For Paperwork Reduction Act Notice, see the separate instructions.

Department of the

DLN: 93493155018600

2018

OMB No. 1545-0047

## **Return of Organization Exempt From Income Tax**

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

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

► Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

Open to Public Inspection

		nue Servic							
A F	or th	e 2019	calendar year, or tax year beginr	ning 07-01-2018 , and end	ling 06-3	0-2019			
☐ Ad		pplicable: change	C Name of organization SEATTLE PACIFIC UNIVERSITY				<b>D Employ</b> 91-0565		ication number
☐ Ini	itial re	turn	Doing business as						
☐ An	nende	n/terminate d return on pendin	Number and street (or P.O. box if ma	il is not delivered to street address	) Room/su	ite	E Telephon (206) 2	e number 81-2066	
·		·	City or town, state or province, count SEATTLE, WA 981191997	ry, and ZIP or foreign postal code			(200) 2		
			<b>F</b> Name and address of principal	officer		\	<b>G</b> Gross re	· · · · ·	74,657,588
			Daniel Martin	officer:			this a group ref	turn for	□Yes <b>☑</b> No
			3307 Third Ave W Seattle, WA 981191997			H(b) Are	oordinates? e all subordinat	es	Yes No
I Ta	x-exer	mpt status	•	neert no )	П 527		luded? No," attach a l	ist (soo	
J W	ebsit	te:► W	WW.SPU.EDU		<u> </u>		oup exemption	•	,
<b>K</b> Form	n of o	rganizatio	n: 🗹 Corporation 🗌 Trust 🔲 Assoc	iation  Other		<b>L</b> Year of fo	rmation: 1891	<b>M</b> State WA	of legal domicile:
Pa	art I	Sun	nmary						
Activities & Governance	9	Seattĺe P	escribe the organization's mission or lacific University is a Christian univer nce and character, becoming people	sity fully committed to engagi			anging the wo	rld by gra	aduating people of
Ē	-								
o ve	,	Check th	his box $ ightharpoonup \square$ if the organization disc	continued its operations or disc	nosed of n	nore than 2	5% of its net a	ssets	
ণ্ড স			of voting members of the governing					3	18
~ sə	4	Number	of independent voting members of t	the governing body (Part VI, lir	ne 1b) .			4	15
Ĭ	5	Total nu	ımber of individuals employed in cale	endar year 2018 (Part V, line 2	2a)		•	5	2,518
Act	1		imber of volunteers (estimate if nece	* *				6	189
	1		related business revenue from Part	, , ,			•	7a	176,526
	b	Net unre	elated business taxable income from	Form 990-T, line 34			n Duiau Vaau	7b	0
	R	Contribu	utions and grants (Part VIII, line 1h)			-	Prior Year 8,500,7	788	8,916,325
S E	1		n service revenue (Part VIII, line 2g)				154,434,5	_	159,610,914
Rəvenue	1	_	nent income (Part VIII, column (A), lir				3,249,4		3,983,182
Œ	11	Other re	evenue (Part VIII, column (A), lines 5	, 6d, 8c, 9c, 10c, and 11e)			359,2	286	380,287
	12	Total re	venue—add lines 8 through 11 (mus	t equal Part VIII, column (A), li	ine <b>1</b> 2)		166,544,0	069	172,890,708
	13	Grants a	and similar amounts paid (Part IX, co	lumn (A), lines 1–3 )			58,325,7	711	62,877,660
	1		paid to or for members (Part IX, col	, ,,				0	0
38	1		, other compensation, employee ber	. , , , , , , , , , , , , , , , , , , ,	,		68,588,9		67,196,436
Expenses	1		ional fundraising fees (Part IX, colum				37,4	132	59,195
쮨	1		draising expenses (Part IX, column (D), lin	· · · · · · · · · · · · · · · · · · ·			39,000,0	)E2	40.054.101
	1		xpenses (Part IX, column (A), lines 1 spenses. Add lines 13–17 (must equa	•			38,999,9 165,952,0		40,854,191 170,987,482
	1		e less expenses. Subtract line 18 fro				592,0		1,903,226
Net Assets or Fund Balances			c rest expenses, easilies in e 10 iie		· ·	Beginni	ng of Current Y		End of Year
ssel 3ala	20	Total as	sets (Part X, line 16)		•		321,785,9	965	330,179,328
절절	21	Total lia	bilities (Part X, line 26)				98,392,9	992	95,811,970
žī	22	Net asse	ets or fund balances. Subtract line 2	1 from line 20	•		223,392,9	973	234,367,358
	art II		<b>nature Block</b> perjury, I declare that I have examir	and this return, including accou	mnanvina	schodulos s	and statements	nd +o	the best of my
	ledge	and beli	ief, it is true, correct, and complete.						
		1					2020-06-03		
Sign		Signa	ture of officer				Date		
Here		Craig	Kispert VP for Finance and Business Affair	rs					
			or print name and title						
			Print/Type preparer's name	Preparer's signature	0	ate	Check 🔲 if	PTIN	
Paid		-	Firm's name				self-employed Firm's EIN ▶		
Pre	•						I IIII S EIN		
Use	Un	ııy	Firm's address ▶			Ī	Phone no.		
May	ha ID	C discus	e this return with the preparer show	n above? (coo instructions)				1 1 1 1	os 🗆 No

Cat. No. 11282Y

Form 990 (2018)

Form	990 (2018)					Page <b>2</b>
Pa	rt III Statement	of Program Se	rvice Accomplis	hments		
	Check if Sche	dule O contains a r	esponse or note to	any line in this Part III		<u> </u>
1	Briefly describe the o	organization's missi	on:			
				to engaging the culture leling grace-filled comm	e and changing the world by gr nunity.	aduating people of
2	Did the organization	undertake any sign	nificant program ser	vices during the year w	hich were not listed on	
_	the prior Form 990 o		· •	vices during the year w	men were not listed on	☐ Yes ☑ No
	If "Yes," describe the					□ res ⊡ No
3				changes in how it cond	usts any program	
3	-	cease conducting,	or make significant	changes in now it condi	ucts, any program	. □Yes ☑No
	services?					. Lives Vino
_	If "Yes," describe the	3				
4		nd 501(c)(4) organi	zations are required	I to report the amount o	largest program services, as i of grants and allocations to oth	
4a	(Code:	) (Expenses \$	117,098,352	including grants of \$	62,666,110 ) (Revenue \$	137,328,382 )
	See Additional Data					
4b	(Code:	) (Expenses \$	22,034,954	including grants of \$	21,550 ) (Revenue \$	2,861,009 )
	See Additional Data					
4c	(Code:	) (Expenses \$	15,044,746	including grants of \$	0 ) (Revenue \$	16,630,414 )
	See Additional Data					
	(Code:	) (Expenses \$	3,005,670	including grants of \$	190,000 ) (Revenue \$	2,791,109 )
	Conference Center". Thi for diverse groups of no	is center provides oppo inprofit organizations t In addition, the Univer	ortunities for students to build community and	to further their studies in bi provide educational opport	d at its 77 acre campus on Whidbey ological sciences and other disciplir tunities for their constituents. This various congregations in providing	nes, as well as providing a facility year there were 313 groups that
4d	Other program servi	ces (Describe in Sc	hedule O.)			
	(Expenses \$	3,005,670	including grants of	\$ 190,0	000 ) (Revenue \$	2,791,109 )
	Total program serv		157,183,7			

Pai	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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🥞	2	Yes	
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		No
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	Yes	
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?  If "Yes," complete Schedule C, Part III	5		No
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		Yes	
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7 8	163	No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI.	11a	Yes	
	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	Yes	
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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		No
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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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	Yes	
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		No
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	Yes	
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	Yes	
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	Yes	
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	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	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
		F	orm 996	(2018)

1111	990 (2018)			Page
Par	Checklist of Required Schedules (continued)			
			Yes	No
	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? <i>If "Yes," complete Schedule J</i>	23	Yes	
а	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes	
)	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
2	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
ł	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
а	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
o	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  If "Yes," complete Schedule L, Part I	25b		No
	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	Yes	
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
1	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,  Part IV	28a		No
)	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
2	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐒	29	Yes	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	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		No
	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	Yes	
a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
•	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	Yes	
	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
	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		No
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
al	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

**b** Enter the number of Forms W-2G included in line 1a.*Enter -0-* if not applicable .

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

Yes

Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . 3a Yes b If "Yes," has it filed a Form 990-T for this year?If "No" to line 3b, provide an explanation in Schedule O . 3b Yes 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a No financial account in a foreign country (such as a bank account, securities account, or other financial account)? . 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 Nο Nο b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 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 6a Nο solicit any contributions that were not tax deductible as charitable contributions? . . . . If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were

Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7a Yes 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . . . . Yes Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7c No

**d** If "Yes," indicate the number of Forms 8282 filed during the year . . . . 7d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e No 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . No If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as 7g 

If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during 8

**9a** 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? . . . 9h Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on Part VIII, line 12 . . . 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b a Gross income from members or shareholders . . . . . . . 11a

**b** Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . . . . . . . . 11b 12a **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year.

11 Section 501(c)(12) organizations. Enter: 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 13a Enter the amount of reserves the organization is required to maintain by the states in 13b which the organization is licensed to issue qualified health plans . . . .

c Enter the amount of reserves on hand . . . . 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . . 14a No

14b

15

Nο

Form 990 (2018)

**b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

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

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .

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

orm 9	90 (2018)			Page <b>6</b>
Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Not 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI		onse to	lines 🗸
Sec	tion A. Governing Body and Management			
1a l	Enter the number of voting members of the governing body at the end of the tax year 18		Yes	No
ŀ	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 in Schedule O.			l
b E	Enter the number of voting members included in line 1a, above, who are independent  1b 15			Ī
	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		No
3 [	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 [	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5 [	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 [	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
ļ	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7</b> b		No
t	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			1
	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
(	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 in Schedule O	9		No
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code		
o- 1	Nid the consultation have level shorten have the constitution of the consultation of t	10-	Yes	No
<b>b</b> 1	Did the organization have local chapters, branches, or affiliates?  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?	10a 10b		No
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
3 [	Did the organization have a written whistleblower policy?	13		No
4 [	Did the organization have a written document retention and destruction policy?	14	Yes	
	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?			
a -	The organization's CEO, Executive Director, or top management official	15a	Yes	
b (	Other officers or key employees of the organization	15b	Yes	
]	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
t	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a caxable entity during the year?	16a		No
i	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation n joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		ı
Sec	tion C. Disclosure			
7 l	List the States with which a copy of this Form 990 is required to be filed ►	CC 1	\/ A	_
	CA , KY , LA , MD , MI , NH , NJ , NY , OR Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	, sc , V	v A	
	Own website  Another's website  Upon request  Other (explain in Schedule O)			
ļ	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books and records:			
	Craig Kispert-VP Finance-Business 3307 Third Ave W Seatle, WA 981191997 (206) 281-2222	F	orm <b>99</b>	<b>n</b> (2018

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, Part VII and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII . . . . . . . . . . . . Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax

year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. • List all of the organization's current key employees, if any. See instructions for definition of "key employee."

- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the
- organization and any related organizations. • List all of the organization's former officers, key employees, or 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. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) (B) (C) (D) (F) (E) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person amount of other compensation compensation week (list is both an officer and a from the from related compensation organization (Wany hours director/trustee) organizations from the for related 2/1099-MISC) (W- 2/1099organization and Former Highest compensatemployee Individual trustee or director Officer organizations (ey employee MISC) related Institutional below dotted organizations line) Trustee See Additional Data Table

of VII Section A. Officers. Dire	ectors. Trustee	s. Kev	Emp	lov		and	Hia'	hest Cc	mpens	ate	d Employees	(cont	inued)	Page <b>o</b>
(A) Name and Title	(B) Average hours per week (list any hours	Position than o	ion (do one bo both a	(C do no box, i an of ctor/t	c) ot ch unle office /trust	heck mo ess pers er and a stee)	nore rson a	Rep comp fro organi	( <b>D)</b> portable pensatio om the ization (	n W-	(E) Reportable compensation from related organizations (	Estim n amount l comper W- from		ated of other sation the
	organizations below dotted line)		Institutional Trustee	Officer	Key employee	ensa		2/10	33-111200	-)	2/1095 11130		relat	ed
Additional Data Table			+	+	+	+	+			$\dashv$		+		
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	_		+	+	+	+	+			$\neg$		$\top$		
Total (add lines 1b and 1c)  Total number of individuals (including)	ing but not limited	· ·		<u></u>		▶	o rec			_	· · · · · · · · · · · · · · · · · · ·	90		610,615
	- Barrahan	1					- Lan						Yes	No
										itea ·	employee on	3		No
organization and related organization	ions greater than \$	\$150,00	00? <i>If</i>	f "Yes	es," c	complet	ete Sc	chedule .	J for suc	ch		4	Yes	
									ation or	indiv	/idual for	5	1	No
			_	_	_		_			_				INO
Complete this table for your five hig	ighest compensate											mpens	sation	
	(A)						·	-	Τ		(B)			
exo Inc & Affiliates	<u> </u>											$\Box$		1,973,547
880328 Angeles, CA 900880001														
n Tenant Improvement									Constru	ction			3	3,452,287
ovillage Park Dr SE 107 vue, WA 98006			_	_	_		_			_				
romech									Mechan	ical C	Contractors			811,631
SW 153rd St en, WA 981662215									زير د باد					
ergy Building Services									Janitoria	al Sei	vices			605,885
nond, WA 980525549  Landscape Services of WA									l andsca	ning	Services			340,481
185th Ave NE									Luna	lμ <sub>5</sub>	Sel vices			340,
L50 nond, WA 98052														
STIT	Additional Data Table  Sub-Total  Total from continuation sheets to Total (add lines 1b and 1c)  Did the organization list any forme line 1a? If "Yes," complete Schedule for any individual listed on line 1a, organization and related organization individual  Did any person listed on line 1a rec services rendered to the organization individual  Did any person listed on line 1a rec services rendered to the organization complete this table for your five high from the organization. Report complete this table for your five high from the organization. Report complete this table for your five high from the organization. Report complete this table for your five high from the organization. Report complete this table for your five high from the organization. Report complete this table for your five high from the organization. Report complete this table for your five high from the organization. Report complete this table for your five high from the organization of	Additional Data Table    Sub-Total   Sub-T	Additional Data Table  Additional Data Table  Sub-Total  Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c)  Total number of individuals (including but not limited to thos of reportable compensation from the organization > 69  Did the organization list any former officer, director or trust line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable organization and related organizations greater than \$150,00 individual  Did any person listed on line 1a receive or accrue compensate services rendered to the organization? If "Yes," complete Schedule J for such individual  Complete this table for your five highest compensated indep from the organization. Report compensation for the calendar (A)  Name and business address  Name and business address	Additional Data Table    Additional Data Table   Sub-Total	(A) Name and Title  (B) Name and Title  (A) Name and Title  (B) Average hours per week (list any hours for related organizations below dotted line)  Additional Data Table  Sub-Total  Total from continuation sheets to Part VII, Section A  Total number of individuals (including but not limited to those listed a of reportable compensation from the organization ⇒ 69  Did the organization list any former officer, director or trustee, key eline 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensorganization and related organizations greater than \$150,000? If "Yes individual  Did any person listed on line 1a receive or accrue compensation from services rendered to the organization? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from services rendered to the organization? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from services rendered to the organization? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from services rendered to the organization? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from services rendered to the organization? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from services rendered to the organization? If "Yes," complete Schedule J for such individual  Name and business address  Xo Inc & Affiliates  Xo Inc & Affili	Additional Data Table  Additional Data Table	Additional Data Table  Additional Data Table	(A)  Name and Title  Name and Disiness address  Name and Dusiness address  Name and Sitle  Name and Sitle  Name Sit	Section A. Officers, Directors, Trustees, Key Employees, and Highest Co  (A)  Name and Title  Average hours per week (list any hours for related organizations below dotted line)  Additional Data Table  Additional Data Table  Additional Data Table  Sub-Total  Total number of individuals (including but not limited to those listed above) who received m of reportable compensation from the organization is any individual is and related organizations from the organization and related organizations and related compensation and related organizations and related elongalizations greater than \$150,000? If "Yes," complete Schedule Individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation and related organizations and related organizations greater than \$150,000? If "Yes," complete Schedule Individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organizations greater than \$150,000? If "Yes," complete Schedule Individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organizations greater than \$150,000? If "Yes," complete Schedule Individual  Name and business address  (A)  Name and business address  Name and business address  Name and business address  15 2nd Ave NE  10 20 20 20 20 20 20 20 20 20 20 20 20 20	(A)  (B)  Name and Title  Name and Ditle  Name and Title  Name and Ditle  Name and Ditle  Name and Disness address  Name and Name	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensate   (A)   (B)   (B)   (A)   (A)	Additional Data Table  Sub-Total  Additional Contractors  Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line late of Private Sub-Private Manual Private Complex Sub-Private Comple	Sub-Total  Additional Data Table  Additional Data Table  Sub-Total  Additional Data Table  Sub-Total  Additional Data Table  Additional Dat	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)  (a)  (b)  Name and Title  (c)  (c)  Reportable hours per veek (list and the none box, and see person to both an officer and a report of the none box, and the none box, and see person to both an officer and a reportable compensation from the compensation from related programments of the none box, and the none box and the none

Pari	Check if Schedule O contains a	respo	nse or note to any l	ine in th	is Part VIII					. 🗆
				(A Total re	١)	Rela ex fui	(B) ated or cempt nction venue	(C) Unrelated business revenue	exc tax u	(D) Revenue cluded from nder sections 512 - 514
(0	1a Federated campaigns	1a	74,567			16	venue		1 3	12 - 514
ants unt	<b>b</b> Membership dues	<b>1</b> b	0							
ב ב	c Fundraising events	1c	84,323							
īš,	d Related organizations	1d	649,465							
5 ≅	e Government grants (contributions)	1e	1,973,787							
Contributions, Gifts, Grants and Other Similar Amounts	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	1f	6,134,183							
Contrib and Ot	g Noncash contributions included in lines 1a - 1f:\$		26,417 ►							
			Business		8,916,325	Τ				
E e	2a Tuition and Fees			611310	137,3	328,382	137,328	,382	0	0
Program Service Revenue	<b>b</b> Student Housing and Dining			611310	16,6	30,414	16,630	,414	0	0
e2 20	c Public Service Activities			611310	2,7	91,109	2,791	,109	0	0
rvic	d Seminars and Events			611310	$\epsilon$	02,450	602	,450	0	0
% =	e Other Sales and Services			611310	6	39,823	639	,823	0	0
gran	£ All -+1			011310	1,6	18,736	1,033	,367	0	585,369
£	f All other program service revenue		159,6	10,914						
	<b>9 Total.</b> Add lines 2a-2f		<u> </u>	1		Т	1		_	
	<b>3</b> Investment income (including divide similar amounts)		nterest, and other		3,988,25	7	0		0	3,988,257
	4 Income from investment of tax-exe	mpt bo	ond proceeds				0		0	0
	<b>5</b> Royalties		(ii) Personal		(		0		0	0
	6a Gross rents	(,								
	b Less: rental expenses 3	0								
	c Rental income or 2 (loss)	01,189	0							
	<b>d</b> Net rental income or (loss)			<u> </u>	201,189	9	0		0	201,189
	(i) Securit	ies	(ii) Other						+	
	7a Gross amount from sales of assets other than inventory		969,819							
	b Less: cost or other basis and sales expenses	other basis and 350,724								
	- Call of (1033)	-5,075	0	ļ						
	d Net gain or (loss)		<b>•</b>		-5,07!		0		0	-5,075
Other Revenue	8a Gross income from fundraising every (not including \$ 84,323 contributions reported on line 1c). See Part IV, line 18	of <b>a</b>	64,150							
Ϋ́	<b>b</b> Less: direct expenses <b> c</b> Net income or (loss) from fundrais	b ing eve	61,578		2,57				0	2,572
Othe	9a Gross income from gaming activiti See Part IV, line 19	٠,	ents •						1	
	See Fairty, inte 15	а	0							
	<b>b</b> Less: direct expenses c Net income or (loss) from gaming	<b>b</b> activiti	0 es •		(		0		0	0
	<b>10a</b> Gross sales of inventory, less returns and allowances									
	<b>b</b> Less: cost of goods sold	a b	0							
	<u>c</u> Net income or (loss) from sales of  Miscellaneous Revenue	invent			(	1	0		0	0
	11aAccommodation		Business Code 721000		176,526	5	0	176,52	6	0
	ь									
						_				
	d All other revenue		<u> </u>		(		0		0	0
	e Total. Add lines 11a-11d			. 176,526		²6.526				
	<b>12 Total revenue.</b> See Instructions.				172,890,708		159,025,545	176 57	6	4 772 312
				<u> </u>	1,2,030,/0	1	102,020,040	1/0,52	For	4,772,312 m <b>990</b> (2018)

Check here  $\blacktriangleright$   $\square$  if following SOP 98-2 (ASC 958-720).

Form 990 (2018)				Page <b>10</b>
Part IX Statement of Functional Expenses				
Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all co	-	·	elete column (A).	
Check if Schedule O contains a response or note to any	line in this Part IX .			<u> ⊔</u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	190,000	190,000		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	61,896,167	61,896,167		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	791,493	791,493		
4 Benefits paid to or for members	0	0		
<b>5</b> Compensation of current officers, directors, trustees, and key employees	2,147,770	1,002,478	760,891	384,401
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	183,353	120,493	62,860	0
7 Other salaries and wages	49,372,004	43,845,414	4,277,050	1,249,540
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	3,437,865	3,071,044	287,548	79,273
9 Other employee benefits	8,518,147	7,439,080	824,681	254,386
<b>10</b> Payroll taxes	3,537,297	3,041,722	386,980	108,595
11 Fees for services (non-employees):				
a Management	0	0	0	0
<b>b</b> Legal	286,503	125,256	160,189	1,058
c Accounting	85,600	0	85,600	0
<b>d</b> Lobbying	0	0	0	0
e Professional fundraising services. See Part IV, line 17	59,195			59,195
f Investment management fees	743,946	0	743,946	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	8,914,903	8,515,488	353,385	46,030
12 Advertising and promotion	301,962	286,419	12,869	2,674
13 Office expenses	5,040,304	4,017,973	794,544	227,787
14 Information technology	1,831,908	1,640,045	121,251	70,612
<b>15</b> Royalties	13,900	10,727	3,173	0
	10,823,733	9,889,381	619,590	314,762
	3,412,914	3,045,052	331,455	36,407
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	246,628	219,679	19,958	6,991
20 Interest	0	0	0	0
<b>21</b> Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	7,723,759	7,172,127	395,730	155,902
23 Insurance	571,193	175,772	395,421	0
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	·	·		
a				
b				
С				
d				
e All other expenses	856,938	687,912	161,315	7,711
25 Total functional expenses. Add lines 1 through 24e	170,987,482	157,183,722	10,798,436	3,005,324
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Page **11** 

62,087,174

14.574.042

95.811.970

234,367,358

330,179,328

Form **990** (2018)

Form 990 (2018)

20

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34

Net

Liabilities 22 Tax-exempt bond liabilities . . .

persons. Complete Part II of Schedule L .

Complete Part X of Schedule D

Total net assets or fund balances

Total liabilities and net assets/fund balances

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 .

Escrow or custodial account liability. Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties .

check here > \quad \text{and complete lines 30 through 34.}

Capital stock or trust principal, or current funds . . .

