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DLN: 93493030002164

Form 990

Department of the Treasury Internal Revenue Service

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)

OMB No 1545-0047

Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements A For the 2012 calendar year, or tax year beginning 07-01-2012 2012, and ending 06-30-2013 D Employer identification number **B** Check if applicable UNIVERSITY OF PORTLAND Address change 93-0401259 Doing Business As Name change Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Terminated (503) 943-7337 Amended return City or town, state or country, and ZIP + 4Portland, OR 972035798 Application pending **G** Gross receipts \$ 208,843,285 Name and address of principal officer H(a) Is this a group return for Rev E William Beauchamp affiliates? ┌ Yes 🗸 No 5000 N Willamette Blvd Portland, OR 97203 **H(b)** Are all affiliates included? ✓ Yes ✓ No If "No," attach a list (see instructions) Tax-exempt status H(c) Group exemption number ► Website: ► www.up.edu K Form of organization ✓ Corporation ✓ Trust ✓ Association ✓ Other L Year of formation 1935 M State of legal domicile OR Part I Summary 1 Briefly describe the organization's mission or most significant activities The University of Portland, an independently governed Catholic university guided by the Congregation of Holy Cross, addresses significant questions of human concern through interdisciplinary studies of the arts, sciences, and humanities and through studies in majors and professional programs at the undergraduate and graduate levels. As a diverse community of scholars dedicated to excellence and innovation, we pursue teaching and learning, faith and formation, leadership and service in the classroom, residence halls, and all activities of campus life Because we value the development of the entire person, the university honors Activities & Governance faith and reason as ways of knowing, promotes ethical reflection, and prepares people who respond to the needs of the world and its human family 2 Check this box 🔭 if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) 50 4 Number of independent voting members of the governing body (Part VI, line 1b) . 4 47 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) . . . 2,858 48 **6** Total number of volunteers (estimate if necessary) 6 **7a** Total unrelated business revenue from Part VIII, column (C), line 12 . . 201,431 7a **b** Net unrelated business taxable income from Form 990-T, line 34 19,244 **Prior Year Current Year** 14,600,216 Contributions and grants (Part VIII, line 1h) 12,779,335 152,350,671 157,184,485 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 3,685,767 5,036,123 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -62,375 -29,864 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 168,753,398 176,790,960 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . 57,059,378 59,057,412 14 Benefits paid to or for members (Part IX, column (A), line 4) . . Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 Expenses 62,838,729 61,426,464 Professional fundraising fees (Part IX, column (A), line 11e) 16a 0 b Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 2,596,211 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 41,209,287 17 40,818,727 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 159,304,569 163,105,428 Revenue less expenses Subtract line 18 from line 12 . 9,448,829 13,685,532 Assets or d Balances **Beginning of Current End of Year** 360,241,679 20 Total assets (Part X, line 16) 340,210,989 21 Total liabilities (Part X, line 26) . 100,442,989 97,966,679 Net assets or fund balances Subtract line 21 from line 20 . . . 22 239,768,000 262,275,000 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 2014-01-30 Signature of officer Date Sign Here Alan P Timmins VP for Financial Affairs Type or print name and title Print/Type preparer's name Date PTIN Preparer's signature Check / If self-employed Paid Firm's EIN 🕨 Firm's name Preparer Firm's address 🕨 Phone no **Use Only**

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes No

orm	990 (2	2012)						Page 2
ar	t III			ervice Accomp response to any q		t III		
L	Briefl	ly describe the o	rganızatıon's mı:	ssion				
ues rofe e p fe l	tions o ssiona ursue to Becaus	f human concern I programs at the eaching and lear e we value the de	through interdise undergraduate ning, faith and fo evelopment of th	sciplinary studies o and graduate level ormation, leadership	f the arts, science s As a diverse co o and service in the university honors	by the Congregation of Hol s, and humanities and throu mmunity of scholars dedicat e classroom, residence halls s faith and reason as ways o an family	gh studies in majors ted to excellence and s, and all activities o	and d innovation f campus
2		ne organization u rior Form 990 or		gnificant program se	ervices during the	year which were not listed o	on Yes	✓ No
	If "Ye	s," describe thes	e new services	on Schedule O				
3			ease conducting		nt changes in how	it conducts, any program	Г Y es	√ No
	If "Ye	s," describe thes	e changes on S	chedule O				
1	expen	nses Section 50	1(c)(3) and 501		s are required to re	ts three largest program ser eport the amount of grants a		
1a	(Code	e) (Expenses \$	58,949,412	ıncludıng grants of s	58,949,412) (Reven	ue \$	0)
	that s and fi	some students and ti unds available to ea	heir families may ne ch student We coni	eed assistance to meet s nect students with a wid	some of their college o le range of internal an	Portland is an investment in each costs, and we strive to help fill the dexternal funding options, but the natching of government funds	gap between the cost of	attendance
4b	(Code	 e) (Expenses \$	42,953,383	including grants of s	0) (Reven	ue \$ 133,780,88	 87)
	Pamp		s, School of Educat			,911 students were enrolled in 20 ngineering The University has bee		
	(Code	<u> </u>) (Expenses \$	26,281,744	ıncludıng grants of s	0) (Reven	ue \$ 23,403,59	 98)
	Extra divers	curricular Programs a	and Campus Life TI	ne University of Portland	d recognizes that an ed	ducation should develop the entire sted above include residence halls	person and accordingly r	maintains
	(Code	e) (Expenses \$	9,490,774	ıncludıng grants of s	0) (Reven	 ue \$	0)
	well a		wth Expenses in th	ıs category ınclude Inter		ograms for our students to enable ces, Health and Career Services, <i>I</i>		
	(Code	e) (Expenses \$	4,013,147	ıncludıng grants of \$	0) (Reven	 ue \$	0)
	throug					community as a dynamic teaching pport the curriculum, and by facilit		
4d	O+ba	er program servic	as (Dascribe in	Schedule O)				
ru		enses \$	13,503,921	including grants	of \$	0)(Revenue\$	0)	

Total program service expenses ▶ 141,688,460

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, 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, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part $X^{f E}$	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 🥵	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	Yes	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and $11e^{2}$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1^2 If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
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 Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	,		
L	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> " <i>Yes,"</i>	28a		No
U	complete Schedule L, Part IV	28b	Yes	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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	Yes	
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		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

GI I	Statements Regarding Other 1R5 Fillings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V	•	Yes	No
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 225			.10
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
:	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
а	Tax Statements, filed for the calendar year ending with or within the year covered by this return			
)	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
ì	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
)	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
1	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
)	If "Yes," enter the name of the foreign country 🏴 AU			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
3	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
)	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
:	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<u> </u>		
-	,	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	_		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		No
ı	If "Yes," indicate the number of Forms 8282 filed during the year			
:	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	_		
	contract?	7e		N c
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
ļ	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
1	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	<u> </u>		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	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			
	Section 501(c)(12) organizations. Enter			
	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)			
1	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			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
1	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
)	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
ì	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI				

