unrelated busin						•			2		
3	Expenses directly con											
4	line 10, column (B) Net income (loss) from	uprolotod	trada or business 9	Cubtract !:	an 2 from line		agin complete			3		
4										4		
5	lines 5 through 7 Gross income from ac		s not unrelated busi							5		
6	Expenses attributable									6		
7	Excess exempt expen											
-	4 Enter here and on F			, 22. 40 11						7		

Schedule A (Form 990-T) 2022

Page	

Part	IX Advertising Income					1 age 4
1	Name(s) of periodical(s). Check box if reporting	two or m	ore periodicals on a	consolidated basis		
•	A	, two or 111	ioro periodiodio erra	consolidated basis	<b>5.</b>	
	В					
	c					
	D					
Enter a	amounts for each periodical listed above in the c	orrespond		T _		
			Α	В	С	D
2	Gross advertising income	_				
	Add columns A through D. Enter here and on F	Part I, line	11, column (A)			0.
а		_				
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here and on F	Part I, line	11, column (B)			0.
		_		_		
4	Advertising gain (loss). Subtract line 3 from line	e				
	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column in					
	line 4 showing a loss or zero, do not complete					
	lines 5 through 7, and enter zero on line 8	L				
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less than					
	line 5, subtract line 6 from line 5. If line 5 is les	s				
	than line 6, enter zero					
8	Excess readership costs allowed as a					
	deduction. For each column showing a gain or	ո				
	line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Enter the gre		e line 8a. columns to	otal or zero here an	d on	
	Part II, line 13					0.
Part	X Compensation of Officers, Dire	ectors, a	and Trustees (	see instructions)		
					3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
					to business	unrelated business
(1)					%	
(2)					%	
(3)					%	
(4)					%	
Total	Enter here and on Part II, line 1					0.
Part		instruction	ons)			
						_
						_

FORM 990-T (	A)	INCOM	E (LOSS) FROM PARTNERSHIPS	STATEMENT 4
DESCRIPTION				NET INCOME OR (LOSS)
	FROM	13-3812174 -	ORDINARY BUSINESS INCOME	
(LOSS)				6,001
			INTEREST INCOME	35
			OTHER INCOME (LOSS)	-467
	FROM	16-1720029 -	ORDINARY BUSINESS INCOME	
(LOSS)				26
			OTHER INCOME (LOSS)	- <b>9 4</b>
	FROM	20-5451317 -	ORDINARY BUSINESS INCOME	
(LOSS)				-317
			OTHER INCOME (LOSS)	-208
	FROM	25-1910076 -	ORDINARY BUSINESS INCOME	
(LOSS)				-334
			OTHER INCOME (LOSS)	-604
	FROM	26-0797359 -	ORDINARY BUSINESS INCOME	
(LOSS)				-788
PASSTHROUGH	FROM	26-1163727 -	ORDINARY BUSINESS INCOME	
(LOSS)				193,529
PASSTHROUGH	FROM	26-1163727 -	OTHER INCOME (LOSS)	151
PASSTHROUGH	FROM	26-2754039 -	ORDINARY BUSINESS INCOME	
(LOSS)				-10,948
PASSTHROUGH	FROM	26-2754039 -	OTHER INCOME (LOSS)	-7,288
PASSTHROUGH	FROM	26-3128450 -	ORDINARY BUSINESS INCOME	
(LOSS)				9,041
PASSTHROUGH	FROM	26-3128450 -	DIVIDEND INCOME	8,229
PASSTHROUGH	FROM	27-3125579 -	ORDINARY BUSINESS INCOME	
(LOSS)				40,386
PASSTHROUGH	FROM	27-3125579 -	OTHER INCOME (LOSS)	-39,829
PASSTHROUGH	FROM	46-2445852 -	ORDINARY BUSINESS INCOME	
(LOSS)				285,821
PASSTHROUGH	FROM	46-2445852 -	OTHER INCOME (LOSS)	-6,011
PASSTHROUGH	FROM	47-2562960 -	ORDINARY BUSINESS INCOME	
(LOSS)				254,201
	FROM	81-1279864 -	ORDINARY BUSINESS INCOME	
(LOSS)				875,900
	FROM	81-1279864 -	OTHER INCOME (LOSS)	-692,833
			ORDINARY BUSINESS INCOME	•
(LOSS)				-64,304
•	FROM	84-1830219 -	INTEREST INCOME	, 66
			OTHER INCOME (LOSS)	-40,750
			ORDINARY BUSINESS INCOME	,
(LOSS)				-21,950
•	FROM	84-1847010 -	OTHER INCOME (LOSS)	-12,726
			INTEREST INCOME	1,870
			ORDINARY BUSINESS INCOME	,
(LOSS)				355,675
•	FROM	87-3512852 -	OTHER INCOME (LOSS)	795
			ORDINARY BUSINESS INCOME	753
(LOSS)	LICH	22 OT12100 -	OUDINE DODINEDD INCOME	-46,786
=	EB UM	98-1450398 -	OTHER INCOME (LOSS)	-11,22
			INTEREST INCOME	11,22
	TIOIT	70 T#00#00 -	TIATEINED I TIACOME	,
	ED OM	98-1169190	DIVIDEND INCOME	1,160

BOARD OF TRUSTEES OF WHITMA	N COLLEGE	91-0567740
TOTAL INCLUDED ON SCHEDULE	A, PART I, LINE 5	1,079,451.
FORM 990-T (A)	OTHER DEDUCTIONS	
DESCRIPTION		AMOUNT
TAX PREPARATION FEES INVESTMENT MANAGEMENT FEES		64,500. 677,768.