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and

				(A) Beginning of year		(B) End of year	
1	Cash-non-interest-bearing			21,021,786	1	17,024,398	
2	Savings and temporary cash investments .		[	524	2	64,277	
3	Pledges and grants receivable, net			2,444,387	3	1,879,728	
4	Accounts receivable, net			7,176,349	4	4,445,844	
5	Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L	0	5	0			
	section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organiza- voluntary employees' beneficiary organizations Part II of Schedule L	n 4958(c)( ations of se (see instru	3)(B), and ction 501(c)(9) ctions) Complete	7,792,170	6	6.730,257	
ssets 8	Notes and loans receivable, net	·					
8   8	Inventories for sale or use			319,450	8	347,427	
9	Prepaid expenses and deferred charges			1,106,026	9	1,031,919	
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	244,050,655				
b	Less: accumulated depreciation	10b	85,545,179	151,979,389	<b>10</b> c	158,505,476	
11	Investments—publicly traded securities .			0	11		
12	Investments—other securities. See Part IV, line	11		129,945,884	12	140,150,002	
13	Investments—program-related. See Part IV, line	e 11			13		
14	Intangible assets		🗀		14		
15	Other assets. See Part IV, line 11				15		
16	Total assets. Add lines 1 through 15 (must equ	al line 34)		321,785,965	16	330,179,328	
17	Accounts payable and accrued expenses			13,422,364	17	13,899,571	
18	Grants payable			0	18	0	
19	Deferred revenue			5.180.804	19	5,251,183	

Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 143.019.790 147.047.897 27 27 37,571,097 28 42,635,712 28 Temporarily restricted net assets 44,683,749 29 Permanently restricted net assets 42.802.086 29 Organizations that do not follow SFAS 117 (ASC 958),

66,397,071

13,392,753

98.392.992

223,392,973

321,785,965

20

21

22 23

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31 32

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34

3b

Yes Form 990 (2018)

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

### Additional Data

**Software ID:** 18007995

**Software Version:** v1.00

EIN: 91-0565553

Name: SEATTLE PACIFIC UNIVERSITY

Form 990 (2018)

#### Form 990, Part III, Line 4a:

Higher Education: The academic program serves 3,700 undergraduate and graduate students at its main Seattle campus, as well as 4,300 students per year online and in continuing education centers across Washington State. The University offers 71 undergraduate majors and 59 minors carried out through the College of Arts and Sciences and the schools of Business, Government and Economics; Education; Health Sciences; Theology; and Psychology, Family, and Community. Graduate studies include 31 master's degrees and six doctoral programs.

Form 990, Part III, Line 4b: Student Services, Constituency and Other Programs: The University provides activities and services to 3,700 students in co-curricular and support programs while engaged in their academic activities. The University also provides programs for more than 45,778 alumni to keep them engaged and involved with the University for years to come.

Form 990, Part III, Line 4c: Student Housing and Dining: Housing services are provided for 1,504 students and 1,214 students take part in the University meal plans annually.

(A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation week (list person is both an officer from the from related compensation

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any hours	and	l a dir	ecto	r/tr	ustee	)	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Gary Ames Board Member	1 0	х						0	0	0
Douglas Backous Board Chairman	0	х		x				0	0	0
Tina Chang Board Member	0	Х						0	0	0
_ ,, _ ,	1				1					

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pard Member	0	, ,			
ouglas Backous	4	X	X		
oard Chairman	0	,	^		
na Chang	1	>			
pard Member	0	^			
edric Davis	1	×			ĺ

and Independent Contractors

Ce

Board Member Becky Gilliam

Board Secretary Dean Kato

Board Member Denise Martinez

Board Member Mark Mason

Board Member Pete Menjares

Board Member Daryl Miller

**Board Treasurer** 

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) organization organizations from the any hours

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

!	any nours							organization	organizations	rrom the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	- (W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Mike Quinn Board Member	1 0	X						0	0	0
Bradley Thoreson Board Member	0	X						0	0	0
Leslie Vander Griend Board Member	0	X						0	O	0
Dennis Weibling	1	×						0	0	0

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197,262

84,065

49,686

436,184

252,269

262,834

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45.00

5.00 50

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Leslie Vander Griend
Board Member
Dennis Weibling
Board Member

Matthew Whitehead

Board Vice Chair Deborah Wilds

Board Member Michael Wilson

Board Member

Daniel Martin

Craig Kispert

Jeffrey Van Duzer

VP for Finance and Business Affairs

President

Provost

and Independent Contractors

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Average Estimated than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Dean

Dean

Dean

Dean

Lorie Wild

Debra Sequeira

Bruce Congdon

Kimberly Sawers

Associate Dean

	any hours	any hours and a director/trustee)						organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
Donald Mortenson Senior VP Planning and Administration	22				х			233,987	42,590	29,923	
Louise Furrow VP for University Advancement	50				х			196,499	0	41,094	
Nathan Mouttet	50				Х			176,673	0	21,979	

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189,988

179,550

170,237

163,427

162,775

37,062

32,104

29,709

28,605

32,116

27,010

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			Х		196,499	a	l
VP for University Advancement	О		, ,		130,133	,	
Nathan Mouttet	50		Х		176,673	0	
VP for Enrollment Management and Marketing	О				•		
Jeffrey Jordan	50		Х	·	169,059	0	
VP for Student Life	0		^		103,033	0	0
Ross Stewart	40						Π

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	nt of the Tre			► Go to	www.irs.gov/Form	9 <u>90</u> for the late	st information	•	Open to Public Inspection	
me o	of the or	<b>ganizatio</b> NIVERSITY	n					Employer identific	ation number	
art	T Po	ason foi	r Bublic Cl	arity Stati	<b>us</b> (All organization	e must comple	to this nart ) 9	91-0565553		
					it is: (For lines 1 thro			see mstructions.		
	☐ A ch	urch, con	vention of ch	nurches, or as	sociation of churches	described in <b>sect</b>	tion <b>170</b> (b)( <b>1</b> )	(A)(i).		
: [	<b>✓</b> A sc	hool descr	ribed in <b>sect</b>	ion 170(b)(	1)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ).)			
	A ho	spital or a	a cooperative	e hospital serv	vice organization desc	ribed in <b>section</b>	170(b)(1)(A)(	iii).		
, [	_	edical rese e, city, ar		zation operate	ed in conjunction with	a hospital descri	bed in <b>section :</b>	170(b)(1)(A)(iii). E	nter the hospital's	
			on operated to ). (Complete		t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in <b>section 170</b>	
. [					governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	\)(v).		
' [	An c	rganizatio t <b>ion 170(</b>	on that norm (b)(1)(A)(v	ally receives i). (Complete	a substantial part of it Part II.)	s support from a	governmental u	ınit or from the gener	al public described in	
· [	A co	mmunity	trust describ	ed in <b>sectior</b>	170(b)(1)(A)(vi).	(Complete Part I	I.)			
	An a	gricultura ·land gran	ll research or it college of a	rganization de agriculture. S	escribed in <b>170(b)(1)</b> ee instructions. Enter	<b>(A)(ix)</b> operated the name, city, a	d in conjunction and state of the o	with a land-grant coll college or university:	ege or university or	
	from inve	activities stment inc	related to it come and ur	s exempt fun related busin	(1) more than 331/39 ctions—subject to ceress taxable income (lemplete Part III.)	tain exceptions, a	and (2) no more	than 331/3% of its su	ipport from gross	
					exclusively to test fo	r public safety. S	ee section 509	(a)(4).		
	mor	e publicly	supported o	rganizations d	d exclusively for the be described in <b>section 5</b> the type of supporting	09(a)(1) or sec	tion 509(a)(2	). See section 509(a		
	Typ-	<b>e I.</b> A sup inization(s	porting orga s) the power	nization oper	ated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by		
	man	agement	of the suppo		ervised or controlled intion vested in the sare					
	Тур	e III fund	ctionally in	tegrated. A s	supporting organizatio				ted with, its	
	Typ	e III non tionally in	n-functional stegrated. Th	ly integrated e organization	ons). You must com d. A supporting organi n generally must satis t IV, Sections A and	ization operated i fy a distribution i	in connection wi	th its supported orgar		
	Che	ck this box	x if the organ	nization receiv	ved a written determing integrated supporting	ation from the II		pe I, Type II, Type II	I functionally	
Eı						-		<u> </u>		
					pported organization(					
(		rganization in your governing document? mor		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (se instructions)					
						Yes	No			
			1							
tal										
	erwork	Reductio 0-EZ.	n Act Notic	e, see the Ir	nstructions for	Cat. No. 11285	5F S	Schedule A (Form 9	90 or 990-EZ) 201	

5ch	edule A (Form 990 or 990-EZ) 2018							Page <b>2</b>
:	Support Schedule for	Organizations	Described in S	ections 170(b)	(1)(A)(iv), 17	'0(b)(1	)(A)(vi)	, and 170
	(b)(1)(A)(ix) (Complete only if you ch	necked the box o	n line 5, 7, 8, or	9 of Part I or if	the organizatio	n failed	to qualify	under Part
	III. If the organization for						co quam,	arraer rare
S	Section A. Public Support	1 /		, ,	•			
	Calendar year	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2	018	(f) Total
	(or fiscal year beginning in) ► Gifts, grants, contributions, and	(-,	(=, ====	(0, 2000	(,	(-, -	+	(1)
•	membership fees received. (Do not	16,581,530	8,362,910	15,820,056	8,500,788	8	,916,326	58,181,610
	include any "unusual grant.")							
2	Tax revenues levied for the organization's benefit and either paid							
	to or expended on its behalf	0	0	0	0		0	C
_								
3	The value of services or facilities furnished by a governmental unit to	0	o	0	0		0	(
	the organization without charge							
4	Total. Add lines 1 through 3	16,581,530	8,362,910	15,820,056	8,500,788	8	,916,326	58,181,610
5	The portion of total contributions by each person (other than a							
	governmental unit or publicly							
	supported organization) included on							10,138,348
	line 1 that exceeds 2% of the amount shown on line 11, column (f)							
	'1							
5	Public support. Subtract line 5							48,043,262
•	from line 4. Section B. Total Support	I.			l			
_	Calendar year	(-)2014	(b)201E	(2)2016	(4)2017	(-)2	310	(f)Total
	(or fiscal year beginning in) ▶	(a)2014	<b>(b)</b> 2015	(c)2016	(d)2017	(e)20		(f)Total
7	Amounts from line 4 Gross income from interest,	16,581,530	8,362,910	15,820,056	8,500,788	8	,916,326	58,181,610
8	dividends, payments received on	3 503 307	2 622 664	2 224 250	2 200 065	4	F74 204	16 215 276
	securities loans, rents, royalties and	2,502,287	2,633,664	3,224,258	3,380,865	4	,574,204	16,315,278
9	income from similar sources.  Net income from unrelated business			+				
9	activities, whether or not the	0	3,834	0	8,637		16,302	28,773
	business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital	o	0	0	0		0	(
	assets (Explain in Part VI.).	· ·			, and the second			
11								74,525,661
12	10 Gross receipts from related activities,	etc. (see instructio	ns)			12		781,680,536
	First five years. If the Form 990 is for						-)(3) organ	
	check this box and <b>stop here</b>						_	iizacion,
-	Section C. Computation of Publi			<u> </u>			<b>, ,</b> _	
	Public support percentage for 2018 (li	• •	_	olumn (f))		14		64.465 %
	Public support percentage for 2017 Sc					15		66.039 %
	33 1/3% support test—2018. If the						eck this b	
	and <b>stop here.</b> The organization qual							
Ŀ	33 1/3% support test-2017. If the							
	box and <b>stop here.</b> The organization	qualifies as a publ	licly supported org	anization				. ▶ 🗆
L7a	a 10%-facts-and-circumstances tes							
	is 10% or more, and if the organization in Part VI how the organization meets							
	organization				·			▶□
Ŀ	10%-facts-and-circumstances te							
•	15 is 10% or more, and if the organi:	zation meets the "f	acts-and-circumsta	ances" test, check	this box and stop	here.		
	Explain in Part VI how the organization			-		•	•	<b>.</b> —
	supported organization	on did not shock =			h check this base			▶ ⊔
L8								▶□
	instructions				<del></del>			<b>F</b> 🗀

