### \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

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Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

AI	For the	e 2022 calendar year, or tax year beginning JUL 1, 2022 and	ending JU	JN 30, 2023					
B	Check if applicab	e: C Name of organization		D Employer identifi	ication number				
	Addre	ss WILLAMETTE UNIVERSITY							
	Name		93-0386972	386972					
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone numbe	er					
	Final return		503-370-6710						
	termir ated	<b>J</b>	<b>G</b> Gross receipts \$	186,002,064.					
	Amen	SALEM, OK 97301		H(a) Is this a group r	eturn				
	Applic tion pendi	F Name and address of principal officer: STELLER E THORSELL		for subordinates	s? Yes X No				
		SAME AS C ABOVE		H(b) Are all subordinates i	ncluded? Yes No				
		empt status: 🕱 501(c)(3) 🚺 501(c) ( ) (insert no.) 🗌 4947(a)(1) d	or 527	If "No," attach a	a list. See instructions				
	Vebsi			H(c) Group exemption					
		f organization: X Corporation Trust Association Other	L Year o	of formation: 1842	M State of legal domicile: OR				
Pa	art I	Summary							
é	1	Briefly describe the organization's mission or most significant activities:	HEDULE O						
Governance									
ern	2	Check this box if the organization discontinued its operations or dispos			sets. 				
Š	3				34				
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4	Number of independent voting members of the governing body (Part VI, line 1b)		2041					
ties	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		1077					
Activities &	72	Total number of volunteers (estimate if necessary)							
A	'a	Net unrelated business taxable income from Form 990-T, Part I, line 11		, ,					
				Prior Year	Current Year				
	8	Contributions and grants (Part VIII, line 1h)		18,552,130.	15,414,203.				
Revenue	9	Program service revenue (Part VIII, line 2g)	107,193,404.	120,183,646.					
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)							
č	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)							
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	131,114,519.	137,752,242.					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		47,903,739.	57,722,938.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		63,715,908.	66,784,819.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		85,369.	88,434.				
be	. b								
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		44,246,617.	48,319,478.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		155,951,633.	172,915,669.				
	19	Revenue less expenses. Subtract line 18 from line 12		-24,837,114.	-35,163,427.				
S OF			Beç	jinning of Current Year	End of Year				
Net Assets (	20	Total assets (Part X, line 16)		555,407,413.	536,279,964.				
etA	21	Total liabilities (Part X, line 26)		163,796,612.	161,483,437.				
		Net assets or fund balances. Subtract line 21 from line 20		391,610,801.	374,796,527.				
170	art II	Signature Block							

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of off	icer		D	Date					
Here	Here DANIEL VALLES, SR VP, COO & TREASURER									
	Type or print name and title									
	Print/Type preparer's name Preparer's signature Date Check									
Paid	WENDY CAMPO	S	WENDY CAMPOS	02/23/24	it self-employed	P00448102				
Preparer	Firm's name	MOSS ADAMS LLP		F	irm's EIN 91-	0189318				
Use Only	Ise Only Firm's address 805 SW BROADWAY STE 1400									
PORTLAND, OR 97205 Phone no. 503-242										
May the I	RS discuss this	return with the preparer shown abo	ve? See instructions			X Yes	No			
						00	<b>^</b>			

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

<sup>o</sup> a	1 990 (2022) WILLAMETTE UNIVERSITY 9 Tt III Statement of Program Service Accomplishments	3-0386972	
_	Check if Schedule O contains a response or note to any line in this Part III		X
	Briefly describe the organization's mission:		
	SEE SCHEDULE O		
	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Y	es 🔄 N
	If "Yes," describe these new services on Schedule O.		es X N
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	······	
	If "Yes," describe these changes on Schedule O.	urad by avaana	~~
	Describe the organization's program service accomplishments for each of its three largest program services, as meas Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the		
	revenue, if any, for each program service reported.	e total expenses	, and
a	(Code:) (Expenses \$134,533,102 including grants of \$57,107,422. ) (Revenue \$	105	010 469
a	HIGHER EDUCATION - INSTRUCTION AND SUPPORT: 1,347 IN THE COLLEGE OF	,	010,100
	ARTS AND SCIENCES, 314 IN THE COLLEGE OF LAW, 122 IN THE ATKINSON		
	GRADUATE SCHOOL OF MANAGEMENT, 17 IN THE SCHOOL OF COMPUTING AND		
	INFORMATION SCIENCES, 75 IN A JOINT DEGREE PROGRAM, 365 IN PACIFIC		
	NORTHWEST COLLEGE OF ARTS, AND 106 IN THE HALLIE FORD SCHOOL OF		
	GRADUATE STUDIES (2,346 STUDENTS).		
		15	101 077
b	(Code:) (Expenses \$14,072,819. including grants of \$12,976.) (Revenue \$	15,	181,977.
b	HIGHER EDUCATION - AUXILIARY FUNCTIONS: INCLUDES ROOM & BOARD (FOR	15,	181,977.
b		15,	181,977.
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C	HIGHER EDUCATION - AUXILIARY FUNCTIONS: INCLUDES ROOM & BOARD (FOR	15,	181,977
	HIGHER EDUCATION - AUXILIARY FUNCTIONS: INCLUDES ROOM & BOARD (FOR 1,059 STUDENTS) AND SUMMER CONFERENCES.		
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c	HIGHER EDUCATION - AUXILIARY FUNCTIONS: INCLUDES ROOM & BOARD (FOR         1,059 STUDENTS) AND SUMMER CONFERENCES.		
0	HIGHER EDUCATION - AUXILIARY FUNCTIONS: INCLUDES ROOM & BOARD (FOR  1,059 STUDENTS) AND SUMMER CONFERENCES.		

Form 990 (		WILLAMETTE	
Part IV	Che	cklist of Required Sch	edules

WILLAMETTE UNIVERSITY

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." complete			
	Schedule D, Part III	8	х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	х	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
<u>د</u>	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
v	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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			
u		11d		x
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120		12a		x
h	Schedule D, Parts XI and XII	120		
D		12b	х	
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	120	X	
13 14a		14a	X	
	Did the organization maintain an office, employees, or agents outside of the United States?	148		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b	х	
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
15		15		x
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		<u> </u>
10		10	х	
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	21	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-	х	
40	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17	Λ	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			x
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			
<b>~</b> ~	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	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		v	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X 000	(000 <sup></sup>
232003	12-13-22	Form	390	(2022)

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Form 990 (2022
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WILLAMETTE UNIVERSITY

Pa	t IV Checklist of Required Schedules (continued)								
			Yes	No					
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on								
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х						
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current								
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete								
		23	х						
04-	Schedule J	23							
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the								
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a	v						
	Schedule K. If "No," go to line 25a		X						
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X					
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease								
	any tax-exempt bonds?	24c		X					
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X					
25a	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		X					
b	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		х					
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current								
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%								
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x					
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,								
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled								
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	х						
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,								
20	instructions for applicable filing thresholds, conditions, and exceptions):								
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If								
u		28a		x					
h	"Yes," complete Schedule L, Part IV	28b	x						
		200							
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	28c		x					
200	"Yes," complete Schedule L, Part IV	200	х						
29 00	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>								
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		x						
~	contributions? If "Yes," complete Schedule M	30	~	x					
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31							
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete								
	Schedule N, Part II	32		X					
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations								
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X						
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and								
	Part V, line 1	34	X						
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	<u> </u>					
b	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	X	<u> </u>					
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?								
	If "Yes," complete Schedule R, Part V, line 2	36		x					
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization								
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x					
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?								
_	Note: All Form 990 filers are required to complete Schedule O	38	х						
Pa	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance								
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .							
			Yes	No					
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 4193								
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b								
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming								
	(gambling) winnings to prize winners?	1c	х						
232004	12-13-22	Form	990	(2022)					

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Form	990 (2022) WILLAMETTE UNIVERSITY 93-038697	2	P	age <b>5</b>				
Par				U				
			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return 2041							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?							
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	х					
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			1				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	х					
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х				
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			1				
	any contributions that were not tax deductible as charitable contributions?	6a		Х				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?	6b		1				
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	х					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х					
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7c		х				
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d							
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
-								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?							
9	Sponsoring organizations maintaining donor advised funds.	8						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12 10a							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders							
	Gross income from other sources. (Do not net amounts due or paid to other sources against							
-	amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
	Is the organization licensed to issue qualified health plans in more than one state?	13a						
-	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
-	organization is licensed to issue qualified health plans							
с	Enter the amount of reserves on hand							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
	excess parachute payment(s) during the year?							
	If "Yes," see the instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?							
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities							
.,	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		1				
	If "Yes," complete Form 6069.	.,						
232005	12-13-22	Form	990	(2022)				
202000		1 0111		(-022)				

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Form	990 (2022) WILLAMETTE UNIVERSITY		93-0	386972		Р	age 6	
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 t	hrough	7b below, and	d for a "	No" r	espon	ise	
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule C					,		
	Check if Schedule O contains a response or note to any line in this Part VI						X	
Sec	tion A. Governing Body and Management							
						Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1</b> a		37				
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent	1b		34				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	-	any other					
-	officer, director, trustee, or key employee?							
3								
Ŭ	of officers, directors, trustees, or key employees to a management company or other person?		couperview		3		x	
4	Did the organization make any significant changes to its governing documents since the prior Form 9	 AQU W.a	s filod?	·····	4		x	
5	Did the organization become aware during the year of a significant diversion of the organization's as			Γ	5		x	
6				Γ	6		x	
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or ap			·····	0			
<i>1</i> a					70		x	
L	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tookho	ldoro or	·····	7a			
D					71.		x	
~	persons other than the governing body?			·····	7b			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-		0.	х		
	The governing body?				8a	X		
-	Each committee with authority to act on behalf of the governing body?			·····  -	8b	Δ	<u> </u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea				•		x	
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	<u></u>			9		_ <u>^</u>	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	<u>Code.)</u>					
				Г		Yes	No X	
	Did the organization have local chapters, branches, or affiliates?			·····	10a			
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			····· ⊢	10b 11a	X		
	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
	Describe on 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	X		
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			·····	12b	X	<u> </u>	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	,						
	on Schedule O how this was done			-	12c	X	<u> </u>	
13	Did the organization have a written whistleblower policy?			·····  -	13	Х	<b> </b>	
14	Did the organization have a written document retention and destruction policy?			L	14	X		
15	Did the process for determining compensation of the following persons include a review and approva	al by in	dependent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official			L	15a	Х		
b	Other officers or key employees of the organization			L	15b	Х		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	ith a					
	taxable entity during the year?			L	16a		x	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	te its p	articipation					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatior	ı's					
	exempt status with respect to such arrangements?				16b			
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filedCA, MA, MI, MN, OR, SC							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, a	nd 990	-T (section 501	1(c)(3)s d	only) a	availal	ble	
	for public inspection. Indicate how you made these available. Check all that apply.							
		1 on Sr	hedule (0)					
19								
-	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	d records					
	SCOTT SCHAEFER - 503-370-6710	un						
	900 STATE STREET, SALEM, OR 97301							
232006	12-13-22				Form	990	(2022)	
202000	7						(-955)	
302	23 146892 629092 2022.05050 WILLAMET	TE I	JNIVERSI	ΓTY		62	909	

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Form 990 (2		93-0386972 Pag	<sub>je</sub> 7						
Part VII	Compensation of Officers, Directors, Trustees, Key Employee	s, Highest Compensated							
	Employees, and Independent Contractors								
	Check if Schedule O contains a response or note to any line in this Part VII		Х						
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated En	nployees							
12 Complete this table for all persons required to be listed. Beport compensation for the calendar year ending with or within the organization's tay year									

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(A) (B) (C)		(D)	(E)	(F)					
Name and title	Average	(1)	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar I	nd a d I	irecto	or/trus T	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or di	9			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		e	pens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tri	ional		ploye	t com		1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) STEPHEN THORSETT	40.00				-		-			
PRESIDENT		х		х				484,263.	0.	170,015.
(2) BRIAN GALLINI	40.00									
DEAN, COLLEGE OF LAW					х			262,794.	0.	52,726.
(3) DANIEL VALLES, SR VICE	40.00									
PRESIDENT, COO & TREASURER		Х		х				262,276.	0.	42,937.
(4) SHELBY RADCLIFFE	40.00									
VP FOR ADVANCEMENT						x		260,974.	0.	29,056.
(5) CAROL LONG	40.00									
PROVOST AND SENIOR VICE PRESIDENT					X			241,969.	0.	38,445.
(6) SHANA SECHRIST, GENERAL	40.00									
COUNSEL & VP OF HUMAN RESOURCES						X		223,846.	0.	51,706.
(7) DEBRA RINGOLD, JELD-WEN	40.00									
PROFESSOR OF FREE ENTERPRISE						x		219,343.	0.	33,942.
(8) NORMAN WILLIAMS, KEN &	40.00									
CLAUDIA PETERSON PROFESSOR OF LAW						x		220,931.	0.	31,031.
(9) JENNIFER COLE	40.00									
DEAN, PNCA					Х			197,513.	0.	52,354.
(10) SYMEON SYMEONIDES, ALEX L.	40.00									
PARKS DISTINGUISHED PROF. OF LAW						X		202,727.	0.	47,067.
(11) RUTH FEINGOLD	40.00									
DEAN, COLLEGE OF ARTS & SCIENCES					Х			200,709.	0.	40,439.
(12) CURTIS BRIDGEMAN, RODERICK &	40.00									
CAROL WENDT CHAIR IN BUSINESS LAW							Х	165,534.	0.	54,267.
(13) LISA LANDREMAN	40.00									
VP FOR STUDENT AFFAIRS					Х			180,924.	0.	27,789.
(14) ANNE GALLAGHER, ASSOCIATE	40.00									
VP OF BUDGET & FACILITIES					Х			156,887.	0.	27,874.
(15) COLLEEN KAWAHARA, CHIEF OF	40.00									
STAFF, ADMINISTRATIVE SECRETARY				X				155,935.	0.	18,873.
(16) KEVIN SMITH	1.00									
CHAIR		Х		х				٥.	0.	0.
(17) ELIZABETH LARGE	1.00									
VICE CHAIR		Х		Х				0.	0.	0.
232007 12-13-22										Form <b>990</b> (2022)

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Form 990 (2022)

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2022.05050 WILLAMETTE UNIVERSITY