Se	ection A. Governing Body and Management						
						Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year	1a		50			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O						
b	Enter the number of voting members included in line 1a, above, who are independent	1b		47			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?				2		Νo
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management coi				3		No
4	Did the organization make any significant changes to its governing documents since filed?	the p	rıor Form 990 was	, [4		No
5	Did the organization become aware during the year of a significant diversion of the oi				5		No
6	Did the organization have members or stockholders?			. 🗀	6		Νο
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?				7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body?	ıl by) ı	members, stockhol	_	7b		No
8	Did the organization contemporaneously document the meetings held or written action year by the following			ne			
а	The governing body?			. :	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?				8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? If "Yes," provide the names and addresses in Schedule				9		No
	organization's maining address. It ites, provide the hames and addresses in schedule				۱ ر		110
Se	ection B. Policies (This Section B requests information about policies not				_	ıe Cod	
Se					_	<i>ie Cod</i> Yes	
		requi		nal Rev	_		e.)
10a	ection B. Policies (This Section B requests information about policies not	requi	red by the Inter	rnal Rev	/enu		e.) No
10a b	Did the organization have local chapters, branches, or affiliates?	requi	red by the Inter of such chapters, xempt purposes? erning body before	rnal Rev	/enu		e.) No
10a b 11a	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization has the organization provided a complete copy of this Form 990 to all members of it	requi	of such chapters, xempt purposes? erning body before	rnal Rev	lOa		e.) No No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	requi	of such chapters, xempt purposes? erning body before	filing	lOa		e.) No No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization has the organization provided a complete copy of this Form 990 to all members of it the form?	requi	s of such chapters, xempt purposes? erning body before	rnal Rev	/enu		e.) No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization has the organization provided a complete copy of this Form 990 to all members of it the form?	requi	s of such chapters, xempt purposes? erning body before	filing 1	/enu		e.) No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	requi	s of such chapters, xempt purposes? erning body before	filing 1 filing 1 crace 1 crace 1 crace 1	/enu		e.) No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	requi	s of such chapters, xempt purposes? erning body before	filing 1 filing 1 first 1 f	10a 10b 11a 12a 12b		e.) No No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	requi	s of such chapters, xempt purposes? erning body before	filing 1 filing 1 cribe 1	1.0a 1.0b 1.1a 1.2a 1.2b 1.2c 1.13		No No No No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	requi	s of such chapters, xempt purposes? erning body before	filing 1 filing	1.0a 1.0b 1.1a 1.2a 1.2b 1.2c 1.13		No No No No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	requi	s of such chapters, xempt purposes? erning body before	filing filing	1.0a 1.0b 1.1a 1.2a 1.2b 1.2c 1.3 1.4	Yes	No No No No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	requi	s of such chapters, xempt purposes? erning body before	filing filing	1.0a 1.1a 1.2a 1.2b 1.2c 1.13 1.4	Yes	No No No No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	requi	s of such chapters, xempt purposes? erning body before	filing 1 filing 1 filing 1 ive 1 ccribe 1 ion? 1 iuth a	1.0a 1.1a 1.2a 1.2b 1.2c 1.13 1.4	Yes	No No No No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	required in the property of th	s of such chapters, xempt purposes? erning body before	filing in 1 fi	1.0a 1.0b 1.1a 1.2a 1.2b 1.2c 1.3 1.4 1.5a 1.5b	Yes	No No No No No

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed ▶OR
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►Alan P Timmins 5000 N Willamette Blvd Portland, OR (503) 943-7507

Form 990	(2012	•
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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- ♦ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

	1	1								
(A) Name and Title	(B) A verage hours per week (list any hours	more t perso and	han o	one l both ector	box, an o	officer stee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table										
	•	•	•							Form 990 (2012)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) A verage hours per week (list any hours	more t	tion (han d on is	one l both	oox, an	heck unless officer stee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-		(F) Estima mount of compens from t	other ation he
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)		ganizati relate organiza	d
											-		
											+		
											+		
											\perp		
1b	Sub-Total			<u> </u>		<u> </u>		 			+		
c	Total from continuation sheet	s to Part VII, S	ection A	١.			•	F	2 644 466				727 224
d 	Total (add lines 1b and 1c) . Total number of individuals (in	cluding but not	· ·	to the	ose I	ıste	d abov	e) w	3,614,466 ho received more th		0		727,331
	\$100,000 of reportable compe	ensation from th	e organ	ızatı	on ⊫ 5	54		Ť					
_		66		•								Yes	No
3	Did the organization list any fo on line 1a? <i>If</i> " <i>Yes,"</i> complete S					кеу •	emplo	yee, •	or nignest compen	sated employee	3	Yes	
4	For any individual listed on line organization and related organ individual										4	Yes	
5	Did any person listed on line 1 services rendered to the organ										5		No
Se	ection B. Independent Co	ntractors											
1	Complete this table for your five											ax vear	

(A) Name and business address	(B) Description of services	(C) Compensation
Todd Construction Inc PO Box 949 Tualatin OR 97062	Construction	9,856,296
Bon Appetit Management Co 100 Hamilton Ave Ste 400 Palo Alto CA 94301	Food Services	7,117,453
Envirocon Inc PO Box 16655 Missoula MT 59808	Environmental Remediation	2,016,742
Soderstrom Architects PC 1200 NW Naito Pkwy Ste 410 Portland OR 97209	Architectural Services	871,912
EBSCO Subscription Services PO Box 92901 Los Angeles CA 90009	Library Resources	672,313
3. Total number of independent contractors (including but not limited to the	so listed above) who recoived more than	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization \-41