Р	art IIII Support Schedule for	Organization	s Described in	Section 509(a	a)(2)		1 4 9 0
	(Complete only if you cl					to qualify und	ler Part II. If
	the organization fails to	qualify under t	the tests listed l	pelow, please co	mplete Part II.)		
Se	ection A. Public Support						_
	Calendar year	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	(or fiscal year beginning in) ► Gifts, grants, contributions, and						
-	membership fees received. (Do not						
	include any "unusual grants.") .						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, 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 business						
4	under section 513 Tax revenues levied for the						
4	organization'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						
/a	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. Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
J	from line 6.)						
Se	ection B. Total Support				•		•
	Calendar year	(2) 2014	(h) 2015	(a) 2016	(d) 2017	(e) 2018	(f) Total
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2016	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and						
	income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30,						
_	1975. Add lines 10a and 10b.						
С 11	Net income from unrelated business						
	activities not included in 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 five years. If the Form 990 is for	_			,		
	check this box and <b>stop here</b>						▶ ⊔
	ection C. Computation of Public S			1 (6)			
15	Public support percentage for 2018 (lin		•	, , ,		15	
16	Public support percentage from 2017 S	chedule A, Part II	II, line 15			16	
Se	ction D. Computation of Investr						·
17	Investment income percentage for 201	. <b>8</b> (line 10c, colur	nn (f) divided by	line 13, column (f	))	17	
18	Investment income percentage from 20					18	
19a	<b>331/3% support tests—2018.</b> If the	organization did r	ot check the box	on line 14, and lir	ne 15 is more than	33 1/3%, and lir	ne 17 is not
	more than 33 1/3%, check this box and s	stop here. The or	rganization qualifi	es as a publicly su	ipported organizati	ion	. ▶□
	33 1/3% support tests—2017. If the						
	not more than 33 1/3%, check this box	and stop here.	The organization o	qualifies as a publ	icly supported orga	anization	. ▶□
20	Private foundation. If the organization						►□

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

Section A. All Supporting Organizations Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1

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. Did the organization have any supported organization that does not have an IRS determination of status under section 509

1 (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).

2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a 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. 3b

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. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

3с checked 12a or 12b in Part I, answer (b) and (c) below. 4a 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 4b supervised by or in connection with its supported organizations.

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. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by 5a amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the 5b

organization's organizing document? 5c Substitutions only. Was the substitution the result of an event beyond the organization's control?

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

6 organization's supported organizations? If "Yes," provide detail in Part VI. 6 7

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) . Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

7 complete Part I of Schedule L (Form 990 or 990-EZ). 8

8 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.

9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

9b

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

answer line 10b below. 10a 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). 10b

Schedule A (Form 990 or 990-EZ) 2018

	leddie A (Point 990 01 990-EZ) 2016		- F	age 3
₽}	Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?	<u> </u>		<u> </u>
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
	governing body of a supported organization:	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	<b>11</b> c		
S	Section B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization.	-		ĺ
S	Section C. Type II Supporting Organizations			
			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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
_	Section D. All Type III Supporting Organizations		<u> </u>	
	,,, = === ==,,, ======================		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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
_	Section E. Type III Functionally-Integrated Supporting Organizations		<u> </u>	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct)	ions):		
_	a  The organization satisfied the Activities Test. Complete <b>line 2</b> below.	00		
	b  The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	instru	ctions)	
2	Activities Test. <b>Answer (a) and (b) below.</b>		Yes	No
	a 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 <b>Part VI identify those supported organizations and explain</b> 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>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> 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		<u> </u>
3	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>	<u> </u>		<u> </u>
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI.</i> the role played by the organization in this regard.	3h		_

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section 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		
	Section 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):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter $1-1/2\%$ of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> 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-functionally-in instructions)	ntegrate	ed Type III supporting o	rganization (see

Page **6** 

Schedule A (Form 990 or 990-EZ) (2018)

b Applied to 2018 distributable amount
c Remainder. Subtract lines 4a and 4b from 4.
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

**a** Excess from 2014. . . . . **b** Excess from 2015. . . . . **c** Excess from 2016. . . . .

Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 Excess distributions carryover to 2019. Add lines

See instructions.

d Excess from 2017.e Excess from 2018.

3j and 4c.

8 Breakdown of line 7:

#### **Additional Data**

Software ID:	18007995
<b>Software Version:</b>	v1.00

**EIN:** 91-0565553

Name: SEATTLE PACIFIC UNIVERSITY

Page 8

Schedule A (Form 990 or 990-EZ) 2018

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Pa

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

instructions).

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

SCHEDULE C (Form 990 or 990-

Department of the Treasury

EZ)

# Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2018

DLN: 93493155018600

ZUIO

OMB No. 1545-0047

►Complete if the organization is described below. ►Attach to Form 990 or Form 990-EZ. ►Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

Open to Public Inspection

Intern	al Revenue Service				Inspection
If the	e organization answered "Yes" or	n Form 990, Part IV, Line 3, or Form 9	90-EZ, Part V, lin	e 46 (Political Campaign	Activities), then
		mplete Parts I-A and B. Do not complete			
	Section 501(c) (other than section 5 Section 527 organizations: Complet	601(c)(3)) organizations: Complete Parts	s I-A and C below.	Do not complete Part I-B.	
If the	e organization answered "Yes" or	n Form 990, Part IV, Line 4, or Form 9	90-EZ, Part VI, Iin	ie 47 (Lobbying Activities	), then
• 9	Section 501(c)(3) organizations that	t have filed Form 5768 (election under s	ection 501(h)): Co	mplete Part II-A. Do not co	mplete Part II-B.
		t have NOT filed Form 5768 (election ur n <b>Form 990, Part IV, Line 5 (Proxy Ta</b> x			
	xy Tax) (see separate instruction		i) (see separate ii	istructions, of Form 550-	22, 1 art v, mie 000
	Section 501(c)(4), (5), or (6) organiz	zations: Complete Part III.			
	me of the organization TTLE PACIFIC UNIVERSITY			Employer iden	tification number
527	THE PACE TO SHIVE ROLL			91-0565553	
Par	t I-A Complete if the orga	nization is exempt under sectio	n 501(c) or is	a section 527 organiz	ation.
1	Provide a description of the orgar "political campaign activities")	ization's direct and indirect political can	npaign activities in	Part IV (see instructions for	or definition of
2	Political campaign activity expend	litures (see instructions)		<b>&gt;</b>	\$
3	Volunteer hours for political camp	paign activities (see instructions)			
Par	t I-B Complete if the orga	nization is exempt under sectio	n 501(c)(3).		
1	Enter the amount of any excise ta	ax incurred by the organization under se	ection 4955		\$
2	Enter the amount of any excise ta	ax incurred by organization managers u	nder section 4955		\$ 
3	If the organization incurred a sec	tion 4955 tax, did it file Form 4720 for t	his year?		☐ Yes ☐ No
4a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV.				
Par	t I-C Complete if the orga	nization is exempt under sectio	n 501(c), exce	ept section 501(c)(3)	•
1	Enter the amount directly expend	ed by the filing organization for section	527 exempt funct	ion activities 🕨	\$
2		anization's funds contributed to other o			\$
3	Total exempt function expenditur	es. Add lines 1 and 2. Enter here and or	Form 1120-POL,	line 17b ▶	\$
4	Did the filing organization file For	m 1120-POL for this year?			Yes No
5		employer identification number (EIN) of			
5	organization made payments. For of political contributions received	reach organization listed, enter the amo that were promptly and directly deliver ee (PAC). If additional space is needed,	ount paid from the ed to a separate p	filing organization's funds. olitical organization, such a	Also enter the amount
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds. If none, enter	contributions received and promptly and
				-0	directly delivered to a
					separate political organization. If none,
					enter -0
1					
2					
3					
4					
5					
6		1	I	1	

Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Page 2

A	Check If the filing organization belongs to a expenses, and share of excess lobby		st in Part IV each a	affiliated group m	ember's name, a	address, EIN,
В	Check ▶ ☐ if the filing organization checked box	· ,	provisions apply.			
	Limits on Lobbyir (The term "expenditures" mean	ng Expenditures	,		a) Filing anization's totals	<b>(b)</b> Affiliated group totals
 1a	Total lobbying expenditures to influence public opi	inion (grass roots lobbying	ı)			
b	Total lobbying expenditures to influence a legislati	ive body (direct lobbying)				
c	Total lobbying expenditures (add lines 1a and 1b)					
d	Other exempt purpose expenditures					
е	Total exempt purpose expenditures (add lines 1c a	and 1d)				
f	Lobbying nontaxable amount. Enter the amount fro	om the following table in	both			
	If the amount on line 1e, column (a) or (b) is	s: The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on line	e 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	excess over \$500,00	0.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	excess over \$1,000,	000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the 6	excess over \$1,500,0	00.		
	Over \$17,000,000					
g	Grassroots nontaxable amount (enter 25% of line	1f)				
h	Subtract line 1g from line 1a. If zero or less, enter	r -0				
i	Subtract line 1f from line 1c. If zero or less, enter	-0				
j	If there is an amount other than zero on either line section 4911 tax for this year?					☐ Yes ☐ No
	(Some organizations that made	Averaging Period Un a section 501(h) ele e the separate instru	ction do not ha	ave to comple		five
	Lobbying Ex	penditures During 4	-Year Averagiı	ng Period	T	1
	Calendar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					

Return Reference

Schedule C, Part II-B, Line 1

(b)

activi	ty.	Yes	No	Amount
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:			
а	Volunteers?		No	1
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	1
С	Media advertisements?		No	1
d	Mailings to members, legislators, or the public?		No	
е	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		6,279
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	<u></u>
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	<u></u>	No	
j	Total. Add lines 1c through 1i			6,279
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	i !	No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		l	<u> </u>
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	i !	l	
Par	complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	)(5), o ——	r sectioi	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	2
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3	3
	complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."	III-A,		
1	Dues, assessments and similar amounts from members	1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	!	1	
_	Current year	2a	1	
a b	Carryover from last year	2b	<del></del>	
c	Total	2c	<del></del>	
3	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues .	3	<del></del>	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does			
- I	the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4		
5	Taxable amount of lobbying and political expenditures (see instructions)	5		
P	art IV Supplemental Information			
	ovide the descriptions required for Part l-A, line 1; Part l-B, line 4; Part l-C, line 5; Part II-A (affiliated group list); tructions), and Part ll-B, line 1. Also, complete this part for any additional information.	Part II-	A, lines 1	and 2 (see

Explanation

The University pays membership dues to the Independent Colleges of Washington and the NAICU which engage in lobbying activities. This amount represents the portion that is attributed to these activities.