Form 990 (2022) WILLAMETTE UN	IIVERSITY								93-03	8697	2	Pa	age <b>8</b>
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	ploy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average			Pos	itior			Reportable	Reportable		Es	timate	ed
	hours per					than o s both		compensation	compensatio			ount	
	week					or/trus		from	from related			other	
	(list any	ctor						the	organization			pensa	ition
	hours for	direc				D.		organization	(W-2/1099-MIS			om th	
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)		orga	anizat	ion
	organizations	trust	al tru		yee	om pe		1099-NEC)			and	l relat	ed
	below	Individual trustee or director	Institutional trustee	ъ	ƙey employee	est co	er				orga	nizati	ons
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former						
(18) LYNNE SAXTON	1.00												
IMMEDIATE PAST CHAIR		Х		х				0.		٥.			0.
(19) SEAN O'HOLLAREN	1.00												
SECRETARY		Х		х				0.		٥.			0.
(20) EVA KRIPALANI	1.00												
ASSISTANT SECRETARY		Х		Х				0.		٥.			0.
(21) BOB HECK	1.00												
TRUSTEE		x						0.		٥.			Ο.
(22) BONNIE FLYNN	1.00												
TRUSTEE		х						0.		٥.			Ο.
(23) BRIAN HUFFT	1.00												
TRUSTEE		х						0.		٥.			Ο.
(24) CHARLOTTE CARPENTER	1.00												
TRUSTEE		x						0.		٥.			Ο.
(25) COLBY TAKEDA	1.00												
TRUSTEE - 06/30/2023		x						0.		٥.			0.
(26) CORTLANDT CUFFEE	1.00												
TRUSTEE	1.00	x						0.		٥.			Ο.
								3,436,625.		0.		710	521.
1b Subtotal								0.				/10,	
c Total from continuation sheets to Part VI										0.		<b>F10</b>	0.
d Total (add lines 1b and 1c)								3,436,625.		0.		/18,	521.
2 Total number of individuals (including but no	ot limited to th	ose	liste	ed at	oove	) wh	o re	eceived more than \$100,	000 of reportable	;			
compensation from the organization											1		102
										1		Yes	No
<b>3</b> Did the organization list any <b>former</b> officer,	-			•			Ŭ						
line 1a? If "Yes," complete Schedule J for su	ıch individual										3	X	<u> </u>
4 For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	ne organization				
and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	edule	Jf	for such individual			4	Х	
5 Did any person listed on line 1a receive or a	ccrue comper	isati	on fi	rom	any	unre	late	ed organization or individ	lual for services				
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or sı	ich i	oers	on .					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest cor	npensated inc	lepe	nde	nt co	ontra	actor	's th	hat received more than \$	100,000 of comp	oensat	ion fro	m	
the organization. Report compensation for t	he calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
(A)								(B)			(C	;)	
Name and business	address							Description of s	ervices	C	omper	nsatio	n
COMPASS GROUP USA													
PO BOX 417632, BOSTON, MA 02241								FOOD SERVICE			4,	249,	951.
SIEMENS CORPORATION, 300 NEW JERSEY													
AVENUE, SUITE 1000, WASHINGTON, DC 20	0001							INFORMATION TECHNO	LOGY		2,	878,	429.
AMERICA CLEANING SOLUTIONS INC													
PO BOX 66681, PORTLAND, OR 97290								JANITORIAL			1.	640.	092.
GLOBAL ENDOWMENT MANAGEMENT											,	,	
224 W TREMONT AVE, CHARLOTTE, NC 2820	)3							INVESTMENT MANAGEM	ENT		1	581	674.
ANDERSON ROOFING CO INC							$\neg$				-,	,	
PO BOX 10085, PORTLAND, OR 97296								CONSTRUCTION			1	234	248.
\$100,000 of compensation from the organiz	•				3:								
SEE PART VII, SECTION A CONTINU		TS							I		Form	<b>990</b> (*	2022)
,											2	(4	,

232008 12-13-22

		mplo	oyee			lighe	est (	Compensated Employe	. ,	
(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average hours per	(c	heck T		ition that		ly)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pensated em ployee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(27) DALE SAUSE	1.00									
TRUSTEE - 06/30/2023		Х						0.	0.	
(28) DAVID DRINKWARD	1.00									
TRUSTEE		Х						0.	0.	
(29) ELOISE DAMROSCH	1.00									
TRUSTEE		Х						0.	0.	
(30) HEIDI PATTERSON FRUSTEE	1.00	x						0.	0.	
(31) JAMES CUNO	1.00									
TRUSTEE		х						0.	0.	
(32) JANELLE BOVELL	1.00									
TRUSTEE		х						0.	0.	
(33) JEFF CHUNG	1.00									
TRUSTEE		х						0.	0.	
(34) JILL TERRY HALL	1.00									
TRUSTEE		х						0.	0.	
(35) JOHNNY VONG	1.00									
TRUSTEE		Х						0.	0.	
(36) JON THOMSEN	1.00									
TRUSTEE		Х						0.	Ο.	
(37) JOSEPH HOFFMAN	1.00									
TRUSTEE		Х						0.	Ο.	
(38) JULIE FILIZETTI	1.00									
TRUSTEE		х						0.	0.	
(39) KATHERINE CAHILL	1.00									
TRUSTEE		х						0.	0.	
(40) KENNETH MORRIS	1.00									
TRUSTEE		Х						0.	Ο.	
(41) KONRAD KRUGER	1.00									
TRUSTEE		х						0.	0.	
(42) LINDA HUTCHINS	1.00									
TRUSTEE		х						0.	0.	
(43) LYNN RISTIG	1.00									
TRUSTEE		х						0.	0.	
(44) MARIAM HIGGINS	1.00									
TRUSTEE		х						0.	0.	
(45) MICHAEL MARTINEZ	1.00									
TRUSTEE		х						0.	0.	
(46) PATRICIA FARRIS	1.00									
TRUSTEE		х						0.	0.	

	npic	ployees, and Highest (							(E)	
(A)	(B)	<b>(C)</b> Position						(D)	(E)	(F)
Name and title	Average hours per week	(c	(check all that apply)					Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensatio
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organizatior and related organization
47) PATRICK WAITE RUSTEE	1.00	x						0.	0.	
48) ROBIN BRENA	1.00							·.	••	
RUSTEE	1.00	x						0.	0.	
49) SANDRA ROWE RUSTEE	1.00	x						0.	0.	
50) TRUMAN COLLINS JR	1.00	~						0.	0.	
RUSTEE	1.00	x						0.	0.	
										1
		-								
		-								
		-								
		-								
		<u> </u>								
		<b> </b>								1

232201 04-01-22

arı	t VIII	Statement of Re	ven	ue						
		Check if Schedule O	conta	ains a respon	ise c	r note to any line	e in this Part VIII			
							<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue exclue from tax und sections 512 -
'n	1 a	Federated campaigns		1a						
Iun		Membership dues								
		Fundraising events								
and Other Similar Amounts		Related organizations								
		Government grants (contr				3,047,489.				
ō		All other contributions, gifts,								
ne		similar amounts not included				12,366,714.				
	g	Noncash contributions included in	lines 1	a-1f <b>1g</b> \$		577,818.				
an	h	Total. Add lines 1a-1f					15,414,203.			
						Business Code				
	2 a	TUITION AND FEES			_	611310	105,001,670.	105,001,670.		
Ð	b	ROOM AND BOARD FEES			_	721310	14,554,413.	14,554,413.		
Revenue	с	AUXILIARY INCOME			_	611710	627,563.	627,563.		
éč	d				_					
۲	е				_					
	f	All other program service	reve	nue						
	g						120,183,646.			
	3	Investment income (includ	ding	dividends, in	teres	st, and				
	other similar amounts)         4         Income from investment of tax-exempt bond proceeds						524,690.		-554,457.	1,079,1
	4		-	d pr	oceeds					
	5	Royalties			<u></u>					
	-	<b>.</b> .	_	(i) Real		(ii) Personal				
		Gross rents	6a	146,56	0.					
		Less: rental expenses	6b	146 54	-					
		Rental income or (loss)	6c	146,56	·/•		146 567			146,5
		Net rental income or (loss)	)	(i) Securitie		(ii) Other	146,567.			140,5
	7 a	Gross amount from sales of	-	48,133,06						
	h	assets other than inventory	<i>1</i> a	40,133,00						
	a	Less: cost or other basis	76	48,249,82	22					
	•	and sales expenses Gain or (loss)								
		Net gain or (loss)					-116,753.			-116,7
		Gross income from fundraisi			 					,,
	0 0	including \$								
		contributions reported on								
		Part IV, line 18			8a					
	b	Less: direct expenses			8b					
		Net income or (loss) from			s					
		Gross income from gamin		- 1						
		Part IV, line 19			9a					
	b	Less: direct expenses			9b					
	с	Net income or (loss) from	gam	ing activities						
.		Gross sales of inventory, I		-						
		and allowances			10a					
	b	Less: cost of goods sold			10b					
	с	Net income or (loss) from	sales	s of inventory	/					
	_				Į	Business Code				
9		PARKING			_	812930	430,683.		33,767.	396,9
enu		TRUST DISTRIBUTIONS			_	525990	251,313.			251,3
1eV	-	CONTRACTED SERVICES			_	900099	3,220.			3,2
Hevenue	d	All other revenue				900099	914,673.	8,800.		905,8
	е	Total. Add lines 11a-11d					1,599,889.			
	12	Total revenue. See instruction	ne				137,752,242.	120,192,446.	-520,690.	2,666,2

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WILLAMETTE UNIVERSITY

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#### Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) (C) (D) (A) Do not include amounts reported on lines 6b. Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 8,270 8,270. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 56,759,308. 56,759,308. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 955,360 955,360. Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees 2,986,280 934,652. 1,860,055. 191,573. Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and 44,741 44,741. persons described in section 4958(c)(3)(B) 48,579,287. 41,168,894. 4,912,885. 2,497,508. Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 4,543,683 3,842,739 448,773 252,171. 6,846,216 5,699,620 781,670, 364,926. 9 Other employee benefits 3,784,612, 3,145,492 441,392 197,728. 10 Payroll taxes Fees for services (nonemployees): 11 Management а 464,620 19,917. 439,224 5,479. b Legal 207,662, 12,868, 194.794 С Accounting Lobbying d 88,434, 88,434. Professional fundraising services. See Part IV, line 17 е 1,696,301, 1,696,301. Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 8,361,077 5,512,343 2,724,125 124,609. column (A), amount, list line 11g expenses on Sch 0.) 648,171 438,244, 209,862 65. Advertising and promotion 12 3,220,890 362,756 269,109. 3,852,755 13 Office expenses 2,346,558 2,172,543 61,166 112,849. 14 Information technology Royalties 15 7,793,121 5,495,633. 2,286,665 10,823. 16 Occupancy 64,618 2,446,860 2,309,318, 72,924. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 7,299 112,296 9,753. Conferences, conventions, and meetings ..... 95,244. 19 3,798,912, 2,906,024, 892,888 20 Interest Payments to affiliates \_\_\_\_\_ 21 6,589,947 6,326,162, 263,785 22 Depreciation, depletion, and amortization ..... 1,870,602 19,260. 1,851,342. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) FOOD SERVICE 5,415,540. 5,251,938. 148,064 15,538. а SPECIAL PROGRAMS 1,075,257 1,075,257 b BOOKS AND PERIODICALS 898,681, 898,681. С 1,624 UBI TAX 1,624 d 739,494 292,523 445,911 1,060. All other expenses е 148,605,921 4,214,549. 172,915,669 20,095,199 Total functional expenses. Add lines 1 through 24e 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

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Form 990 (2022)

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 Form 990 (2022)
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 Part X
 Balance Sheet
 WILLAMETTE UNIVERSITY

		Check if Schedule O contains a response or no	te to any li	ine in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,864,283.	1	2,167,007.
	2	Savings and temporary cash investments			30,684,959.	2	21,755,842.
	3	Pledges and grants receivable, net			5,664,804.	3	4,420,753.
	4	Accounts receivable, net			4,806,157.	4	4,591,165.
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	stantial cor	ntributor, or 35%			
		controlled entity or family member of any of the	se person	s		5	
	6	Loans and other receivables from other disqua	ified perso	ns (as defined			
		under section 4958(f)(1)), and persons describe	d in sectio	n 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net			2,580,293.	7	1,978,688.
Assets	8	Inventories for sale or use				8	
As	9	<b>–</b>			1,064,935.	9	1,460,826.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	311,215,165.			
	b	Less: accumulated depreciation	1 1	144,439,523.	166,595,492.	10c	166,775,642.
	11	Investments - publicly traded securities			21,379,651.	11	20,603,043.
	12	Investments - other securities. See Part IV, line			299,957,109.	12	293,946,613.
	13	Investments - program-related. See Part IV, line	11		1,272,711.	13	1,330,224.
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			19,537,019.	15	17,250,161.
	16	Total assets. Add lines 1 through 15 (must equ	ual line 33)		555,407,413.	16	536,279,964.
	17	Accounts payable and accrued expenses			16,271,207.	17	16,904,353.
	18	Grants payable		18			
	19	Deferred revenue		1,917,910.	19	2,574,008.	
	20	Tax-exempt bond liabilities			100,445,563.	20	100,101,681.
	21	Escrow or custodial account liability. Complete	1,183,762.	21	1,168,382.		
Ś	22	Loans and other payables to any current or for	ner officer	, director,			
Liabilities		trustee, key employee, creator or founder, subs	stantial cor	ntributor, or 35%			
abil		controlled entity or family member of any of the	se person	s		22	
Ë	23	Secured mortgages and notes payable to unrel	ated third	parties		23	
	24	Unsecured notes and loans payable to unrelate	ed third par	ties		24	
	25	Other liabilities (including federal income tax, p	ayables to	related third			
		parties, and other liabilities not included on line	s 17-24). C	Complete Part X			
		of Schedule D			43,978,170.	25	40,735,013.
	26	Total liabilities. Add lines 17 through 25			163,796,612.	26	161,483,437.
		Organizations that follow FASB ASC 958, ch	eck here	X			
Sec		and complete lines 27, 28, 32, and 33.					
ano	27	Net assets without donor restrictions			103,975,196.	27	84,095,210.
Ba	28	Net assets with donor restrictions	287,635,605.	28	290,701,317.		
pu		Organizations that do not follow FASB ASC	958, check	k here			
Ч, Ц		and complete lines 29 through 33.					
s of	29	Capital stock or trust principal, or current funds	s			29	
set	30	Paid-in or capital surplus, or land, building, or e	quipment	fund		30	
As	31	Retained earnings, endowment, accumulated in	ncome, or	other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances			391,610,801.	32	374,796,527.
_	33	Total liabilities and net assets/fund balances			555,407,413.	33	536,279,964.

