						2)				1	_		
- 1	OO T		<b>Exempt Organization Bu</b>							<u> </u>	OMB N	o 1545-068	37
Form	990-T	i	(and proxy tax und	der sec	tion	6033(e	))	180	6		<u></u>	a <b>4 =</b>	
		For cale	ndar year 2017 or other tax year beginning	July 1	2017	and ending	June				2	<b>917</b>	
Donartm	ent of the Treasury	or care	► Go to www.irs.gov/Form990T for										
	Revenue Service	<b>▶</b> Do	not enter SSN numbers on this form as it m						1(c)(3).	Open to Public Inspection for 501(c)(3) Organizations Only			
, m	heck box if	_	Name of organization ( Check box if na						<del>                                     </del>	ployer	identi	fication nur	mber
	pt under section		SEATTLE PACIFIC UNIVERSITY						(En	nployee	s' trust,	, see instruct	tions)
✓ 50		Print	Number, street, and room or suite no. If a P.0	1	9	1-056	5553						
40	•	Tupo 3307 THIRD AVE W										ss activity o	codes
☐ 40		1360	City or town, state or province, country, and	ZIP or foreig	n posta	ıl code			(Se	e instru	ctions	)	
☐ 52	9(a)	SEATTLE, WA 98119-1997											
C Book	yalue of all assets		oup exemption number (See instruc										
	321,785,965	G	neck organization type 🕨 📝 501(c)	corporat	ion	<u></u> 501(	c) trus	t [	] 401(	a) trus	st [	Other	trust
			n's primary unrelated business activi										
l Du	ring the tax year	, was th	e corporation a subsidiary in an affiliate	d group or	a pare	ent-subsidia	ary cor	trolled g	roup?	1	▶ □	Yes ✓	No
lf "	Yes," enter the	name	and identifying number of the parent	corporati	ion. ►								
			Craig Kispert, VP Finance and Bus	iness Affa	airs		phone	numbe	er 🕨		206	281-2222	
Part			le or Business Income			(A) Income		(B) E:	(pense	s		(C) Net	<del></del>
1a	Gross receipts										•		- 1
b	Less returns and				1	197,652	89						!
2			Schedule A, line 7)		4	0	00	<u></u>					!
3	•		t line 2 from line 1c		<del></del>	197,652	89						
4a			me (attach Schedule D)	_									
b			4797, Part II, line 17) (attach Form 479										
c			n for trusts		-					<del>,</del>		$\longrightarrow$	
5		m partnerships and S corporations (attach statement) 5											
6			ule C)		<del> </del>		$\rightarrow$			-			
7			t-financed income (Schedule E)										
8		royalties, and rents from controlled organizations (Schedule F) 8 e of a section 501(c)(7), (9), or (17) organization (Schedule G) 9										$\longrightarrow$	
9			ction 501(c)(7), (9), or (17) organization (Schedi	· -	+							-	
10			tivity income (Schedule I)		→		-					-	
11 12	_		Schedule J)			70 054	59	<del> </del>					
13						76,854 274,507	48			00		274,507	48
Part			3 through 12					s)(Exc	ent fo		tribu		40
· ar c			be directly connected with the un					o., (Exo	opt ic			,	,
14			cers, directors, and trustees (Schedu							14			
15	Salaries and v									15		111,185	08
16	Repairs and m	-	ance RECE	VED	·					16		37,688	
17	Bad debts			VED	[					17			
18	Interest (attac	h sched	dule) (Sl		181					18			
19	Taxes and lice			2019 -	Ϊ́Ι					19		20,076	40
20	Charitable cor	ntributio	ons (See instructions för limitation rul	es)	S.					20			
21	Depreciation (	attach	Form 4562) . L. OGDEN	IIT	= .	21		26,548	16				
22	Less deprecia	tion cla	aimed on Schedule A and elsewhere	on ret <u>urn</u>	. ا	22a		0	00	22b		26,548	16
23	Depletion .	<b>.</b>								23			
24	Contributions	to defe	rred compensation plans							24			
25	Employee ber	efit pro	ograms							25		39,444	14
26	•	-	nses (Schedule I)							26			
27		-	osts (Schedule J)							27			
28			tach schedule)							28		13,993	
29			dd lines 14 through 28							29		248,935	
30			exable income before net operating lo							30		25,572	
31			eduction (limited to the amount on lin	-						31		(25,572	
32			axable income before specific deduc							32		0	00
33			Generally \$1,000, but see line 33 insti							33		$\longrightarrow$	
34			taxable income. Subtract line 33 fro										
			ero or line 32	• • •					٠	34		0] rm <b>990-T</b>	00
For Pa	perwork Reduct	tion Act	Notice, see instructions.		С	at No 1129	1J				Fo	m yyu- i	(2017)



For Paperwork Reduction Act Notice, see instructions.

