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,e	990-T		Exempt Organization Bu	OMB No 1545-0687										
Form	1-066		(and proxy tax und	06		2018								
		For cale	endar year 2018 or other tax year beginning_	July 1	, 2	2018, and ending	Jun	e 30 , 20	19 .		<u> </u>			
	ent of the Treasury		► Go to www.irs.gov/Form990T for							Ope	n to Public Inspecti	on for		
	Revenue Service	▶ Do	not enter SSN numbers on this form as it n			n to Public Inspecti (c)(3) Organizations								
A D a	heck box if ddress changed		Name of organization (r identification nur s' trust, see instruct								
	pt under section	Print	SEATTLE PACIFIC UNIVERSITY	(,							
_	1(C)(Q3)	or	Number, street, and room or suite no. If a P	E Unrel		1-0565553 business activity of	ode							
☐ 40 ☐ 40		Туре	City or town, state or province, country, and		(See instructions)									
52				721000										
	yalue of all assets of year			721000										
at en	C Book value of all assets at end of year F Group exemption number (See instructions) ▶ 330,179,328 G Check organization type ▶ ✓ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust													
H Enter the number of the organization's unrelated trades or businesses. One Describe the only (or first														
			Operation of Inn				ete Pa			• •	n one, describe			
			at the end of the previous sentence											
tra	de or business	then c	complete Parts III-V											
l Du	ring the tax year	, was th	e corporation a subsidiary in an affiliate	d group	or a	parent-subsidia	ary co	ntrolled gr	oup?		Yes 🗸	No		
If "	Yes," enter the	name	and identifying number of the parent	corpora	atioi	n ▶								
			Craig Kispert, VP Finance and Bus	siness A	ffair	s Tele	phon	e <u>nu</u> mber	<u> </u>		206-281-2222	/		
Part			le or Business Income			(A) Income			enses		(C) Net			
1a	Gross receipts			ĺ				* *	··· .	٠.		· [
b	Less returns and				1c	176,526	35	٠ م			1 49	- 1		
2	-	•	Schedule A, line 7)	· —	2	0	00	£ .		٧,		• • • •		
3	•		t line 2 from line 1c	·	3	176,526	35	<u> </u>			176,526	<u>35</u>		
4a			me (attach Schedule D)	<u> </u>	4a			·		/				
b			4797, Part II, line 17) (attach Form 47)	· -	4b			* بەر * ت						
C	Capital loss de			_	4c 5			* 15 1 1	J.					
5			tnership or an S corporation (attach stater	. —	6			<u>, i</u>	- +	, '				
6 7	Rent income (•	· —	7			/_						
8			ced income (Schedule E)	-	8									
9		•	, and rents from a controlled organization (Scher ction 501(c)(7), (9), or (17) organization (Schedi	' ' ├─	9				_					
10			(0) (1)		10									
11	Advertising in		-		11	_/			-					
12	-		tructions, attach schedule)	⊢	12			· , - \	, 					
13			3 through 12	<u> </u>	13	_176,526	35		0	00	176,526	35		
Part			Taken Elsewhere (See instruction					ns.) (Exce						
			t be directly connected with the un					.o., (P 1 1 0 1		,			
14			cers, directors, and trustees (Schede					IVED		14				
15	Salaries and v					7.5	CE	IVEU		15	82,216	29		
16	Repairs and m	ainten	ance			. ાજી			၂တ္တု	16	42,310	36		
17	Bad debts					iut : [33]:	_ 2	0 2020	S-O	17				
18	Interest (attac	h sched	dule) (see instructions)			<u> </u>] <u>%</u> [18				
19	Taxes and lice					OG	DE	N, UT	. <u> </u>	19	16,359	06		
20			ons (See instructions for limitation rul	les)		بـــــــــــــــــــــــــــــــــــــ				20				
21	Depreciation (. 21		22,176	47					
22	Less deprecia	tion cla	aimed on Schedule A and elsewhere	on retur	rn	. 22a		0	00 2	_	22,176	47		
23	Depletion	٠.,	/	• •					⊢	23				
24			rred compensation plans .							24	5,902	82		
25			ograms				•			25	25,764	80		
26	,		nses (Schedule I)						_	26				
27			osts (Schedule J)		•		•			27				
28			tach schedule)				•	· · · -	30	28	10,158	20		
			dd lines 14 through 28							29	204,888	00		
30			exable income before net operating lo						· ·	30	(28,361	65)		
31			rating loss arising in tax years beginning	-		•	•		- · -	31	1, 1 1 1			
32			axable income Subtract line 31 from	line 30	<u> </u>			·	كإلك	32	(28,361)	65)		
For Pa	perwork Reduct	tion Act	Notice, see instructions.			Cat No 11291	IJ				Form 990-T	(2018)		

