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## SCANNED APR 0 9 2010

DAA

Form **990-EZ** 

### Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No\_1545-1150 2008

**Open to Public** Inspection

Dep	partment o	of the Treasury enue Service			ets less than \$2,500,000 on may have to use a co					Inspection
A			r vear.	or tax year beginning		, and ending	6/30/			
В			lease	C Name of organization		•			D Emp	loyer identification number
Ō.	Address	L.,	se IRS							
П	Name ch	la la	abel or	University	Club Found	dation, I	nc.	ŀ	94	-3179354
П	Initial ret	· [P	rint or /pe.		or P O box, if mail is not			Room/suite	E Tele	phone number
П	Termina	non I	ee	1225 SW 6th	n Ave				50	3-223-6237
П	Amende	4	pecific struc-	City or town, state or	country, and ZIP + 4	-			F Gro	up Exemption
П	Applicati		ons.	Portland		OR 97204			Nun	nber
	• Sec	tion 501(c)(3) c	organi	zations and 4947(a)(1)	nonexempt charitab	le trusts must at	tach	G Accounting	method	Cash X Accrual
		· <del></del>	a cor	mpleted Schedule A (Fe	orm 990 or 990-EZ).		•	Other (specify)	<u> </u>	· -·
1	Websit							H Check ►	If the	e organization is <b>not</b> nedule B (Form 990
<u>J</u> _	Organi			one)— X 501(c) (	3 ) <b>◀</b> (insert no.)	4947(a)(1) o				nedule B (Form 990,
K	Check		_	zation is not a section 50				pts are normally <b>n</b>	ot more t	han \$25,000 A return
_				nization chooses to file a						162 007
<u>L</u>		es 5b, 6b, and 7b, 1	to line 9	to determine gross receipts	, if \$1,000,000 or more,	file Form 990 instead	1 of Form 990	· <u>t/</u> (Caathainste	<u> </u>	
	Part I			penses, and Chan		ts or Fund Ba	liances	(See the instit		125,414
	1	. •		nts, and similar amounts rec		_			1 2	125,414
	2	ŭ		enue including governme	ent tees and contracts	5			3	
	3	•		nd assessments					4	5,548
	4	Investment ind		ale of accets other than	inventory		5a	31,93		0,010
	5a			sale of assets other than asis and sales expenses			5b	36,76		
	b c			of assets other than invento		line 5a) (attach sch		e Stmt 1	5c	-4,830
e				vities (complete applicable p			,		<u> </u>	
Revenue	a	Gross revenue				contributions	<b>G</b> ,		ŀ	
æ	_	reported on lir	•				6a			
	Ь	•		s other than fundraising	expenses		6b			
	c			from special events and		ne 6b from line 6a			6c	
	7a			tory, less returns and all			7a			ļ
	ь	Less cost of					7b			
	C	Gross profit or	r (loss)	from sales of inventory	(Subtract line 7b from	ı line 7a)			7c	
	8	Other revenue	e (desc	ribe	2010   S				) 8	106 100
	9	Total revenue	e. Add	line 21, 2, 3/4, 6c, 667	2,QH2 8 0				9	126,132
	10			mounts paid (attach sche	ī.	Se	e Stai	tement 2	10	159,356
	11			r memberOGDEN					11	
es				ensation, and employee		•			12	4,625
ens	13			d other payments to inde	spendent contractors				13	4,023
Expense	14	, •		lities, and maintenance					15	22,325
	15 16			s, postage, and shipping scribe ► See St	atement 3				) 16	25,444
	17	•		d lines 10 through 16	a comeno o				17	211,750
- 93				r the year (Subtract line	17 from line 9)			· · · · · · · · · · · · · · · · · · ·	18	-85,618
Net Assets	19	•		nces at beginning of year (from		must agree with end-of-	vear figure report	ted on prior year's return)		613,851
Ä	20			t assets or fund balance		_		tement 4	20	-15,101
2	21	•		alances at end of year (	•			•	▶ 21	513,132
П	Part II			ets. If Total assets on I			nore, file Fo	m 990 instead of F	orm 990	EZ
				e the instructions for Par				A) Beginning of year		(B) End of year
22	Cash,	savings, and inv	vestme	nts				465,69	96 22	426,694
23	Land a	and buildings							23	
24	Other a	assets (describe	e 🕨	See Statem	ent 5		)	196,28		111,439
25	Total a	assets						661,98		538,133
		liabilities (desc					\	48,13		25,001
				s (line 27 of column (B)				613,8	DI 27	513,132
Fo	r Privac	y Act and Pape	erwork	Reduction Act Notice	, see the Instruction	s tor Form 990.				Form <b>990-EZ</b> (2008)