Form 990 (2022)

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Form	990 (2022) WILLAMETTE UNIVERSITY	93-03869	72	Pa	<sub>ae</sub> 12
Pa	rt XI Reconciliation of Net Assets				2
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	137	,752,	242.
2	Total expenses (must equal Part IX, column (A), line 25)	2	172	,915,	669.
3	Revenue less expenses. Subtract line 2 from line 1	3	-35	,163,	427.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	391	,610,	801.
5	Net unrealized gains (losses) on investments	5	16	,586,	530.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	1,	,762,	623.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	374,	,796,	527.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X 000	

Form **990** (2022)

232012 12-13-22

Department of the Treasury Internal Revenue Service

(Form 990)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Open to Public

Inspection Employer identification number

#### Name of the organization

Nai		WILLAM	ETTE UNIVERSITY						93-0386972
Pa	art I	Reason for Public C			omplete th	nis part.) S	ee instruction	S.	
The	organ	ization is not a private found							
1		A church, convention of chu	urches, or associatio	n of churches described	in sectio	n 170(b)(1	1)(A)(i).		
2	X	A school described in secti	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990).)				
3		A hospital or a cooperative				(b)(1)(A)(ii	ii).		
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	l or operate	ed by a go	overnmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).		
7		An organization that normal	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)(	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	unction with a	land-grant	college
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
		university:							
10		An organization that normal	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support f	rom gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	ifter June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	ne functio	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	-						Check the box on
		lines 12a through 12d that o						-	
а		<b>Type I.</b> A supporting orga	-	-	•	-			
		the supported organization			majority o	f the direc	ctors or trustee	es of the su	ipporting
		organization. You must c							
b		<b>Type II.</b> A supporting orga	-				-		•
		control or management of			ame perso	ns that co	ntrol or manag	ge the supp	ported
		organization(s). You mus	-						
c		J Type III functionally inte						ly integrate	d with,
	. —	its supported organization		-					
c		J Type III non-functionally						-	
		that is not functionally inter- requirement (see instruction			•		-	anallenin	reness
		Check this box if the orga		•					
e	-	functionally integrated, or					турет, туре	п, туре п	
f	Ente	er the number of supported of				ation.			
		vide the following information	•	d organization(s)					
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)
Tota	al								

WILLAMETTE UNIVERSITY

93-0386972

Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	<b>(d)</b> 2021	(e) 2022	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	15,088,114.	11,311,122.	4,531,362.	18,552,130.	15,414,203.	64,896,931.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge $\dots$						
4	Total. Add lines 1 through 3	15,088,114.	11,311,122.	4,531,362.	18,552,130.	15,414,203.	64,896,931.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						4,283,807.
6	Public support. Subtract line 5 from line 4.						60,613,124.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	<b>(d)</b> 2021	(e) 2022	<b>(f)</b> Total
7	Amounts from line 4	15,088,114.	11,311,122.	4,531,362.	18,552,130.	15,414,203.	64,896,931.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	380,739.	409,393.	10,901.	2,487,193.	1,225,714.	4,513,940.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on		32,374.	4,019.	734,469.	٥.	770,862.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	1,571,054.	1,247,469.	174,632.	2,908,955.	1,566,122.	7,468,232.
11	Total support. Add lines 7 through 10						77,649,965.
12	Gross receipts from related activities,	etc. (see instructio	ins)			12	443,144,848.
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	bhere					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	78.06 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	77.55 %
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not c				
	and if the organization meets the fact						
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a put	olicly supported or	ganization	-	
b	0 10% -facts-and-circumstances test	- 2021. If the org	anization did not cl	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	10% or
	more, and if the organization meets th	ne facts-and-circum	stances test, chec	k this box and <b>st</b>	<b>op here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a l	<u>oox on line 13, 16a</u>	, 16b, 17a, or 17b	, check this box a	nd see instructions	
						Schedule A	(Form 990) 2022

Schedule A (Form 990) 2022

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### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	? (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to						
the organization without charge $\dots$					-	
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orgar	nization,
check this box and stop here						
<b>15</b> Public support percentage for 2022	(line 8, column (f), c	livided by line 13,	column (f))		15	%
16 Public support percentage from 202 Section D. Computation of Inve	1 Schedule A, Part	III, line 15			16	%
17 Investment income percentage for 2			line 13. column (f))	1	17	%
18 Investment income percentage from					18	%
<b>19a 33 1/3% support tests - 2022.</b> If th						
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2021. If th	-					3%. and
line 18 is not more than 33 1/3%, ch	-					
20 Private foundation. If the organizati						
232023 12-09-22			,, , , , , , , , , , , , , , , , ,			lule A (Form 990) 2022
		18	3			,, <i></i>

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1

2

3a

3b

3c

Yes No

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disgualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

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4a 4b 4c 5a 5b <u>5c</u> 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2022

19

Schedule A (	(Form 990)	2022	WILLAMETTE	UNIVERSITY
	10111 330)	2022		

Part IV

2

#### Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a b A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in Part VI</u> 11c

#### Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in</i> <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

#### upervised, or controlled the supporting organization. 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 Part VI 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

			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			
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes." describe in <b>Part VI</b> the role the organization's	2		
	supported organizations played in this regard	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organizat	tion used to satisfy the Int	tegral Part Test during the v	ear (see instructions).
•	Check the box hext to the method that the organizat		legial Fait Test during the y	

- The organization satisfied the Activities Test. Complete line 2 below. а
- h The organization is the parent of each of its supported organizations. Complete line 3 below.

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
---	--	---------------------------------------------------	---------------------------------------------------------------------------------	--

- 2 Activities Test. Answer lines 2a and 2b below.
- 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 Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 232025 12-09-22

3b Schedule A (Form 990) 2022

2a

2b

3a

11130223 146892 629092

20 2022.05050 WILLAMETTE UNIVERSITY Yes No

Sche	dule A (Form 990) 2022 WILLAMETTE UNIVERSITY			93-0386972	Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgai	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 ( explain i	in Part VI). See instr	ructions.
	All other Type III non-functionally integrated supporting organizations must				
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current (optiona	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current (optiona	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
с	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Y	'ear
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-function	ally integrat	ed Type III supporting or	ganization (see	

Schedule A (Form 990) 2022

232026 12-09-22

instructions).

6	Other distributions (describe in Part VI). See instructions.				
_7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which th				
	(provide details in Part VI). See instructions.	8			
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistribution Pre-2022	าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
c	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
_	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
				Sc	hedule A (Form 990) 2022

2

3

4

5

Schedule A (Form 990) 2022

Section D - Distributions

1 Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

Amounts paid to acquire exempt-use assets

Amounts paid to perform activity that directly furthers exempt purposes of supported

Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)

Administrative expenses paid to accomplish exempt purposes of supported organizations

**Current Year** 

1

2

3 4

5

232027 12-09-22

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; 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 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 D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional inf (See instructions.)	2; Part IV, Section C, tion B, line 1e; Part V,
PART II,	I, SHORT YEAR EXPLANATION:	
TAX YEAR	AR ENDING 6/30/2021 WAS A SHORT YEAR DUE TO A CHANGE IN THE	
ACCOUNTIN	TING PERIOD.	
232028 12-09-	09-22 Sc	hedule A (Form 990) 2022
	23	

### \*\* PUBLIC DISCLOSURE COPY \*\*

# Schedule of Contributors

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

2022

Employer identification number

93-0386972

Department of the Treasury	
Internal Revenue Service	

Schedule B

(Form 990)

Name of the organization

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set in the set of t

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

	B (Form 990) (2022)		Page
Name of o	rganization	E	mployer identification number
WILLAMET	TE UNIVERSITY		93-0386972
Part I	Contributors (see instructions). Use duplicate copies of Part I if addi	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$785,24	Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$504,4	40.       Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$1,850,0	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$1,600,0	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$1,037,2	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	-22	\$900,0	D0.       Person       X         Payroll       Image: Complete Part II for noncash contributions.)         Schedule B (Form 990) (2022)

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Page **2** 

	B (Form 990) (2022)		Page 2
Name of o	rganization		Employer identification number
WILLAMET	TE UNIVERSITY		93-0386972
Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
7		\$706,	290.       Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
		\$	Person Payroll Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
		\$	Person Payroll Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
		\$	Person Payroll Occupient Payroll (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

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2022.05050 WILLAMETTE UNIVERSITY

11130223 146892 629092

Page **2** 

	3 (Form 990) (2022)		Page <b>3</b>
Name of o	rganization		Employer identification number
WILLAMET	TE UNIVERSITY		93-0386972
Part II	Noncash Property (see instructions). Use duplicate copies of Part II i	f additional space is needed	l.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		     \$	

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2022.05050 WILLAMETTE UNIVERSITY

223453 11-15-22

Schedule B (Form 990) (2022)

	B (Form 990) (2022)		Page 4			
Name of o	rganization		Employer identification number			
WILLAMET	TTE UNIVERSITY		93-0386972			
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns ( completing Part III, enter the total of exclusively religious,	a) through (e) and the following line entr	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year y. For organizations ess for the year. (Enter this info. once.) \$			
(-) N -	Use duplicate copies of Part III if additional	l space is needed.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
·		(e) Transfer of gift	[			
	Transferee's name, address,		Relationship of transferor to transferee			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I						
		(e) Transfer of gift	t			
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
	Transferee's name, address,		Relationship of transferor to transferee			

Schedule B (Form 990) (2022)

29 2022.05050 WILLAMETTE UNIVERSITY

SCHEDULE	)
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# **Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
0000
2022
Open to Public
Inspection

Department of the Treasury Internal Revenue Service

Name	of the	organizatio
------	--------	-------------

Nam	e of the organization WILLAMETTE UNIVERSITY		93-0386972
Par		t Funds or Other Similar Fund	
l u	organization answered "Yes" on Form 990, Part IV, line		
	<b>3</b>	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Total number at end of year         Aggregate value of contributions to (during year)		
2	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
- 5	Did the organization inform all donors and donor advisors in w	writing that the assets hold in departed	lisod funds
5	-	-	
6	are the organization's property, subject to the organization's e Did the organization inform all grantees, donors, and donor ac		
0	for charitable purposes and not for the benefit of the donor or		-
Par		anization answered "Ves" on Form 990	
1	Purpose(s) of conservation easements held by the organizatio		
	Preservation of land for public use (for example, recreat		of a historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space		of a certified historic structure
2	Complete lines 2a through 2d if the organization held a qualifi	ad conservation contribution in the form	m of a conservation assement on the last
2	day of the tax year.		Held at the End of the Tax Year
а			
a b			
0	Number of conservation easements on a certified historic stru	ncture included in (a)	
с d	Number of conservation easements included in (c) acquired at		
u		· · · ·	2d
3	Number of conservation easements modified, transferred, rele	asod avtinguished or terminated by t	
3		eased, extinguished, or terminated by the	
4	year Number of states where property subject to conservation ease	amont is located	
5	Does the organization have a written policy regarding the period		
5	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
Ŭ			histivation casements danning the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conserv	vation easements during the year
•		ing of violations, and officioning conserv	
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	'0(h)(4)(B)(i)
-			
9	In Part XIII, describe how the organization reports conservatio		
•	balance sheet, and include, if applicable, the text of the footne		
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or (	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement	t and balance sheet works
	of art, historical treasures, or other similar assets held for public	· ·	
	service, provide in Part XIII the text of the footnote to its finan		·
b	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$ 317,223.
	(ii) Assets included in Form 990, Part X		······································
	· · · · · · · · · · · · · · · · · · ·		
2	If the organization received or held works of art, historical trea		
2	If the organization received or held works of art, historical treat the following amounts required to be reported under FASB AS	sures, or other similar assets for financ	
2 a	If the organization received or held works of art, historical treat the following amounts required to be reported under FASB AS Revenue included on Form 990, Part VIII, line 1	sures, or other similar assets for financ SC 958 relating to these items:	ial gain, provide

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 99	0. Schedule D (Form 990) 2022
232051 09-01-22	
30	

2022.05050 WILLAMETTE UNIVERSITY

Sche	dule D (Form 990) 2022 WILLAMETTE	UNIVERSITY				93 - 038	6972	Pa	age <b>2</b>
Par	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)								
3	Using the organization's acquisition, accessi	on, and other records	, check any of the f	ollowing that make	significant u	se of its			
	collection items (check all that apply):								
а	X Public exhibition	d	X Loan or exc	hange program					
b	X Scholarly research	е		0.0					
с	X Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's ex	empt purpos	se in Part	XIII.		
5	During the year, did the organization solicit o								
-	to be sold to raise funds rather than to be ma		•	•			Yes	X	No
Par	t IV Escrow and Custodial Arran					Part IV I			
	reported an amount on Form 990, Pai		to in the organizatio			, r arcrv, r			
12	Is the organization an agent, trustee, custodi		any for contributions	or other assets no	t included				
14	on Form 990, Part X?						Yes	x	No
h	If "Yes," explain the arrangement in Part XII					····· L	] 163		
D		and complete the lon	owing table.				Amount		
_					4-		Amount		
	Beginning balance								
	Additions during the year								
e	Distributions during the year								
t	Ending balance				<b>1</b> f		7.4	v	<del></del>
	Did the organization include an amount on F				• • • • • • • • • • • • • • • • • • • •	L	Yes		No
Par	If "Yes," explain the arrangement in Part XIII.					<u></u>			
Fai	<b>t V Endowment Funds.</b> Complete i					aava kaali	(-) [		heel
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y			-	
1a	Beginning of year balance	306,529,427.	355,004,054.	312,170,019		25,853.	258,		
b	Contributions	607,386.	4,642,596.	, ,		56,252.	,		492.
С	Net investment earnings, gains, and losses	16,539,787.	-37,413,887.	25,708,055	· ·	31,109.			632.
d	Grants or scholarships	6,343,327.	5,296,481.		5,32	24,551.	5,	091,	731.
е	Other expenditures for facilities								
	and programs	10,858,748.	8,699,815.			68,842.	9,	044,	858.
f	Administrative expenses	1,696,060.	1,707,040.	126,086	. 1,34	49,801.	1,	287,	821.
g	End of year balance	304,778,465.	306,529,427.	355,004,054	. 312,17	70,019.	249,	725,	853.
2	Provide the estimated percentage of the curr	rent year end balance	(line 1g, column (a)	) held as:					
а	Board designated or quasi-endowment	12.9000	_%						
b	Permanent endowment 59.4000	%							
с	Term endowment 27.7000	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organizat	tion that are held ar	d administered for	the				
	organization by:	-					Γ	Yes	No
	(i) Unrelated organizations						3a(i)	х	
	(ii) Related organizations						3a(ii)		x
b	If "Yes" on line 3a(ii), are the related organiza						3b		
4	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answere		, Part IV, line 11a. S	ee Form 990, Part 3	K, line 10.				
	Description of property	(a) Cost or ot	ther (b) Cost	or other (c)	Accumulate	d	(d) Book	valu	
	Description of property	basis (investm			lepreciation	~		valu	0
19	Land			,655,297.			8	655	297.
	LandBuildings			,191,713.	89,039,8	852.	127,	,	
	Leasehold improvements			,040,999.	13,725,0				952.
				,074,997.	8,778,9				033.
	Equipment			,252,159.	32,895,6				499.
	Other			, , ,	, ,		166,		
iota	. Add lines 1a through 1e. (Column (d) must e	<u>qual Form 990, Part &gt;</u>	<u>K. column (B), line 1</u>	<u>JC.)</u>	<u></u>	<u>  </u>			
					9	Schedule	ט (Form	990)	2022

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) MULTI-STRATEGY LIMITED PARTNERSHIP		
(B) INVESTMENT FUND	269,474,424.	END-OF-YEAR MARKET VALUE
(C) PRIVATELY POOLED FUNDS	24,472,189.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	293,946,613.	

#### Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

#### Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X Other Liabilities.	1

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	. (a) Description of liability					
(1)	Federal income taxes					
(2)	ANNUITIES AND TRUSTS PAYABLE	11,883,275.				
(3)	GOVERNMENT ADVANCES FOR STUDENT LOANS	2,508,406.				
(4)	BONDS PAYABLE	15,025,262.				
(5)	OPERATING LEASE LIABILITIES	11,318,070.				
(6)						
(7)						
(8)						
(9)						
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	40,735,013.				