		Check IT Sched	ule O contains a respor	ise to any question i	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
0	1a	Federated cam	paigns 1a	0				
ant I	ь	Membership du	ıes 1b	0				
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising ev	ents 1c	123,678				
ffs, FA,	d		zations 1d	0				
:5 <u>=</u>	e	Government grant		977,668				
Sin	_			13,498,870				
tributions, Gitts, Grants Other Similar Amounts	Г	similar amounts no						
₽ 5 ‡	g	Noncash contributi 1a-1f \$	ions included in lines	2,822,544				
Cont	h	Total. Add line:	s 1 a - 1 f		14,600,216			
				Business Code				
in le	2a	Tuition and Fees		611310	128,209,643	128,209,643	0	(
eve eve	ь	Room and Board		611310	18,941,819	18,941,819	0	(
ee F	С	Off-Campus Progr	ams	611310	5,571,244	5,571,244	0	(
erw	d	Athletics		611310	2,126,336	1,932,156	194,180	(
Program Serwoe Revenue	e							
े इ	f	All other progra	am service revenue		2,335,443	2,142,383	5,721	187,339
<u>د</u> ا	g	Total. Add line:	s 2a-2f		157,184,485			
	3		come (including dividen				4 530	1 255 016
	_		ar amounts)		1,368,446 72,936	0	1,530	1,366,916 72,936
	4 5		stment of tax-exempt bond	proceeds	17,037	0	0	17,037
	,	Royalties :	(ı) Real	(II) Personal				
	6a	Gross rents	0	0				
	b	Less rental expenses	0	0				
	С	Rental income	0	0				
	d	or (loss) Net rental inco	me or (loss)		o	o	o	(
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	35,509,000	0				
	Ь	Less cost or other basis and	31,914,259	О				
	С	sales expenses Gain or (loss)	3,594,741	0				
	d	Net gain or (los	ss)		3,594,741	o	o	3,594,741
e n	8a		from fundraising					
svenu		of contributions	s reported on line 1c)					
r Kevenu		\$123	s reported on line 1c)	90,015				
iher Kevenu	b	\$ 123 of contributions See Part IV, lir	s,678 s reported on line 1c) ne 18	90,015 137,491				
Other Revenu	b c	\$ 123 of contributions See Part IV, lir Less direct ex	s,678 s reported on line 1c) ne 18 a	137,491	-47,476		0	-47,476
Other Revenue	С	\$ 123 of contributions See Part IV, lir Less direct ex Net income or Gross income f	s,678 s reported on line 1c) ne 18 a spenses b	137,491	-47,476		0	-47,476
Other Revenu	С	\$ 123 of contributions See Part IV, lin Less direct ex Net income or Gross income f See Part IV, lin Less direct ex	s,678 s reported on line 1c) ne 18 a spenses b (loss) from fundraising of from gaming activities ne 19 a spenses b	137,491 events			0	
Other Revenu	c 9a b c	\$ 123 of contributions See Part IV, lin Less direct ex Net income or Gross income of See Part IV, lin Less direct ex Net income or	a reported on line 1c) he 18	137,491 events	-47,476 575	0	0	
Other Revenu	c 9a b	\$ 123 of contributions See Part IV, lin Less direct ex Net income or Gross income f See Part IV, lin Less direct ex Net income or	a spenses b (loss) from gaming activities ne 19 a spenses b (loss) from fundraising activities ne 19 a spenses b (loss) from gaming activities ne the transfer of the transfer o	137,491 events		0	0	
Omer revenu	c 9a b c 10a	\$ 123 of contributions See Part IV, lir Less direct ex Net income or Gross income of See Part IV, lir Less direct ex Net income or Gross sales of returns and allo	s reported on line 1c) ne 18	137,491 events		0	0	
Omer nevenu	c 9a b c 10a	\$ 123 of contributions See Part IV, lir Less direct ex Net income or Gross income f See Part IV, lir Less direct ex Net income or Gross sales of returns and allo Less cost of g Net income or	s,678 s reported on line 1c) ne 18 a spenses b (loss) from fundraising of from gaming activities ne 19 a spenses b (loss) from gaming activities inventory, less owances . a oods sold b (loss) from sales of inventory	137,491 events		0	0	
Omer nevenu	c 9a b c 10a	\$ 123 of contributions See Part IV, lir Less direct ex Net income or Gross income of See Part IV, lir Less direct ex Net income or Gross sales of returns and allo	s,678 s reported on line 1c) ne 18 a spenses b (loss) from fundraising of from gaming activities ne 19 a spenses b (loss) from gaming activities inventory, less owances . a oods sold b (loss) from sales of inventory	137,491 events		0	0	
Other Revenu	c 9a b c 10a b	\$ 123 of contributions See Part IV, lir Less direct ex Net income or Gross income f See Part IV, lir Less direct ex Net income or Gross sales of returns and allo Less cost of g Net income or	s,678 s reported on line 1c) ne 18 a spenses b (loss) from fundraising of from gaming activities ne 19 a spenses b (loss) from gaming activities inventory, less owances . a oods sold b (loss) from sales of inventory	137,491 events		0	0	
Other Revenu	c 9a b c 10a b c	\$ 123 of contributions See Part IV, lir Less direct ex Net income or Gross income f See Part IV, lir Less direct ex Net income or Gross sales of returns and allo Less cost of g Net income or	s,678 s reported on line 1c) ne 18 a spenses b (loss) from fundraising of from gaming activities ne 19 a spenses b (loss) from gaming activities inventory, less owances . a oods sold b (loss) from sales of inventory	137,491 events		0	0	
Other Revenu	c 9a b c 10a b c	s 123 of contributions See Part IV, lir Less direct ex Net income or Gross income if See Part IV, lir Less direct ex Net income or Gross sales of returns and allo Less cost of g Net income or Miscellaneou	s,678 s reported on line 1c) ne 18 a spenses b (loss) from fundraising of from gaming activities ne 19 a spenses b (loss) from gaming activities inventory, less owances . a oods sold b (loss) from sales of inventory	137,491 events		0	0	
Other Revenu	c 9a b c 10a b c	s 123 of contributions See Part IV, lir Less direct ex Net income or Gross income if See Part IV, lir Less direct ex Net income or Gross sales of returns and allo Less cost of g Net income or Miscellaneou	s reported on line 1c) ne 18	137,491 events		0	0	-47,476 57 <u>9</u>

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Grants and other assistance to individuals in the

Compensation of current officers, directors, trustees, and

Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .

and 403(b) employer contributions)

Other employee benefits

Accounting

Other (If line 11g amount exceeds 10% of line 25. column (A) amount, list line 11g expenses on Schedule O)

state, or local public officials

Conferences, conventions, and meetings

Depreciation, depletion, and amortization

Other expenses Itemize expenses not covered above (List

miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)

Payments of travel or entertainment expenses for any federal,

Unrelated business income taxes

Non-professional services

d Dining hall service

e All other expenses

Payments to affiliates

Allocation of indirect expenses reported in Column

Total functional expenses. Add lines 1 through 24e

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 ► T if following SOP 98-2 (ASC 958-720)

Professional fundraising services See Part IV, line 17

Investment management fees

Advertising and promotion

Office expenses

Information technology

Royalties . .

Pension plan accruals and contributions (include section 401(k)

Grants and other assistance to governments. organizations, and individuals outside the United

United States See Part IV, line 22

States See Part IV, lines 15 and 16

Fees for services (non-employees)

Legal

Management

Benefits paid to or for members

kev employees . . .