Form 990-EZ (2008) University	Club Foundation,	Inc. 94	-3179354			Page 2
Part III Statement of Program S	Service Accomplishments	(See the instructi	ons for Part III	.)	Ex	penses
What is the organization's primary exempt purpo				1	Required	d for 501(c)(3)
See Statement 7				;	and (4) o	rganizations
Describe what was achieved in carrying out the	organization's exempt purposes	In a clear and concise ma	anner,		and 4947	(a)(1) trusts,
describe the services provided, the number of pe	ersons benefited, or other relevan	t information for each pro	gram title		optional f	or others)
28 See Statement 8				}		
					1	
			,			
<del></del>	is amount includes foreign grants			28a		25,000
29 The Foundation fosters preserve	tion of historically and	/or				
architecturally significant but	lding and structures.					
				<del>, ,</del>		104 056
(Grants \$ 134,356) If th	is amount includes foreign grants	, check here		29a	——	134,356
30			•		}	
					1	
				m		
<del></del>	is amount includes foreign grants	, check here	<u> </u>	30a	┼	
31 Other program services (attach schedule)		ah a ah h a sa			1	
·	is amount includes foreign grants	, check here		31a	<del>                                     </del>	159,356
32 Total program service expenses (add line		1b	managed (See t	<b>▶</b> 32		
Part IV List of Officers, Directors, Tru	ustees, and Key Employees. Lis	(b) Title and average	(c) Compensation	(d) Contri		(e) Expense
(a) Name and	address	hours per week	`´(If not paid,	employee ber		account and other allowances
Dahar Dahara	Post land	devoted to position  President	enter -0)	deferred con	pensation	Other allowances
Peter Potwin	Portland	1	0		0	0
1225 SW 6th Ave	OR 97204 Portland	VP	•			
Lewis A McArthur	OR 97204	1	o		0	o
1225 SW 6th Ave	Portland	Secretary	· · · · · · · · · · · · · · · · · · ·			
Mary Markley	OR 97204	1	٥		o	,
1225 SW 6th Ave Michael Radakovich	Portland	Treasurer				
1225 SW 6th Ave	OR 97204	1	o		o	0
Harold Beard	Portland	Committee				
1225 SW 6th Ave	OR 97204	1	,		0	o
Sam Briggs	Portland	Committee				
1225 SW 6th Ave	OR 97204	1	۰ ا		0	0
Gunner Ingraham	Portland	Committee				
1225 SW 6th Ave	OR 97204	1	0		0	ОО
Steve Lewis	Portland	Committee				
1225 SW 6th Ave	OR 97204	1	0		0	0
Mike Malone	Portland	Committee				
1225 SW 6th Ave	OR 97204	1	0		0	0
Marvin Kaiser	Portland	Committee				
1225 SW 6th Ave	OR 97204	1	0		0	0
James Reinhart	Portland	Committee				
1225 SW 6th Ave	OR 97204	11	0		0	0
Tony Reser	Portland	Committee				
1225 SW 6th Ave	OR 97204	1	0	<u> </u>	0	
John Rudi	Portland	Committee				
1225 SW 6th Ave	OR 97204	11	0	ļ	0	0
John Strohecker	Portland	Committee	_			
1225 SW 6th Ave	OR 97204	1	0	<del> </del>	0	0
	· ·			<del> </del>		
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<del></del>				<del>                                     </del>		<u></u>
					ļ	
<del></del>			<del>                                     </del>			<del> </del>