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

232053 09-01-22

Schedule D (Form 990) 2022

Part XI       Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         1       Total revenue, gains, and other support per audited financial statements       1       98,959,873.         2       Amounts included on line 1 but not on Form 990, Part VIII, line 12:       2a       17,201,336.         2       Donated services and use of facilities       2b       2c         3       Donated services and use of facilities       2d       -54,851,861.         4       Other (Describe in Part XIII.)       2d       -54,851,861.         5       Subtract line 2e from line 1       3       136,610,398.         4       Amounts included on Form 990, Part VIII, line 7b       4a       1,696,300.         4       Bocribe in Part XIII.)       4b       -554,457.         5       Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12a.       4c       1,141,844.         5       Total revenue. Add lines 3 and 4e. (This must equal Form 990, Part IV, line 12a.       1       114,492,609.         1       Total expenses and losses per audited financial statements       2a       1         1       Total expenses and losses per audited financial statements       2a	Sche	dule D (Form 990) 2022 WILLAMETTE UNIVERSITY			93-038	B6972 Page <b>4</b>
1       Total revenue, gains, and other support per audited financial statements       1       98,959,873.         2       Amounts included on line 1 but not on Form 990, Part VIII, line 12:       2a       17,201,336.         2       Met unrealized gains (losses) on investments       2a       17,201,336.         2       Donated services and use of facilities       2b       2c         2       d Other (Describe in Part XIII.)       2d       -54,851,861.         4       Add lines 2a through 2d       3       136,610,398.         3       Unter (Describe in Part XIII.)       2d       -54,851,861.         4       Amounts included on Form 990, Part VIII, line 7b       4a       1,696,301.         4       Metrocrillation of Expenses per Audited Financial Statements With Expenses per Return.       5         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       5       137,752,242.         7       Total expenses and losses per audited financial statements       1       114,492,609.         2       Amounts included on Form 990, Part IV, line 25:       2b       2c         2       Amounts included on line 1 but not on Form 990, Part IV, line 25:       2a       1         1       Total expenses and use of facilities       2a       1         2       Am	Par	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue per Ret	turn.	
2       Amounts included on line 1 but not on Form 990, Part VIII, line 12:       a       17, 201, 336.         a       Net unrealized gains (losses) on investments       2a       17, 201, 336.         b       Donated services and use of facilities       2b         c       Recoveries of prior year grants       2c       2d         d       Other (Describe in Part XIII.)       2e       -37, 650, 525.         3       Subtract line 2e from line 1       3       136, 610, 398.         4       Amounts included on Form 990, Part VIII, line 7b       4a       1, 696, 301.         b       Other (Describe in Part XIII.)       4b       -554, 457.         c       Add lines 4a and 4b       4c       1,141,844.         5       Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12.)       4c       1,141,844.         7       Total expenses and losses per audited financial statements       1       114,492,609.         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a       1       114,492,609.         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a       1       114,492,609.         3       Diated services and use of facilities       2a       2a       1       114,492,609.		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
a Net unrealized gains (losses) on investments       2a       17,201,336.         b Donated services and use of facilities       2b         c Recoveries of prior year grants       2c         d Other (Describe in Part XIII.)       2d       -54,851,861.         e Add lines 2a through 2d       3       136,610,398.         3 Subtract line 2e from line 1       3       136,610,398.         4 Amounts included on Form 990, Part VIII, line 7b       4a       1,696,301.         b Dorated services and use of facilities       2c       137,752,242.         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.       5         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1       114,492,609.         2 Amounts included on line 1 but not on Form 990, Part IV, line 25:       2       1         1 Total expenses and losses per audited financial statements       1       114,492,609.         2 Amounts included on line 1 but not on Form 990, Part IV, line 25:       2       1         3 Subtract line 2e from line 1       2a       1       114,492,609.         4 Add lines 2a through 2d       3       114,492,609.       1         2 Add lines 2a through 2d       3       114,492,608.       1         3 Subtract line 2e from line 1 </th <th>1</th> <th>Total revenue, gains, and other support per audited financial statements</th> <th></th> <th></th> <th>1</th> <th>98,959,873.</th>	1	Total revenue, gains, and other support per audited financial statements			1	98,959,873.
b       Donated services and use of facilities       2b         c       Recoveries of prior year grants       2c         d       Other (Describe in Part XIII.)       2d         e       Add lines 2a through 2d       2d         3       136,610,398.         4       Amounts included on Form 990, Part VIII, line 12, but not on line 1:       1         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a         4       1,696,301.       4c         4       -554,457.       5         c       Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)       5         5       137,752,242.         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1         1       Total expenses and losses per audited financial statements       1         2b       2c       2d         2       Amounts included on Form 990, Part IX, line 25:       2a         2       Amounts included on Form 990, Part IX, line 25:       2a         2       2b       2c         2       1       114,492,609.         4       1,696,301.       3      <	2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
c       Recoveries of prior year grants       2c         d       Other (Describe in Part XIII.)       2d       -54,851,861.         e       Add lines 2a through 2d       2e       -37,650,525.         3       Subtract line 2e from line 1       3       136,610,398.         4       Amounts included on Form 990, Part VIII, line 12, but not on line 1:       1,696,301.       4e       1,141,844.         5       Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)       5       137,752,242.         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.       5       1114,492,609.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1       114,492,609.       1         1       Total expenses and losses per audited financial statements       2       2       2         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2       2       1         2       Donated services and use of facilities       2       2       1       114,492,609.         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       3       114,492,608.       1         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       3       114,492,608.	а	Net unrealized gains (losses) on investments	. 2a	17,201,336.		
d Other (Describe in Part XIII.)       2d       -54,851,861.         e Add lines 2a through 2d       2e       -37,650,525.         3 Subtract line 2e from line 1       3       136,610,398.         4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:       a       1,696,301.         b Other (Describe in Part XIII.)       4a       1,696,301.         c Add lines 4a and 4b       4c       1,141,844.         5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)       5       137,752,242.         Part XIII         Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12.         1         Other losses         1         1         1         1         1114,492,609.         2         2         2         2         2         2         2         2         2         2         2	b	Donated services and use of facilities	2b			
e       Add lines 2a through 2d       2e      37,650,525.         3       Subtract line 2e from line 1       3       136,610,398.         4       Amounts included on Form 990, Part VIII, line 12, but not on line 1:       4a       1,696,301.         b       Other (Describe in Part XIII.)       4b       -554,457.         c       Add lines 4a and 4b       5       137,752,242.         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.       5       137,752,242.         Part XII       Reconciliation on Form 990, Part IV, line 12.       5       1114,492,609.         1       Total expenses and losses per audited financial statements       1       114,492,609.         2       Amounts included on line 1 but not on Form 990, Part IV, line 25:       a       0         a       Donated services and use of facilities       2a       2b         b       Prior year adjustments       2c       1       114,492,609.         c       Other (Describe in Part XIII.)       2d       1.       3       114,492,608.         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       3       114,492,608.       1         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       3	с	Recoveries of prior year grants	2c			
3       Subtract line 2e from line 1       3       136,610,398.         4       Amounts included on Form 990, Part VIII, line 12, but not on line 1:       4a       1,696,301.         a       Dther (Describe in Part XIII.)       4c       1,141,844.         5       137,752,242.         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1         1       Total expenses and losses per audited financial statements       1         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a         1       Total expenses and losses per audited financial statements       2a         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a         1       Total expenses and losses of facilities       2a         2       2a       1         2       2a       1         3       114,492,609.       1         4       1,696,301.       1         4       1,696,301.       2a       1         4       1,696,301.       3       114,492,608.         4       1,696,301.       4c       58,423,061.         5       1	d	Other (Describe in Part XIII.)	2d	-54,851,861.		
4       Amounts included on Form 990, Part VIII, line 12, but not on line 1:         a       Investment expenses not included on Form 990, Part VIII, line 7b         b       Other (Describe in Part XIII.)         c       Add lines 4a and 4b         5       Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12</i> )         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         1       Total expenses and losses per audited financial statements         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:         2       Donated services and use of facilities         2       2         4       1,696,301.         2       1         1       114,492,609.         2       2         3       114,492,609.         4       1,696,301.         2       2         4       1,696,301.         2       1         2       1         2       1         3       114,492,608.         4       1,696,301.	е	Add lines 2a through 2d			2e	-37,650,525.
a       Investment expenses not included on Form 990, Part VIII, line 7b       4a       1,696,301.         b       Other (Describe in Part XIII.)       4b       -554,457.         c       Add lines 4a and 4b       5       1,141,844.         5       Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I. line 12.</i> )       5       137,752,242.         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         1       Total expenses and losses per audited financial statements       1       114,492,609.         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       1       1       114,492,609.         2       Donated services and use of facilities       2e       1       2d       1         2       Other (Describe in Part XIII.)       2d       1       1       14,492,609.         3       Subtract line 2e from line 1       3       114,492,609.       1       1         4       Add lines 2a through 2d       2e       1       3       114,492,608.         3       Subtract line 2e from line 1       3       114,492,608.       3       114,492,608.         4       Amou	3	Subtract line 2e from line 1			3	136,610,398.
b       Other (Describe in Part XIII.)       4b       -554,457.         c       Add lines 4a and 4b       4c       1,141,844.         5       Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)       5       137,752,242.         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.       5       137,752,242.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1       114,492,609.         1       Total expenses and losses per audited financial statements       1       114,492,609.         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a       1         1       Total expenses and use of facilities       2a       1         2       Other losses       2c       1       2d         2       Other losses       2c       1       3       114,492,608.         3       Subtract line 2e from line 1       3       114,492,608.       3       114,492,608.         4       Add lines 2a through 2d       1       2e       1       3       114,492,608.         3       Subtract line 2e from line 1       3       114,492,608.       4       1,696,301.       4         4       Mounts included on F	4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
c       Add lines 4a and 4b       4c       1,141,844.         5       Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I. line 12.</i> )       5       137,752,242.         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.       5       137,752,242.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1       114,492,609.         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a       2a         a       Donated services and use of facilities       2b       2c         b       Prior year adjustments       2c       1         c       Other (Describe in Part XIII.)       2d       1.         e       Add lines 2a through 2d       3       114,492,608.         3       Subtract line 2e from line 1       3       114,492,608.         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       3       114,492,608.         4       Amounts included on Form 990, Part IVIII, line 7b       4a       1,696,301.         b       Divertipes in Part XIII.)       4b       56,726,760.         c       Add lines 4a and 4b       4c       58,423,061.         5       172,915,669.       5       172,915,669.	а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
5       Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)       5       137,752,242.         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1       114,492,609.         1       Total expenses and losses per audited financial statements       1       114,492,609.         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a       2a         2       Donated services and use of facilities       2a       2a         b       Prior year adjustments       2b       2c       2d       1.         c       Other (Describe in Part XIII.)       2d       1.       114,492,608.         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       3       114,492,608.         3       Subtract line 2e from line 1       3       114,492,608.         4       Amounts included on Form 990, Part IX, line 7b       4a       1,696,301.         b       Other (Describe in Part XIII.)       4b       56,726,760.         c       Add lines 4a and 4b       4c       58,423,061.         5       Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)       5       172,915,669	b	Other (Describe in Part XIII.)	4b	-554,457.		
Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1         1       Total expenses and losses per audited financial statements       1         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       1         a       Donated services and use of facilities       2a         b       Prior year adjustments       2b       2c         c       Other losses       2c       2d       1.         e       Add lines 2a through 2d       2e       1.       3       114,492,608.         3       Subtract line 2e from line 1       3       114,492,608.       4a       1,696,301.         b       Other (Describe in Part XIII.)       4a       1,696,301.       4b       56,726,760.         c       Add lines 4a and 4b       4c       58,423,061.       5       172,915,669.	С	Add lines 4a and 4b			4c	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         1       Total expenses and losses per audited financial statements         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:         a       Donated services and use of facilities         b       Prior year adjustments         c       Other losses         d       Other (Describe in Part XIII.)         e       Add lines 2a through 2d         3       Subtract line 2e from line 1         4       1,696,301.         4       1,696,301.         b       56,726,760.         5       172,915,669.		Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			-	137,752,242.
1       Total expenses and losses per audited financial statements       1       114,492,609.         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a       2a         a       Donated services and use of facilities       2b       2b         b       Prior year adjustments       2b       2c         c       Other losses       2c       2d       1.         e       Add lines 2a through 2d       2e       1.         3       Subtract line 2e from line 1       3       114,492,608.         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       3       114,492,608.         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       3       114,492,608.         4       Amounts included on Form 990, Part VIII, line 7b       4a       1,696,301.         b       Other (Describe in Part XIII.)       4b       56,726,760.         c       Add lines 4a and 4b       4c       58,423,061.         5       Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)       5       172,915,669.	Pa	<b>t XII</b> Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per R	leturn.	
2       Amounts included on line 1 but not on Form 990, Part IX, line 25:         a       Donated services and use of facilities         b       Prior year adjustments         c       Other losses         d       Other (Describe in Part XIII.)         e       Add lines 2a through 2d         3       Subtract line 2e from line 1         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:         a       Investment expenses not included on Form 990, Part VIII, line 7b         b       Other (Describe in Part XIII.)         c       4a         1,696,301.         b       56,726,760.         c       5         c       172,915,669.		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
a Donated services and use of facilities       2a         b Prior year adjustments       2b         c Other losses       2c         d Other (Describe in Part XIII.)       2d         e Add lines 2a through 2d       2e         3 Subtract line 2e from line 1       3         4 Amounts included on Form 990, Part IX, line 25, but not on line 1:       3         a Investment expenses not included on Form 990, Part VIII, line 7b       4a         b Other (Describe in Part XIII.)       4b         5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)       5	1	Total expenses and losses per audited financial statements			1	114,492,609.
b       Prior year adjustments       2b       2c         c       Other losses       2c       2d       1.         d       Other (Describe in Part XIII.)       2d       1.       2d       1.         e       Add lines 2a through 2d       2d       1.       2e       1.         3       Subtract line 2e from line 1       3       114,492,608.         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       3       114,492,608.         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a       1,696,301.         b       Other (Describe in Part XIII.)       4b       56,726,760.         c       Add lines 4a and 4b       4c       58,423,061.         5       Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)       5       172,915,669.	2					
cOther losses2cdOther (Describe in Part XIII.)2d1.eAdd lines 2a through 2d2e1.3Subtract line 2e from line 13114,492,608.4Amounts included on Form 990, Part IX, line 25, but not on line 1:3114,492,608.4Amounts included on Form 990, Part IX, line 25, but not on line 1:4a1,696,301.bOther (Describe in Part XIII.)4b56,726,760.cAdd lines 4a and 4b4b56,726,760.5Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)5172,915,669.	а	Donated services and use of facilities	. 2a			
dOther (Describe in Part XIII.)2d1.eAdd lines 2a through 2d2e1.3Subtract line 2e from line 13114,492,608.4Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b4a1,696,301.bOther (Describe in Part XIII.)4b56,726,760.5cAdd lines 4a and 4b4c58,423,061.5Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)5172,915,669.	b	Prior year adjustments	2b			
e       Add lines 2a through 2d       2e       1.         3       Subtract line 2e from line 1       3       114,492,608.         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       a       1,696,301.         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a       1,696,301.         b       Other (Describe in Part XIII.)       4b       56,726,760.         c       Add lines 4a and 4b       4c       58,423,061.         5       Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)       5       172,915,669.	С	Other losses	2c			
3       Subtract line 2e from line 1       3       114,492,608.         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       4       1,696,301.         4       1,696,301.       4b       56,726,760.         5       Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)       5       172,915,669.	d	Other (Describe in Part XIII.)	. 2d	1.		
<ul> <li>4 Amounts included on Form 990, Part IX, line 25, but not on line 1:</li> <li>a Investment expenses not included on Form 990, Part VIII, line 7b</li> <li>b Other (Describe in Part XIII.)</li> <li>c Add lines 4a and 4b</li> <li>5 Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)</li> <li>4a 1,696,301.</li> <li>4b 56,726,760.</li> <li>4c 58,423,061.</li> <li>5 172,915,669.</li> </ul>	е	Add lines 2a through 2d			2e	
a Investment expenses not included on Form 990, Part VIII, line 7b       4a       1,696,301.         b Other (Describe in Part XIII.)       4b       56,726,760.         c Add lines 4a and 4b       4c       58,423,061.         5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)       5       172,915,669.	3	Subtract line 2e from line 1			3	114,492,608.
b       Other (Describe in Part XIII.)       4b       56,726,760.         c       Add lines 4a and 4b       4c       58,423,061.         5       Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> )       5       172,915,669.	4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
c       Add lines 4a and 4b       4c       58,423,061.         5       Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990. Part I, line 18.</i> )       5       172,915,669.	а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	, ,		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) 5 172,915,669.	b	Other (Describe in Part XIII.)	4b	56,726,760.		
	с	Add lines 4a and 4b			4c	58,423,061.
Part XIII Supplemental Information.	5				5	172,915,669.
	Pa	t XIII Supplemental Information.				