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

## 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.

DLN: 93493155018600 OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

(Form 990)

2

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

Inspection Name of the organization **Employer identification number** SEATTLE PACIFIC UNIVERSITY 91-0565553 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the 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) Aggregate value of grants from (during year) Aggregate value at end of year . . . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . . . . . . . . . ☐ Yes ☐ No 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 impermissible ☐ Yes ☐ No Part II 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 (e.g., recreation or education) Preservation of an 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 day of the tax year. Held at the End of the Year 1 3,000 Number of conservation easements on a certified historic structure included in (a) . . . . . 20 0 Number of conservation easements included in (c) acquired after 7/25/06, 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 year 🟲 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 violations, ☐ Yes √ No. 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) 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. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (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. If the organization elected, as permitted under SFAS 116 (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: 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 SFAS 116 (ASC 958) relating to these items: For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 52283D

Par	1111	Organizations Ma	aintaining Collections	of Art, Hist	orical T	reas	ures, or C	ther:	Similar Asso	e <b>ts</b> (contii	าued)	
3		g the organization's acq s (check all that apply):	uisition, accession, and othe	r records, che	ck any of	the f	ollowing tha	t are a	significant use	of its colle	ection	
а		Public exhibition		•	d 🗆	Loar	n or exchang	ge prog	rams			
b		Scholarly research			e 🗆	Oth	er					
c		Preservation for future	e generations									
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 or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?											
Pa	rt IV		codial Arrangements. ganization answered "Yes	s" on Form 9	990, Pari	IV,	line 9, or r	eporte	d an amount			
1a												
b	If "Ye	es," explain the arrange	ement in Part XIII and comp	ete the follow	ing table	:			Ame	ount		_
c	Begir	nning balance						lc				_
d	Addit	ions during the year .					1	ld				_
е	Distri	ibutions during the year	r				🗔	Le				_
f	Endin	ng balance					🗀	1f				_
2a	Did tl	- he organization include	an amount on Form 990, Pa	rt X. line 21. i	for escro	v or c	— ustodial acc	ount lia	bility? [	 ∏ Yes	□ N	_ n
b		=	ement in Part XIII. Check her						_	_		•
	rt V		ds. Complete if the organ							<u>-</u>		
			(a)Curre		<b>b)</b> Prior yea				(d)Three years	back (e)F	our year	s back
<b>1</b> a	Beginn	ning of year balance .		0,082,879		1,841		042,036	78,548			524,968
b	Contrib	outions		2,051,890	1,63	9,060	10,0	052,946	2,584	1,538	3,0	098,044
c	Net inv	vestment earnings, gair	ns, and losses	3,316,183	12,87	2,005	12,	299,003	3,34	1,074	9,0	098,727
d	Grants	or scholarships		2,812,300	2,40	7,162	2,0	019,437	1,860	0,251	1,7	767,090
е		expenditures for facilition		1,151,425	1,03	9,722	•	989,305	98:	1,067	ē	915,424
f	Admini	istrative expenses .		743,946	71	3,143	(	653,402	590	0,701		590,782
g	End of	year balance	12	0,743,281	110,08	2,879	99,	731,841	81,042	2,036	78,5	548,443
2	Provi	de the estimated perce	ntage of the current year en	d balance (line	e 1g, colu	ımn (a	a)) held as:			•		<u> </u>
а	Board	d designated or quasi-e	ndowment ► 38 %									
b	Perm	anent endowment 🕨	34 %									
С	Temp	oorarily restricted endo	wment ▶ 28 %									
	The p	percentages on lines 2a	, 2b, and 2c should equal 10	0%.								
3а		here endowment funds nization by:	not in the possession of the	organization (	that are h	neld a	nd administe	ered for	the		Yes	No
	<b>(i)</b> uı	nrelated organizations								3a(i)		No
		elated organizations .								3a(ii)	Yes	
b		` ''	lated organizations listed as	•						3b	Yes	
4			ended uses of the organization	on's endowme	nt funds.							
Pa	rt VI	Land, Buildings,	and Equipment. ganization answered "Yes	s" on Form C	190 Dari	- T\/	line 11a S	ee For	m 990 Part	X line 1€	)	
	Descri	iption of property	(a) Cost or other basis (investment)	(b) Cost or ot					epreciation	•	ook value	e
1a	Land		19,369,194		22.8	76,848	3				42	,246,042
	Buildin		6,472,215			20,100			71,466,522			,025,793
		nold improvements	0,172,213		1,0,0	20,100			0			0
	Fauinn	·	0		9.8	28.303			4.795.564			.032.739

12,483,995

Total. Add lines 1a through 1e.(Column (d) must equal Form 990, Part X, column (B), line 10(c).) .

3,200,902

158,505,476

9,283,093

Part VII Investments—Other Securities. Complete if the See Form 990, Part X, line 12.	he organization ansv	wered "Yes" on Form 9	990, Part IV, line 11b.
(a) Description of security or category (including name of security)	(b) Book value		hod of valuation: of-year market value
(1) Financial derivatives		2000 01 0110	or year marked raide
(2) Closely-held equity interests			
(3) Other(A) Pooled investments-cash & short-term	8,668,057		F
(B) Pooled investments-stock & equity institutional funds	47,890,715		F
(C) Pooled investments-private equity funds	23,404,188		F
(D) Pooled investments-notes receivable	11,434,939		F
(E) Pooled investments-real estate	39,984,019		F
(F) Institutional funds-charitable gift annuity reserve	1,671,950		F
(G) Split interest agreements held by others (H)	7,096,134		F
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	140,150,002		
Part VIII Investments—Program Related.	140,130,002		
Complete if the organization answered 'Yes' on I			
(a) Description of investment	(b) Book value		hod of valuation: of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	<b>•</b>		
Part IX Other Assets. Complete if the organization answered		art IV, line 11d. See Form	
(1) Descriptio	<u> </u>		(b) Book value
(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 a			
See Form 990, Part X, line 25.  1. (a) Description of liability	<b>(b)</b> B	look value	
(1) Federal income taxes			
Governmental student loan programs		6,655,481	
Fair value of interest rate swaps		4,540,036	
Student deposits and prepaid fees Asset retirement obligation (present value)		1,750,524 1,105,633	
Asset retirement obligation (present value)  Trust and annuity obligations (present value)		486,355	
Miscellaneous liabilities		36,013	
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	l		
2. Liability for uncertain tax positions. In Part XIII, provide the text of	<u> </u>	14,574,042	

Add lines 4a and 4b .

Other losses . . . .

Add lines 2a through 2d .

Return Reference

See Additional Data Table

Schedule D (Form 990) 2018

Part XI

2

е

3

4

b

C 5

1

2

b

C

d

Part XIII

Part XII

1

2e

3

4c

5

1

2e

929,089

Page 4

-51,909,264

171,917,805

929,089

107 546 453

Schedule D (Form 990) 2018

#### Donated services and use of facilities . . . b Recoveries of prior year grants . . . . c d Other (Describe in Part XIII.)

Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

Total expenses and losses per audited financial statements . . . . .

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Net unrealized gains (losses) on investments . . .

Subtract line 2e from line 1 . . . . . . . . .

Add lines 2a through 2d . . . . .

Donated services and use of facilities . . .

Prior year adjustments . . . .

Other (Describe in Part XIII.) . . . . . .

Supplemental Information

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . . . .

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2c 2d

2a

2b

4a

4b

2a 2b

2c

2d

Explanation

-60.980.421 743,946 228,957

9,071,157

0

	972,903
	172,890,708
rı	1.
	108,475,542

3	Subtract line <b>2e</b> from line <b>1</b>			3	107,546,453	
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		743,946		
b	Other (Describe in Part XIII.)	4b		62,697,083	1	
С	Add lines <b>4a</b> and <b>4b</b>				4c	63,441,029
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	) .			5	170,987,482

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part

Page <b>5</b>		chedule D (Form 990) 2018		
	ormation (continued)	Part XIII Supplemental Info		
	Explanation	Return Reference		

Schedule D (Form 990) 2018

## **Additional Data**

Software ID: 18007995
Software Version: v1.00

**EIN:** 91-0565553

Name: SEATTLE PACIFIC UNIVERSITY

## Supplemental Information

supplemental imormation	
Return Reference	Explanation
	The University holds an open space conservation easement on a small island in the Puget So und of Washington. This easement is observed several times a year since it has no activity

upplemental Information	
Return Reference	Explanation
	The University's endowments consist of funds established for a variety of purposes. These endowments include both donor restricted endowment funds and funds designated by the Board of Trustees to function as endowments. Distributions from endowments are used primarily t o provide scholarship resources for students enrolled at SPU. Distributions are made per a ny applicable donor instructions in the endowment agreements.

Su

Supplemental Information	
Return Reference	Explanation
Schedule D, Part X, Line 2	The University and the Foundation are exempt from federal income taxes pursuant to Section 501(c)(3) of the Internal Revenue Code except for unrelated business taxable income as de fined in sections 511 through 515 of the Internal Revenue Code. Accordingly, the financial statements do not include a provision for federal income tax.

s

Supplemental Information	
Return Reference	Explanation
	Grants and scholarships - (62,763,983); Grant administration cost recovery - 66,900; Seatt le Pacific Foundation revenue, including trusts (consolidated in audited financial stateme nts) - 1,716,662.

S

Supplemental Information	
Return Reference	Explanation
	Rental expense Part VIII6b - (384,759); Fundraising event expense included in Part VIII8b - (35,749); Seattle Pacific Foundation donations, including trusts (consolidated in audite d financial statements) - 649,465.

Supplemental Information	
Return Reference	Explanation
, ,	Seattle Pacific Foundation expense, including trusts (consolidated in audited financial st atements) - 508,581; Rental expense part VIII6b - 384,759; Fundraising event expense inclu ded in Part VIII8b - 35,749.

S

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XII, Line 4b	Grants and scholarships - 62,763,983; Grant administration cost recovery - (66,900).

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493155018600 OMB No. 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ 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. Open to Public ▶ Go to www.irs.gov/Form990EZ for the latest instructions. Inspection Department of the Treasury Namel Retherosganization **Employer identification number** SEATTLE PACIFIC UNIVERSITY 91-0565553 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy 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 community it serves? If "Yes," please describe. If "No," 3 Νo Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . . . . . . . . . . . . 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 4c Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes 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: 5a Nο **b** Admissions policies? . . . . . . . . 5b Νo c Employment of faculty or administrative staff? . 5c Νo **d** Scholarships or other financial assistance? . 5d Νo e Educational policies? . . 5e No f Use of facilities? . . 5f No **g** Athletic programs? . . . . . 5g Νo 5h No If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. **6a** Does the organization receive any financial aid or assistance from a governmental agency? Yes 6a **b** Has the organization's right to such aid ever been revoked or suspended? . . . . . . . . No If you answered "Yes" to either line 6a or line 6b, explain on Part II. 7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II. . . . . . . . . . . . Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Cat. No. 50085D Schedule E (Form 990 or 990-EZ) (2018)

Schedule E (Form 990 or 990EZ) (2018)	Page <b>2</b>						
Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information (see instructions).							
Return Reference	Explanation						
Schedule E, Part I, Line 3	SPU claims an exemption from the requirement to publish the University policy publicly (per Rev. Proc. 75-50) as the University draws its students nationally and their records show evidence of the nondiscrimination policy in meaningful numbers. The success of our policy is shown by having 40% or 1142 ethnic minority students in our student body, which constitutes meaningful results in comparison to the ethnic makeup of the Northwest region.						
Schedule E, Part I, Line 6	The University receives funds from the federal government for research, student loans, grants and work study. The following is a list of the programs funded in part, or in whole, by the federal government: Federal Pell Grant Program, Federal Supplemental Education Opportunity Grant, Federal Work-Study Program, TEACH Grant, Perkins Loan Program, Nursing Student Loan Program, National Institutes of Health Grants, and National Science Foundation Grants						

Grant, Perkins Loan Program, Nursing Student Loan Program, National Institutes of Health Grants, and National Science Foundation Grants.