Form	990-EZ(2008) University Club Foundation, Inc. 94-317	9354		P	age 3
Pa	ort V Other Information (Note the statement requirements in the instructions for	Part VI.)			
				Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed				
	description of each activity .		33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes,"				
	attach a conformed copy of the changes		34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but no	t			ì
	reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T				
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, repr	orting,			
	and proxy tax requirements?		35a		X_
b	If "Yes," has it filed a tax return on Form 990-T for this year?		35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes,"				
	complete applicable parts of Schedule N		36		<u> </u>
37a	Enter amount of political expenditures, direct or indirect, as described in the instr	a			
b	Did the organization file Form 1120-POL for this year?		37b		_X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or we	re			
	any such loans made in a prior year and still unpaid at the start of the period covered by this return?		38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	b	_		
39	Section 501(c)(7) organizations Enter			ĺ	,
а	Initiation fees and capital contributions included on line 9	a	_		;
b	Gross receipts, included on line 9, for public use of club facilities	b	4		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under-				Ì
	section 4911 ▶, section 4912 ▶, section 4955 ▶				
b	Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit trans-				Ì
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete	Schedule			
	L, Part I		40b		X
С	Enter amount of tax imposed on organization managers or disqualified persons during			i	i
	the year under sections 4912, 4955, and 4958				'
d	Enter amount of tax on line 40c reimbursed by the organization				
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter		-		77
	transaction? If "Yes," complete Form 8886-T		40e	L	X
41	List the states with which a copy of this return is filed  None		-		
42a	The books are in care of	Telephone no			
	Leaded at N	71D . 4 . N			
	Located at	ZIP + 4 ▶			
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority	<b>'</b>			N <sub>2</sub>
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		425	Yes	X
	account)?  If "Yes," enter the name of the foreign country	•	42b		-
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank				
	and Financial Accounts.				
			42c		X
C	At any time during the calendar year, did the organization maintain an office outside of the U.S?  If "Yes," enter the name of the foreign country		420	L. —	- 22
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	<del></del>			▶ □
7.5	and enter the amount of tax-exempt interest received or accrued during the tax year	▶   43			
	and onto the amount of tax-exempt interest received of accided during the tax year	F [70]			
				Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of				
	Form 990-EZ		44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If				
	"Yes," Form 990 must be completed instead of Form 990-EZ		45		X