		_
-	990-₮∕	6040
Form	990-2	(2018)

Part	∭ T₁	otal Unrelated Business Taxable Income			
33	Total o	unrelated business taxable income computed from all unrelated trades or businesses (see			
	instruct	ions)	33	o	00
34	Amoun	ts paid for disallowed fringes	34		
35		ion for net operating loss arising in tax years beginning before January 1, 2018 (see			
		ions)	35	!	
36		unrelated business taxable income before specific deduction. Subtract line 35 from the sum			
•		36	٥	00	
27		33 and 34	37		
37 20		ted business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	 	+	
38		e smaller of zero or line 36.	38		
D- 4			30	0	00
		ax Computation		. 1	
39	_	zations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39	0	00
40 ′		Taxable at Trust Rates. See instructions for tax computation. Income tax on			
		ount on line 38 from. ☐ Tax rate schedule or ☐ Schedule D (Form 1041)	40		
41		ax. See instructions	41		
42	Alterna	tive minimum tax (trusts only)	42		
43	Tạx on	Noncompliant Facility Income. See instructions	43		
44	Total.	Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	o	00
		ax and Payments			
45a	Foreign	tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a			
b	Other o	redits (see instructions)	i mari l		
С	Genera	business credit Attach Form 3800 (see instructions) 45c	ı Bara lı		
d	Credit 1	or prior year minimum tax (attach Form 8801 or 8827)			
е	Total c	redits. Add lines 45a through 45d	45e		
46		et line 45e from line 44	46		
47		kes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	47		
48		ax. Add lines 46 and 47 (see instructions)	48	i	
49		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49		
50a		nts: A 2017 overpayment credited to 2018			
b		stimated tax payments	Į.		
c		posited with Form 8868	ı II		
d		organizations. Tax paid or withheld at source (see instructions) . 50d			
		withholding (see instructions)			
e	•	or small employer health insurance premiums (attach Form 8941) . 50f			
f					
g		redits, adjustments, and payments. ☐ Form 2439 50g			
-4	Forn				
51 50		ayments. Add lines 50a through 50g	51 52		
52 50		—)			
53		e. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53 54		
54	-	yment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid.			
55		amount of line 54 you want Credited to 2019 estimated tax Refunded Refunded	55	l	
Part		tatements Regarding Certain Activities and Other Information (see instructions)	<u> </u>	Yes	No
56		time during the 2018 calendar year, did the organization have an interest in or a signature or other		.00	
		inancial account (bank, securities, or other) in a foreign country? If "Yes," the organization may Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the for			
		rotti 114, neport of roteigh bank and rinancial Accounts. If ites, lenter the name of the for	eigh country		
	here ▶	And the second of the second o	to :-+0		
57	_	ne tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ign trust? .		
		" see instructions for other forms the organization may have to file.			
_58		le amount of tax-exempt interest received or accrued during the tax year ▶ \$ Solution of berjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best	t of my knowledge	and beli	of it is
Sign		perfames of perfury, I declare that I have examined this return, including accompanying scriedules and statements, and to the best prect, and pempleta. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
_	IN /	M & T 6/11/20) UP-Finance 4 Business Afforirs	May the IRS disc with the prepare		
Here		re of officer Date Title	(see instructions)		
	Jagnatt			TIN	==
Paid		Che	eck 🗀 iī	1114	
Prepa	arer		-employed		
Use (Only		n's EIN ►		
	-	Firm's address ► Pho	ne no		

. .

Schedule A—Cost of Good	ds Sold. En	ter method o	of invento	ory va	luation >								
1 Inventory at beginning of	of year	1		6	Inventory a	at end of year		6					
2 Purchases		2		7		goods sold.		- X*+ \					
3 Cost of labor	. [3			line 6 from	line 5. Enter	here and	<u>'</u>					
4a Additional section 263	A costs				ın Part I, lır	ne 2		7					
(attach schedule) .		la		8	Do the rul	les of section	n 263A (wit	h res	pect to	Yes	No		
b Other costs (attach sche	edule)	lb				roduced or a				· ·	• .]		
5 Total. Add lines 1 through		5			to the orga	inization?							
Schedule C-Rent Income	(From Rea	al Property	and Pers	onal	Property I	Leased With							
(see instructions)													
Description of property			_										
(1)													
(2)													
(3)													
(4)													
	2. Rent receive	ed or accrued					· -		-				
(a) From personal property (if the perc for personal property is more than 1 more than 50%)		percentage of		onal pro	perty (if the operty exceeds ofit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)							
(1)										_			
(2)									_				
(3)													
(4)									<u> </u>				
Total		Total				(b) Total de	odustions.						
(c) Total income. Add totals of co	lumns 2(a) and	d 2(b) Enter			,	(b) Total deductions. Enter here and on page 1,							
here and on page 1, Part I, line 6, c		>					6, column (B)	-					
Schedule E-Unrelated De	bt-Finance	ed Income (see instru	ctions)								
1. Description of deb	ot-financed prop	erty			come from or debt-financed	3. Deductions directly connected with or allocable to debt-financed property (a) Straight line depreciation (b) Other deductions							
		·		pro	perty	(a) Straight line		(b) Other deductions (attach schedule)			3		
(1)									<u> </u>				
(2)													
(3)				-									
(4)				•			_	-		-			
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	4. Amount of average acquisition debt on or allocable to debt-financed 5. Average adjusted basis of or allocable to debt-financed property				olumn vided lumn 5	7. Gross incon (column 2 ×	8. Allocable deductions (column 6 × total of columns 3(a) and 3(b))						
(1)					%								
(2)					%								
(3)					%								
(4)					%								
	:					Enter here and Part I, line 7,			here and I, line 7, c				
Totals					>								
Total dividends-received deducti	ions included	ın column 8											
									Form 9	90-T	(2018)		