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

PART III, LINE 4:

WILLAMETTE UNIVERSITY HAS A COLLECTION OF ART AND CULTURAL/HISTORICAL

ARTIFACTS THAT CONSISTS OF PAINTINGS, PHOTOGRAPHS, CERAMICS, DRAWINGS,

ARCHAEOLOGICAL ARTIFACTS, TEXTILES, SCULPTURES, NATIVE AMERICAN WOVEN

BASKETS, AND OTHER MEDIA. THE COLLECTION IS HELD AT \$7,188,001 AND IS HELD

IN THE UNIVERSITY ART MUSEUM. THE MUSEUM EXISTS TO SUPPORT THE LIBERAL

ARTS CURRICULUM OF WILLAMETTE UNIVERSITY AND TO SERVE AS AN INTELLECTUAL

AND CULTURAL RESOURCE FOR THE CITY OF SALEM AND BEYOND, THROUGH THE

COLLECTION, PRESERVATION, EXHIBITION AND INTERPRETATION OF HISTORICAL AND

CONTEMPORARY ART WITH AN EMPHASIS ON REGIONAL ART.

PART V, LINE 4:

232054 09-01-22

### Part XIII Supplemental Information (continued)

THE ENDOWMENT FUNDS HELD BY THE UNIVERSITY ARE USED TO SUPPORT OPERATIONS,

#### INCLUDING FINANCIAL AID, INSTRUCTION AND BUILDINGS.

PART X, LINE 2:

THE UNIVERSITY ACCOUNTS FOR INCOME TAXES IN ACCORDANCE WITH ASC 740-10.

INCOME TAXES - OVERALL, WHICH CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN

INCOME TAXES RECOGNIZED IN AN ENTERPRISE'S CONSOLIDATED FINANCIAL

STATEMENTS AND PRESCRIBES A THRESHOLD OF MORE-LIKELY-THAN-NOT FOR

RECOGNITION OF TAX BENEFITS OF UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED

TO BE TAKEN IN A TAX RETURN. THE UNIVERSITY DOES NOT HAVE ANY UNCERTAIN

TAX POSITIONS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SCHOLARSHIPS	NETTED	WITH	REVENUE	ON	FINANCIAL	STATEMENTS	-56,620,243.	,
--------------	--------	------	---------	----	-----------	------------	--------------	---

POST-RETIREMENT LIABILITY ADJUSTMENT	486,843.	
OTHER CHANGES IN NET ASSETS	1,281,541.	

ROUNDING

TOTAL TO SCHEDULE D, PART XI, LINE 2D

PART XI, LINE 4B - OTHER ADJUSTMENTS:

UNRELATED BUSINESS INCOME FROM ALTERNATIVE INVESTMENTS -554,457.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

ROUNDING

PART XII, LINE 4B - OTHER ADJUSTMENTS:

SCHOLARSHIPS NETTED WITH REVENUE ON FINANCIAL STATEMENTS 56,620,243.

NONCASH EMPLOYEE BENEFITS NOT INCLUDED ON FINANCIAL

Schedule D (Form 990) 2022

11130223 146892 629092

-2.

1.

-54,851,861.

Schedule D (Form 990) 2022         WILLAMETTE UNIVERSITY           Part XIII         Supplemental Information (continued)		93-0386972	Page 5
Part XIII Supplemental Information (continued)			
STATEMENTS	88,917.		
NONCASH EMPLOYEE BENEFITS NOT INCLUDED ON FINANCIAL			
NONCASH EMPLOILE DENEFTIS NOI INCLUDED ON FINANCIAL			
STATEMENTS	17,600.		
TOTAL TO SCHEDULE D, PART XII, LINE 4B	56,726,760.		
		Schedule D (Forn	n 990) 2022

232055 09-01-22

### SCHEDULE E

Department of the Treasury Internal Revenue Service

(Form 990)

Part I

# Schools

OMB No. 1545-0047

**Open to Public** 

2

## Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or

Form 990-EZ, Part VI, line 48.

#### Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

#### Name of the organization

Employer identification number

Inspection

ſ

WILLAMETTE	UNIVERSITY
**********	OIATABUOTII

		VES	NO
	93-038697	2	

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,			
	bylaws, other governing instrument, or in a resolution of its governing body?	1	Х	
2	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?	2	Х	
3	Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet			
	homepage at all times during its tax year in a manner reasonably expected to be noticed by visitors to the			
	homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the			
	registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general			
	community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	3		х
	THE UNIVERSITY DRAWS AN AVERAGE OF 59% OF INCOMING STUDENTS	_		
	FROM OUTSIDE OREGON, AND FOLLOWS A RACIALLY NONDISCRIMINATORY			
	POLICY AS TO STUDENTS. THEREFORE, THE UNIVERSITY IS EXEMPT			
	FROM THE REQUIREMENT TO PUBLISH THE NOTICE OF			
	NONDISCRIMINATION POLICY IN A LOCAL NEWSPAPER.			
4	Does the organization maintain the following?			
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	х	
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	х	
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
-	with student admissions, programs, and scholarships?	4c	х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	х	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
	··· , ·····························			
5	Does the organization discriminate by race in any way with respect to:			
	Students' rights or privileges?	5a		x
	Admissions policies?	5b		x
	Employment of faculty or administrative staff?	5c		x
		50 5d		x
	Scholarships or other financial assistance?	5u 5e		x
	Educational policies?	5e 5f		X
				X
	Athletic programs?	5g		X
n	Other extracurricular activities?	5h		
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
6-	Deep the examination receive any financial aid or equiptones from a sourcemental escape /2	6-	х	
	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Λ	x
a	Has the organization's right to such aid ever been revoked or suspended?	6b		Δ
-	If you answered "Yes" on either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through			
	4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering	_	v	
	racial nondiscrimination? If "No," explain on Part II	7	X 000	

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

Schedule E (Form 990) 2022

232061 10-18-22

Schedule E (Form 990) 202	22 WILLAMETTE UNIVERSITY	93-0386972	Page <b>2</b>
Part II Supplemen	<b>ntal Information.</b> Provide the explanations required by Part I, lines 3, 4d, 5h so provide any other additional information. See instructions.	, 6b, and 7, as	
LINE 6 - EXPLANATION	I OF GOVERNMENT FINANCIAL AID:		
THE UNIVERSITY RECEI	VES TITLE IV FUNDS FOR FINANCIAL AID PURPOSES, AS WELL		
S FEDERAL AND STATE	GRANTS FOR FACULTY RESEARCH AND PROGRAMMING PURPOSES.		
32062 10-18-22		Schedule E (Form	990) 202
	37		

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	the grantees' eligibility for	or the grants or a	assistance, and t	he selection criteria used to award the	grants or assistance?	Yes 🗌 No
2	For grantmakers Desc	ribe in Part V the	organization's	procedures for monitoring the use of its	s grants and other assistance outsi	ide the
2	United States.		organization s	biocedures for morntoning the use of its	s grants and other assistance outs	
3		he following Part	I line 3 table ca	n be duplicated if additional space is n	heeded )	
3	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total
		offices	employees, agents, and	(by type) (such as, fundraising, pro-	is a program service,	expenditures
		in the region	l independent	gram services, investments, grants to	describe specific type	for and investments
			contractors in the region	recipients located in the region)	of service(s) in the region	in the region
EURO	OPE (INCLUDING					
ICEI	LAND AND					
GREI	ENLAND)	1	5	PROGRAM SERVICES	STUDY ABROAD PROGRAM	794,037.
	-					, -
EAS	F ASIA AND THE					
PAC	IFIC	0	0	GRANTMAKING	STUDY ABROAD PROGRAM	314,125.
						,
EURO	OPE (INCLUDING					
ICEI	LAND AND					
GREI	ENLAND)	0	0	GRANTMAKING	STUDY ABROAD PROGRAM	568,590.
MIDI	DLE EAST AND					
NOR	TH AFRICA	0	0	GRANTMAKING	STUDY ABROAD PROGRAM	12,650.
SOU	TH AMERICA	0	0	GRANTMAKING	STUDY ABROAD PROGRAM	18,625.
SUB-	SAHARAN AFRICA	0	0	GRANTMAKING	STUDY ABROAD PROGRAM	41,370.
			_			
	Subtotal	1	5			1,749,397.
b	Total from continuation	_	_			
	sheets to Part I	0	0			0.
С	Totals (add lines 3a		-			1 540 005
	and 3b)	1	5			1,749,397.
LHA	For Paperwork Reduct	ion Act Notice,	see the Instruc	tions for Form 990.	Schedule F (	(Form 990) 2022
23207	1 10-17-22			38		

## Statement of Activities Outside the United States

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

Attach to Form 990.

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

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance,

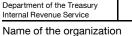
OMB No. 1545-0047 **Open to Public** Inspection

Employer identification number

93-0386972

		United States
_	3	Activities per

Part I



WILLAMETTE UNIVERSITY

SCHEDULE F	e
(Form 990)	c

Form 990, Part IV, line 14b.

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**3** Enter total number of other organizations or entities

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

<b>1</b> (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)

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

Schedule F (Form 990) 2022

WILLAMETTE UNIVERSITY

93-0386972

Schedule F (Form 990) 2022

Page 2

Part III	Grants and Other Assistanc	e to Individuals Outside	e the United Sta	tes. Complete i	f the organization answered "Yes" of	n Form 990, Part	IV, line 16.
	Part III can be duplicated if ac	dditional space is needed	d.				
<b>(a)</b> Ty	pe of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	<b>(e)</b> Manner of cash disbursement	(f) Amount of noncash	<b>(g)</b> Des noncash

WILLAMETTE UNIVERSITY

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	EUROPE (INCLUDING ICELAND &			APPLIED TO STUDENT ACCOUNT TO OFFSET TUITION			
SCHOLARSHIPS	GREENLAND)	40	568,590.	AND FEES	0.		
SCHOLARSHIPS	EAST ASIA AND THE PACIFIC	18		APPLIED TO STUDENT ACCOUNT TO OFFSET TUITION AND FEES	0.		
SCHOLARSHIPS	MIDDLE EAST AND NORTH AFRICA	1		APPLIED TO STUDENT ACCOUNT TO OFFSET TUITION AND FEES	0.		
SCHOLARSHIPS	NORTH AFRICA			APPLIED TO STUDENT ACCOUNT TO OFFSET TUITION			
SCHOLARSHIPS	SOUTH AMERICA	1	18,625.	AND FEES	0.		
				APPLIED TO STUDENT ACCOUNT TO OFFSET TUITION			
SCHOLARSHIPS	SUB-SAHARA AFRICA	2	41,370.	AND FEES	0.		
	1	1	1	1	l		

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Schedule F (Form 990) 2022

93-0386972

(g) Description of

Schedule F (Form 990) 2022

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	X Yes	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X 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? <i>If</i> "Yes," <i>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)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2022

## Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

SCHOLARSHIPS/GRANTS AWARDED TO STUDENTS WHO ARE STUDYING ABROAD ARE

APPLIED TO THEIR STUDENT ACCOUNTS. THE SCHOLARSHIPS OFFSET TUITION AND

FEES TO REDUCE THE AMOUNT THAT STUDENTS OWE TO THE UNIVERSITY. THUS, THE

STUDENTS DO NOT PHYSICALLY RECEIVE THE MONEY. PROCEDURES DO NOT DIFFER

FROM THOSE APPLIED TO STUDENTS WHO ARE ATTENDING ON CAMPUS, OTHER THAN

VERIFICATION OF PARTICIPATION AND COMPLETION OF THE PROGRAM.

THE FOLLOWING ARE THE PROCEDURES FOLLOWED BY THE UNIVERSITY FOR

MONITORING THE USE OF SCHOLARSHIP/GRANT FUNDS:

THE ACCOUNTING OFFICE NOTIFIES THE FINANCIAL AID OFFICE OF AMOUNTS

AVAILABLE TO AWARD TO STUDENTS EACH ACADEMIC YEAR. THE FINANCIAL AID

OFFICE SELECTS RECIPIENTS BASED UPON CRITERIA ESTABLISHED FOR EACH TYPE

OF FUNDING. THE FINANCIAL AID OFFICE NOTIFIES THE ACCOUNTING OFFICE OF

EXPENDITURES FOR EACH TERM DURING THE ACADEMIC YEAR. AT YEAR-END, THE

FINANCIAL AID OFFICE AND ACCOUNTING OFFICE RECONCILES ACCOUNTS FOR ALL

FUNDS. THE ADVANCEMENT OFFICE PROVIDES ANNUAL REPORTS TO THE DONORS

REGARDING THE USE OF DONOR-CONTRIBUTED SCHOLARSHIP FUNDS (ENDOWED OR

ANNUALLY FUNDED.)

PART I, LINE 3:

EXPENDITURES ARE ACCOUNTED FOR UNDER THE ACCRUAL METHOD.