Form 990		erenizations on	In All postion 5	04/6\/2\	organizat			vor avaatia	no 46 4	Pa
Part V	/I Section 501(c)(3) and complete the			01(0)(3)	organizat	ions m	ust ans	wer questio	ns 40–4	9
46 Dic	the organization engage in dir			n behalf of	f or in opposi	ition to				Yes
	ndidates for public office? If "Ye		· =		• • •				46	
47 Dic	d the organization engage in lob	bying activities? If "Yes	s," complete Schedu	le C, Part I	1				47	
<b>48</b> Is t	the organization operating a sch	nool as described in se	ction 170(b)(1)(A)(ii)	? If "Yes,"	complete Sc	hedule E	•		48	
<b>49a</b> Dic	the organization make any tra	nsfers to an exempt no	on-charitable related	organizatio	on?				49a	
b If "	Yes," was the related organizat	iion(s) a section 527 org	ganization?						49b	
	implete this table for the five hig ch received more than \$100,00						key emplo	yees) who		
		s of each employee paid min \$100,000	oore	hou	tle and average irs per week ted to position	(c) Con	pensation	(d) Contributions employee benefit pl deferred compensa	ans & `ac	Expense count and a railowand
None										
			<del></del>		·					
										<del></del>
Tatalaua	where of other ampleyons and a	6100 000								
_	mber of other employees paid o		ependent contractors	s who each	received m	ore than	\$100,000	of		_
<b>51</b> Co	implete this table for the five hig mpensation from the organization	ghest compensated inde on If there is none, ent	ter "None "	s who each						
51 Co	implete this table for the five hig	ghest compensated inde on If there is none, ent	ter "None "	s who each		ore than			c) Comper	nsation
<b>51</b> Co	implete this table for the five hig mpensation from the organization	ghest compensated inde on If there is none, ent	ter "None "	s who each					c) Comper	nsation
51 Co	implete this table for the five hig mpensation from the organization	ghest compensated inde on If there is none, ent	ter "None "	s who each					c) Comper	nsation
51 Co	implete this table for the five hig mpensation from the organization	ghest compensated inde on If there is none, ent	ter "None "	s who each					c) Comper	nsation
51 Co	implete this table for the five hig mpensation from the organization	ghest compensated inde on If there is none, ent	ter "None "	s who each					c) Comper	nsation
51 Co	implete this table for the five hig mpensation from the organization	ghest compensated inde on If there is none, ent	ter "None "	s who each					c) Comper	nsation
SON CONTRACTOR NOTE	mplete this table for the five hig mpensation from the organization (a) Name and address of each ind	phest compensated inde on If there is none, enti- dependent contractor paid	ter "None "						c) Compe	nsation
51 Co	mplete this table for the five hig mpensation from the organization (a) Name and address of each incomplete the continuous of other independent continuous Under penalties of perjury,	phest compensated independent contractor paid of the pendent c	more than \$100,000  over \$100,000  ined this return, including		(b)	Type of	service	I to the best of m	y knowledge	
51 Co	mplete this table for the five hig mpensation from the organization (a) Name and address of each ind	phest compensated independent contractor paid of the pendent c	more than \$100,000  over \$100,000  ined this return, including		(b)	Type of	ements, and	to the best of my	y knowledge	
None Total num	mplete this table for the five high mpensation from the organization (a) Name and address of each incomplete the control of the independent control of the c	phest compensated independent contractor paid of the pendent c	more than \$100,000  over \$100,000  ined this return, including		(b)	s and state formation	ements, and of which pre	I to the best of m	y knowledge	
None Total num	mplete this table for the five high mpensation from the organization (a) Name and address of each incomplete of other independent control of the penalties of perjury, and belief, it is true, correct Signature of officer Peter Po	ractors each receiving of declare that I have examit, and complete Declaration	more than \$100,000  over \$100,000  ined this return, including		(b) nying schedule based on all in	s and state formation	ements, and of which pre	to the best of my	y knowledge	
None Total num	mplete this table for the five high mpensation from the organization (a) Name and address of each incomplete the control of th	ractors each receiving of declare that I have examit, and complete Declaration	more than \$100,000  over \$100,000  ined this return, including		nying schedule based on all in	s and stat formation	ements, and of which pre	I to the best of my parer has any kn	y knowledge owledge	3
None Total nun Sign	mpensation from the organization  (a) Name and address of each incomplete this table for the five high mpensation from the organization  (a) Name and address of each incomplete the control of the incomplete the control of the contr	ractors each receiving of declare that I have examit, and complete Declaration	more than \$100,000  over \$100,000  ined this return, including		nying schedule based on all in	s and state formation  Daider	ements, and of which predict to the control of the	I to the best of my parer has any kn	y knowledge	3
None  Total num  Sign Here	mpensation from the organization  (a) Name and address of each incomplete this true, and belief, it is true, correctly and belief, it is true, correctly signature of officer  Peter Po  Type or print name an  Preparer's signature  Signature	ractors each receiving of declare that I have examit, and complete Declaration	over \$100,000  over \$100,000  over \$100,000  ouned this return, includir on of preparer (other tha		nying schedule based on all in	s and state formation  Daider	ements, and of which predate	I to the best of my parer has any kn	y knowledge owledge	3
Total nun Sign Here	mpensation from the organization  (a) Name and address of each incomplete this table for the five high mpensation from the organization  (a) Name and address of each incomplete the content of the incomplete the content of the conte	ractors each receiving of I declare that I have examinated and complete Declaration of the complete Declaration of	over \$100,000  over \$100,000  inned this return, including of preparer (other than	ng accompar n officer) is	oying schedule based on all in Pres	s and state formation	ements, and of which predict to the control of the	I to the best of my parer has any kn	y knowledge owledge	3
None Total nun  Sign Here	mplete this table for the five high mpensation from the organization.  (a) Name and address of each incomplete the properties of each incomplete the properties of the propert	ractors each receiving of I declare that I have examit, and complete Declaration that I have examit, and I have examited that I have examited the complete Declaration that I have examited the complete Declaration that I have examined the complete Declaratio	over \$100,000  over \$100,000  inned this return, includir on of preparer (other than	ng accompar n officer) is	nying schedule based on all in	s and state formation	ements, and of which predict to the control of the	I to the best of my parer has any kn  ### Preparer    EIN   Phone	y knowledge owledge s Identifying N	e)
Total nun  Sign Here  Paid Prepar	mpensation from the organization  (a) Name and address of each incomplete this table for the five high mpensation from the organization  (a) Name and address of each incomplete the content of the incomplete the content of the conte	ractors each receiving of I declare that I have examit, and complete Declaration twin dependent SW Mapper 15	over \$100,000  over \$100,000	ng accompar n officer) is l	oying schedule based on all in Pres	s and state formation	ements, and of which predict to the control of the	I to the best of my parer has any kn	y knowledge owledge s Identifying N	e)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

University Club Foundation, Inc.