TOTAL TO SCHEDULE A, PART II, LINE 14

742,268.

#### **SCHEDULE D** (Form 1120)

Department of the Treasury Internal Revenue Service

### Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T. Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Employer identification number Name 91-0567740 BOARD OF TRUSTEES OF WHITMAN COLLEGE Yes 🗓 No Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below.  This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part I, line 2, column	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)	
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked					
2 Totals for all transactions reported on					
Form(s) 8949 with <b>Box B</b> checked					
3 Totals for all transactions reported on					
Form(s) 8949 with <b>Box C</b> checked					-3,388,840.
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 3	7		4	, ,
5 Short-term capital gain or (loss) from like-kind				5	
6 Unused capital loss carryover (attach computa				6	(
7 Net short-term capital gain or (loss). Combine				7	-3,388,840.
Part II   Long-Term Capital Gain	ns and Losses - Ass	ets Held More Thar	n One Year		
See instructions for how to figure the amounts to enter on the lines below.  This form may be easier to complete if you round off cents to whole dollars.	<b>(d)</b> Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part II, line 2, column	49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b Totals for all transactions reported on					
Form(s) 8949 with <b>Box D</b> checked					
<b>9</b> Totals for all transactions reported on					
Form(s) 8949 with <b>Box E</b> checked					
10 Totals for all transactions reported on					
Form(s) 8949 with <b>Box F</b> checked					1,026,125.
				11	
12 Long-term capital gain from installment sales				12	
13 Long-term capital gain or (loss) from like-kind	d exchanges from Form 8824			13	
				14	1 205 125
15 Net long-term capital gain or (loss). Combine Part III   Summary of Parts I and	: lines 8a through 14 in colum <b>I II</b>	<u>n h</u>		15	1,026,125.
16 Enter excess of net short-term capital gain (lir		al loss (line 15)		16	
17 Net capital gain. Enter excess of net long-term				17	
<b>18</b> Add lines 16 and 17. Enter here and on Form				18	0.
Note: If losses exceed gains, see Capital Los	, pago 1, 1110 0, 01 1110 ap	p on outon roturne			<u> </u>

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2022

LHA

Department of the Treasury Internal Revenue Service

Name(s) shown on return

## Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. OMB No. 1545-0074

Social security number or taxpayer identification no.

91-0567740

BOARD OF TRUSTEES OF WHITMAN COLLEGE

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term Part I transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or 1 (h) (c) (d) (e) loss. If you enter an amount Proceeds Description of property Date sold or Cost or other Gain or (loss). Date acquired in column (g), enter a code in (sales price) Subtract column (e) basis. See the (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed of column (f). See instructions. Note below and from column (d) & (Mo., day, yr.) (g) Amount of see Column (e) ir combine the result Code(s) with column (g) the instructions adjustment PASSTHROUGH FROM 26-3128450 -3,393,291. PASSTHROUGH FROM 84-1830219 4,451.

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your

Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked)

-3,388,840. Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form **8949** (2022)

adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Attachment Sequence No. 12A

Form 8949 (2022) Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or

С

,	. ,		·	. 0		taxpayer ide	ntification no.
BOARD OF TRUSTEES OF	WHITMAN COLL	EGE				91-0	567740
Before you check Box D, E, or F belo statement will have the same informa broker and may even tell you which b	w, see whether yetion as Form 109	you received any 99-B. Either will s	Form(s) 1099-B o show whether you	or substitute statem Ir basis (usually you	ent(s) from ye r cost) was re	our broker. A sui eported to the IF	bstitute IS by your
Part II Long-Term. Transaction see page 1.		al assets you held r	more than 1 year are	generally long-term (s	ee instructions	). For short-term to	ransactions,
Note: You may aggregate all codes are required. Enter the	totals directly on	Schedule D, line 8a	ı; yoù aren't required	to report these trans	actions on Forr	n 8949 (see instru	ctions).
You must check Box D, E, or F below. On the second of you have more long-term transactions than will be second or the second of							each applicable box.
(D) Long-term transactions rep	· -						
(E) Long-term transactions rep	orted on Form(s	) 1099-B showing	g basis <b>wasn't</b> re	eported to the IRS			
X (F) Long-term transactions not	reported to you	on Form 1099-E	3				
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other	loss. If you	if any, to gain or enter an amount ), enter a code in	(h) Gain or (loss).
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(sales price)	basis. See the <b>Note</b> below and		ée instructions.	Subtract column (e) from column (d) &
		(Mo., day, yr.)		see Column (e) in the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
PASSTHROUGH FROM 06-1605325							1,285.
PASSTHROUGH FROM 25-1910076							-43,390.
PASSTHROUGH FROM 26-3128450							1,068,230.
2 Totals. Add the amounts in colun							
negative amounts). Enter each tot							
Schedule D, line 8b (if Box D abo	•	•					1 006 105
above is checked), or line 10 (if B	ox F above is cl	necked)					1,026,125.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Form **8949** (2022)