Other salaries and wages

251,075

1,254,594

93,792

34,042

115,071

0

0

0

0

0

0

0

19,913

22,562

10

0

111

119,471

191,121

0 0

0

0

0

224,300

103,778

63,644

Form 990 (2012)				Page 10
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must complete all columns A	ll other organizat	ions must comp	lete column (A)	
Check if Schedule O contains a response to any question in this l	Part IX			
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV. line 21	400.000	400.000		

108,000

57,189,408

1,760,004

2,792,850

43,670,539

3,405,338

9,208,741

3,761,261

348,708

104,750

113,452

2,178,357

524,414

3,756,723

1,233,538

3,584,642

3,023,830

2,905,465

3,306,077

6,095,809

938,937

6,500

4,386,806

-158,398

5,504,561

3,321,495

163,105,428

33,621

Λ

0

108,000

57,189,408

1,760,004

1,401,153

32,161,948

2,516,863

5,108,602

2,732,057

1,438,403

1,818,537

187,717

34,056

33,621

507,462

2,415,500

1,689,268

3,157,091

3,811,257

2,915,466

11,540,395

5,504,561

2,788,922

141,688,460

868,169

n

0

0

0

0

1,140,622

10,253,997

794,683

914,133

348,708

104,750

113,452

739,954

316,784

1,915,624

1,199,472

3,077,069

1,025,076

148,986

2,284,552

7,124

6,500

1,247,040

-11,802,571

488,859

0

4,066,097

Part X Balance Sheet

2 Savings and temporary cash investments	Pal	rt X	Check if Schedule O contains a response to any question in thi	s Pai	tx			
2 Savings and temporary cash investments								
3 Pledges and grants receivable, net 9.817,849 3 12,273,1484 2,330,821 5 2,558,686 4 2,330,821 5 5 2,558,686 4 2,330,821 5 5 2,558,686 4 2,330,821 5 5 2,558,686 4 2,330,821 5 2,558,686 4 2,330,821 5 2,558,686 4 2,330,821 5 2,558,686 4 2,330,821 5 2,558,686 4 2,330,821 5 2,558,686 4 2,330,821 5 2,558,686 4 2,330,821 5 2,558,686 5 2,558,686 6 2,558,68		1	Cash—non-interest-bearing			15,182	1	15,045
A counts receivable, net 2,500,600 4 2,300,021		2	Savings and temporary cash investments			8,318,288	2	6,990,530
Solution Complete Complete		3	Pledges and grants receivable, net			9,617,849	3	12,573,848
### Part		4	Accounts receivable, net			2,508,696	4	2,330,821
Section Comparison Compa		5	employees, and highest compensated employees Complete Pa	art II	of	0	5	23 250
Section Sec	ıts	6	4958(f)(1)), persons described in section $4958(c)(3)(B)$, and and sponsoring organizations of section $501(c)(9)$ voluntary e	contr mplo	ibuting employers			
Section Sec	85	,	Notes and leans reservable not					
9	Ą							· · ·
10a		_						
11 Investments—publicity traded securities 100 92,961,758 177,602,696 100 188,723,003 11 Investments—publicity traded securities 30,339,624 11 25,443,633 12 Investments—program-related See Part IV, line 11 105,326,176 12 118,032,367 13 Investments—program-related See Part IV, line 11 0 13 0 0 14 0 0 14 0 0 15 Other assetts See Part IV, line 11 21,117,693 15 1,951,187 16 Total assets See Part IV, line 11 21,117,693 15 1,951,187 16 Total assets See Part IV, line 11 21,117,693 15 1,951,187 16 Total assets Add lines 1 through 15 (must equal line 34) 340,210,998 16 360,241,679 17 3,941,794 18 Grants payable and accrued expenses 9,175,401 17 3,941,794 18 Grants payable 6,975,741 19 7,584,528 19 Deferred revenue 7,527,672 20 74,136,398 19 Deferred revenue 7,527,672 20 74,136,398 19 Deferred revenue 9,27 13,23,300 19 19 19 19 19 19 19			Land, buildings, and equipment cost or other basis		1	772,000	3	030,545
11 Investments—publicity traded securities \$0.339,824 11 25,443,633 12 Investments—other securities \$6.975,776 12 118,032,367 13 Investments—other securities \$6.975,776 13 105,328,176 12 118,032,367 13 Investments—program-related \$6.975,776 13 0 14 0 0 13 0 0 14 0 0 14 0 0 14 0 0 15 0 0 14 0 0 15 0 0 14 0 0 15 0 0 14 0 0 15 0 0 14 0 0 15 0 0 16 0 0 0 16 0 0 0 0 0 0 0 0 0		ь	· · · · · · · · · · · · · · · · · · ·		92.961.758	177.602.695	10c	188.723.003
12 Investments—other securities See Part IV, line 11 105,326.176 12 118,032.967 13 10 14 0 0 13 0 0 14 0 0 14 14 14 1			' L		' '			<u> </u>
13			• •					118,032,367
14						· · · ·		0
15						0		0
16 Total assets. Add lines 1 through 15 (must equal line 34) 340,210,989 16 360,241,679						2.117.983		1.951.187
17								
18 Grants payable 0 18 0 0 18 0 0 19 Deferred revenue 6,975,741 19 7,584,528 20 74,136,398 20 Tax-exempt bond liabilities 76,527,872 20 74,136,398 21 Escrow or custodial account liability Complete Part IV of Schedule D 0 21 0 0 22 0 0 0 22 0 0								<u> </u>
19						· · · · · ·		0
20 Tax-exempt bond liabilities 76,527,872 20 74,136,388 21 Escrow or custodial account liability Complete Part IV of Schedule D 0 21 0 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 0 22 0 23 Secured mortgages and notes payable to unrelated third parties 0 23 0 24 Unsecured notes and loans payable to unrelated third parties 0 24 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 7,763,975 25 7,904,049 26 Total liabilities Add lines 17 through 25 100,442,989 26 97,966,679 27 Unrestricted net assets 124,391,000 27 134,323,000 28 Temporarily restricted net assets 124,391,000 27 134,323,000 29 Permanently restricted net assets 124,391,000 29 77,056,000 29 77,056,000 29 77,056,000 29 77,056,000 29 77,056,000 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 239,768,000 33 262,275,000						6,975,741		7,584,528
21 Escrow or custodial account liability Complete Part IV of Schedule D							20	74,136,398
Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L							21	0
24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	- An	l	Loans and other payables to current and former officers, direct	ors, t				
24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	<u> </u>		persons Complete Part II of Schedule L			0	22	0
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		23	Secured mortgages and notes payable to unrelated third partie	s.		0	23	0
and other liabilities not included on lines 17-24) Complete Part X of Schedule D		24	Unsecured notes and loans payable to unrelated third parties			0	24	0
26 Total liabilities. Add lines 17 through 25		25						
Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets								<u> </u>
lines 27 through 29, and lines 33 and 34. 124,391,000 27 134,323,000 27		26				100,442,989	26	97,966,679
complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	ce s			▼ ar	id complete			
complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	lan L	27	Unrestricted net assets			124,391,000	27	134,323,000
complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	E E	28	Temporarily restricted net assets	•		42,321,000	28	50,896,000
complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	핃	29	Permanently restricted net assets			73,056,000	29	77,056,000
33 Total net assets or fund balances	or Fu			ere 🕨	- ┌─ and			
33 Total net assets or fund balances	8	30	Capital stock or trust principal, or current funds				30	
33 Total net assets or fund balances	Ř	31	Paid-in or capital surplus, or land, building or equipment fund				31	
33 Total net assets or fund balances 239,768,000 33 262,275,000 34 Total liabilities and net assets/fund balances 340,210,989 34 360,241,679	AS	32	Retained earnings, endowment, accumulated income, or other to	funds			32	
34 Total liabilities and net assets/fund balances	章	33	Total net assets or fund balances			239,768,000	33	262,275,000
	~	34	Total liabilities and net assets/fund balances			340,210,989	34	360,241,679