Part I												
35	Organizations Taxable as Corporations. See instructions for tax computer members (sections 1561 and 1563) check here ▶ ✓ See instructions and:		Controlled gro	oup								
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income bra (1) $  $ 0 0 0   2                           $	ckets ( 5,000		;								
ь	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)	\$		0	1							
-	(2) Additional 3% tax (not more than \$100,000)	\$		<u>`</u>								
С	Income tax on the amount on line 34			<u> </u>	35c		0	00				
36	Trusts Taxable at Trust Rates. See instructions for tax computa			on								
	the amount on line 34 from Tax rate schedule or Schedule D (Form 10			<b>&gt;</b>	36							
37	Proxy tax. See instructions			<b>•</b>	37							
38	Alternative minimum tax											
39												
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies				40		0	00				
Part I	V Tax and Payments											
41a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	41a										
b	Other credits (see instructions)	41b										
С	General business credit. Attach Form 3800 (see instructions)	41c										
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d										
е												
42	2 Subtract line 41e from line 40											
43												
44	Total tax. Add lines 42 and 43				44							
45a	· · · · · · · · · · · · · · · · · · ·											
b	2017 estimated tax payments	45b										
C	Tax deposited with Form 8868	45c										
d	Foreign organizations. Tax paid or withheld at source (see instructions) .	45d										
e	Backup withholding (see instructions)	45e										
f	Credit for small employer health insurance premiums (Attach Form 8941) .	45f	<u> </u>									
g	Other credits and payments. ☐ Form 2439 ☐ Total ►	45g										
46	Total payments. Add lines 45a through 45g		<u>.                                    </u>		46							
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached			▶□	47							
48	<b>Tax due.</b> If line 46 is less than the total of lines 44 and 47, enter amount owed			<u> </u>	48							
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount			<b>•</b>	49			_				
50	Enter the amount of line 49 you want		Refunded	ı 🕨	50							
Part		on (see	nstructions	)	<u> </u>							
51	At any time during the 2017 calendar year, did the organization have an inter-				her au	thority	Yes	No				
	over a financial account (bank, securities, or other) in a foreign country? If Y											
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, 6	enter th	ne name of th	ne for	eign c	ountry		$oxed{oxed}$				
	here <b>&gt;</b>							<b>✓</b>				
52	During the tax year, did the organization receive a distribution from, or was it the grant	tor of, o	r transferor to,	a fore	eign trus	st?.		✓				
	If YES, see instructions for other forms the organization may have to file.											
_53	Enter the amount of tax-exempt interest received or accrued during the tax ye	ear 🕨	\$				ــــــــــــــــــــــــــــــــــــــ	لببا				
Cian.	Under penalties of perjury, I declare that I have examined this return, including accompanying schedul true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of w	es and st hich ored	atements, and to arer has anv know	the bes ledge i	st of my l	knowledg	e and be	iet, it is				
Sign					May the		cuss this					
Here		and Bu	usiness Affairs	<u> </u>			? ∐Yes					
	Signature of officer Date Title		I nate	1	<del></del>	Ι.	TINI					
Paid	Print/Type preparer's name Preparer's signature		Date		eck 🗆	If	PTIN					
Prepa	arer		L	1	f-employ							
Use (	Only Firm's name ►			$\neg$	n's EIN ▶	<u> </u>						
	Firm's address ▶			[ Pho	one no							