# Form **4797**

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

Identifying number

BOARD OF TRUSTEES OF WHITMAN COLLEGE 91-0567740 1a Enter the gross proceeds from sales or exchanges reported to you for 2022 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 1a b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of 1b c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions) (f) Cost or other (e) Depreciation (g) Gain or (loss) (a) Description (b) Date acquired (C) Date sold (d) Gross sales basis, plus allowed or Subtract (f) from the of property (mo., day, yr.) (mo., day, yr.) price improvements and allowable since sum of (d) and (e) SEE STATEMENT 6 acquisition expense of sale Gain, if any, from Form 4684, line 39 3 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 5 Gain, if any, from line 32, from other than casualty or theft 6 6 -276 757. 7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows 7 Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. 8 Nonrecaptured net section 1231 losses from prior years. See instructions 9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions Part II Ordinary Gains and Losses (see instructions) Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): 276,757. Loss, if any, from line 7 11 Gain, if any, from line 7 or amount from line 8, if applicable 12 12 Gain, if any, from line 31 13 13 14 14 Net gain or (loss) from Form 4684, lines 31 and 38a Ordinary gain from installment sales from Form 6252, line 25 or 36 15 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 16 \_\_ -276,757**.** 17 Combine lines 10 through 16 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines 18 a and b below. For individual returns, complete lines a and b below. If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions 18a b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4 18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2022)

Part III Gain From Disposition of Propert	ty Und	er Sections 1245,	1250, 1252	, 12	54, and 1255 (se	ee instructions)
<b>19</b> (a) Description of section 1245, 1250, 1252, 1254, o	or 1255 p	property:			(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
Α						
В						
С						
D						
These columns relate to the properties on lines 19A through 19D.		Property A	Property I	В	Property C	Property D
<b>20</b> Gross sales price ( <b>Note:</b> See line 1a before completing.)	20					
Cost or other basis plus expense of sale	21					
Depreciation (or depletion) allowed or allowable	22					
Adjusted basis. Subtract line 22 from line 21	23					
24 Total gain. Subtract line 23 from line 20	24					
25 If section 1245 property:						
a Depreciation allowed or allowable from line 22	25a					
<b>b</b> Enter the <b>smaller</b> of line 24 or 25a	25b					
<b>If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.						
<b>a</b> Additional depreciation after 1975. See instructions	26a					
<b>b</b> Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a. See instructions	26b					
c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c					
<b>d</b> Additional depreciation after 1969 and before 1976	26d					
e Enter the smaller of line 26c or 26d	26e					
f Section 291 amount (corporations only)	26f					
<b>g</b> Add lines 26b, 26e, and 26f	26g					
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.						
a Soil, water, and land clearing expenses	27a					
<b>b</b> Line 27a multiplied by applicable percentage	27b					
c Enter the smaller of line 24 or 27b	27c					
28 If section 1254 property:  a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a					
<b>b</b> Enter the <b>smaller</b> of line 24 or 28a	28b					
<ul> <li>If section 1255 property:</li> <li>a Applicable percentage of payments excluded from income under section 126. See instructions</li> </ul>	29a					
<b>b</b> Enter the <b>smaller</b> of line 24 or 29a. See instructions	29b					
Summary of Part III Gains. Complete property of	a a lumana	A through D through li	as OOb bafara a	a o i o o	to line 20	
Complete property C	Joiuitiis	A tillough b tillough iil	ie zap belore (	Joing	to line 30.	
Total gains for all properties. Add property columns	A throu	gh D, line 24			30	)
Add property columns A through D, lines 25b, 26g,					3	1
32 Subtract line 31 from line 30. Enter the portion from		y or theft on Form 4684	4, line 33. Ente	r the	·	
from other than casualty or theft on Form 4797, line  Part IV Recapture Amounts Under Section	e 6 ons 179	9 and 280F(b)(2) W	/hen Busine	ess l	Use Drops to 50	2    % or Less
(see instructions)					T	
					(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allo	wable in	n prior years		33		
O4 December 1 december 1 december 2 december				34		
35 Recapture amount. Subtract line 34 from line 33. So				35		

Department of the Treasury Internal Revenue Service

# **General Business Credit**

Go to www.irs.gov/Form3800 for instructions and the latest information. You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

Name	(s) shown on return	Identifying number	
BOAI	RD OF TRUSTEES OF WHITMAN COLLEGE	91-056774	10
	rt I Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT)		
	(See instructions and complete Part(s) III before Parts I and II.)		
1	General business credit from line 2 of all Parts III with box A checked	1	
	Passive activity credits from line 2 of all Parts III with box B checked		
	Enter the applicable passive activity credits allowed for 2022. See instructions	3	0.
4	Carryforward of general business credit to 2022. Enter the amount from line 2 of Part III with box C		
	checked. See instructions for statement to attach	4	
	Check this box if the carryforward was changed or revised from the original reported amount		
5	Carryback of general business credit from 2023. Enter the amount from line 2 of Part III with box D		
	checked	5	
	Add lines 1, 3, 4, and 5	6	
Ра	rt II Allowable Credit		
7	Regular tax before credits:		
	• Individuals. Enter the sum of the amounts from Form 1040, 1040-SR, or 1040-NR,		
	line 16, and Schedule 2 (Form 1040), line 2		
	Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the		- 201
	applicable line of your return	7	5,381.
	• Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G,		
	lines 1a and 1b, plus any Form 8978 amount included on line 1d; or the amount from		
•	the applicable line of your return		
8	Alternative minimum tax:		
	• Individuals. Enter the amount from Form 6251, line 11		0.
	• Corporations. Enter -0-	8	0.
	• Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54		
9	Add lines 7 and 8	9	5,381.
•	7.44 11.166 7 41.14 6		
10a	Foreign tax credit 2,410.		
	Certain allowable credits (see instructions)		
	Add lines 10a and 10b	10c	2,410.
11	Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16	11	2,971.
12	Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0-		
13	Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000. See		
	instructions 13		
14	Tentative minimum tax:		
	Individuals. Enter the amount from Form 6251, line 9		
	• Corporations. Enter -0-		
	• Estates and trusts. Enter the amount from Schedule I (Form 1041),		
	line 52		
	Enter the greater of line 13 or line 14	15	2 071
	Subtract line 15 from line 11. If zero or less, enter -0-	16	2,971.
1/	Enter the smaller of line 6 or line 16  C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or	17	
	reorganization.		