Schedule F (Form 990 or 990-F7) (2018)

SCHEDULE F	State	ment of A	Activities (	Outside the Uni	ted State	s	OMB No. 1545-0047
(Form 990) ► Compl		lete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15  Attach to Form 990.  Go to www.irs.gov/Form990 for instructions and the latest information.					2018 Open to Public Inspection
Name of the organization	· · · · · · · · · · · · · · · · · · ·				Empl	oyer iden	tification number
SEATTLE PACIFIC UNIVERS	91 I Y				91-05	65553	
<b>General In</b> Form 990, F			Outside the U	Jnited States. Comple	te if the organ	ization a	nswered "Yes" to
other assistance, the to award the grants  For grantmakers.	ne grantees' or assistand  Describe in	eligibility for th	e grants or assi	substantiate the amount stance, and the selection	criteria used		☑ Yes ☐ No ner assistance
<ul><li>outside the United :</li><li>Activites per Region.</li></ul>		g Part I, line 3 t	able can be dupli	cated if additional space is	needed.)		
(a) Region		<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in region		(e) If activity liste program service specific typ service(s) in	, describe e of	<b>(f)</b> Total expenditures for and investments in region
See Add'l Data							
2a Sub tatal							
<ul><li>3a Sub-total</li><li>b Total from continuation</li><li>Part I</li></ul>	n sheets to						
	and 3b)		ol c	)			1,533,17

ype of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other
See Add'l Data							

Sche	dule F (Form 990) 2018		Page <b>4</b>
Par	t IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	<b>☑</b> 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	<b>✓</b> 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)	Yes	<b>✓</b> 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).	☐Yes	<b>☑</b> 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)		
	(see instructions for Form 6865)	☐Yes	<b>✓</b> No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form		
	5713; don't file with Form 990)	☐ Yes	<b>✓</b> No

Schedule F (Fo	rm 990) 2018 Page <b>5</b>
F a r	upplemental Information rovide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; mounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting nethod); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide ny additional information (see instructions).
990 Schedu	le F, Supplemental Information
Return	Explanation
Reference	

purpose for which the institution was organized, and with procedures and conditions established by the university.

## **Additional Data**

East Asia and the Pacific

**Software ID:** 18007995 **Software Version:** v1.00

**EIN:** 91-0565553

Name: SEATTLE PACIFIC UNIVERSITY

Student study tours

172,034

Form 990 Schedule F Par	orm 990 Schedule F Part 1 - Activities Outside The United States										
(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						
Central America and the Caribbean	0	0	Program Services	Student study tours	61,898						

0 Program Services

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the reaion) Europe (including Iceland and 0 |Program Services Student study tours 411,405 Greenland) South America 0 | Program Services Student study tours and 96,348 service trips

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) Central America and the Student financial aid 22,448 0 |Grantmaking Caribbean 170.028 East Asia and the Pacific 0 |Grantmaking Student financial aid

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) Europe (including Iceland and Student financial aid 528.519 0 |Grantmaking Greenland) Middle East and North Africa 15,160 0 |Grantmaking Student financial aid

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) Student financial aid 22,114 Russia and the newly 0 |Grantmaking independent States 23,724 South America 0 |Grantmaking Student financial aid

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of reaion agents in fundraising, program service(s) in region services, grants to reaion recipients located in the reaion) Sub-Saharan Africa 0 |Grantmaking Student financial aid 9,500

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

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

	Central America and the Caribbean	2	0	,	Financial aid posted to student accounts	
Student financial aid	East Asia and	24	0	170,028	Financial aid posted	Book

to student accounts

Student financial aid | East Asia and

the Pacific

posted while

studying abroad

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant (b) Region (c)Number (e) Manner of cash (f) Amount of (a) Description of (h) Method of (d) Amount of or assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) Student financial aid | Europe 69 528,519 | Financial aid posted | Book posted while Ito student accounts (includina studving abroad Iceland and Greenland) Student financial aid 15,160 | Financial aid posted | Book Middle East and posted while Ito student accounts North Africa

studving abroad

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant (b) Region (c)Number (d) Amount of (e) Manner of cash (g) Description of (h) Method of (f) Amount of or assistance cash grant disbursement non-cash non-cash valuation (book, recipients FMV, appraisal, assistance assistance other) Student financial aid Russia and the 22,114 |Financial aid posted |Book posted while Ito student accounts Inewly studving abroad lindependent States Student financial aid South America 23,724 |Financial aid posted |Book posted while to student accounts

studving abroad

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (a) Description of (h) Method of assistance cash grant disbursement non-cash non-cash valuation (book, FMV, appraisal, recipients assistance assistance other) Student financial aid |Sub-Saharan 9,500 |Financial aid posted |Book posted while to student accounts Africa studving abroad

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

DLN: 93493155018600

OMB No. 1545-0047

SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

> Open to Public Inspection

Internal Revenue Service

organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.

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

**Employer identification number** Name of the organization SEATTLE PACIFIC UNIVERSITY Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. ✓ Mail solicitations ✓ Solicitation of non-government grants ✓ Internet and email solicitations ✓ Solicitation of government grants Phone solicitations Special fundraising events ✓ In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ✓ Yes ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to fundraiser have or entity (fundraiser) from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col. (i) contributions? Yes No Coordinated Ruffalo Noel Levitz LLC telemarketing 1025 Kirkwood Parkway SW lfundraiser No 104,310 59,195 45,115 Cedar Rapids, IA 52404 104,310 59,195 45,115

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY

Sche	dule G (Form 990 or 990-EZ) 2018						Page 3
11	Does the organization conduct ga	ming activities with nonmembers	5?		☐ Yes	Пио	
12	Is the organization a grantor, ber formed to administer charitable g		member of a partnership or other entity		□Yes		
13	Indicate the percentage of gamin	g activity conducted in:					
а	The organization's facility .			13a			%
b	An outside facility			13b			%
14	Enter the name and address of th	e person who prepares the organ	nization's gaming/special events books and r	ecords:			
	Name						
	Address •						
	revenue?		m the organization receives gaming		□Yes	□No	
b	If "Yes," enter the amount of gam amount of gaming revenue retain		anization ▶ \$ and tl 	ne			
С	If "Yes," enter name and address	of the third party:					
	Name •						
	Address►						
16	Gaming manager information:						
	Name ▶						
	Gaming manager compensation	• \$					
	Description of services provided	·					
	☐ Director/officer	☐ Employee	☐ Independent contractor				
17	Mandatory distributions:						
а	Is the organization required unde retain the state gaming license?		stributions from the gaming proceeds to		☐Yes	□No	
b	Enter the amount of distributions in the organization's own exempt		Ited to other exempt organizations or spent \$		33		
Pai	t IV Supplemental Inform	nation. Provide the explanat	ions required by Part I, line 2b, column licable. Also provide any additional info				 s.
	Return Reference		Explanation				

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I

## **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.

OMB No. 1545-0047

DLN: 93493155018600

Open to Public

reasury nternal Revenue Service		► Go to <u>w</u> u	<u>/w.irs.gov/Form990</u> foi	the latest information	on.		Inspection
lame of the organization						Employer identif	ication number
SEATTLE PACIFIC UNIVERSITY						91-0565553	
	mation on Grants						
			the grants or assistance,		for the grants or assistance	e, and	☑ Yes ☐ N
_	= :	_	se of grant funds in the U				
Part III Grants and Othe that received mor	r <b>Assistance to Don</b> e than \$5,000. Part II	nestic Organizations a I can be duplicated if ad	and Domestic Governme ditional space is needed.	ents. Complete if the o	rganization answered "Yes"	on Form 990, Part IV, lin	e 21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
1) See Additional Data							
(2)							
3)							
(4)							
(5)							
(6)							
7)							
(8)							
(9)							
(10)							
[11]							
12)							
		<del>-</del>					10
	.:			C-+ N- F00F			d - dul - T (F 000) 2010

(Form 990)

Department of the

Institutional Student Scholarships & Grants

Federally Funded Student Scholarships &

Privately Funded Student Scholarships &

Student Academic Achievement or Service

Part III can be duplicated if additional space is needed

Explanation

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

2906

246

639

39

ensure that the grant requirements are continuing to be met.

(c) Amount of

cash grant

30,550

15,600

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

(d) Amount of

noncash assistance

58,407,502 Book

720,332 Book

2,722,183 Book

Grant disbursements for the institution's exempt programs are made in accordance with the exempt purpose for which the institution was organized, and with

procedures and conditions established by the institution's governing board. Student scholarships and grants are awarded based on the institution's assessment of recipient's academic achievement, financial need, and other standards similar to those held by other universities. The student's records are then monitored in order to

Book

Book

(e) Method of valuation (book,

FMV, appraisal, other)

Page 2

(f) Description of noncash assistance

Schedule I (Form 990) 2018

Credit to student account

Credit to student account

Credit to student account

Schedule I (Form 990) 2018

(1)

(2)

(3)

Grants

Grants (4)

Award

(5)

(6)

(7)

Part IV

Return Reference

Schedule I, Part I, Line 2

(5) Benevolence

## Additional Data

(a) Name and address of

organization

Seattle, WA 981095132

Lake Burien Presbyterian

Burien, WA 981661746

15003 14th Ave SW

Church

(b) EIN

91-0616446

**Software ID:** 18007995 **Software Version:** v1.00

**EIN:** 91-0565553

Name: SEATTLE PACIFIC UNIVERSITY

	46 2622020	E01( )2	20.000	•	
or government				assistance	other)
or garnzacion		ii applicable	grant	Casii	(book, iliv, applaisal,

46-3632939 501(c)3| 20,000

A Seattle Church 766 John St

501(c)3

(c) IRC section (d) Amount of cash (e) Amount of non-(book EMV appraisal if applicable cash grant

20.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (f) Method of valuation

(g) Description of

non-cash assistance

(h) Purpose of grant

Participation grants for

development of young

Participation grants for development of young

or assistance

adult ministries.

adult ministries.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 94-3019551 501(c)3 20.000 Lake Sammamish Foursquare Participation grants for

development of young Church 14434 NF 8th St adult ministries. Bellevue, WA 980074146 Lighthouse Christian Church 91-2073902 501(c)3 20.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Bellevue, WA 980075928

Participation grants for 15530 Lake Hills Blvd development of young Ste 201 adult ministries.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

Participation grants for development of young adult ministries.

Participation grants for

development of vouna

adult ministries.

New Earth Tierra Nueva	91-1433771
701 E Fairhaven Ave	
Burlington, WA 982331914	

5900 Rainier Ave S

Seattle, WA 981182724

501(c)3 20.000 Rainier Avenue Church 91-1140928 501(c)3 20,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government ants for

adult ministries.

Renew Covenant Church 11349 20th Ave NE Seattle, WA 981256553	27-3198084	501(c)3	10,000	0	Participation grants for development of young adult ministries.
Silverdale United Methodist Church	91-0849867	501(c)3	20,000	0	Participation grants for development of young

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO Box 1400

Silverdale, WA 983831400

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government University Presbyterian Church 91-0564756 501(c)3 on nonl Participation grants for

adult ministries.