Par	t XI Reconcilliation of Net Assets			<u>.</u>	
	Check if Schedule O contains a response to any question in this Part XI		• •	• •	I×
1	Total revenue (must equal Part VIII, column (A), line 12)	1		176,7	90,960
2	Total expenses (must equal Part IX, column (A), line 25)	2		163,1	.05,428
3	Revenue less expenses Subtract line 2 from line 1	3		13,6	85,532
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		239,7	68,000
5	Net unrealized gains (losses) on investments	5		8,8	320,214
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			1,254
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		262,2	275,000
Par	t XII Financial Statements and Reporting			•	
	Check if Schedule O contains a response to any question in this Part XII				. F
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed on			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
Ь	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	arate			
	▼ Separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	it of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain i Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	е	За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b	Yes	

Software ID: 12000197 Software Version: v1.00

EIN: 93-0401259

Name: UNIVERSITY OF PORTLAND

Form 990, Part VII - Compensation of Compensated Employees, and Indepe	ndent Contra	ectors			ees,	, Key	, En	I	I	I
(A) Name and Title	(B) Average hours per week (list any	dıre	than	o not one son is er an trust	box s bot d a tee)	, th	T	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related
	hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Office	Key employee	Highest compensated employee	Former			organizations
Mr Joseph B Allegretti Trustee	0	Х						0	0	0
Rev Jeffrey L Allison CSC Trustee	40 00 0	х						50,447	0	10,994
Mr Thomas D Arndorfer Trustee	1 0	х						0	0	0
Mr Richard Baek Trustee	1 0	х						0	0	0
Mr Ralph G Bliquez Trustee	1 0	х						0	0	0
Mr John G Block Trustee	0	х						0	0	0
Mrs Mary R Boyle Trustee	1 0	х						0	0	0
Mrs Nancy K Bryant Trustee	1 0	х						0	0	0
Mrs Annie T Buell Trustee	1 0	х						0	0	0
Ms Catherine David Buley Trustee	1 0	х						0	0	0
Ms Sarah N Carroll Trustee	1 0	х						0	0	0
Mr Matthew W Chapman Trustee	1 0	х						0	0	0
Mr Earle M Chiles Trustee	1 0	х						0	0	0
Mr Kevin M Cooper Trustee	1 0	х						0	0	0
Mr Russell E Danielson Trustee	1 0	х						0	0	0
Mr Frank D Dulcich Trustee	0	х						0	0	0
Rev Carl F Ebey CSC Trustee	1 0	х						0	0	0
Mr Patrick J Fennessy Trustee	1 0	х						0	0	0
Mr Robert W Franz Trustee	1 0	х						0	0	0
Mr Mark B Ganz Trustee	1 0	х						0	0	0
Rev Peter A Jarret CSC Trustee	1 0	х						0	0	0
Ms Patricia K Johnson Trustee	1 0	х						0	0	0
Mr Charles Keller Trustee	1 0	х						0	0	0
Mr Kasey Keller Trustee	1 0	х						0	0	0
Mr Patrick H Kessi Trustee	0	х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (B) (C) (D) (E) (F) Name and Title Position (do not check Reportable Reportable Estimated amount Average hours more than one box, compensation compensation of other unless person is both from the per from related compensation organization (Worganizations (Wweek an officer and a from the (lıst director/trustee) 2/1099-MISC) 2/1099-MISC) organization and related any Former Highest compensated employee Individual 1 or director Institutional hours organizations for employee related organizations trustaa below Trustee dotted line) 1 Rev James R Lackenmier CSC Х 0 0 0 Trustee 0 1 Mr Keith R Larson 0 0 0 Trustee 1 Rev William Lies CSC 0 0 0 Х Trustee 0 1 Mr D Allen Lund Х 0 0 0 Trustee 0 1 Mr Luis Machuca 0 0 0 Trustee 0 1 Rev Edward A Malloy CSC 0 0 0 Х Trustee 0 1 Mr Ralph Miller 0 0 Х 0 Trustee 0 1 Mr Timothy J Morgan 0 0 0 Trustee 0 1 Mr James P Murphy Χ 0 0 Trustee 0 1 Rev Thomas O'Hara CSC 0 0 0 Х 0 1 Mr James T Price Χ 0 0 0 Trustee Ω 1 Mrs Larree M Renda 0 0 Χ Trustee 0 1 Dr Don V Romanaggı 0 0 0 Х 0 1 Rev John Ryan CSC 0 Х 0 0 Trustee 0 1 Mr Stephen L Shepard 0 0 0 Trustee 0 1 Ms Mılann Sıegfrıed 0 0 0 Х Trustee 0 1 Ms Darlene Shiley 0 0 0 Х Trustee 0 1 Mr Karl A Smith Χ 0 0 0 Trustee 0 1 Mr Edwin A Sweo Х 0 0 0 Trustee 0 1 Mr William R Tagmyer 0 0 0 Χ 0 1 Mr Thomas J Tomjack Х 0 0 0 Trustee 0 1 Ms Kay Dean Toran Х 0 0 0 Trustee 0 1 Mr Ted R Winnowski 0 Χ 0 0 Trustee 0 1 Mr Eugene J Wızer 0 0 Х 0 Trustee 0 1 Mr Darryl P Wong 0 0 Trustee 0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (A) (C) (D) (E) (F) Name and Title Position (do not check Reportable Reportable Estimated amount Average hours more than one box, compensation compensation of other unless person is both from the from related per compensation an officer and a organization (Worganizations (Wweek from the director/trustee) 2/1099-MISC) 2/1099-MISC) (list organization and any related Former <u>9</u> Individual trustae or director Highest compensated employee Institutional Trustee hours organizations for employee related organizations below dotted line) 1 Dr Carolyn Y Woo Х 0 0 Trustee 0 40 Rev William Beauchamp CSC Х Χ 319,834 0 77,098 President 0 40 Br Donald Stabrowski CSC Χ 123,133 0 17,491 Provost 0 40 Mr Thomas Greene Χ 176,302 0 20,474 Provost 40 Rev Mark Poorman CSC 0 Χ 190,414 39,865 Executive Vice President 0 40 Mr James Lyons Χ 159,705 0 89,170 Vice President - University Relations 40 Mr Gerard Olinger CSC 0 Χ 185,626 35,591 Vice President - Student Affairs 0 40 Mr Alan Tımmıns Χ 176,561 0 4,067 Vice President - Financial Affairs 0 40 Mr James Ravellı 0 Х 175,040 27,790 Vice President - University Operations 0 40 Mr Michael Andrews Χ 140,718 0 23,869 Dean - College of Arts and Sciences 0 40 Mr John Watzke Χ 160,672 0 33,953 Dean - School of Education 40 Mr Robin Anderson 44,697 Χ 220,095 0 Dean - Pamplin School of Business 0 40 Ms Sharon Jones Χ 0 182,731 58,821 Dean - Shiley School of Engineering 0 40 Ms Joanne Warner Χ 161,853 0 26,832 Dean - School of Nursing 0 40 Mr Eric Reveno 0 Χ 394,808 60,301 Men's Basketball Coach 0 40 Mr Mojtaba Takallou Х 196,981 0 39,386 Associate Professor 0 40 Mr Howard Feldman Х 0 154,066 32,757 Associate Professor 0 40 Mr Agun Chatrath 0 Х 162,940 29,473 Professor 0 40 Mr Brian Adams 0 Х 154,647 33,596 Associate Professor 0