OMB No 1545-0047

2008

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

Employer identification number

94-3179354

Schedule A (Form 990 or 990-EZ) 2008

The (	organ	nization is not a	a private foundation because	it is. (Please check only one org	ganization	)							
1		A church, cor	evention of churches, or asso	ciation of churches described in	section 1	70(b)(1)(/	۹)(i).						
2		A school desc	cribed in section 170(b)(1)(A	)(ii). (Attach Schedule E )									
3	П	A hospital or	a cooperative hospital service	e organization described in secti	ion 170(b)	(1)(A)(iii)	. (Attach	Schedu	ıle H )				
4	П	A medical res	earch organization operated	in conjunction with a hospital de	scribed in	section 1	70(b)(1	)(A)(iii).	Enter th	e hospi	ital's name,		
		city, and state	•				. ,,			•			
5		•		a college or university owned or	r operated	by a gove	ernmenta	al unit de	escribed	ın			
-		<del>-</del>	b)(1)(A)(iv). (Complete Part I	•		, . ,							
6	$\Box$	•		· , vernmental unit described in <b>sec</b>	tion 170(	h)/1)/A)/v	Λ.						
7	H		•		•		•	n the ce	neral nu	blic			
•	ш	_	in organization that normally receives a substantial part of its support from a governmental unit or from the general public escribed in section 170(b)(1)(A)(vi). (Complete Part II.)										
	$\Box$												
8	ᇦ	•		'0(b)(1)(A)(vi). (Complete Part II	•								
9	X	-	An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross										
		•	eceipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its										
		• •	•	l unrelated business taxable inco	,		11 tax) fr	om busi	nesses				
	$\overline{}$	acquired by the	ne organization after June 30	, 1975 See section <b>509(a)(2)</b> . (	Complete	Part III)							
10	Н	An organizati	on organized and operated e	xclusively to test for public safety	y See <b>se</b> c	tion 509(	<b>a)(4)</b> . (s	ee instru	ictions)				
11	$\Box$	An organizati	on organized and operated e	xclusively for the benefit of, to pe	erform the	functions	of, or to	carry or	ut the				
		purposes of o	ne or more publicly supporte	d organizations described in sec	tion 509(a	ı)(1) or se	ction 509	9(a)(2). \$	See <b>sec</b>	tion			
		<b>509(a)(3).</b> Ch	eck the box that describes th	e type of supporting organization	n and com	plete lines	s 11e thr	ough 11	h.				
	_	а 📙 Туре	I <b>b</b> Type II	c Type III–Functions	ally Integra	ated	d	∐ Тур	e III–Ot	her			
е	$\sqcup$	By checking t	his box, I certify that the orga	nization is not controlled directly	or indirec	tly by one	or more	disqual	ified				
		persons other	r than foundation managers a	nd other than one or more publi	cly suppor	ted organ	izations	describe	ed in sec	ction			
		509(a)(1) or s	section 509(a)(2)										
f		If the organiza	ation received a written deter	mination from the IRS that it is a	Type I, Ty	pe II, or 1	Γype III s	upportin	ng				
		organization,	check this box										
g		Since August	17, 2006, has the organization	on accepted any gift or contribut	ion from a	ny of the							
Ū		following per	sons?										
		• •		ntrols, either alone or together w	ith person:	s describe	ed in (ii)					Yes	No
		• •	pelow, the governing body of		·		` ,				11g(i)		
		· ·	member of a person describe	* * *							11g(iı)		
		• •	ontrolled entity of a person de	, ,							11g(iii)		1
h		• •	•	e organizations the organization	eunnorte			•			1.8()	<u> </u>	٠
—			· · · · · · · · · · · · · · · · · · ·		т		T						
(1)		e of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1–9	1	organization		you notify	1 '	s the	(viı) Am		
	uig	ariization		above or IRC section	1 ''	sted in your document?		nization in of your	organizat	zed in the	supp	JUIL	
				(see instructions))				port?		S۶			
					Yes	No	Yes	No	Yes	No	_		
								l					
			<del> </del>						†				
					1	1							
					I								
			_	<del>-</del>									
									}				