4540 15th Ave NE Seattle, WA 98105	31 030 17 30	301(0)3	20,000	Ĭ		development of young adult ministries.
Westminster Presbyterian Church	91-0651421	501(c)3	20,000	0		Participation grants for development of young

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1925 Boulevard Rd SE

Olympia, WA 985013277

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 934	19315	55018	600	
Sch	edule J	Co	ompensati	ion Information	00	1B No.	1545-0	0047	
(Forr	n 990)	For certain Office  ▶ Complete if the org	2018						
Depar	tment of the Treasury	► Go to <u>www.irs.go</u>		i to Form 990. instructions and the latest inforn	nation.	pen i	en to Public		
	al Revenue Service	ation .			Employer identificat		ectio		
	ne of the organiza TTLE PACIFIC UNIVE					.ioii ni	imber		
	Ougsti	ana Dagardina Campana	tion.		91-0565553				
Pa	rt I Questi	ons Regarding Compensa	tion				Yes	No	
1a				f the following to or for a person lister y relevant information regarding thes			163		
		s or charter travel	lacksquare	Housing allowance or residence for I	personal use				
	_	companions		Payments for business use of person					
		nification and gross-up payment	s 🔽	Health or social club dues or initiation					
	☐ Discretion	nary spending account	Ш	Personal services (e.g., maid, chauf	feur, chef)				
b		xes in line 1a are checked, did tl all of the expenses described abo		ollow a written policy regarding paym nplete Part III to explain	nent or reimbursement	1b	Yes		
2				or allowing expenses incurred by all	. 1-2	2	Yes		
	directors, truste	es, officers, including the CEO/E	executive Directo	r, regarding the items checked in line	e la?				
3	organization's C	EO/Executive Director. Check al	l that apply. Do r	ed to establish the compensation of th not check any boxes for methods CEO/Executive Director, but explain i					
	<b>✓</b> Compensa	ation committee	$\overline{\checkmark}$	Written employment contract					
		ent compensation consultant	✓	Compensation survey or study					
	<b>✓</b> Form 990	of other organizations	✓	Approval by the board or compensa	tion committee				
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the fi	ling organization or a				
а	Receive a sever	ance payment or change-of-con	trol payment? .			4a		No	
b	Participate in, o	r receive payment from, a suppl	emental nonqual	ified retirement plan?		4b		No	
c			,	nsation arrangement?		4c		No	
		/							
5		), 501(c)(4), and 501(c)(29)	_	the organization pay or accrue any					
5		ontingent on the revenues of:		the organization pay or accrue any					
а	The organization	1?				5a		No	
b						5b		No	
	If "Yes," on line	5a or 5b, describe in Part III.							
6		ed on Form 990, Part VII, Sectio ontingent on the net earnings of		the organization pay or accrue any					
а	The organization	1?				6a		No	
b						6b		No	
	•	6a or 6b, describe in Part III.							
7	payments not d	escribed in lines 5 and 6? If "Yes	s," describe in Pa	the organization provide any nonfixed rt III	d 	7	Yes		
8	subject to the ir	nitial contract exception describe	d in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," de		8		No	
9				presumption procedure described in		9			
For F	Paperwork Redu	iction Act Notice, see the Ins	tructions for Fo	orm 990. Cat. No. 5	0053T Schedule J	(Forn	1 990)	2018	

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 are not listed on Form 990. Part VII.

instructions, on row (ii). Do not list any individuals that are not listed on Form 99 <b>Note.</b> The sum of columns (B)(i)-(iii) for each listed individual must equal the to	90, otal	, Part VII. I amount of For	m 990, Part VII, Se	ection A, line 1a, ar	oplicable column ([	)) and (E) amoun	ts for that indi	vidual.
(A) Name and Title			kdown of W-2 and/c compensation	or 1099-MISC	(C) Retirement and other		columns	Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table								
	$\exists$							
	$\dashv$							
	$\dashv$							
	$\dashv$			<u> </u>				
	$ \bot $							
	$\exists$							

,	· · · •					
art III Supplemental Information						
ovide 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.						
Return Reference	Explanation					
, ,	First Class Travel - Certain University salaried officers and key employees are allowed to fly first class based on work need or physical limitations as approved by their immediate supervisors. Disqualified Persons as defined by IRC 4946 use of first class travel are also approved in advance by the governing board. Travel for Companions - The spouse of the President is allowed to travel with the President as required for business purpose and specifically approved by the board chair.					

donor development and business meetings. Any personal use of the clubs is minor and is reimbursed to the University and for disqualified persons as defined by IRC

Page 3

Housing Allowance - The President is required, as a condition of employment, to live in campus provided housing. All facility related expenses to such housing is paid for by the University. Social Clubs - Social club memberships are provided to certain employees and officers related to their specific job responsibilities for

4946 the memberships are approved in advance by the governing board.

Schedule J (Form 990) 2018

Return Reference	Explanation
, ,	The President's compensation is reviewed and approved annually by the Executive Committee of the Board of Trustees. The review includes a comparison of compensation levels of university presidents of similar institutions using both regional and national higher education compensation surveys. The compensation of the senior leadership team, who are also Disqualified Persons as defined by IRC 4946, is reviewed and approved by Executive Committee using a similar methodology of reviewing existing and proposed compensation against regional and national higher education surveys. The Executive Committee's actions are ratified at a subsequent meeting of the Board of Trustees.

Return Reference	Explanation
Schedule J, Part I, Line 7	The University transferred ownership of a four year old vehicle.

I (Form 990) 2018

(ii)

(i)

(i)

(ii)

(i)

(i)

(i)

(ii)

(i)

(i)

(i)

(ii)

(i)

(ii)

(i)

250,959

258,460

182,678

41,749

187,060

176,103

167,460

187,326

174,480

161,448

161,075

149,978

President

Affairs

Provost

Craig Kispert

Jeffrey Van Duzer

Donald Mortenson

Louise Furrow

VP for University Advancement Nathan Mouttet

VP for Enrollment

VP for Student Life

Jeffrey Jordan

Ross Stewart

Debra Segueira

Bruce Congdon

Kimberly Sawers

Associate Dean

Dean

Dean

Dean

Dean

Lorie Wild

Management and Marketing (ii)

Senior VP Planning and Administration

VP for Finance and Business

Software ID: 18007995
Software Version: v1.00

**EIN:** 91-0565553

Name: SEATTLE PACIFIC UNIVERSITY

1,310

4,374

51,309

841

570

1,599

2,662

5,070

8,789

2,352

12,797

9,439

29,944

32,272

20,744

5,616

22,296

18,629

18,771

20,866

18,556

17,518

18,178

15,997

(E) Total of columns

(B)(i)-(D)

54,121

17,414

2,804

759

18,798

3,350

18,291

11,238

11,153

11,087

13,937

11,013

633,446

336,334

312,520

257,535

48,965

237,593

198,652

206,121

222,092

209,259

198,842

195,542

189,785

(F) Compensation in

column (B) reported as deferred on prior Form 990

rorm 990, Scheaule J,	Part II - Officers, Directors, Trustees, Key Employees, and I	Hignest Compensate	a Employees	
(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	Г

(A) Name and H	ue	(B) breakdown	or W-2 and/or 1099-M15	C compensation	(C) Retirement and	(D) Nontaxable	L
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	
Daniel Martin	(i)	397,508	0	38,676	43,616	153,646	Γ

ei	file GRAPHIC print - DO NO	PROCESS As	Filed Data -									DLN: 934	931550	18600
	ote: To capture the full cont	ent of this docum	ent, please sele	ct landscape mode	(11" x 8.	5") w	hen p	rinting.						
Schedule K (Form 990)  Supplemental Information on Tax-Exempt Bonds  Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.											1545-004	<del>1</del> 7		
	partment of the Treasury			► Attach to Form 99	D.								to Public	
	ernal Revenue Service   me of the organization		►Go to <u>www.</u>	<u>.irs.gov/Form990</u> for	the latest i	ntorma	ition.			Emplo	yer iden	Ins: tification nu	ection mber	
SE	ATTLE PACIFIC UNIVERSITY									91-05	- 65553			
P	art I Bond Issues													
	(a) Issuer name (b) Issuer EIN (c) CUSIP #		(c) CUSIP#	(d) Date issued	(e) Issue p	rice	(	(f) Description	on of purpose	(g) De	efeased	behalf of		) Pool ancing
										Yes	No	issuer <b>Yes N</b>	o Yes	No
A	Washington Higher Education Facilities Authority	91-1306482		12-19-2013	85,5	15,000		nd Bonds Issu ngs & Struct	ied 06/26/2008; ures		X		(	X
P	art II Proceeds													
						4		В		-	;		D	
1	Amount of bonds retired			'		23,21	5,000							
2	Amount of bonds legally defeas						0							
3	Total proceeds of issue					85,52	1,449							
4	Gross proceeds in reserve fund						0							
5	Capitalized interest from procee				344,277									
6	Proceeds in refunding escrows				0									
7	Issuance costs from proceeds .					465	5,534							
8	Credit enhancement from proce						0							
9	Working capital expenditures fr	·					0							
10						22,249	9,466							
11						62,800	0,000							
12							0							
13	Year of substantial completion .					14								
					Yes	No	<b>)</b>	Yes	No '	Yes	No	Ye	s	No
14	· · · · · · · · · · · · · · · · · · ·				Х									
15						Х								
16	Has the final allocation of proce	eds been made?			Х									
17	Does the organization maintain proceeds?				X									
P	art Ⅲ Private Business Us													
						A		B		<u> </u>			D	
1	Was the organization a partner financed by tax-exempt bonds?				Yes	X		Yes	No '	Yes	No	Ye	<u>s</u>	No
2	Are there any lease arrangeme property?	nts that may result in	private business use	e of bond-financed		Х								
Foi	r Paperwork Reduction Act Noti	ce see the Instruct	ions for Form 990	<u></u>	Cal	. No. 5	0193F				S	chedule K	Form 9	00) 2018

3a

b

d

6

8a

Part IV

b

C

Arbitrage

Page 2

D

D

Schedule K (Form 990) 2018

No

Yes

Yes

C

No

Yes

C

No

Yes

В

No

Yes

Α

Nο

Χ

0 %

0 %

0 %

В

No

Yes

Χ

Χ

Yes

Х

Χ

Χ

Α

No

Χ

Χ

Χ

Χ

Yes

Χ

Χ

Penalty in Lieu of Arbitrage Rebate? . . . If "No" to line 1, did the following apply? . . . . 

Exception to rebate? . . . . . . . . . . . .

If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . . . Is the bond issue a variable rate issue? . . . . .

Was the hedge superintegrated? . . . . . . 

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Are there any management or service contracts that may result in private business use of
bond-financed property?
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?

counsel to review any research agreements relating to the financed property?

a section 501(c)(3) organization or a state or local government . . . . . 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)

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a

nongovernmental person other than a 501(c)(3) organization since the bonds were

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

Are there any research agreements that may result in private business use of bond-financed

Enter the percentage of financed property used in a private business use by entities other than

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

Schedule K (Form 990) 2018

period?

Part V

Part VI

**Arbitrage** (Continued)

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

**Procedures To Undertake Corrective Action** 

if self-remediation is not available under applicable regulations?

requirements of section 148? . . .

Return Reference

Schedule K, Part II, Line 3-12/19/2013 85,515,000 Washington Higher

**Education Facilities Authority** 

	•	4	
	Yes	No	
ted in a guaranteed investment contract		Х	

В

No

Explanation

Yes

Χ

No

Yes

Yes

Nο

No

Yes

Nο

Yes

Χ

**Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

Investment earnings are included in line 3 but not on Part 1, column (e).

Page 3

No

D

D

Nο

Yes

Yes

Return Reference	Explanation
Washington Higher Education	Seattle Pacific University engages Sodexo America LLC to provide food service operations to its campuses. SPU has worked with bond counsel to review and create the agreement between SPU and Sodexo for this service so that the agreement meets the safe barbor provisions available under Rev. Proc. 97-13

Return Reference Explanation Schedule K, Part IV, Line 2b-12/19/2013 85,515,000 Eighteen-month spending exception. Washington Higher Education Facilities Authority

Return Reference	Explanation
3-12/19/2013 85,515,000	Bonds reflected in column A of Part II reflect one issuance in multi-modal format in five separate Series: Series 2013 A Bonds (Variable Rate), Series 2013 B Bonds (Variable Rate), Series 2013 C Bonds (Fixed Rate), Series 2013 D Bonds (Fixed Rate) and Series 2013 E Bonds (Fixed Rate).