40

0

Χ

127,893

0

21,106

Mr Zia Yamayee

Vassallo Distinguished Professor

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493030002164

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

UNIVERSITY OF PORTLAND

Department of the Treasury Internal Revenue Service

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. ▶ See separate instructions.

Open to Public Inspection

									93-04012		
	rt I			blic Charity Sta						structions	
	rganı		•	te foundation becaus	•			•	•		
1	<u> </u>		•	ion of churches, or a				ection 170(l	o)(1)(A)(i).		
2	굣	A scho	ol described	d in section 170(b)(1	L)(A)(ii). (At	tach Schedi	ule E)				
3	Г	A hosp	ital or a cod	perative hospital se	rvice organiz	zatıon descr	ıbed ın sectio	n 170(b)(1)	(A)(iii).		
4	Γ			h organization opera	ted ın conjun	iction with a	hospital des	cribed in sec	tion 170(b)(1)(A)(iii). E	Enter the
_	_	hospita	al's name, c	ity, and state						1 1 1	
5	ı	_	•	erated for the benefi	_	e or universi	ty owned or o	perated by a	a government	ai unit desc	cribed in
	_			(A)(iv). (Complete P	· ·						
6	<u> </u>		•	local government o	_						
7	ı			at normally receives			support from	a governme	ental unit or fi	om the gen	eral public
8	\vdash			on 170(b)(1)(A)(vi).	• •	,	nnlete Dart II				
9	<u>'</u>		A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 33½% of its support from contributions, membership fees, and gross								
,	,	_	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of								
		•		oss investment inco	•	=					
		•		ganızatıon after June				•		cax, nom be	1311103303
10	_			ganization after June ganized and operate							
11	<u>'</u>	_		•	•		•		. , . ,		+h
11	ı	_		ganized and operated ly supported organiz	,		, ,		,	•	
				ibes the type of supp							os(a)(s): eneck
				b Type II c						n-function	ally integrated
e	\vdash	By che	cking this b	ox, I certify that the	organization	ı ıs not contı	rolled directly	or indirectl	y by one or n	nore disqua	lified persons
				ion managers and ot	her than one	or more pub	olicly support	ed organizat	ions describ	ed in sectio	n 509(a)(1) or
£			1509(a)(2)		atarmınatıan	from the ID	C that it is a	Tuno I Tun	o II or Typo	III cupport	ing organization
f			this box	received a written d	etermination	from the 1K	S that it is a	Type I, Typ	e II, or Type	III Support	ing organization,
g				2006, has the organ	ızatıon accer	oted any gift	or contributi	on from any	of the		'
_			ng persons?					·			
		(i) A p	erson who d	irectly or indirectly o	controls, eith	ier alone or t	together with	persons des	scribed in (ii)		Yes No
		•		governing body of th	• •	3	n?			110	
		(ii) A f	amıly memb	er of a person descr	ıbed ın (ı) ab	ove?				11g	(ii)
		(iii) A	35% contro	lled entity of a perso	on described	ın (ı) or (ıı) a	above?			11g	(iii)
h		Provide	e the followi	ng information about	the supporte	ed organızat	ion(s)				
									_		_
•) Nan		(ii) EIN	(iii) Type of	(iv) Is		(v) Did you	•	(vi) Is		(vii) A mount of
	uppo			organization	organizati		the organiz		organizati		monetary
OI	yanız	ation		(described on lines 1- 9 above	col (i) list		ın col (i) o suppor	•	col (i) org		support
				or IRC section	docume	_	Заррог		"" "" "	J	
				(see							
				instructions))	Yes	No	Yes	No	Yes	No	1
					1.55	 	1.55		1		+
	1										+

Sch	edule A (Form 990 or 990-EZ) 2012							Page 2
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	iplete Pa	rt III.)	
	ection A. Public Support endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2	312	(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 through 3							
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							
6	(f) Public support. Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	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							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	First five years. If the Form 990 is this box and stop here							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and stop here. The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	► □
b	33 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and stop here. The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,	▶ □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							▶ ┌

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 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 (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
_	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
11	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)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					<u> </u>
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493030002164