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

Sche	dule A (Form 990 or 990-EZ) 2008 Uni	versity (	Club Found	lation, Ir	1C. 94	<u>-31793!</u>	<u> 54</u>	<u>Paç</u>	ge 2
Pa	irt II — Support Schedule for Or				1)(A)(iv) and 1	70(b)(1)(A)	(vi)		
	(Complete only if you che	ecked the box	<u>on line 5, 7, or</u>	8 of Part I.)		· <del>-</del>			
	tion A. Public Support	T	T			1			
Cal	endar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	<u>'</u>	(f) Total	
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")								
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
3	The value of services or facilities furnished by a governmental unit to the organization without charge								
4	Total. Add lines 1-3	<u></u>							
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)								
6	Public support. Subtract line 5 from line 4			<u> </u>		L			
	tion B. Total Support			T		1			
Cal	lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	3	(f) Total	
7	Amounts from line 4		ļ. <u></u> .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources								
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)								
11	Total support. Add lines 7 through 10								
12	Gross receipts from related activities, etc. (	see instructions)			-		12		
13	First five years. If the Form 990 is for the	organization's first,	second, third, fourt	h, or fifth tax year	as a section 501(c)	(3)			_
	organization, check this box and stop here	•						▶	
Sec	tion C. Computation of Public Su		age						
14	Public support percentage for 2008 (line 6,	column (f) divided	by line 11, column	(f))			14		%
15	Public support percentage from 2007 Sche	dule A, Part IV-A, I	ıne 26f				15		%
16a	33 1/3 % support test-2008. If the organi	zation did not ched	k the box on line 1	3, and line 14 is 33	1/3 % or more, ch	eck this box			_
	and stop here. The organization qualifies a	as a publicly suppo	rted organization					•	$\sqcup$
ь	33 1/3 % support test-2007. If the organi	zation did not ched	ck a box on line 13 o	or 16a, and line 15	ıs 33 1/3 % or mor	e, check this			_
	box and stop here. The organization qualif	ies as a publicly su	pported organization	on				▶	Ш
17a	10%-facts-and-circumstances test—200	8. If the organization	on did not check a b	ox on line 13, 16a	or 16b, and line 14	l is 10% or		•	
	more, and if the organization meets the "fac	<del>-</del>							_
	organization meets the "facts-and-circumst				-			•	
b	10%-facts-and-circumstances test—200	7. If the organization	on did not check a b	ox on line 13, 16a	, 16b, or 17a, and li	ne 15 is 10%	or		
	more, and if the organization meets the "fac	cts-and-circumstan	ces" test, check thi	s box and <b>stop he</b>	re. Explain in Part l	V how the			_
	organization meets the "facts-and-circumst	ances" test. The or	ganization qualifies	as a publicly supp	orted organization			<b>&gt;</b>	Ш
18	Private foundation If the organization did	not check a hov or	n line 13 16a 16h	17a or 17h check	this hoy and see i	netructions		•	

Schedule A (Form 990 or 990-EZ) 2008

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

(Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support						
Ca	endar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	620,486	253,716	328,858	84,202	125,414	1,412,676
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1-5	620,486	253,716	328,858	84,202	125,414	1,412,676
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
	Add lines 7a and 7b	500 405	052.716	300.050	04.000	105 414	
8	Public support (Subtract line 7c from line 6)	620,486	253,716	328,858	84,202	125,414	1,412,676
Sec	tion B. Total Support	L			1		1,111,010
	lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6	620,486	253,716	328,858	84,202	125,414	1,412,676
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,246	8,224	18,267	11,951	5,548	46,236
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	2,246	8,224	18,267	11,951	5,548	46,236
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	9,199	2,296	15,680	4,550		<u>3</u> 1,725
13	Total support. (Add lines 9, 10c, 11,	631,931	264,236	362,805	100,703	130,962	
	and 12 )						1,490,637
14	First five years If the Form 990 is for the or organization, check this box and stop here	rganization's first, s	econd, third, fourth,	, or fifth tax year as	s a section 501(c)(3	)	. □
Sec	tion C. Computation of Public Sup	nort Percentag					
15	Public support percentage for 2008 (line 8, c	·		1)	, .	15	94.7700 %
16	Public support percentage from 2007 Sched	` ' '	•	"	•	16	%
	tion D. Computation of Investment						
17	Investment income percentage for 2008 (line			lumn (f))	<del></del> ·	17	3.1018 %
18	Investment income percentage from 2007 S		•	\ <i>''</i>		18	%
19a	33 1/3 % support tests—2008. If the organ			l, and line 15 is mo	ore than 33 1/3 %, a	and line	
b	17 is not more than 33 1/3 %, check this box 33 1/3 % support tests—2007. If the organ	and <b>stop here.</b> Th	e organization qua	lifies as a publicly :	supported organiza	tion	<b>▶</b> X
	line 18 is not more than 33 1/3 %, check this						▶ 🗌
20	Private foundation. If the organization did r	not check a box on I	ine 14, 19a or 19b,	check this box and	d see instructions		▶