_		•
Paq	ıe	•

Schedule A—Cost of Goods Sold. E	nter	method of in	vento	ory va	luation >							
1 Inventory at beginning of year	1			6	6 Inventory at end of year 6							
2 Purchases	2			7	Cost of	goods sold. Subtract						
3 Cost of labor	3				line 6 from	line 5. Enter here and						
4a Additional section 263A costs					ın Part I, lın	e2	7					
(attach schedule) .	4a			8		es of section 263A (wit			Yes	No		
<b>b</b> Other costs (attach schedule)	4b				property pi	roduced or acquired for	resale	e) apply				
5 Total. Add lines 1 through 4b	5				to the orga	the organization?						
Schedule C—Rent Income (From R	eal F	Property and	Pers	sonal	Property I	eased With Real Pro	perty	<b>/</b> )				
(see instructions)			•••									
Description of property												
1)												
2)												
3)												
4)												
2. Rent rece	ived o	r accrued										
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	or pers	onal pro	perty (if the operty exceeds ofit or income)	3(a) Deductions directly in columns 2(a) and				e				
	+											
(2)	$\top$											
(3)	$\top$			_								
(4)												
Total	То	tal				(h) Total doductions						
(c) Total income. Add totals of columns 2(a) a	nd 2(	b) Enter				(b) Total deductions. Enter here and on page	1,					
here and on page 1, Part I, line 6, column (A)		<b>•</b>				Part I, line 6, column (B)	<u> </u>					
Schedule E—Unrelated Debt-Finan	ced	Income (see	ınstru	ctions	s)							
					come from or	<ol><li>Deductions directly condebt-finance</li></ol>			cable to	•		
Description of debt-financed pro	operty		alloca		debt-financed perty	(a) Straight line depreciation (b) Other deductions						
						(attach schedule)	(attach sch	iedule)				
(1)												
(2)							<u> </u>					
(3)			<u> </u>				-					
4 Amount of average 5 Aver-	200 20	lusted basis										
acquisition debt on or of of allocable to debt-financed debt-f	or allo	ljusted basis cable to ed property chedule)		4 dr	olumn vided lumn 5	7. Gross income reportable (column 2 × column 6)		Allocable domin 6 x tota 3(a) and	l of colu			
(1)					%							
(2)					%							
(3)					%							
(4)					%							
						Enter here and on page 1, Part I, line 7, column (A)		r here and I, line 7, c				
Totals .												
Total dividends-received deductions include	d in c	olumn 8 .				▶						

Sche	Schedule F-Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)											
						Organizations						
	Name of controlled organization		Employer ication number		elated income instructions)	4. Total of specified payments made	included in the o	5. Part of column 4 that is included in the controlling organization's gross income		eductions directly ected with income in column 5		
(1)	<del> · · · · · - · - </del>						İ	_	<b>-</b>			
(2)			,									
(3)									1			
(4)												
	xempt Controlled Organi	zations								<u> </u>		
							10. Part of colum	an O that is	11 1	eductions directly		
	7. Taxable Income		Net unrelated incoss) (see instruct			otal of specified yments made	included in the organization's gro	controlling	conne	connected with income in		
(1)			_									
(2)												
(3)												
(4)												
Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)  Totals  Add columns 5 Enter here and page 1, Part I, line 8, column (A)												
	edule G-Investment	Incom	e of a Sect	ion 501	(c)(7), (9),	or (17) Organi	zation (see ins	tructions	s)			
	1. Description of income 2. Amount of				3. dire	Deductions ctly connected ach schedule)	4. Set-aside (attach sched	es	5. To and s	otal deductions et-asides (col. 3 plus col. 4)		
(1)		•										
(2)												
(3)												
(4)												
Totals		Part I, line 9, column (A)					Part I, Ii	Enter here and on page 1, Part I, line 9, column (B)				
Sche	dule I-Exploited Exc	empt /	Activity Inc	ome, O	her Than	Advertising Ir	ncome (see inst	tructions	<u>s)</u>	,		
	1. Description of exploited activ	ity	2. Gross unrelated business inco from trade of business	me connected with		from unrelated trade or business (column of 2 minus column 3) If a gain, compute 5. Gross incompared from activity is not unrelated trade from activity is not unrelated trade from unrelated trade from unrelated trade or business incompared from unrelated trade		ot unrelated  6. Expenses attributable to		ctivity that attribu		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)												
(2)												
(3)					_							
(4)												
Totals		<b>•</b>	Enter here and page 1, Part line 10, col (/	I, pa	r here and on ge 1, Part I, 10, col (B)			-		Enter here and on page 1, Part II, line 26		
	dule J-Advertising I	ncom	e (see instruc	ctions)		•				•		
Par					a Consoli	dated Basis						
						4. Advertising	-	T		7. Excess readership		
	1. Name of periodical		2. Gross advertising income		3. Direct ertising costs	gain or (toss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income		idership osts	costs (column 6 minus column 5, but not more than column 4)		
(1)										]		
(2)						1				]		
(3)										]		
(4)				j		1				<u> </u>		
	(carry to Part II, line (5))	. •			,							
										QQO-T (2017)		