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Open to Public

Interna	al Revenue Service	► Attach to For	m 990. ► See separate instructions.	Inspect	tion
	me of the organ			Employer identification number	er
				93-0401259	
Pa		nizations Maintaining Donor Adv		unds or Accounts. Complet	te if the
	organi	zation answered "Yes" to Form 990	, Part IV, line 6. (a) Donor advised funds	(b) Funds and other accou	ıntc
1	Total number a	at end of year	(a) Donor advised funds	(b) rulius aliu otilei accot	IIICS
2		tributions to (during year)			
3		nts from (during year)			
4		ue at end of year			
5		zation inform all donors and donor adviso	L	or advised	
,	funds are the o	organization's property, subject to the or	ganization's exclusive legal control?	☐ Yes	┌ No
6		zation inform all grantees, donors, and de charitable purposes and not for the benef			
		ermissible private benefit?	to of the delief of delief davisor, or for di	√ Yes	┌ No
Pa	rt III Conse	ervation Easements. Complete ıf	the organization answered "Yes" to	o Form 990, Part IV, line 7.	
1		conservation easements held by the org			
		on of land for public use (e g , recreation		historically important land area	
	<u></u>	of natural habitat	Preservation of a c	certified historic structure	
	☐ Preservati	on of open space			
2		s 2a through 2d if the organization held a	a qualified conservation contribution in t	he form of a conservation	
	easement on t	he last day of the tax year	1	Held at the End of the	V
а	Total number of	of conservation easements		2a	rear
a b		restricted by conservation easements		2b	
c	_	servation easements on a certified histo	oric structure included in (a)	2c 2c	
d		servation easements included in (c) acq	· · · · · · · · · · · · · · · · · · ·		
ď		ure listed in the National Register		2d	
3	Number of con	servation easements modified, transferr	ed, released, extinguished, or terminate	d by the organization during	
	the tax year ►	·			
4	Number of stat	tes where property subject to conservat	ion easement is located 🛌		
5	Does the orga	nization have a written policy regarding t f the conservation easements it holds?		dling of violations, and	┌ No
			sting and enforcing concernation eacon	·	, 140
6	Stall allu volul	nteer hours devoted to monitoring, inspe	cting, and emorcing conservation easen	nents during the year	
	A mount of own	 penses incurred in monitoring, inspecting	and opforming concernation accomments	dumpa the year	
7	•	renses incurred in monitoring, inspecting	, and emorcing conservation easements	s during the year	
			d) above estimate the requirements of soci	tion 170/h)/4)/D)/i)	
8		nservation easement reported on line 2(o 70(h)(4)(B)(ii)?	a) above satisfy the requirements of sec	Yes	┌ No
9		lescribe how the organization reports cor , and include, if applicable, the text of the			
		on's accounting for conservation easeme		statements that accerbes	
Pai		nizations Maintaining Collection lete if the organization answered "Y		or Other Similar Assets.	
1a		tion elected, as permitted under SFAS 1			
		ıstorıcal treasures, or other sımılar asse de, ın Part XIII, the text of the footnote t			ıc
b	works of art, h	ition elected, as permitted under SFAS 1 istorical treasures, or other similar asse de the following amounts relating to thes	ts held for public exhibition, education,		lic
	(i) Revenues i	included in Form 990, Part VIII, line 1		▶ \$	
	(ii) Assets inc	luded in Form 990, Part X		► \$	
2	If the organiza	ition received or held works of art, histor ints required to be reported under SFAS		· 	
а	_		(/	b. #	
a	Kevenues incl	uded in Form 990, Part VIII, line 1		► \$	

b Assets included in Form 990, Part X

Part	Organizations Maintaining Co	<u>llections of Ar</u>	t, His	storical li	<u>easures, or (</u>	<u>tne</u>	r Similar As	<u>sets (co</u>	ontinued)_
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other reco	rds, cl	heck any of	the following that	are a	ı sıgnıfıcant use	ofits	
а	Public exhibition		d	┌ Loan	or exchange prog	rams	;		
b	Scholarly research		e	┌ Othe	r				
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and expl	aın ho	w thev furth	er the organizatio	n's ex	xempt purpose	ın	
	Part XIII				_			111	
5	During the year, did the organization solicitions assets to be sold to raise funds rather than							┌ Yes	□ No
Par	t IV Escrow and Custodial Arrang		-				'es" to Form 9	90,	
	Part IV, line 9, or reported an ar	nount on Form 9	90, P	art X, line	21				
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other interm	nediary	for contribu	itions or other as	sets	not	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II and complete the	e follo	wing table	,				
							Ar	nount	
С	Beginning balance					1 c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance				l	1f			
2a	Did the organization include an amount on F	orm 990, Part X, lir	ne 21?	•				┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	e expla	anation has	been provided in	Part	XIII		\vdash
Pa	rt V Endowment Funds. Complete								
		(a)Current year	(b)	Prior year	b (c)Two years bac	_	·	(e) Four y	
1a	Beginning of year balance	109,322,725		106,192,116	87,175,50		74,082,444		99,889,494
b	Contributions	3,217,045		3,075,240	6,984,14	15	4,788,487		2,676,606
С	Net investment earnings, gains, and losses	12,265,872		3,299,103	15,651,17	, ₂	11,472,608	-:	23,703,012
d	Grants or scholarships	1,764,450		1,847,921	1,968,25		1,732,782		2,033,521
e	Other expenditures for facilities								
	and programs	888,114		1,395,812	1,650,45	_	1,435,256		2,747,123
f	Administrative expenses	0		0		0	0		0
g	End of year balance	122,153,078		109,322,726	106,192,11	.6	87,175,501		74,082,444
2	Provide the estimated percentage of the cur	rent year end balar	nce (lir	ne 1g, colum	n (a)) held as				
а	Board designated or quasi-endowment 🕨	17 %							
b	Permanent endowment ► 83 %								
С	Temporarily restricted endowment ►) %							
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%							
За	Are there endowment funds not in the posse	ssion of the organi	zatıon	that are hel	d and administere	d for	the		
	organization by						[a-	Yes	No
	(i) unrelated organizations		•			•	3a(_	No
ь	(ii) related organizations					•	3		1
4	Describe in Part XIII the intended uses of the	•				•			<u> </u>
Par	t VI Land, Buildings, and Equipme				10.				
	Description of property		·	(a) Cost or basis (invest	other (b)Cost or o		(c) Accumulated depreciation	(d) Bo	ook value
1a	Land			†	0 4,03	8,339		1	4,038,339
	Buildings		•		0 182,72			1	12,391,290
	Leasehold improvements				0	0		0	0
	Equipment				0 48,34			-	8,368,976
	7. th a				0 46,57				33,924,398
	I. Add lines 1a through 1e (Column (d) must e			ımn (B), lıne			<u> </u>		38,723,003

Part VIII Investments—Other Securities. Se	e Form 990, Part X, line 12.	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	+	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
(3)Other	E E16 290	E
(A) Private equity investments	5,516,380	F
(B) Beneficial interest in assets held by others	112,515,987	F
(S) Selfellar interest in assets field by stillers	112/310/301	·
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	118,032,367	
Part VIII Investments—Program Related. S		
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
	+ +	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	+	
Part IX Other Assets. See Form 990, Part X,	line 15.	
	ription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line	15.)	
Part X Other Liabilities. See Form 990, Part	t X, line 25.	
1 (a) Description of liability	(b) Book value	
Federal income taxes	0	
Annuities payable	5,213,915	
Advances from federal government for student loans	2,690,134	
	+	
	<u> </u>	
	 	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	7 004 040	
	7,904,049	
2. Fin 48 (ASC 740) Footnote In Part XIII, provide the t	ext of the footnote to the organizati	on's financial statements that reports the

	,		5
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	127,088,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments 2a 8,820,214		
b	Donated services and use of facilities 2b 286,790		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	9,246,040
3	Subtract line 2e from line 1	3	117,841,960
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 0		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4 c	58,949,000
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	176,790,960
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	104,581,000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	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	2e	424,572
3	Subtract line 2e from line 1	3	104,156,428
4	A mounts 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 4a 0		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	58,949,000
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	163,105,428