Schedule A (Form 990 or 990-EZ) 2008 University Club Foundation, Inc. 94-3179354

Page 4

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10;
Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

Part III, Line 12 - Other Income Detail

Unrealized Gain \$ -1,065

Awards Dinner \$ 32,790

11/11/2009 11:30 AM

# Federal Statements

94-3179354 FYE: 6/30/2009

28481 University Club Foundation, Inc.

Statement 1 - Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory - Securities

	Gain / Loss	-475	-1,013	-486	-266	-596	-1,917	-77	-4,830
	الو	ν							\$
	Depreciation								
	Cost & Expense	6,334 \$	2,818	2,002	6,158	2,088	15,903	1,462	36,765 \$
	Sale Price	5,859 \$	1,805	1,516	5,892	1,492	13,986	1,385	31,935 \$
	Date Sold	11/10/08 \$	11/10/08	11/10/08	11/10/08	11/10/08	11/10/08	7/25/08	ς,
	Date Acquired	Various	Various	Various	Various	Various	Various	7/22/08	
Description	Whom Sold	Inc. Fund	. Cap Fund	ip value rund	uration Fund	I/Mid Cap	Index Fund	nanciai	
	How Received	611sh Analytic ST Inc. Fund Donation	12/sh Baron Small Cap Fund Donation	94sn Janus Mid Cap Value Fund Donation	blosh Fimco Low Duration Fund Donation	/4sn kainier Small/Mid Cap Donation 511th Cather 1990 Indee	Jidsh Schwab 1000 index Fund Donation	loush Discover Financial Donation	Total

		Purpose	BuildingPreservation
mounts Paid	Date of Gift	FMV Explanation	ion
0-EZ, Part I, Line 10 - Grants and Similar Amounts Paid	Class of Activity	Book Value Explanation	BuildingPreservation
I, Line 10 - G	hip ation	Book Value	Bu
Form 990-EZ, Part	Relationship to Organization	Noncash Contribution	
Statement 2 - Form 99(		Cash Contribution	tland 134,356
	Name and Address	Description of Property	University Club of Portland

Portland, OR 97204

1225 SW 6th Ave

Total

134,356

1-2

28481 University Club Foundation, Inc.

94-3179354

#### **Federal Statements**

FYE: 6/30/2009

#### Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	 Amount
Expenses	\$
Travel	600
Conferences/Meetings	967
Bad Debt Expense	21,800
Awards Dinner	 2,077
Total	\$ 25,444

#### Statement 4 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description		Amount
Unrealized Gain on Investments	\$_	-15,101
Total	\$_	-15,101

#### Statement 5 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	 Beginning of Year		
Receivable Allowance	\$ 196,289	\$	114,239 2,800
	 196,289		111,439

#### Statement 6 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description		Beginning of Year		End of Year	
Accounts Payable and Accrued Expenses	\$	48,134	\$	25,001	
		48,134		25,001	

28481' University Club Foundation, Inc.

94-3179354

**Federal Statements** 

FYE: 6/30/2009

#### Statement 7 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

#### Description

The primary purpose is to fund fellowship programs for Oregon students at Oregon colleges and universities or similar qualified institutions of higher learning located in Oregon, and to foster preservation of historically and/or architecturally significant buildings and other structures, including by means of grants

#### Statement 8 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

#### Description

The Foundation funds graduate fellowships for Oregon graduate students at University of Oregon, University of Portland, Oregon State University, Portland State University, and Oregon Health Science University.

11/11/2009 11:30 AM