232075 10-17-22

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)	Complete if the	e organization answered "Yes" on organization entered more than \$1	Form	990, F	Part IV, line 17, 18, o			2022
Department of the Treasury		Attach to Form 990 of	or Form	n 990	-EZ.			Open to Public
Internal Revenue Service	Go t	o www.irs.gov/Form990 for instru	ctions	and t	ne latest informatio	n.		Inspection
Name of the organization	า							entification number
		UNIVERSITY					93-03869	
	complete this par	Complete if the organization answe t.	ered "Y	'es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E	Z filers are not
<ul> <li>a X Mail solicitat</li> <li>b X Internet and</li> <li>c X Phone solicitat</li> <li>d X In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	tions email solicitations tations licitations on have a written c ed in Form 990, P		tion of tion of fundra (incluc rofessi	non-g gover aising ding of	overnment grants nment grants events ficers, directors, trus undraising services?		X Ye	
compensated at le	ast \$5,000 by the	organization.		-				
(i) Name and addres or entity (fund		(ii) Activity	fund have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization
WEST WIND CONSULTI	NG		Yes	No				
STRATEGIES IN FUND	RAISING	CONSULTING		X	٥.		62,870	62,870.
PENTERA INC - 8650	COMMERCE							
PARK PL, SUITE G,		MARKETING		X	٥.		25,564	-25,564.
Total							88,434	
3 List all states in who or licensing.	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is (	exempt from r	egistration
AK, AL, AR, AZ, CA, CO,	CT, DC, DE, FL, G	A,GU,HI,IA,ID,IL,IN,KS,KY,I	A,MA	, MD , M	E,MI,MN			
MO, MS, MT, NC, ND, NE,	NH,NJ,NM,NV,N	Y,OH,OK,OR,PA,PR,RI,SC,SD,T	N, TX	, UT , V	A,VT,WA			
WI,WV,WY								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990) 2022

232081 10-27-22

Part II	Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000
	of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			<b>(a)</b> Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
a.			(event type)	(event type)	(total number)	col. (c))
Revenue						
Rev	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
s	5	Noncash prizes				
pense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	5				
Pa		Net income summary. Subtract line 10 from lin				
Fd		<b>Gaming.</b> Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1990, Part IV, line 19, or r	eported more than	
Revenue		• • • • • • • • • • • • • • • • • • •	<b>(a)</b> Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve						
<u> </u>	1	Gross revenue				<u> </u>
ses	2	Cash prizes				

	8 Net gaming income summary. Subtract line 7 from line 1, column (d)	
9	Enter the state(s) in which the organization conducts gaming activities:	
a	Is the organization licensed to conduct gaming activities in each of these states?	

Yes

No

**b** If "No," explain:

Noncash prizes

5 Other direct expenses

6 Volunteer labor

Rent/facility costs

7 Direct expense summary. Add lines 2 through 5 in column (d)

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No **b** If "Yes," explain:

%

Yes

No

%

Yes

No

%

232082 10-27-22

Direct Expen 3

4

Schedule G (Form 990) 2022

Yes

No

Sch	edule G (Form 990) 2022	WILLAMETTE UNIVERSITY	93-03869	972	Page 3
11	Does the organization conduct ga	ming activities with nonmembers?		Yes	No
		ficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?			Yes	No No
13	Indicate the percentage of gaming				
а	The organization's facility		13	a	%
				b	%
		e person who prepares the organization's gaming/special events books and records:			
	Name				
	Address				
		tract with a third party from whom the organization receives gaming revenue?		Yes	No
b		ing revenue received by the organization \$ and the amount	unt		
		third party \$			
C	If "Yes," enter name and address	of the third party:			
	Name				
	Address				
40					
16	Gaming manager information:				
	Nama				
	Name				
	Gaming manager compensation	\$			
	Carning manager compensation	Ψ			
	Description of services provided				
	p				
	Director/officer	Employee Independent contractor			
17	Mandatory distributions:				
а	Is the organization required under	state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?			Yes	🗌 No
b	Enter the amount of distributions	required under state law to be distributed to other exempt organizations or spent in	the		
_	organization's own exempt activit				
Pa	rt IV Supplemental Infor	mation. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a	nd Part III,	ines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as	applicable. Also provide any additional information. See instructions.			
SCH	EDULE G, PART I, LINE 2B,	LIST OF TEN HIGHEST PAID FUNDRAISERS:			
( + )		NIND CONCULTING OFFICIER IN DUND DISTORNE IS C			
(1)	NAME OF FUNDRAISER: WEST	WIND CONSULTING STRATEGIES IN FUND RAISING LLC			
<i>(</i> <b>τ</b> )	ADDRESS OF FUNDRALSED. 1				
(1)	ADDRESS OF FUNDRAISER: 12	0 BRINDLEY ST, SUITE 7, ITHACA, NY 14850			
(I)	NAME OF FUNDRAISER: PENTH	RA INC			
(I)	ADDRESS OF FUNDRAISER:				
_					
865	0 COMMERCE PARK PL, SUITE	G, INDIANAPOLIS, IN 46268			
2320	33 10-27-22	45	Schedule G	i (Form	n 990) 2022

WILLAMETTE UNIVERSITY

chedule G (Form 990) WILLAMETTE UNIVERSITY	93-0386972	Page
Chedule G (Form 990)         WILLAMETTE UNIVERSITY           Part IV         Supplemental Information (continued)		
	Schedule G	

232084 04-01-22

SCHEDULE (Form 990)		Go	irants and Oth vernments, an ete if the organizatio	nd Individual	ls in the Ŭni	ted States		OMB No. 1545-0047
Description	h - T	Compl	ete if the organizatio	Attach to Form		rt IV, line 21 or 22.		Open to Public
Department of the Internal Revenue			Go to www.irs	s.gov/Form990 for		ation.		Inspection
Name of the	e organization WILLAMETTE	UNIVERSITY		5				Employer identification number 93-0386972
Part I	General Information on Gra							
criteri <u>2 Descr</u>	the organization maintain reco a used to award the grants or ribe in Part IV the organization	assistance?	oring the use of grant	funds in the United	l States.			
	Grants and Other Assistance recipient that received more t					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
	ame and address of organization or government		(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
OF CONSCI	IONAL COALITION OF SITE IENCE – 55 EXCHANGE PLA 4 – NEW YORK, NY 10005		501(C)(3)	6,270.	0.			ART EXHIBITION
	total number of section 501(c)	., .		l e line 1 table			<u> </u>	

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
MERIT-BASED SCHOLARSHIPS TO STUDENTS	2296	49,873,252.	0.		
NEED-BASED SCHOLARSHIPS TO STUDENTS	1018	5,781,506.	0.		
		C00 540			
FEDERAL WORK STUDY SCHOLARSHIPS TO STUDENTS	245	602,540.	0.		
STUDENT AWARDS AND PRIZES	221	457,201.	٥.		
HEERF STUDENT RELIEF GRANTS	7	44,810.	(b); and any other as	ditional information	
Part IV Supplemental Information. Provide the information re	quired in Part I, III	ie 2, Part III, column	(b), and any other ac		
PART I, LINE 2:					
PROCEDURES FOR MONITORING OF SCHOLARSHIPS: THE AC	COUNTING OFFIC	CE NOTIFIES			
THE FINANCIAL AID OFFICE OF AMOUNTS AVAILABLE TO .	AWARD TO STUDE	ENTS EACH			
ACADEMIC YEAR. THE FINANCIAL AID OFFICE SELECTS R	ECIPIENTS BASE	D UPON			
CRITERIA ESTABLISHED FOR EACH TYPE OF FUNDING. TH	E FINANCIAL AI	ID OFFICE			
NOTIFIES THE ACCOUNTING OFFICE OF EXPENDITURES FOR	R EACH TERM DU	JRING THE			
CADEMIC YEAR. AT YEAR-END, THE FINANCIAL AID OFF	ICE AND ACCOUN	TING OFFICE			
ECONCILE ACCOUNTS FOR ALL FUNDS. THE ADVANCEMENT	OFFICE PROVII	DES ANNUAL			
PORTS TO THE DONORS REGARDING THE USE OF DONOR-	CONTRIBUTED SC	HOLARSHIP			

Page 2

WILLAMETTE UNIVERSITY

Part IV Supplemental Information

FUNDS (ENDOWED OR ANNUALLY FUNDED).

PROCEDURES FOR MONITORING OF RESEARCH GRANTS: PROCEDURES FOR MONITORING THE

USE OF GRANT FUNDS VARY DEPENDING ON THE REQUIREMENTS OF THE AWARDING

ENTITY AND THE GRANT TERMS & CONDITIONS. HOWEVER, MONITORING PROCEDURES, IN

ADDITION TO ADHERING TO ALL REQUIRED ACCOUNTING STANDARDS, TYPICALLY

INVOLVE WRITTEN AND/OR VERBAL ANNUAL PROGRESS REPORTS ON THE PROJECT OR

PROGRAM IN ADDITION TO A FINAL REPORT SUBMITTED AT THE CONCLUSION OF THE

PROJECT. FINANCIAL REPORTS ARE PREPARED BY THE ACCOUNTING OFFICE AND

SUBMITTED FOR REIMBURSEMENT OF PROJECT EXPENDITURES. FINAL PAYMENT OF GRANT

FUNDS IS OFTEN CONTINGENT ON THE AFOREMENTIONED ITEMS. DEPARTMENTS AND

PRINCIPAL INVESTIGATORS OR GRANT ADMINISTRATORS ARE RESPONSIBLE FOR

MONITORING OF GRANT FUNDS WITH ASSISTANCE FROM THE OFFICE OF GRANTS AND

STRATEGIC INITIATIVES AND THE ACCOUNTING OFFICE.

PROCEDURES FOR MONITORING OTHER AWARDS AND PRIZES: AWARD/PRIZE RECIPIENTS

ARE DETERMINED BY CRITERIA ESTABLISHED BY THEIR RESPECTIVE DEPARTMENT OR

COLLEGE. DEPENDING ON THE NATURE OF THE GRANT, DEPARTMENTS PARTNER WITH A

VARIETY OF UNIVERSITY OFFICES INCLUDING FINANCIAL AID, ADVANCEMENT, GRANTS

AND STRATEGIC INITIATIVES, AND ACCOUNTING, TO ENSURE THAT AWARD FUNDS ARE

DISBURSED CONSISTENTLY WITH THE REQUIREMENTS OF THE GRANT OR RESTRICTED

FUND.

PROCEDURES FOR MONITORING GRANTS, AWARDS, AND PRIZES TO INDIVIDUALS: AT

TIMES, FUNDERS AWARD GRANTS OR PRIZES TO INDIVIDUAL FACULTY MEMBERS OR

STUDENTS. NSF'S CAREER AWARD IS ONE EXAMPLE, AS IS THE M.J. MURDOCK'S

CHARITABLE TRUST'S SWANSON AWARD AND COLLEGE SCIENCE RESEARCH CONFERENCE

PRIZES. IN SUCH CASES, THE UNIVERSITY RECEIVES THE FUNDS, UNLESS OTHERWISE

232291 04-01-22

49 2022.05050 WILLAMETTE UNIVERSITY 629092\_1 Part IV Supplemental Information

SPECIFIED BY THE FUNDER, AND DISTRIBUTES THEM PER GRANT, AWARD OR PRIZE

GUIDELINES AND UNIVERSITY FINANCIAL POLICIES AND PROCEDURES.

Schedule I (Form 990)

232291 04-01-22

SC	HEDULE J		OMB No. 1545-0047				
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	22	)	
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	22	-	
	tment of the Treasury	Attach to Form 990.		Publection	ic		
	al Revenue Service 1e of the organization	Go to www.irs.gov/Form990 for instructions and the latest information.	Employer id			mbor	
man	le of the organization	WILLAMETTE UNIVERSITY	93-03		Jii nui	libei	
Pa	rt I Question	s Regarding Compensation	55 05	00072			
					Yes	No	
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990.		103		
		line 1a. Complete Part III to provide any relevant information regarding these items.					
	X First-class or c		nal use				
	Travel for companions Payments for business use of personal residence						
	Tax indemnification and gross-up payments						
	Discretionary spending account						
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or					
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain						
2	2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?						
3	Indicate which, if an	ny, of the following the organization used to establish the compensation of the organization's	6				
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to							
	establish compensa	ation of the CEO/Executive Director, but explain in Part III.					
	X   Compensation committee       Written employment contract						
	Independent compensation consultant						
	X Form 990 of o	ther organizations	committee				
4		I any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a re	•				v	
a		e payment or change-of-control payment?			x	X	
b	-	eive payment from a supplemental nonqualified retirement plan?			Λ	x	
С	-	eive payment from an equity-based compensation arrangement?		<u>4c</u>			
	If Yes to any of in	ies 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only section 501(c	)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n				
5	contingent on the r						
а	The organization?			5a		x	
	-	ation?				x	
		or 5b, describe in Part III.					
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on				
	contingent on the r						
а		·		6a		x	
b		ation?				X	
		or 6b, describe in Part III.					
7	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	5				
	not described on lir	nes 5 and 6? If "Yes," describe in Part III		. 7		х	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the					
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		x	
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in					
	Regulations section	1 53.4958-6(c)?		. 9			
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schedu	le J (Forn	n 990)	) 2022	

232111 10-18-22

93-0386972

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		( <b>B)</b> Breakdown of W	-2 and/or 1099-MISC compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) STEPHEN THORSETT	(i)	467,836.	0.	16,427.	48,000.	122,015.	654,278.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BRIAN GALLINI	(i)	261,934.	0.	860.	27,025.	25,701.	315,520.	0.
DEAN, COLLEGE OF LAW	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DANIEL VALLES, SR VICE	(i)	260,448.	0.	1,828.	26,520.	16,417.	305,213.	0.
PRESIDENT, COO & TREASURER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SHELBY RADCLIFFE	(i)	253,736.	0.	7,238.	25,510.	3,546.	290,030.	0.
VP FOR ADVANCEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) CAROL LONG	(i)	237,370.	0.	4,599.	24,197.	14,248.	280,414.	0.
PROVOST AND SENIOR VICE PRESIDENT	(ii)	0.	0.	٥.	0.	0.	٥.	0.
(6) SHANA SECHRIST, GENERAL	(i)	223,114.	0.	732.	23,409.	28,297.	275,552.	0.
COUNSEL & VP OF HUMAN RESOURCES	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DEBRA RINGOLD, JELD-WEN	(i)	214,498.	0.	4,845.	17,258.	16,684.	253,285.	0.
PROFESSOR OF FREE ENTERPRISE	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) NORMAN WILLIAMS, KEN &	(i)	220,055.	0.	876.	17,701.	13,330.	251,962.	0.
CLAUDIA PETERSON PROFESSOR OF LAW	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) JENNIFER COLE	(i)	175,234.	0.	22,279.	18,347.	34,007.	249,867.	0.
DEAN, PNCA	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) SYMEON SYMEONIDES, ALEX L.	(i)	196,682.	0.	6,045.	20,911.	26,156.	249,794.	0.
PARKS DISTINGUISHED PROF. OF LAW	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) RUTH FEINGOLD	(i)	191,264.	0.	9,445.	19,905.	20,534.	241,148.	0.
DEAN, COLLEGE OF ARTS & SCIENCES	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) CURTIS BRIDGEMAN, RODERICK &	(i)	164,695.	0.	839.	22,521.	31,746.	219,801.	0.
CAROL WENDT CHAIR IN BUSINESS LAW	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) LISA LANDREMAN	(i)	179,377.	0.	1,547.	18,045.	9,744.	208,713.	0.
VP FOR STUDENT AFFAIRS	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) ANNE GALLAGHER, ASSOCIATE	(i)	154,820.	0.	2,067.	15,810.	12,064.	184,761.	0.
VP OF BUDGET & FACILITIES	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) COLLEEN KAWAHARA, CHIEF OF	(i)	155,315.	0.	620.	15,635.	3,238.	174,808.	0.
STAFF, ADMINISTRATIVE SECRETARY	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							

Schedule J (Form 990) 2022

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

THE UNIVERSITY PRESIDENT IS REQUIRED AS A CONDITION OF EMPLOYMENT TO

MAINTAIN A PERSONAL RESIDENCE IN A HOUSE PROVIDED BY THE UNIVERSITY. THE

HOUSING ARRANGEMENT IS FOR THE CONVENIENCE OF THE UNIVERSITY AND THE HOUSE

IS USED FOR UNIVERSITY BUSINESS. CLUB MEMBERSHIPS WERE PROVIDED TO THE

UNIVERSITY PRESIDENT AND ARE USED FOR UNIVERSITY BUSINESS MEETINGS.