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 3800 (2022)

Form 3800 (2022) Page **2** 

Pa	art II Allowable Credit (continued)		
Not	e: If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and enter -0- on line 2	6.	
18	Multiply line 14 by 75% (0.75). See instructions	18	
19	Enter the greater of line 13 or line 18	19	
20	Subtract line 19 from line 11. If zero or less, enter -0-	20	
21	Subtract line 17 from line 20. If zero or less, enter -0-	21	
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	
23 24	Passive activity credit from line 3 of all Parts III with box B checked	24	
24	Enter the applicable passive activity credit allowed for 2022. See instructions	24	
25	Add lines 22 and 24  Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21	25	
26	or line 25	26	0.
27	Subtract line 13 from line 11. If zero or less, enter -0-	27	2,971.
28	Add lines 17 and 26	28	
29	Subtract line 28 from line 27. If zero or less, enter -0-	29	2,971.
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	
31	Reserved	31	
32	Passive activity credits from line 5 of all Parts III with box B checked		
33	Enter the applicable passive activity credits allowed for 2022. See instructions	33	3,660.
34	Carryforward of business credit to 2022. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach	34	
	Check this box if the carryforward was changed or revised from the original reported amount		
35	Carryback of business credit from 2023. Enter the amount from line 5 of Part III with box D checked.  See instructions	35	
36	Add lines 30, 33, 34, and 35	36	3,660.
37	Enter the <b>smaller</b> of line 29 or line 36	37	2,971.
38	Credit allowed for the current year. Add lines 28 and 37.  Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36,		
	see instructions) as indicated below or on the applicable line of your return.		
	Individuals. Schedule 3 (Form 1040), line 6		
	Corporations. Form 1120, Schedule J, Part I, line 5c	38	2,971.
	Festates and truets Form 10/1 Schedule G line 2h		

Form **3800** (2022)

	3800 (2022)			Page 3
Name(	s) shown on return			Identifying number
_	D OF TRUSTEES OF WHITMAN COLLEGE			91-0567740
Pai	t III General Business Credits or Eligible Small Business Credits	s (see	e instructions)	
Com	olete a separate Part III for each box checked below. See instructions.			
Α	General Business Credit From a Non-Passive Activity  E Reserv	ed		
В	General Business Credit From a Passive Activity  F Reserv	ed		
С	General Business Credit Carryforwards G Eligible	Small	Business Credit Carryfor	wards
D	General Business Credit Carrybacks H Reserv	ed		
I	lf you are filing more than one Part III with box A or B checked, complete and attach fil	rst an	additional Part III combinii	ng amounts from all
				Х
Note for ea	<ul> <li>(a) Description of credit</li> <li>On any line where the credit is from more than one source, a separate Part III is need ach pass-through entity.</li> </ul>	ed	(b) Enter EIN if claiming the credit from a pass-through entity.	(c) Enter the appropriate amount.
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Advanced manufacturing production (Form 7207)	1b		
С	Increasing research activities (Form 6765)	1c		2,168.
d	Low-income housing (carryforward only) (see instructions)	1d		
е	Disabled access (Form 8826)*	1e		
f	Renewable electricity production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs and auto-enrollment (Form 8881)	1j		
k	Employer-provided child care facilities and services (Form 8882)*	1k		
1	Biodiesel, renewable diesel, or sustainable aviation fuel (attach Form 8864)	11		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
o	Nonconventional source fuel (carryforward only)	10		
р	Energy efficient home (Form 8908)	1p		
a q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Enhanced oil recovery credit (Form 8830)	1t		
u	Mine rescue team training (Form 8923)	1u		
v	Agricultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w		
х	Carbon oxide sequestration (Form 8933)	1x		
у	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
aa	Employee retention (Form 5884-A)	1aa		
bb	General credits from an electing large partnership (carryforward only)	1bb		
	Other. Oil and gas production from marginal wells (Form 8904) and certain other			
	credits (see instructions)	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		2,168.
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		367.
С	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586)	4d		
е	Renewable electricity production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee			
	tips (Form 8846)	4f		1,125.
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Increasing research activities (Form 6765)	4i		
j	Employer credit for paid family and medical leave (Form 8994)	4j		
z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		1,492.
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		3,660.