Part II Income From Periodi 2 through 7 on a line-b	-	i on a Separat	e Basis (For ea	ach periodical I	sted in Part II	l, fill in columns
2. Gross advertising income		3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)		_			<u></u>	
Totals from Part I						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1−5)						
Schedule K—Compensation of	Officers, Direc	tors, and Tru	stees (see instri			
1. Name		2	2. Title	3. Percent of time devoted to business		ition attributable to red business
(1)				9	6	
(2)				9/	6	
(3)	-			9/	6	
(4)			,	9	6	
Total. Enter here and on page 1, Part II, III	ne 14				<b>&gt;</b>	

Form **990-T** (2017)

## Form 4562

**Depreciation and Amortization** 

(including Information on Listed Property)

► Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No 1545-0172

Attachment Sequence No 179

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Business or activity to which this form relates

Identifying number

	,,,			•				-
Par	t I Election To	Expense Cer	rtain Property Und	der Section	179			
		have any liste	d property, compl	ete Part V be	efore you coi	mplete Part I.		
1	Maximum amount (	see instructions	s)				1	
2	Total cost of sectio	n 179 property	placed in service (se				2	
3	Threshold cost of s	ection 179 prop	perty before reduction	n in limitation	(see instruction	ons)	3	
4	Reduction in limitat	ion. Subtract lir	ne 3 from line 2. If ze	ro or less, ent	ter -0		4	
5	Dollar limitation for	rtax year Sub	otract line 4 from lin	ne 1. If zero	or less, enter	r -0 If married filing		
	separately, see inst	ructions .				<u>.</u>	5	
6	(a) De	escription of propert	ty	(b) Cost (busi	ness use only)	(c) Elected cost		
						·		
7	Listed property. Ent	ter the amount	from line 29		7			<del></del>
8		•	roperty. Add amoun				8	
9			aller of line 5 or line 8				9	
10	Carryover of disallo	wed deduction	from line 13 of your	2016 Form 45	562		10	
11			smaller of business in				11	
12	Section 179 expens	se deduction. A	dd lines 9 and 10, bi	ut don't enter	more than line	<u> 11</u>	12	
13	Carryover of disallo	wed deduction	to 2018. Add lines 9	and 10, less	line 12 🕨	13		<u>-</u>
			for listed property. In					
					<del>-</del>	ide listed property.) (S	ee ins	structions.)
14	Special depreciation	on allowance for	or qualified property	y (other than	listed proper	rty) placed in service		
	during the tax year	(see instruction	ıs)				14	
	15 Property subject to section 168(f)(1) election							
	Other depreciation						16	
Par	till MACRS De	preciation (D	on't include listed		See instructio	ons.)		
		<del></del>		Section A			T .= 1	
			ced in service in tax y				17	26,548.1
18	•	•	•	_		one or more general		•
						Consul Depresiation	Cuet	
	Section E			g 2017 Tax Y	ear Using the	General Depreciation	Joysu	——————————————————————————————————————
(a) (	Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) D	epreciation deduction
19a	3-year property	<u> </u>					ļ	
b	5-year property	]						
С	7-year property	] ]						
d	10-year property	] [					<u> </u>	
	15-year property	] [					<u> </u>	
1	20-year property	]					<u> </u>	
	25-year property	_		25 yrs		S/L	ļ	
h	Residential rental			275 yrs	MM	S/L	<u> </u>	
	property			275 yrs	MM	S/L	ļ	
i	Nonresidential real			39 yrs	MM	S/L	<u> </u>	
	property		<del></del>	<u> </u>	MM	5/L	L	
		-Assets Place	d in Service During	2017 Tax Ye	ar Using the	Alternative Depreciation	on Sys	stem
	Class life	]		<b> </b>		5/L	ļ	
	12-year			12 yrs	,	5/L	<del>            _     _  </del>	
	40-year			40 yrs	MM	S/L	<u></u>	<del></del>
	t IV Summary (						T	-
	Listed property. En						21	
22						(g), and line 21. Enter	_	
	• •	•	of your return. Partne	-		-see instructions .	22	26,548.1
23		•	ed in service during to section 263A costs	tne current ye	ear, enter the	23		•
	F =						1	