PERSONAL SERVICES CONSIST OF CUSTODIAL SERVICES FOR THE UNIVERSITY OWNED

RESIDENCE OCCUPIED BY THE PRESIDENT. THE PRESIDENT FLEW FIRST CLASS ON ONE

OCCASION DURING THE FISCAL YEAR.

PART I, LINE 1B:

ITEMS NOTED IN LINE 1A WERE PROVIDED BASED ON EMPLOYMENT AGREEMENTS WITH

THE UNIVERSITY PRESIDENT AND OTHER EMPLOYEES, AND THE UNIVERSITY FOLLOWED

THE PROVISIONS OF THESE AGREEMENTS REGARDING PAYMENT/REIMBURSEMENT/

PROVISION OF THESE ITEMS.

PART I, LINE 4B:

DURING FISCAL YEAR 2017-2018, VICE PRESIDENT FOR ADVANCEMENT SHELBY

RADCLIFFE SIGNED AN AGREEMENT WHICH PROVIDES A LONGEVITY BONUS EQUAL TO 5%

Schedule J (Form 990) 2022

Page 3

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

OF HER SALARY, PAYABLE UPON COMPLETION OF 6 YEARS OF FULL SERVICE ENDING ON

MAY 31, 2023. THE LONGEVITY BONUS WAS PAID IN JUNE OF 2023.

Schedule J (Form 990) 2022

SCHEDULE K

(Form 990) Department of the Treasury Internal Revenue Service

## Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

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

OMB No. 1545-0047 2022 Open to Public Inspection

Name of the organization

WILLAMETTE UNIVERSITY

Employer identification number 93-0386972

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issu	e price (f) Descriptio		(f) Description of purpose		feased	l <b>(h)</b> On of is			ooled ncing
								Yes	No	Yes	No	Yes	No
STATE OF OREGON - OREGON FACILITIES													
A AUTHORITY	93-6001787	68608JTZ4	07/14/16	22,8	15,181.	SEE SCHEDULE	K, PART VI		x		х		х
STATE OF OREGON - OREGON FACILITIES													
B AUTHORITY	93-6001787	68608JYY1	05/27/21	79,8	65,559.	SEE SCHEDULE	K, PART VI		х		х		X
<u> </u>													
<b>D</b>													
D Part II Proceeds										1			<u> </u>
			A			В	С				D		
1 Amount of bonds retired													
2 Amount of bonds legally defeased													
3 Total proceeds of issue			22	,815,181.		80,591,243.							
4 Gross proceeds in reserve funds						18,108,373.							
5 Capitalized interest from proceeds	5 Capitalized interest from proceeds					2,065,778.							
6 Proceeds in refunding escrows													
7 Issuance costs from proceeds				315,181. 1,339,157.									
8 Credit enhancement from proceeds													
9 Working capital expenditures from proceeds													
10 Capital expenditures from proceeds			9	,720,449.		28,000,000.							
11 Other spent proceeds			12	,500,000.		48,460,624.							
12 Other unspent proceeds						17,355,402.							
13 Year of substantial completion				2020		2024							
			Yes	No	Yes	No	Yes	No		Yes		No	
<b>14</b> Were the bonds issued as part of a refunding i	ssue of tax-exempt	bonds (or,											
if issued prior to 2018, a current refunding issu				Х		X							
	Were the bonds issued as part of a refunding issue of taxable bonds (or, if												
issued prior to 2018, an advance refunding iss	ue)?		X		X								
	Has the final allocation of proceeds been made?				X								
17 Does the organization maintain adequate book	s and records to su	pport the											
final allocation of proceeds?			Х		Х								

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

Schedule K (Form 990) 2022

## Schedule K (Form 990) 2022 WILLAMETTE UNIVERSITY

				_	-
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Page 2

Part III Private Business Use		4		3		c		
4 Weather availables a northern in a contraction of a second available of a 110		No		No		No		No No
1 Was the organization a partner in a partnership, or a member of an LLC,	Yes	NO X	Yes	NO X	Yes	NO	Yes	NO
which owned property financed by tax-exempt bonds?		~		A				
2 Are there any lease arrangements that may result in private business use of		x		x				
bond-financed property?				A				
<b>3a</b> Are there any management or service contracts that may result in private								
business use of bond-financed property?		X		X				<b> </b>
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of								
bond-financed property?		X		X				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities								
other than a section 501(c)(3) organization or a state or local government		%		%		%		
5 Enter the percentage of financed property used in a private business use as a								
result of unrelated trade or business activity carried on by your organization,								
another section 501(c)(3) organization, or a state or local government		%		%		%		
6 Total of lines 4 and 5		%		%		%		
7 Does the bond issue meet the private security or payment test?		X		X				
8a Has there been a sale or disposition of any of the bond-financed property to a non-								
governmental person other than a 501(c)(3) organization since the bonds were issued?		x		x				
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or						· · · · · · · · · · · · · · · · · · ·		
disposed of		%		%		%		
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations		/0		/0		/0		
sections 1.141-12 and 1.145-2?								
<ul><li>9 Has the organization established written procedures to ensure that all</li></ul>								
nonqualified bonds of the issue are remediated in accordance with the	х		х					
requirements under Regulations sections 1.141-12 and 1.145-2?	А		А					<u> </u>
Part IV Arbitrage								
A - Has the factor (field Factor 2000 T. A billions Datable Michael Michael Datable)		A		3				<b>)</b>
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No X	Yes	No	Yes	No
Penalty in Lieu of Arbitrage Rebate?		X		Δ				L
2 If "No" to line 1, did the following apply?		1				,		1
a Rebate not due yet?	X		X	<u> </u>				<b> </b>
b Exception to rebate?		X		X				<b> </b>
c No rebate due?		X		X				I
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed								<u> </u>
3 Is the bond issue a variable rate issue?		X		X				

## Schedule K (Form 990) 2022 WILLAMETTE UNIVERSITY

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55	05	00	, ,	2

Page 3

Part IV Arbitrage (continued)		•		В		<u> </u>		D
<b>1.</b> Let the experimetion of the approximatel issues entered into a qualified	Yes	A No	Yes	B No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	res	X	res	X	res	NO	res	NC
b Name of provider								
c Term of hedge     d Was the hedge superintegrated?								
<ul><li>e Was the hedge terminated?</li><li>5a Were gross proceeds invested in a guaranteed investment contract (GIC)?</li></ul>		x		x				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		Х		X				
<ul> <li>7 Has the organization established written procedures to monitor the</li> </ul>								
requirements of section 148?	х		х					
Part V Procedures To Undertake Corrective Action				·	·	•	·	
		4	I	В		0		D
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under								
applicable regulations?	Х		X					
Part VI Supplemental Information. Provide additional information for responses to questions	on Schedule	e K. See instru	uctions.					
CHEDULE K, PART I, BOND ISSUES:								
A) ISSUER NAME: STATE OF OREGON - OREGON FACILITIES AUTHORITY 7/14/16								
F) DESCRIPTION OF PURPOSE: THE PROCEEDS OF THE 2016 SERIES B BONDS WERE								
ISED TO REFUND THE SERIES 2014 BONDS AND TO FUND \$10 MILLION IN								
ESIDENCE HALL AND SPORTING FACILITIES UPGRADES.								
A) ISSUER NAME: STATE OF OREGON - OREGON FACILITIES AUTHORITY 5/27/21								
F) DESCRIPTION OF PURPOSE: THE PROCEEDS OF THE 2021 SERIES A BONDS								
HERE USED TO REFUND THE SERIES 2010, SERIES 2016-A, AND SERIES 2016-C								
SONDS AND FUND CAMPUS MAINTENANCE AND UPGRADES.								
CHEDULE K, PART II, LINE 3:								
A) TOTAL PROCEEDS OF ISSUE INCLUDE \$21,986 OF INVESTMENT EARNINGS.								
B) TOTAL PROCEEDS OF ISSUE INCLUDE \$725,684 OF INVESTMENT EARNINGS.								
2, TOTAL INCCEEDS OF ISSUE INCLUDE \$725,004 OF INVESTMENT EARNINGS.								

SC	HE	DU	LE	L

# **Transactions With Interested Persons**

OMB No. 1545-0047
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2022	
Open To Public	

(Form 990)	Complete i	f the or	he organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.											2022			
Department of the Treasury Internal Revenue Service	G	o to wv		ch to F	orm 9	90 or F	orm 990-EZ	-					pen To spect		lic		
Name of the organization	า									Emp	loyer	' ident	ificati	on nu	mber		
	WILLAME	TE UN	IVERSITY							93	-038	6972					
Part I Excess E	Benefit Tra	nsacti	ons (section 5	01(c)(3	3), sect	ion 50 <sup>.</sup>	1(c)(4), and se	ectio	n 501(c)(29) orgar	nizatior	ns on	ly).					
									Form 990-EZ, Pa								
1 (a) Name of diagual	fied nerven	(b) I	Relationship bet			lified			accuration of tran	aatiar			(d)	Corre	cted?		
(a) Name of disqual	neu person		person and o	ation				escription of trans	Saction	1		<u> </u>	es	No			
		_															
		_											—				
		_											—				
		_											—				
		_											—				
• Enter the emount of	ftovinourrad		ranization mon		or dias		d naraana du	-in a	the year under								
2 Enter the amount o section 4958		,	0	0		•	•	0	,		¢						
3 Enter the amount o																	
	r tax, ii ariy, or	r iirio 2,	above, reimburg	scu by		garnzai					Ψ						
Part II Loans to	and/or Fro	om Int	erested Per	sons													
Complete it	f the organizat	ion ans	wered "Yes" on	Form §	990-EZ	, Part \	/, line 38a or	Forn	n 990, Part IV, line	e 26; o	r if th	e orga	nizatic	n			
reported ar	amount on Fe	orm 990	), Part X, line 5, (	6, or 2	2.							0					
(a) Name of	(b) Rela	tionship	(c) Purpose	(d) Lo	oan to or m the		e) Original	(	f) Balance due	(g)		(h) Ap by bo		(1) **	/ritten		
interested person	with org	anization	of loan		ization?	princ	cipal amount			default?		comm		agree	ment?		
				То	From					Yes	No	Yes	No	Yes	No		
													<u> </u>				
					_								<u> </u>				
								-									
								_									
								-									
								-									
				+	-			+									
								+									
				1													
Total	I		1	1			\$	;		I					<u> </u>		
Part III Grants o	r Assistand	e Ber	nefiting Inter	este	d Per	sons	•		1								
Complete it	f the organizat	ion ansv	wered "Yes" on	Form 9	990, Pa	art IV, I	ine 27.										
(a) Name of intere	sted person		(b) Relationship	betwe	een	(	c) Amount of		(d) Type	of		(e	) Purp	ose of	f		
			interested per		nd		assistance		assistanc	ce		i	assista	ance			
			the organiz	ation													
							1		SCHOLARSHIP		יד	UITIO	N ASS	SIS			
							22,0	00.	TUITION REMI	S	T'	UITIO	N ASS	SIS			
											_						
											-+						
						<u> </u>											
LHA For Paperwork R	eduction Act	Notica	see the lesterie	tions	for For		or 900 E7		1		Soho		(For	n 000	) 2022		
		101100,					51 550°EZ.				Jone	aule L			, 2022		

SEE PART V FOR CONTINUATIONS

232131 11-01-22

11130223 146892 629092

# WILLAMETTE UNIVERSITY 93-0386972 Schedule L (Form 990) 2022 Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (a) Name of interested person (b) Relationship between interested (c) Amount of (d) Description of organization's person and the organization transaction transaction revenues? Yes No RACHEL DEWEY THORSETT SPOUSE OF OFFICER S 44,741. EMPLOYMENT Х Part V Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructions) SCH L, PART III, GRANTS OR ASSISTANCE BENEFITTING INTERESTED PERSONS: (C) AMOUNT OF GRANT \$ 22,000. (D) TYPE OF ASSISTANCE: TUITION REMISSION (E) PURPOSE OF ASSISTANCE: TUITION ASSISTANCE SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: RACHEL DEWEY THORSETT (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: SPOUSE OF OFFICER STEPHEN THORSETT

Schedule L (Form 990) 2022

232132 11-01-22

## SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

22

r

Employer identification number

93-0386972

ZU

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization

WILLAMETTE	UNIVERSITY

Par	rt I Types of Property						
		(a) Check if applicable	<b>(b)</b> Number of contributions or	<b>(c)</b> Noncash contribution amounts reported on	<b>(d)</b> Method of determi noncash contribution a	•	is
			1	Form 990, Part VIII, line 1g			
1	Art - Works of art	X	10	317,223.	OPINION OF EXPERTS		
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	25	260,596.	FAIR MARKET VALUE		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution - Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ()						
26	Other ( )						
27	Other ()						
28	Other (						
29	Number of Forms 8283 received by the organized	zation during	the tax year for co	ontributions			
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement		0	
						Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it		
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ich isn't required to be used i	for		
	exempt purposes for the entire holding period	?			30a		x
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance	policy that re	equires the review of	of any nonstandard contribut	ions? 31	х	
	Does the organization hire or use third parties	-	-	•			
			-	,, ,	32a		x
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	/ for which column (a) is chec	ked,		
	describe in Part II.	( )	,, , , , , , ,	()			

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

Schedule M (Form 990) 2022

232141 09-09-22

Schedule M (Form 990) 2022 WI	LLAMETTE UNIVERSITY
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**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

Part II

THE AMOUNT REPRESENTS THE NUMBER OF ACTUAL CONTIBUTIONS RECEIVED AND

NOT THE NUMBER OF ITEMS RECEIVED FOR EACH CONTRIBUTION.