<sup>\*</sup> See instructions for limitation on this credit.

	s) shown on return			Identifying number
BOAF	D OF TRUSTEES OF WHITMAN COLLEGE			91-0567740
Pa	t III General Business Credits or Eligible Small Business Credits	S (see	e instructions)	
	plete a separate Part III for each box checked below. See instructions.	(		
Α	General Business Credit From a Non-Passive Activity <b>E</b> Reserv	ed		
В	General Business Credit From a Passive Activity     F     Reserv			
С	, ,		I Business Credit Carryfo	rwards
D	General Business Credit Carrybacks H Reserv		Basinoss Grount Sarry 10	Wardo
ı	If you are filing more than one Part III with box A or B checked, complete and attach file		additional Part III combin	ing amounts from all
	(a) Description of credit			(c)
Note for e	: On any line where the credit is from more than one source, a separate Part III is need ach pass-through entity.	ed	(b) Enter EIN if claiming the credit from a pass-through entity.	Enter the appropriate amount.
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Advanced manufacturing production (Form 7207)	1b		
С	Increasing research activities (Form 6765)	1c	84-1847010	779.
d	Low-income housing (carryforward only) (see instructions)	1d		
e	Disabled access (Form 8826)*	1e		
f	Renewable electricity production (Form 8835)	1f		
g g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
÷	Small employer pension plan startup costs and auto-enrollment (Form 8881)	1j		
, k	F	1k		
ï	Employer-provided child care facilities and services (Form 8882)*  Biodiesel, renewable diesel, or sustainable aviation fuel (attach Form 8864)	11		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel (carryforward only)	10		
		1p		
р	Energy efficient home (Form 8908)  Energy efficient appliance (carryforward only)	1q		
q r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
	Enhanced oil recovery credit (Form 8830)	1t		
t 		1u		
u	Mine rescue team training (Form 8923)			
٧	Agricultural chemicals security (carryforward only)	10		
W	Employer differential wage payments (Form 8932)	1w		
X	Carbon oxide sequestration (Form 8933)	1x		
у -	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)  Employee retention (Form 5884-A)	1z		
aa	1 / / / / / / / / / / / / / / / / / / /	1aa		
bb 	General credits from an electing large partnership (carryforward only)	1bb		
ZZ	Other. Oil and gas production from marginal wells (Form 8904) and certain other	4		
0	credits (see instructions)	1zz		779.
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I  Enter the amount from Form 8844 here and on the applicable line of Part II	2		1175.
3	11	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a	26-1163727	122.
b	Work opportunity (Form 5884)	4b	20 1103727	122.
C	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586)	4d		
e	Renewable electricity production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	26-1163727	1,125.
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Increasing research activities (Form 6765)	4i		
j	Employer credit for paid family and medical leave (Form 8994)	4j		
z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		1,247.
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		2,026.

<sup>\*</sup> See instructions for limitation on this credit.

	1300 (202)			raye s
	s) shown on return			Identifying number
	RD OF TRUSTEES OF WHITMAN COLLEGE			91-0567740
Pa	rt III General Business Credits or Eligible Small Business Credit	S (see	e instructions)	
Com	plete a separate Part III for each box checked below. See instructions.			
Α	General Business Credit From a Non-Passive Activity E Reserv	red		
В	General Business Credit From a Passive Activity F Reserv	ed		
С	General Business Credit Carryforwards G Eligible	Smal	l Business Credit Carryfo	rwards
D	General Business Credit Carrybacks H Reserv	ed		
ı	If you are filing more than one Part III with box A or B checked, complete and attach fil	rst an	additional Part III combin	ing amounts from all
	Parts III with box A or B checked. Check here if this is the consolidated Part III			
Note	(a) Description of credit : On any line where the credit is from more than one source, a separate Part III is need	lad	(b) Enter EIN if claiming the credit from a pass-through entity.	(c)
for e	ach pass-through entity.		from a pass-through entity.	Enter the appropriate amount.
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Advanced manufacturing production (Form 7207)	1b		
С	Increasing research activities (Form 6765)	1c	47-2562960	1,389.
d	Low-income housing (carryforward only) (see instructions)	1d		
е	Disabled access (Form 8826)*	1e		
f	Renewable electricity production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
i	Small employer pension plan startup costs and auto-enrollment (Form 8881)	1j		
k	Employer-provided child care facilities and services (Form 8882)*	1k		
ı	Biodiesel, renewable diesel, or sustainable aviation fuel (attach Form 8864)	11		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
	Nonconventional source fuel (carryforward only)	10		
0				
p	Energy efficient appliance (correferward only)	1p		
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Enhanced oil recovery credit (Form 8830)	1t		
u	Mine rescue team training (Form 8923)	1u		
V	Agricultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w		
X	Carbon oxide sequestration (Form 8933)	1x		
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
aa	1 /	1aa		
bb	General credits from an electing large partnership (carryforward only)	1bb		
ZZ	Other. Oil and gas production from marginal wells (Form 8904) and certain other			
	credits (see instructions)	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		1,389.
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b	85-1141205	245.
С	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586)	4d		
е	Renewable electricity production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee			
	tips (Form 8846)	4f		
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Increasing research activities (Form 6765)	4i		
i	Employer credit for paid family and medical leave (Form 8994)	4j		
z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		245.
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		1,634.
	as =, 5, and 5 and 5 more and 5 mile upplicable line of tart if			

<sup>\*</sup> See instructions for limitation on this credit.

FORM 4797	PRO:	PERTY HELI	MORE THA	N ONE YEAR	ST.	ATEMENT 6
DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
PASSTHROUGH FROM						
16-1720029						-13.
PASSTHROUGH FROM						
20-5451317						659.
PASSTHROUGH FROM						
25-1910076						33.
PASSTHROUGH FROM						
26-1163727						-41.
PASSTHROUGH FROM 26-2754039						2 715
PASSTHROUGH FROM						3,715.
27-3125579						1,670.
PASSTHROUGH FROM						1,070.
46-2445852						1,199.
PASSTHROUGH FROM						_,
81-1279864						-284,045.
PASSTHROUGH FROM						•
84-1847010						66.
TOTAL TO 4797, PAI	D. T.	- -				-276,757.

#### SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

### **Capital Gains and Losses**

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T. Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2022

Employer identification number Name BOARD OF TRUSTEES OF WHITMAN COLLEGE 91-0567740 Yes X No Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Assets Held One Year or Less See instructions for how to figure the amounts (h) Gain or (loss) (d) (g) Adjustments to gain (e) to enter on the lines below. Subtract column (e) from or loss from Form(s) 8949, Proceeds Cost column (d) and combine the This form may be easier to complete if you round off cents to whole dollars. (or other basis) Part I, line 2, column (g) (sales price) result with column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 with Box A checked 2 Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on -3,388,840. Form(s) 8949 with Box C checked 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 4 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 6 Unused capital loss carryover (attach computation) 6 -3,388,840. 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h 7 Long-Term Capital Gains and Losses - Assets Held More Than One Year Part II See instructions for how to figure the amounts (h) Gain or (loss) (g) Adjustments to gain to enter on the lines below. Subtract column (e) from Proceeds Cost or loss from Form(s) 8949, column (d) and combine the This form may be easier to complete if you (sales price) (or other basis) Part II, line 2, column (g) result with column (a) round off cents to whole dollars. 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on 1,026,125. Form(s) 8949 with Box F checked 11 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 14 Capital gain distributions 14 1,026,125 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 15 Part III Summary of Parts I and II 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 17 0. 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Note: If losses exceed gains, see Capital Losses in the instructions.

Schedule D (Form 1120) 2022

LHA

Internal Revenue Service Name(s) shown on return

Department of the Treasury

Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. OMB No. 1545-0074

Social security number or taxpayer identification no.

91-0567740

BOARD	OF	TRUSTEES	OF	WHITMAN	COLLEGE

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your

broker and may even tell you which box to check Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term Part I transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or 1 (h) (c) (d) (e) loss. If you enter an amount Proceeds Description of property Date sold or Cost or other Gain or (loss). Date acquired in column (g), enter a code in (sales price) Subtract column (e) basis. See the (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed of column (f). See instructions. Note below and from column (d) & (Mo., day, yr.) (g) Amount of see Column (e) ir combine the result Code(s) with column (g) the instructions adjustment PASSTHROUGH FROM 26-3128450 <3,393,291.> PASSTHROUGH FROM 84-1830219 4,451. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form **8949** (2022)

above is checked), or line 3 (if Box C above is checked)

Form 8949 (2022) Attachment Sequence No. 12A

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or

.,	. ,		·	. 0		taxpayer ide	ntification no.
BOARD OF TRUSTEES OF	WHITMAN COLL	EGE				91-0	567740
Before you check Box D, E, or F belo statement will have the same informa proker and may even tell you which b	w, see whether y tion as Form 109 oox to check.	you received any 99-B. Either will s	Form(s) 1099-B o show whether you	or substitute statem ır basis (usually you	ent(s) from yo r cost) was re	ur broker. A su ported to the IF	bstitute ใS by your
Part II Long-Term. Transaction see page 1. Note: You may aggregate all							
codes are required. Enter the	totals directly on S	Schedule D, line 8a	; yoù aren't required	d to report these trans	actions on Form	n 8949 (see instrú	ctions).
ou must check Box D, E, or F below. O you have more long-term transactions than will						m 8949, page 2, for 6	each applicable box.
(D) Long-term transactions rep	orted on Form(s	) 1099-B showing	g basis was repor	ted to the IRS (see	· ·	)	
(E) Long-term transactions rep	` '	•	•	eported to the IRS			
(i ) Long torm transactions not	1			(-)	Adjustment is	f any, to gain or	(1-)
(a)  Description of property  (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis. See the	loss. If you e in column (g)	enter an amount , enter a code in	(h) Gain or (loss). Subtract column (e)
(Example: 100 sh. X12 00.)	(IVIO., day, yr.)	(Mo., day, yr.)		Note below and	/#\ T	ee instructions.	from column (d) &
		(, aay, y,		see Column (e) in the instructions	(f) Code(s)	<b>(g)</b> Amount of adjustment	combine the result with column (g)
ASSTHROUGH FROM 06-1605325							1,285.
ASSTHROUGH FROM 25-1910076							<43,390.>
ASSTHROUGH FROM 26-3128450							1,068,230.
2 Totals. Add the amounts in colun	nns (d), (e), (g), a	nd (h) (subtract					
negative amounts). Enter each tot		-					
Schedule D, line 8b (if Box D above is checked) or line 10 (if B							1,026,125.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Form **8949** (2022)

# Form **4797**

Department of the Treasury Internal Revenue Service Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