Form -	4562 (2017)																Page 2
Par		Propert	• •					vehic	cles, c	erta	in air	craft,	certair	comp	outers,	and pr	operty
		for enterta															
		For any ve											lease e	expens	e, com	plete <b>o</b> n	l <b>y</b> 24a,
		olumns (a)															
		- Depreci								_							<del></del>
_24a	Do you have e	vidence to su		usiness/inve	estment u	se clain	ned <sup>ry</sup> L	J Yes [	No	24	PP II.	Yes,"	s the evi	dence v	vritten?	☐ Yes	No
	(a) of property (list rehicles first)	(b) Date placed in service	(c) Business/ investment us percentage		d) ther basis		for depreness/investuse only)	stment	(f) Recov perio		Met	g) thod/ rention		(h) preciation duction	EI	(i) Elected section 179 cost	
25	Special dep	reciation a		or qualifie	ed listed	prop			servi	ce d	lurıng		1				
	the tax year											25			1		
26	Property use	ed more tha	an 50% in	a qualifie	d busine	ss use	 e:										
			9				-										
			9	6													
			9	6													
27	Property use	ed 50% or	less ın a q	ualified bu	usiness i	use:											
			9	6							S/L -						
		<u></u>	9	6						-	S/L -						
			9	-							5/L -						
	Add amount											28					
29	Add amount	ts in colum	n (ı), lıne 2										· . · ·		29		
					ction B-							_					
	plete this sect																vehicles
to yo	ur employees,	, first answe	r the quest	ions in Sec	ction C to	see if	you me	et an e	exception	on to	comp	oleting	this sec	tion for	tnose v	enicles.	
				_	(a			b)	,	(c)	,		(d) iicle 4		(e) icle 5	(t Vehi	
30	Total busines			_	Vehic	ie i	ven	icle 2	"	ehicle	3	ver	icie 4	Ven	icie 5	veni	cie 6
	the year (don		_				ļ		_							ļ	
	Total commut						<u> </u>		<u> </u>								
32	Total other miles driven	•	l (noncor	<del>-</del> -									_				
33	Total miles lines 30 thro														_		
34	Was the ve				Yes	No	Yes	No	Yes	5	No	Yes	No	Yes	No	Yes	No
35	Was the veh	icle used p	orimarily by	y a more													
36	Is another veh								_	_			<u> </u>		<del>                                     </del>		
	15 dilottici vei		C-Que		Employ	ers W	/ho Pro	vide V	/ehicle	s fo	r Use	by Th	neir Em	plovee	s	1	
	wer these que than 5% ow	estions to d	letermine i	f you mee	t an exc	eption										who are	en't
37	Do you maii	ntain a writ	ten policy	statemen	t that p	rohibit	s all pe	rsonal	use o	f vet	nicles,	, ınclu	ding co	mmutır	ig, by	Yes	No
	your employ Do you maii	rees?															
00	employees?	See the ir	nstructions	for vehic	les used	by co	rporate										
39	•									•							
40	Do you prov										•			es aboi	ut the		
	use of the ve														•	$\vdash$	
41															•	<u> </u>	
	Note: If you		o 37, 38, 3	9, 40, or 4	al is "Ye	s," do	n't com	plete	Sectio	n B 1	or the	cove	red veh	icles.		1	
Pa	rt VI Amor	tization	<del></del> -		<del></del>								(c)	Т			
		a) on of costs		<b>(b)</b> Date amortiz begins	ation	Amo	(c) rtizable a	mount		Code	(d) e sectio	on	(e) Amortiza period percent	or	Amortiz	(f) ation for th	ns year
42	Amortization	of costs t	hat begins	during yo	ur 2017	tax ye	ear (see	ınstru	ctions)	):							

Amortization of costs that began before your 2017 tax year . . . . .
 Total. Add amounts in column (f). See the instructions for where to report .

43

44

Seattle Pacific University

EIN: 91-0565553

Form 990-T, Part II, Line 31

Net Operating Loss

	Amount		Amount	Amount	
Year End	<u>Generated</u>	<u>Activity</u>	<u>Utılızed</u>	<u>Carryforward</u>	<u>Note</u>
06/30/05	32,207		25,572	6,635	NOL applied to FY18
06/30/06	20,792			20,792	
06/30/07	17,630			17,630	
06/30/08	30,300			30,300	
06/30/09	38,224			38,224	
06/30/10	26,103			26,103	
06/30/11	11,188			11,188	
06/30/12	29,853			29,853	
06/30/13	48,242			48,242	
06/30/14	57,309			57,309	
06/30/15	44,521			44,521	
06/30/16	7,805		•	<b>7,8</b> 05	
06/30/17	43,421			43,421	
06/30/18	-			-	
TOTAL	\$ 407,595		\$ 25,572	\$ 382,023	