efile GRAPHI	C print - DC	NOT PRO	CESS	As F	iled Data -					DL	.N: 93	4931	5501	8600
Schedule L Form 990 or 990	-EZ) ► Con	plete if the	organ	ization a	ns with Ir	s" on Form 99	90, Part IV, li	nes 2	5a, 2	25b, 26	5,		1545-	
		·	•	► Atta	ch to Form 99	0 or Form 99	0-EZ.					2(	)18	3
epartment of the Tre	· I	•	·Go to :	www.irs	.gov/Form990	of for the lates	st informatior	n.				pen	to Pu	blic
ternal Revenue Serv Name of the org								Er	nplov	ver ide	ntifica		oectio numbe	
SEATTLE PACIFIC									•	-				
Part I Exce	ss Benefit '	Transactio	ns (se	ction 501	(c)(3), section !	501(c)(4), and	501(c)(29) or			5553 (only)				
Comp	ete if the org	anization ans	wered '		orm 990, Part			-						
1 (a	<b>)</b> Name of dis	qualified per	son	(b)	Relationship be	etween disqual organization	ified person an	nd	٠,	escript ansacti			) Corre	
						or garrizacion			u .	ansacu	011	Y	es	No
								-						
	<u> </u>													
Part II Loa	ans to and properties of the operation o	or From I rganization a unt on Form ship (c) Pui	nteres Inswere 1990, Pa	sted Pered "Yes" ort X, line	n Form 990-EZ,			(g) defa	In	(I Appro boa	s; or if the by rd or nittee?		i)Writt greeme	en
					110					1.55		1.00		
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otal .					🕨	<b>\$</b>								
				_	ested Perso									
Con					es" on Form 9						<i>(</i> ) D			
		(b) Relation	onship t	petween	I (c) Amount		( <b>d</b> ) Type o	of assi	stanc	e	(e) Pu	rpose (	ot assis	tance
	ested person	interested	person anizatio		(c) / linearie	of assistance								
a) Name of inte		interested			(e) / illicant		Scholarships			Si	tudent	Financ	ial Aid	
a) Name of inte		interested orga			(e) / who can't					Si	tudent	Financ	ial Aid	
a) Name of inter		interested orga			(c) / illiounic (					Si	tudent	Financ	ial Aid	
a) Name of inte		interested orga			(c) / misune					Si	tudent	Financ	ial Aid	

orm 990, Part IV, line 28a	a, 28b, or 28c.			
(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization revenues?		
		Yes	No	
, i	Compensation/benefits		No	
, i	Compensation/benefits		No	
	(c) Amount of transaction	transaction  120,493 Compensation/benefits  62,860 Compensation/benefits	(c) Amount of transaction (d) Description of transaction (e) Si coorganiz rever Yes  120,493 Compensation/benefits	

	member - not in employment reporting line		
Part V Supplemental Information			

Explanation

Compensation is set by the salary and benefit policies of the University and there is no involvement of

Provide additional information for responses to questions on Schedule L (see instructions).

related parties in the setting of their compensation.

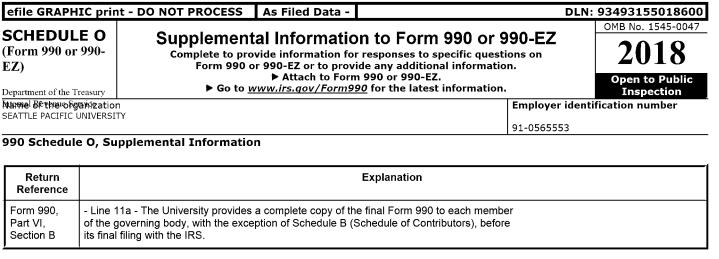
**Return Reference** 

Schedule L, Part IV

Schedule L (Form 990 or 990-EZ) 2018

DLN: 93493155018600 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2018 ▶ 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 the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** SEATTLE PACIFIC UNIVERSITY 91-0565553 **Types of Property** (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art-Works of art . . Art—Historical treasures Art—Fractional interests 4 Books and publications Χ 292 FMV 37,891 FMV Clothing and household Χ goods . . . . . Cars and other vehicles . Boats and planes . . Intellectual property . . Securities—Publicly traded . Χ 21 350,724 Market Price Securities-Closely held stock . 11 Securities—Partnership, LLC, Χ 969,819 FMV or trust interests . . . 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures . . . . **14** Qualified conservation contribution-Other . . 15 Real estate—Residential . 9,333 FMV Real estate—Commercial . 17 Real estate—Other . . Collectibles . . . . 18 11,805 FMV Χ **19** Food inventory . . . 20 Drugs and medical supplies . **21** Taxidermy . . . . 22 Historical artifacts . . . 23 Scientific specimens . . 24 Archeological artifacts . . Other ▶ ( 27,668 FMV 25 Equipment ) Other ▶ ( Χ 12,500 FMV 26 1 Airline Vouchers ) 27 Other ▶ ( Χ 5,250 FMV Lodging ) Χ 1,135 FMV 28 Other ► ( Events ) Number of Forms 8283 received by the organization during the tax year for contributions 0 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . 30a Nο **b** If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Yes **b** If "Yes," describe in Part II. 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J Schedule M (Form 990) (2018)

Schedule M (Form 990) (2018)	Page <b>2</b>
	tion required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part umber of contributions, the number of items received, or a combination of both. Also complete
Return Reference	Explanation
•	The number of contributions listed in column B is the number of separate non-cash donations received from donors during the year.
	The Seattle Pacific Foundation manages the liquidation of publicly traded securities. Other non-cash gifts are liquidated by brokers/dealers specialized in a specific area.
	Schedule M (Form 990) (2018)



Return **Explanation** Reference

Form 990,	The University posts the Form 990 on a secure website for the trustees to access prior to
Part VI,	filing. The trustees receive a link to the website that allows them to access the return a
Section B.	nd are provided an opportunity to submit questions or concerns before the 990 is filed. Th

Line 11b e Executive Committee of the Board reviews the 990 as part of a separate process.

990 Schedule O, Supplemental Information

Return Explanation
Reference

Form 990,
Part VI,
Section B,
Line 12c

Once a year conflict of interest questionnaires are sent to the trustees, officers, direct
ors, and key employees along with requests of other information that is needed for the com
pletion of the Form 990 return. Those surveys are then reviewed for conflicts and a determ
ination is made as to what if any action is needed. Business transactions with entities th
at a Board member may own or control must meet purchasing standards of the University rega
rding price competitiveness.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI.	The President's compensation is reviewed and approved annually by the Executive Committee of the Board of Trustees. The review includes a comparison of compensation levels of unive
,	rsity presidents of similar institutions using both regional and national higher education

Section B Line 15 compensation surveys. The compensation of other officers and key employees, who are also Disgualified Persons as defined by IRC 4946, is reviewed and approved by Executive Committ ee using a similar methodology of reviewing existing and proposed compensation against reg ional and national higher education surveys. The Executive Committee's actions are ratifie d at a subsequent meeting of the Board of Trustees.

Return Explanation
Reference

Form 990,
Part VI,
Section C,
Line 19

The University makes its governing documents, which includes the conflict of interest poli cy, available upon request. The audited financial statements are made available at www.spu
.edu and at various other organization websites associated with the University.

Return Explanation
Reference

Form 990,	Craig Kispert, Vice President for Finance and Business Affairs, is an officer per IRS inst
Part VII,	ructions only and is not an officer per corporate by-laws.
Section A,	
Line 1a	

Return Explanation
Reference

Form 990,
Part XI, Line

This amount reflects the total of unrealized gains and losses on investments carried at market value.

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** (Form 990)

Department of the Treasury

Internal Revenue Service

## **Related Organizations and Unrelated Partnerships**

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

► Attach to Form 990.

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

OMB No. 1545-0047 2018

DLN: 93493155018600

**Open to Public** Inspection

**Employer identification number** 

Name of the organization SEATTLE PACIFIC UNIVERSITY							'	•	fication number		
Part I Identification of Disregarded Entities Complete if to	the organiz	ation answe	red "Yes	' on Form	990, Part	IV, line 33		565553			
(a) Name, address, and EIN (if applicable) of disregarded entity		<b>(b)</b> Primary activity		(c) Legal domicile (state or foreign country)		<b>(d)</b> Total income		<b>(e)</b> End-of-year a	ssets Direct co	f) ontrolling tity	
Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.	ns Complete	e if the orga	nization	answered '	"Yes" on F	orm 990,	Part I\	V, line 34 be	ecause it had one or	more	
(a) Name, address, and EIN of related organization	Primar	<b>(b)</b> Primary activity		<b>c)</b> nicile (state n country)	(d) Exempt Code section		(e) Public charity status (if section 501(c)(3))		<b>(f)</b> Direct controlling entity	Section (13) co ent	ontroll tity?
(1)Seattle Pacific Foundation 3307 Third Ave W Seattle, WA 98119 91-1068276	To support Seattle Pacific University		,	WA	501 (c) (3)		12a Type I		Seattle Pacific University	Yes	
											_
											_
For Paperwork Reduction Act Notice, see the Instructions for Form 9	90.		Ca	t. No. 5013!					Schedule R (Form	990) 2	018

Part III Identification of Related Organizations one or more related organizations treated				te if the or	ganization	n answ	ered "Ye	s" on Form	990,	Part I\	/, line 34 b	ecaus	se it l	had	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predomi income(re unrelat excluded tax un sections 514	inant elated, ted, from der 512-	<b>(f)</b> Share of total income	(g) Share of e end-of-year assets	( <b>I</b> Disprop alloca	rtionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		ral or iging	(k) Percentag ownership	ntage	
									Yes	No		Yes	No		
Part IV Identification of Related Organiza because it had one or more related or							ation ans	<u> </u> wered "Yes	" on F	l orm 9!	l 90, Part IV,	line	34		
(a) Name, address, and EIN of related organization	(b) Primary activity	do (state	(c) egal micile or foreign untry)	Dire	(d) ct controlling entity	Type (C corp	(e) of entity p, S corp, trust)	(f) Share of total income		(g) of end- year assets	of- Perce owne	ntage	(1	(i) ection 5 13) cont entit	512(b) trolled y?
(1)Charitable Remainder Unitrusts (48)	Beneficial Interest		NA	N/A		Т							+	Yes	No No
3307 Third Ave West Seattle, WA 98119															
(2)Pooled Income Fund (1)	Beneficial Interest	1	WA	N/A		Т									No
3307 Third Ave West Seattle, WA 98119															
														$\dashv$	
						<u> </u>									

chedule R (Form 990) 2018												
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 3	36.											
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.  1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?												
<b>b</b> Gift, grant, or capital contribution to related organization(s)		1b		No								
c Gift, grant, or capital contribution from related organization(s)		. 1c	Yes									
<b>d</b> Loans or loan guarantees to or for related organization(s)		1d		No								
e Loans or loan guarantees by related organization(s)		1e		No								
f Dividends from related organization(s)		<b>1</b> f		No								
g Sale of assets to related organization(s)		<b>1</b> g		No								
h Purchase of assets from related organization(s)		1h	1	No								
i Exchange of assets with related organization(s)	ı	11		No								
j Lease of facilities, equipment, or other assets to related organization(s)		1 <u>j</u>		No								
k Lease of facilities, equipment, or other assets from related organization(s)		1k		No								
l Performance of services or membership or fundraising solicitations for related organization(s)		11		No								
m Performance of services or membership or fundraising solicitations by related organization(s)		1n	1 Yes									
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		1r	Yes									
o Sharing of paid employees with related organization(s)		10	Yes									
p Reimbursement paid to related organization(s) for expenses				No								
q Reimbursement paid by related organization(s) for expenses		<b>1</b> q	Yes									

,	25000 of facilities, of outlet assess to federal dispute the facilities of gainst assess the facilities of gainst assess to federal dispute the facilities of gainst assess the facilit			
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
О	Sharing of paid employees with related organization(s)	10	Yes	
р	Reimbursement paid to related organization(s) for expenses	<b>1</b> p		No
q	Reimbursement paid by related organization(s) for expenses	<b>1</b> q	Yes	
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			
	(a) Name of related organization  (b) Transaction Transaction type (a-s)  (c) Amount involved Method of determining am	ount ir	nvolved	
<b>(1)</b> Se	attle Pacific Foundation c 83,817 FMV			

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.

		<u>_</u>	<del></del>														
(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity		sections 512-			(e) Are all partners section 501(c)(3) organizations?		(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(g) Ishare of d-of-year assets  (h) Disproprtiona allocations		(h) Disproprtionate allocations?  (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		?	<b>(k)</b> Percentage ownership
			514)	Yes	No		<u> </u>	Yes	No		Yes	No	ı				
										Schedul	e R (Form	1 990	0) 2018				

chedule R (For	m 990) 2018	Page	e <b>5</b>							
Part VII	Supplemental Info	ental Information								
Provide additional information for responses to questions on Schedule R (see instructions).										
Return Reference		Explanation								