2022

Name(s) shown on return Identifying number BOARD OF TRUSTEES OF WHITMAN COLLEGE 91-0567740 1a Enter the gross proceeds from sales or exchanges reported to you for 2022 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 1a b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of 1b c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions) (f) Cost or other (e) Depreciation (g) Gain or (loss) (a) Description (b) Date acquired (C) Date sold (d) Gross sales basis, plus allowed or Subtract (f) from the of property (mo., day, yr.) (mo., day, yr.) price improvements and allowable since sum of (d) and (e) SEE STATEMENT 7 acquisition expense of sale Gain, if any, from Form 4684, line 39 3 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 5 Gain, if any, from line 32, from other than casualty or theft 6 6 -276 757. 7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows 7 Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. 8 Nonrecaptured net section 1231 losses from prior years. See instructions 9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions Part II Ordinary Gains and Losses (see instructions) Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): 276,757. Loss, if any, from line 7 11 Gain, if any, from line 7 or amount from line 8, if applicable 12 12 Gain, if any, from line 31 13 13 14 14 Net gain or (loss) from Form 4684, lines 31 and 38a Ordinary gain from installment sales from Form 6252, line 25 or 36 15 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 16 \_\_ -276,757**.** 17 Combine lines 10 through 16 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines 18 a and b below. For individual returns, complete lines a and b below. If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions 18a b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4 18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2022)

Part III Gain From Disposition of Propert	y Und	er Sections 1245,	1250, 1252	, 125	4, and 1255	(see	instructions)	
<b>19 (a)</b> Description of section 1245, 1250, 1252, 1254, o								
_ A								
<u>B</u>								
C								
_ <u>D</u>								
These columns relate to the properties on lines 19A through 19D.		Property A	Property I	3	Property (		Property D	
<b>20</b> Gross sales price ( <b>Note:</b> See line 1a before completing.)	20							
21 Cost or other basis plus expense of sale	21							
22 Depreciation (or depletion) allowed or allowable	22							
23 Adjusted basis. Subtract line 22 from line 21	23							
24 Total gain. Subtract line 23 from line 20	24							
25 If section 1245 property:								
a Depreciation allowed or allowable from line 22	25a							
b Enter the smaller of line 24 or 25a	25b							
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.								
<b>a</b> Additional depreciation after 1975. See instructions	26a							
<b>b</b> Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a. See instructions	26b							
c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c							
d Additional depreciation after 1969 and before 1976	26d							
e Enter the smaller of line 26c or 26d	26e							
f Section 291 amount (corporations only)	26f							
g Add lines 26b, 26e, and 26f	26g							
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.								
a Soil, water, and land clearing expenses	27a							
<b>b</b> Line 27a multiplied by applicable percentage	27b							
c Enter the smaller of line 24 or 27b	27c							
28 If section 1254 property:  a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a							
<b>b</b> Enter the <b>smaller</b> of line 24 or 28a	28b							
<ul> <li>29 If section 1255 property:</li> <li>a Applicable percentage of payments excluded from income under section 126. See instructions</li> </ul>	29a							
<b>b</b> Enter the <b>smaller</b> of line 24 or 29a. See instructions	29b							
Summary of Part III Gains. Complete property of	olumne	A through D through lin	ne 20h hefore (	noina :	to line 30			
	Joidining	A tillough b tillough iii	le 29b belole (	Joing				
30 Total gains for all properties. Add property columns	A through	gh D, line 24				30		
<ul><li>Add property columns A through D, lines 25b, 26g,</li><li>Subtract line 31 from line 30. Enter the portion from</li></ul>					ortion	31		
	_	•		•		32		
Part IV Recapture Amounts Under Section (see instructions)	ns 179	9 and 280F(b)(2) W	hen Busine	ess L	Ise Drops to	50%	or Less	
					(a) Section 179		(b) Section 280F(b)(2)	
33 Section 179 expense deduction or depreciation allo	wable in	n prior years		33				
O4 December to delegate electrical Occasionations			· · · · · · · · · · · · · · · · · · ·	34				
35 Recapture amount. Subtract line 34 from line 33. Se				35				
							4303	

218012 12-12-22

Form **4797** (2022)

FORM 4797	PRO:	PERTY HELI	O MORE THA	N ONE YEAR	ST.	ATEMENT 7
DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
PASSTHROUGH FROM						
16-1720029						-13.
PASSTHROUGH FROM						
20-5451317						659.
PASSTHROUGH FROM						
25-1910076						33.
PASSTHROUGH FROM						
26-1163727						-41.
PASSTHROUGH FROM						2 715
26-2754039 PASSTHROUGH FROM						3,715.
27-3125579						1,670.
PASSTHROUGH FROM						1,070.
46-2445852						1,199.
PASSTHROUGH FROM						-,
81-1279864						-284,045.
PASSTHROUGH FROM						,
84-1847010						66.
TOTAL TO 4797, PAI	D. T.	- -				-276,757.

### Form **1118** (Rev. December 2022)

## **Foreign Tax Credit - Corporations**

Attach to the corporation's tax return.

Go to www.irs.gov/Form1118 for instructions and the latest information., or other tax year beginning JULY 1, 2022, and ending