Sche	dule F-Interest, Ann	uities	, Royalties,	and Rer	ts From	Controlled Org	janizations (se	e instruc	ctions)		
			-			Organizations	· · · · · · · · · · · · · · · · · · ·				
			2. Employer fication number	3. Net unrelated incom (loss) (see instructions		4. Total of specified payments made	5. Part of column included in the organization's gro	controlling	conn	eductions directly ected with income in column 5	
(1)											
(2)							 				
(3)									<u> </u>		
(4)			-						 		
None	xempt Controlled Organiz	zations	s			·	!			* **********	
	7. Taxable Income		I. Net unrelated ind (loss) (see instruct			otal of specified yments made	10. Part of column included in the organization's great the control of the control of the column in the control of the column in	controlling	conne	Deductions directly cted with income in column 10	
(1)											
(2)			-	-		-	<u> </u>		1	-	
(3)											
(4)				-					<u> </u>		
Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A) Add columns 6 ar Enter here and on page 1, Part I, line 8, column (A)											
Totals	dule G-Investment l	ncon	ne of a Soct	ion 501/	a)(7) (0)	or (17) Organi	zation (see use	tri intinna	 		
Scrie	Description of income		2. Amount of		3. direc	Deductions ctly connected	4. Set-aside (attach sched	s	5. Total deductions and set-asides (col. 3		
/1)					(atta	ach schedule)	V 1 11 11		plus col 4)		
<u>(1)</u> (2)				•		-					
(3)					-			-			
(4)					+						
(4)	·····	\rightarrow	Enter here and	on nage 1	1500000		2)		Enter he	re and on page 1,	
Totals		>	Part I, line 9, c	olumn (A)						ne 9, column (B)	
Sche	dule I – Exploited Exe	empt	Activity Inco	ome, Ot	her Than	Advertising In	come (see inst	ructions)		
Description of exploited activity			2. Gross unrelated business incor from trade o business	me conr r pro	Expenses directly nected with duction of nrelated less income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Exp attribut colui	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)											
(2)						-				İ	
(3)		-	1								
(4)			1								
Totals			Enter here and page 1, Part line 10, col (A	I, pag	here and on e 1, Part I, 10, col (B)			-		Enter here and on page 1, Part II, line 26	
	dule J-Advertising I	ncom	ie (see instruc	tions)						<u> </u>	
Par					Consoli	dated Basis					
						4. Advertising				7. Excess readership	
1. Name of periodical		2. Gross advertising income		. Direct tising costs	gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Read		costs (column 6 minus column 5, but not more than column 4)		
(1)	·										
(2)											
(3)			ļ		-	,					
(4)											
Totals	(carry to Part II, line (5))	<u> </u>	•								
									F	orm 990-T (2018)	

Total. Enter here and on page 1, Part II, line 14

Part II Income From Period	icals Reported	on a Separat	e Basis (For ea	ach periodical I	isted in Part II	fill in columns
2 through 7 on a line-l		•	•	·		
1. Name of periodical	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, bu not more than column 4)
(1)	"					
(2)						
(3)						
(4)						
Totals from Part I				7	- J-, -	
Totals, Part II (lines 1–5)	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)	4 5			Enter here and on page 1, Part II, line 27
Schedule K-Compensation of	Officers, Direc	tors, and Tru	stees (see instri	uctions)		l
1. Name		2. Title	3. Percent of time devoted to business		ion attributable to d business	
(1)			-	9/	ó	
(2)				9/	ó	
(3)				9/	ó	

Form 990-T (2018)

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SEATTLE PACIFIC UNIVERSITY Exempt Organization Business Income Tax Return June 30, 2019 91-0565553