Schedule M (Form 990) 2022

232142 09-09-22

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

2022 Open to Public

Inspection

OMB No. 1545-0047

Employer identification number 93-0386972

WILLAMETTE UNIVERSITY

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THROUGH NATIONALLY DISTINCTIVE PROGRAMS CONNECTING LIBERAL EDUCATION TO

PROFESSIONAL PRACTICE, WILLAMETTE UNIVERSITY

PREPARES GRADUATES TO TURN KNOWLEDGE INTO ACTION AND LEAD LIVES OF

ACHIEVEMENT, CONTRIBUTION, AND MEANING.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THROUGH NATIONALLY DISTINCTIVE PROGRAMS CONNECTING LIBERAL EDUCATION TO

PROFESSIONAL PRACTICE, WILLAMETTE UNIVERSITY

PREPARES GRADUATES TO TURN KNOWLEDGE INTO ACTION AND LEAD LIVES OF

ACHIEVEMENT, CONTRIBUTION, AND MEANING.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

THE SCHOOL OF COMPUTING AND INFORMATION SCIENCES BECOMES THE

UNIVERSITY'S FIFTH SCHOOL, JOINING THE COLLEGE OF ARTS AND SCIENCES,

THE COLLEGE OF LAW, THE ATKINSON GRADUATE SCHOOL OF MANAGEMENT AND THE

PACIFIC NORTHWEST COLLEGE OF ART. THE FORMAL CREATION OF THE NEW SCHOOL

WILL HELP ENHANCE WILLAMETTE'S CURRENT OFFERINGS IN COMPUTING AND

INFORMATION SCIENCE AND CREATE PATHWAYS FOR EVEN MORE OF THE

INTERDISCIPLINARY OPPORTUNITIES THAT WILLAMETTE IS KNOWN FOR.

FORM 990, PART VI, SECTION A, LINE 2:

BRIAN HUFFT AND CHIP KRUGER ARE MORE THAN 10% OWNERS IN THE SAME STARTUP

VENTURE. EVA KRIPALANI AND ELIZABETH LARGE ARE BUSINESS PARTNERS. TRUMAN

COLLINS JR HAS INVESTMENTS IN THE FIRM OF WHICH BRIAN HUFFT IS THE CFO.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

Schedule O (Form 990) 2022

11130223 146892 629092

2022.05050 WILLAMETTE UNIVERSITY

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Name of the organization

WILLAMETTE UNIVERSITY

Page 2 Employer identification number 93-0386972

FORM 990, PART VI, SECTION B, LINE 11B:

THE DRAFT FORM 990 IS UPLOADED TO A SECURE WEBSITE THAT CAN ONLY BE

ACCESSED BY MEMBERS OF THE AUDIT COMMITTEE. THE AUDIT COMMITTEE REVIEWS AND

DISCUSSES THE RETURN. NEXT, THE DRAFT FORM 990 IS UPLOADED TO A SECURE

WEBSITE THAT CAN BE ACCESSED BY ALL MEMBERS OF THE BOARD OF TRUSTEES. THEY

ARE NOTIFIED VIA EMAIL THAT THE FORM IS AVAILABLE FOR THEIR REVIEW. AFTER

THE FORM HAS BEEN MADE AVAILABLE FOR REVIEW BY ALL NOTED PARTIES, IT IS

MODIFIED (IF NECESSARY), FINALIZED, AND SUBMITTED TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

TRUSTEES, OFFICERS AND KEY EMPLOYEES MUST COMPLETE AND SIGN A CONFLICT OF

INTEREST QUESTIONNAIRE AND RETURN IT TO THE PRESIDENT'S OFFICE (OFFICERS

AND TRUSTEES) OR THE CONTROLLER'S OFFICE (KEY EMPLOYEES) ANNUALLY. THE

BOARD'S PROCESS FOR ADDRESSING CONFLICTS OF INTEREST IN ACCORDANCE WITH THE

ADOPTED ABOVE-REFERENCED POLICY IS AS FOLLOWS: "IF AN INDIVIDUAL BELIEVES

THAT HE OR SHE MAY HAVE A CONFLICT OF INTEREST, THE INDIVIDUAL SHALL

PROMPTLY AND FULLY DISCLOSE THE CONFLICT ON A FORM THAT GOES TO THE CHAIR

OF THE AUDIT COMMITTEE AND SHALL REFRAIN FROM PARTICIPATING ON BEHALF OF

THE UNIVERSITY IN THE MATTER TO WHICH THE CONFLICT RELATES UNTIL THE

CONFLICT IN QUESTION HAS BEEN WAIVED OR OTHERWISE ADDRESSED BY VOTE OF THE

AUDIT COMMITTEE AFTER THE MATERIAL FACTS OF THE TRANSACTION AND THE

INDIVIDUAL'S INTEREST ARE DISCLOSED OR KNOWN TO THE COMMITTEE, OR OTHERWISE

RESOLVED IN COMPLIANCE WITH THE OREGON NONPROFIT CORPORATION ACT (ORS CH.

65)." THE BOARD CHAIR, BOARD TREASURER, AND ADMINISTRATIVE SECRETARY TO THE

BOARD MONITOR COMPLIANCE ON AN ONGOING BASIS. MONITORING ACTIVITIES MAY

INCLUDE REVIEW OF MEETING MINUTES BY THE ADMINISTRATIVE SECRETARY TO

IDENTIFY POTENTIAL/DEVELOPING CONFLICTS OR CONFLICTS THAT MAY HAVE ALREADY

63

Schedule O (Form 990) 2022	Page 2
Name of the organization	Employer identification number
WILLAMETTE UNIVERSITY	93-0386972
OCCURRED AND INFORMAL DISCUSSIONS WITH COMMITTEE CHAIRS OR BOARD OFFICERS	
TO RAISE AWARENESS OF CONFLICTS AND POTENTIAL CONFLICTS.	
FORM 990, PART VI, SECTION B, LINE 15:	
A COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES (MADE UP OF THE CHAIR,	
FINANCE CHAIR, AND AUDIT CHAIR) ESTABLISHES AND REVIEWS THE COMPENSATION	
FOR THE PRESIDENT OF THE UNIVERSITY. THE COMMITTEE CONSISTS OF THREE	
MEMBERS WHO DO NOT HAVE A CONFLICT OF INTEREST PER IRS REGULATIONS SECTION	
53.4958-6(C)(1)(III). IN ORDER TO ESTABLISH AN APPROPRIATE LEVEL OF	
COMPENSATION, THE COMMITTEE REVIEWS A RANGE OF COMPENSATION DATA, INCLUDING	
REGIONAL AND NATIONAL SURVEYS. IN ADDITION, A REVIEW OF COMPENSATION AS	
REPORTED IN THE 990'S OF OTHER SIMILAR SIZED PRIVATE LIBERAL ARTS	
UNIVERSITIES IS PERFORMED. ONCE A SALARY IS DETERMINED, THE INFORMATION IS	
PASSED ON TO THE EXECUTIVE COMMITTEE. THE LAST TIME THIS PROCESS WAS	
UNDERTAKEN BY THE UNIVERSITY WAS IN JUNE OF 2023.	

THE COMPENSATION COMMITTEE ALSO APPROVES COMPENSATION FOR EXECUTIVE AND KEY

EMPLOYEES BASED ON DATA FROM (A) POSITIONS IN SIMILARLY SITUATED

INSTITUTIONS; (B) POSITIONS IN MARKETS OUTSIDE HIGHER EDUCATION WHERE

APPROPRIATE; (C) INTERNAL EQUITY; AND, (D) THE KNOWLEDGE, PERFORMANCE,

SKILL, AND OTHER RELEVANT FACTORS OF THE PERSON IN THE POSITION. THE

COMPENSATION DATA IS COLLECTED FROM NATIONAL AND REGIONAL SURVEYS, AS WELL

AS OTHER SOURCES. THE LAST TIME THIS PROCESS WAS UNDERTAKEN BY THE

UNIVERSITY WAS IN THE FISCAL YEAR ENDING 2023.

FORM 990, PART VI, SECTION C, LINE 18:

THE UNIVERSITY FILED FOR TAX EXEMPTION BEFORE JULY 15, 1987 AND DID NOT

HAVE A COPY OF FORM 1023 ON FILE AT THAT TIME AND IS THEREFORE NOT REQUIRED

232212 10-28-22

	A COPY		
•			
, CONFLICT OF IN	TEREST		
ON THE UNIVERSI	TY'S		
D A TRUSTEE BUT	IS		
THE BOARD OF			
/TRUSTEE ON THE	FORM		
E THE RIGHT TO V	OTE		
	614,806.		
TS	554,457.		
ENTS	17,600.		
	486,843.		
L			
	88,917.		
1	,762,623.		
		Osh - t 1	Q (Form: 000) 0000
65		Schedule	0 (Form 990) 2022
	, CONFLICT OF IN ON THE UNIVERSI	, CONFLICT OF INTEREST ON THE UNIVERSITY'S D A TRUSTEE BUT IS THE BOARD OF /TRUSTEE ON THE FORM E THE RIGHT TO VOTE 614,806. TS 554,457. ENTS 17,600. 486,843. L 88,917. 1,762,623.	, CONFLICT OF INTEREST ON THE UNIVERSITY'S D A TRUSTEE BUT IS THE BOARD OF /TRUSTEE ON THE FORM E THE RIGHT TO VOTE 614,806. TS 554,457. ENTS 17,600. 486,843. L 88,917. 1,762,623. Schedule

93-0386972

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Schedule O (Form 990) 2022

WILLAMETTE UNIVERSITY

Name of the organization

232161 09-14-22 LHA

## **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.

#### Name of the organization

WILLAMETTE UNIVERSITY

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity
WILLAMETTE ANGEL FUND LLC - 27-1638088 900 STATE STREET	_				
SALEM, OR 97301	INVESTMENT	OREGON	14,624.	860,808.	WILLAMETTE UNIVERSITY

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	<b>(f)</b> Direct controlling entity	cont	<b>g)</b> 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
CENTER FOR CONTEMPORARY ART & CULTURE -							
93-6028398, 511 NW BROADWAY, PORTLAND, OR					WILLAMETTE		
97209	MUSEUM OF ART	OREGON	501(C)(3)	LINE 7	UNIVERSITY	х	
	_						
	_						
	_						

OMB No. 1545-0047

**Open to Public** Inspection

Employer identification number

93-0386972

SCHEDULE R	
(Form 990)	

Department of the Treasury Internal Revenue Service

(Fo

Schedule R (Form 990) 2022

22

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	I) (I	n)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disprop alloca	ortionate tions?	amount in box 20 of Schedule	manag partne	or Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	lo
WUE INVESTMENTS HOLDINGS LP -											
33-1168742, 550 S TRYON ST			GLOBAL								
SUITE 3500, CHARLOTTE, NC			ENDOWMENT								
28202	INVESTMENT	DE	MANAGEMENT	EXCLUDED	-1,612,698.	265,449,255.		x	N/A	x	100%
PNCA MASTER TENANT LLC -	HOLD, MAINTAIN,										
46-4232527, 511 NW BROADWAY,	AND OPERATE		WILLAMETTE								
PORTLAND, OR 97209	PROPERTY	OR	UNIVERSITY	EXCLUDED	0.	13,779.		x	N/A	x	99.00%
PNCA HOLDINGS LLC -	 DEVELOP REAL										
46-4223421, 511 NW BROADWAY,	AND BUSINESS										
PORTLAND, OR 97209	PROPERTY	OR	N/A	N/A	N/A	N/A		x	N/A	x	N/A
· ·										$\uparrow$	
	1										
	1										
	4										

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	ent	tion b)(13) rolled tity?
		country)						Yes	No
CHARITABLE REMAINDER TRUSTS (37)	BENEFICIAL INTEREST	OR	N/A						x
IRREVOCABLE NON-QUALIFIED TRUST	BENEFICIAL INTEREST	OR	N/A						x

#### Schedule R (Form 990) 2022 WILLAMETTE UNIVERSITY

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

vte: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
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?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		2
o Gift, grant, or capital contribution to related organization(s)			
Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)			
Loans or loan guarantees by related organization(s)			
Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	1g		
<ul> <li>Purchase of assets from related organization(s)</li> </ul>	1h		
Exchange of assets with related organization(s)	1i		
Lease of facilities, equipment, or other assets to related organization(s)			+
Lease of facilities, equipment, or other assets from related organization(s)			
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
Sharing of paid employees with related organization(s)			+
Reimbursement paid to related organization(s) for expenses	<b>1</b> p		
a Reimbursement paid by related organization(s) for expenses			╡
Other transfer of cash or property to related organization(s)	1r		
s Other transfer of cash or property from related organization(s)	1s	X	

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) WUE INVESTMENTS HOLDINGS LP	S	21,000,000.	FAIR MARKET VALUE
(2)			
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>			

## Schedule R (Form 990) 2022 WILLAMETTE UNIVERSITY

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(	e)	(f)	(g)	(۲	1)	(i)	(j)	(	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501( org	all rs sec.	Share of	Share of	Dispr tior	opor-	Code V-UBI	Genera		entage
of entity	, ,	(state or foreign	(related, unrelated,	501( org	c)(3) s.?	total	end-of-year	tion allocat	nate tions?	amount in box 20	manag partne	<sub>r?</sub> own	ership
		country)		Yes		income	assets	Yes	No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Yes I	10	

Schedule R (Form 990) 2022

## Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2022

232165 09-14-22

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

### File a separate application for each return.

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

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instructions.			Taxpayer identification number (TIN) 93-0386972		
print						
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, see instructions. 900 STATE STREET					
return. See instructions.	City, town or post office, state, and ZIP code. For a fore SALEM, OR 97301	eign addr	ress, see instructions.			
Enter the	Return Code for the return that this application is for (file a	a separat	e application for each return)			0 1
Application			Application			Return
Is For		Code	Is For			Code
Form 990 or Form 990-EZ		01	Form 1041-A			08
Form 4720 (individual)		03	Form 4720 (other than individual)			09
Form 990-PF		04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069			11
Form 990-T (trust other than above)		06	Form 8870			12
Form 990	-T (corporation)	07				
	SCOTT SCHAEFER					
<ul> <li>The bo</li> </ul>	oks are in the care of 🕨 900 STATE STREET - SALE	EM, OR	97301			
the ▶[ ▶[	organization named above. The extension is for the organ	iization's	return for: d ending <u>JUN 30, 2023</u>	the exem	npt organization retu · n	ırn for
	is application is for Forms 990-PF, 990-T, 4720, or 6069, e nonrefundable credits. See instructions.	enter the	tentative tax, less	3a	\$	0.
	is application is for Forms 990-PF, 990-T, 4720, or 6069, e	enter anv	refundable credits and		Ţ	
	mated tax payments made. Include any prior year overpay			3b	\$	0.
	ance due. Subtract line 3b from line 3a. Include your payn				Ŧ	
	ng EFTPS (Electronic Federal Tax Payment System). See ir			3c	\$	0.
	If you are going to make an electronic funds withdrawal (d				d Form 8879-TE for	payment
	For Privacy Act and Paperwork Reduction Act Notice, see instructions. MAIL TO: DEPARTMENT OF THE TREASURY				Form <b>8868</b> (Re	ev. 1-2022)
	INTERNAL REVENUE SER					
	TATEMAKE REVENUE SEA	<u>.</u> . C				
	OGDEN, UT 84201-0045					

223841 04-01-22

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