Attachment Sequence No. 118

91-0567740

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service Name of Corporation

BOARD OF TRUSTEES OF WHITMAN COLLEGE

For calendar year JUNE 30, 2023 Employer identification number

Hee	a senarate Form 1118 f	or each applicable catego	ry of inco	ome (see instructi	one)						72 0007720
	se a separate Form 1118 for each applicable category of income (see instructions).  Separate Category (Enter code - see instructions.)										PAS
h	If and 2001 is antend as line a contact to account and for the constituted as inches at large										
		is entered on line a, enter									
·	in one of the fib f codes	is chicica on line a, chici	110 0001	in y code for the t	ireaty countr	y (See monde					
Sc	hedule A Income or	(Loss) Before Adjustmen	ts (Rend	ort all amounts in	U.S. dollars	See Specific	Instructions.)				
	income of	(2000) Belefor Trajactines	to (Hope	2. Foreign Co	untry or	 	mou douonor,	Gross Ir	ncome or (Loss) From Sou	irces Outside the United States	
	1. EIN	Vor Reference ID		U.S. Posse		0 1			` ' '		
			(enter two-letter	code - use	3. Inc	lusions Under Sec			4. Dividends	5. Interest	
	(see	e instructions)*		` a separate line	for each)		(See IIIS	tructions)	)	(see instructions)	
	,	•		(see instruc	ctions)	(a) Exclu	de Gross-Up	(b) (	Gross-Up (section 78)		
Α				, oc	,	` '	•	` '			
В											
С											
To	tals (add lines A through	ı C)									
	6. Gross Rents, Royaltie	28		8. Gross Inco	me From			10	Currency Gain Code	<b>11</b> . Other	12. Total
	and License Fees	<b>7.</b> Sales		Performance of		<b>9.</b> Curi	rency Gain		(see instructions)	(attach schedule)	(add columns 3(a)
	und Electrise i ees	1 6116						(300 1131 401013)		,	through 9 and 11)
Α										68,240.	68,240.
B C Tot											
<u>C</u>											
Tot						10 11	ble Deductions			68,240.	68,240.
				ı			ble Deductions	II ::-			
	(a) Dividends	(a) Dividends (b) Deduction Allowed Under (c) Deduction Allowed Under					ental, Royalty, and	Licensii	ig Expenses	(4) Eynanasa Allasahla	(g) Expenses Allocable
	Received Deduction	Section 250(a)(1)(A) -	Foreign	reign   Section 250(a)(1)(B) - Global				(	e) Other Allocable	(f) Expenses Allocable to Sales Income	to Gross Income From
	(see instructions)	Derived Intangible Ir						Expenses		to Sales income	Performance of Services
_		+									
A B C Tot		+									
岩											
퓺											
101		13. Allocable Ded	uctions (c	ontinued)		L	14. Apportione	Share	1		
		10.7	T (C				of Deduction				
				2.1 4.11 1.1			(enter amo				17. Total Income or (Loss)
		(1) 0		Other Allocable		l Allocable	from applica		15. Net Operating	16. Total Deductions	Before Adjustments
	(h) Currency Loss	(i) Currency Loss Code		Deductions		uctions	line of Sched		Loss Deduction	(add columns 13(k)	(subtract column 16
	( )	(see instructions)		ach schedule)		imns 13(a)	Part I, colum			through 15)	rom column 12)
			(se	e instructions)	through 13	(h) and 13(j))	Part II, column				
							Part III, colum				
Α				6,995.		6,995.	,			6,995.	61,245.
В						•				,	
С											
Tot				6,995.		6,995.				6,995.	61,245.
* F0	or section 863(b) income, N	OLs, income from RICs, high-	taxed inc	ome, section 951A,	and reattributi	on of income b	y reason of disreg	arded pay	ments, use a single line (s	see instructions).	
Also	o, for reporting branches tha	at are QBUs, use a separate lir	ie for eacl	n such branch.							

For Paperwork Reduction Act Notice, see the Instructions.

Form **1118** (Rev. 12-2022)

Schedule B Foreign Tax Credit (Report all foreign tax amounts in U.S. dollars.) (continued) Part III - Summary of Separate Credits (Enter amounts from Part II, line 14, for each applicable category of income. Do not include taxes paid to sanctioned countries.) Credit for taxes on section 951A category income Credit for taxes on foreign branch category income Credit for taxes on passive category income 3 2,410. Credit for taxes on general category income
Credit for taxes on section 901(j) category income (combine all such credits on this line) 4 5 Credit for taxes on income re-sourced by treaty (combine all such credits on this line) Total (add lines 1 through 6) 2,410. Reduction in credit for international boycott operations (see instructions)

Total foreign tax credit (subtract line 8 from line 7). Enter here and on the appropriate line of the corporation's tax return 8 2 410 Tax Deemed Paid With Respect to Section 951(a)(1) Inclusions by Domestic Corporation Filing Return (Section 960(a)) Use this schedule to report the tax deemed paid by the corporation with respect to section 951(a)(1) inclusions of earnings from foreign corporations under section 960(a). For each line in Schedule C, include the column 10 amount in column 3 of the line in Schedule B, Part I, that corresponds with the identifying number specified in column 1 of Schedule A and that also corresponds with the identifying number entered in column 1b of this Schedule C (see instructions). 1a. Name of Foreign Corporation 1b. EIN or Reference ID Number of the Foreign Corporation (see instructions) 1c. Tested Unit Reference ID (if applicable) 4. Functional Currency 5. Subpart F Income Group 2. Tax Year End 3. Country of Incorporation (enter country code - see of Foreign Corporation (a) Reg. sec. 1.960-1(d) **(b)** Reg. sec. 1.904-4(c) (Year/Month) (c) Unit instructions) (see instructions) (enter code - see instructions) (2)(ii)(B)(2)(enter code) (3)(i)-(iv) (enter code) 6. Total Net Income in Subpart F 7. Total Eligible Current Year Taxes 10. Tax Deemed Paid 8. Section 951(a)(1) Inclusion Attributable to Subpart F Income Group 9. Divide Column 8(a) Income Group (in functional currency in Subpart F Income Group (multiply column 7 by Column 6 (a) Functional Currency (b) U.S. Dollars of foreign corporation) (in U.S. dollars) by column 9) Total (add amounts in column 10)