Page 1, Part II, Line 28 - Other Deductions

Insurance, advertising, and miscellaneous expenses \$ 10,158 20

TOTAL - Other Deductions \$ 10,158 20

Department of the Treasury

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

Internal Revenue Service (99) Business or activity to which this form relates Name(s) shown on return Identifying number Operation of Inn **SEATTLE PACIFIC UNIVERSITY** 91-0565553 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation. Subtract line 3 from line 2 If zero or less, enter -0- 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . (a) Description of property 6 (b) Cost (business use only) 7 Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 R Tentative deduction. Enter the smaller of line 5 or line 8 . . . 9 10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562 . . . 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions . 11 12 Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11 13 Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 Property subject to section 168(f)(1) election . 15 16 Other depreciation (including ACRS) Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2018 22,176,47 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2018 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (f) Method (a) Classification of property (e) Convention (a) Depreciation deduction placed in (business/investment use only—see instructions) 19a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property 25 yrs 5/1 g 25-year property 275 yrs MM S/L h Residential rental 275 yrs ММ 9/1 property i Nonresidential real 39 yrs MM S/L ММ Section C-Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs S/L b 12-year c 30-year 30 yrs ММ S/L d 40-year 40 yrs ММ Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions 22,176.47 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

Form	4562 (2018)															Page 2		
Pa		l Proper ainment, r		clude auto on, or amu			ertain	other	vehicle	s, cer	tain a	aircraft	, and	prope				
				which you (c) of Section								lease	expens	e, com	plete or	nly 24a		
	Section A	- Depreci	ation an	d Other In	format	ion (Ca	ution:	See the	instruc	ions fo	r limits	for pas	senge	r autom	obiles.)			
248	Do you have e	vidence to su	pport the	business/inv	estment	use clair	ned?] Yes [No	24b If '	"Yes,"	s the ev	idence v	written?	☐ Yes	☐ No		
	(a) e of property (list vehicles first)	(b) Date placed in service	(c) Businessi investment i percentag	use Cost or o	d) other basi		(e) for depreness/invesuse only	stment	(f) Recovery period	Met	(g) thod/ rention		(h) preciation eduction	n E	(i) ected sec cost			
25	Special depi										25	-						
26	Property use									-	, 20	<u> </u>						
				%		Ī												
				%								1				•		
	_			%				Ì										
27	Property use	d 50% or I	ess in a	qualified bu	ısıness	use:						•						
		•		%						S/L -								
				%						S/L -								
				%						S/L -		ļ						
	Add amount										28	<u> </u>						
29	Add amount	s ın columr	1 (i), line 2								· ·	<u> </u>	<u> </u>	29				
C	alata thia aaat	604	اممدن مما						e of Veh		!!			16				
	plete this secti our employees,															venicles		
		III St all SWE	- the ques	500115 111 360	1		i		T .	. i					T			
30	Total business/investment miles driven during the year (don't include commuting miles)			(a) (b) Vehicle 1 Vehicle 2							(d) (e) nicle 4 Vehicle 5			f) cle 6				
	Total commuting miles driven during the year Total other personal (noncommuting)																	
33	miles driven																	
34	Was the veh			rsonal	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
35	Was the veh than 5% own	icle used p	rimarily l															
36	Is another veh	icle available	e for pers	onal use?	1	ĺ						i i	<u> </u>	1				
				stions for	Emplo	yers W	ho Pro	vide V	ehicles	for Use	by Th	eir Em	ployee	s				
	wer these que e than 5% ow	stions to d	etermine	ıf you mee	t an ex	ception									who ar	en't		
37	Do you mair your employ			y statemer					use of v		, ınclu	ding co	mmutii	ng, by	Yes	No		
38	Do you mair employees?																	
39	Do you treat	all use of v	ehicles b	y employe	es as p	ersona	use?											
40	Do you provuse of the ve								ormation					ut the				
41	Do you meet						nobile d	demons	stration i	use? Se	e insti	ructions	i					
	Note: If you		37, 38,	39, 40, or 4	11 is "Y	es," do	n't com	plete S	Section E	for the	cove	ed veh	cles.					
Pa	rt VI Amor	tization																
	(a Descriptio			(b) Date amortiza begins	ation	Amoi	(c) tizable ar	mount	Co	(d) Code section			(e) Amortization period or Amortization			(f) ortization for this year		
42	Amortization	of costs th	nat begin	s durina va	ur 2018	3 tax ve	ar (see	ınstruc	tions):			F	-9-					
				3,-			,		1	·	Т							
									1		$\neg \dagger$							
43	Amortization	of costs th	at begar	n before yo	ur 2018	3 tax ye	ar						43					
44	Total Add	mounte in	column	A Son the	inctrice	tions fo	r whore	+0 ro-	ort				111					