Part XIII Supplemental Information

Complete this part to 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

Identifier	Return Reference	Explanation
SchD_P05_S00_L03aı	Schedule D, Part V, Line 3a(i)	The University invests most of its endowment with a religious affiliate that shares the University's Catholic ministry and education mission. These assets are held in the affiliate's endowment and are invested for the University's benefit.
SchD_P05_S00_L04	Schedule D, Part V, Line 4	The endowment supports a wide spectrum of campus life including student scholarships, faculty development efforts, the library, and a variety of other academic and student service programs
SchD_P11_S00_L02d	Schedule D, Part XI, Line 2d	Other reconciling items include fundraising expenses included in Part VIII (137,491), gaming expenses included in Part VIII (575), and rounding
SchD_P11_S00_L04b	Schedule D, Part XI, Line 4b	Scholarships of \$58,949,000 are included in the University's financial statements as contra-revenue. They are revenue and expense in the 990
SchD_P12_S00_L02d	Schedule D, Part XII, Line 2d	Other reconciling items include fundraising expenses included in Part VIII (137,491), gaming expenses included in Part VIII (\$575), and rounding
SchD_P12_S00_L04b	Schedule D, Part XII, Line 4b	Scholarships of \$58,949,000 are included in the University's financial statements as contra-revenue. They are revenue and expense in the 990

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DLN: 93493030002164

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Schools

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ► Attach to Form 990 or Form 990-EZ.

Name of the organization **Employer identification number** UNIVERSITY OF PORTLAND 93-0401259 Part I YES NO 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 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes 4d Yes d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? Νo 5a **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo 5h Νo h Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a 6a Does the organization receive any financial aid or assistance from a governmental agency? Yes b Has the organization's right to such aid ever been revoked or suspended? Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05

of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

Yes

Part II Supplemental Information. Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions)

ldentifier	Return Reference	Explanation
SchE_P01_S00_L03	Schedule E, Part I, Line 3	To supplement its nondiscriminatory practices, the University publishes annually an advertisement of its nondiscriminatory policy in the primary regional newspaper. The policy is featured on the University's website and in public communications as described in Line 2.
SchE_P01_S00_L06	Schedule E, Part I, Line 6	The University participates in a variety of federal and state student grant and aid programs, including Pell Grants, Academic Competitiveness Grants, SMART Grants, Supplemental Educational Opportunity Grants, and Oregon Opportunity Grants

Schedule E (Form 990 or 990-EZ) 2012

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DLN: 93493030002164

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public

Internal Revenue Service		Inspection
Name of the organization		Employer identification number
UNIVERSITY OF PORT	LAND	93-0401259

Part I	General Information or	Activities Outside the United States	. Complete if the organization answered
	"Yes" to Form 990, Part IV	, line 14b.	

- For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award No
- For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside 2 the United States.
- Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	offices in the region	employees, agents, and independent contractors in region	(d) ACTIVITIES CONDUCTED IN region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(1) Total expenditures for and investments in region
Europe (including Iceland and Greenland)	1	7	1 -	Study abroad programming	3,568,415
North America (including Canada and Mexico, but not the United States)	0	2	Program Services	Post-graduate education	97,992
East Asia and the Pacific	0	1	"	Study abroad programming	1,212,873
South America	0	0	1 -	Study abroad programming	19,275
Sub-Saharan Africa	0	0	-	Study abroad programming	71,363
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	1	10			4,969,918

(b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
2	2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter									
3	Enter total number of other organizations or entities									

Schedule F (Form 990) 2012

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.							
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	Iceland and Greenland)	88		Credit to student account	0		
Scholarships for tuition, fees, and room & board		23		Credit to student account	0		
Scholarships for tuition, fees, and room & board	South America	1	19,275	Credit to student account	0		

Part IV Foreign Forms

Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organizationmay be required to 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) Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471) Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621) Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865) Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).		5, Return by a U.S. Transferor of Property to a Foreign Corporation (see
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) 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621) 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865) 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form	ec iit	Report Transactions with Foreign Trusts and Receipt of Certain Foreign on Return of Foreign Trust With a U.S. Owner (see Instructions for
electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621) 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865) 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form	rg	71, Information Return of U.S. Persons with Respect to Certain Foreign
organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865) 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form	le	the organization may be required to file Form 8621, Return by a
the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form	rg	55, Return of U.S. Persons with Respect to Certain Foreign Partnerships.
	he	5713, International Boycott Report (see Instructions for Form

Schedule F (Form 990) 2012

Part V Supplemental Information

Complete this part to 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).

		y additional information (see instructions).
Identifier	ReturnReference	Explanation
SchF_P01_S00_L02	Schedule F, Part I, Line 2	Scholarships and grants are distributed to students by posting the funds directly to their student accounts to offset charges fo tuition, fees, and room and board. Any remaining credit is refunded to the student via check or direct deposit for use in purchasing books, housing, food, etc.
	L	Schedule F (Form 990) 2012

DLN: 93493030002164

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Name of the organization

UNIVERSITY OF PORTLAND

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding

Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

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

Open to Public Inspection

Employer identification number

						93-0401259	
Pa	rt I Fundraising Act	ivities. Complete	e if the or	ganızatı	ion answered "Yes" t	o Form 990, Part IV	, line 17.
1	Indicate whether the organ	uzation raised funds	through ar	ny of the 1	following activities Che	ck all that apply	
а	Mail solicitations			e	Solicitation of non	-government grants	
b	b Internet and email solicitations			f	☐ Solicitation of gov	ernment grants	
C	Phone solicitations			g	Special fundraisin	g events	
d	In-person solicitations	5					
2a	Did the organization have a or key employees listed in						Г Yes Г No
b	If "Yes," list the ten highes to be compensated at leas			undraiser	rs) pursuant to agreeme	ents under which the fur	ndraiser is
((i) Name and address of Individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
			Yes	No			
	-						
Tota	1			>			
3	List all states in which the licensing	organization is regis	stered or li	censed to	solicit funds or has be	en notified it is exempt	from registration or

Sche	dule	G (Form 990 or 990-EZ) 2012				Page 2	
Pa	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts of	aising event contribut				
		<u> </u>	(a) Event #1 Golf Tournament (event type)	(b) Event #2 Golf Tournament (event type)	(c) O ther events 2 (total number)	(d) Total events (add col (a) through col (c))	
₽	1	Gross receipts	104,667	7 40,040	68,986	213,693	
Revenue	2	Less Contributions	77,258	20,150	26,270		
ž	3	Gross income (line 1					
		minus line 2)	27,409				
	4	Cash prizes					
မှာ ()	5	Noncash prizes	17,436	4,278	214	21,928	
Expenses	6	Rent/facility costs	30,276	15,500	15,468	61,244	
	7	Food and beverages .	20,000	15,478	12,040	47,518	
Direct	8	Entertainment	(0	5,336	5,336	
Ξ	9	Other direct expenses .	1,46	5 0	0	1,465	
	10	Direct expense summary Add lir	nes 4 through 9 ın columr	n (d)		(137,491)	
	11	Net income summary Combine I	ine 3, column (d), and line	e 10	•	-47,476	
Par	t II			"Yes" to Form 990, Pa	irt IV, line 19, or repo		
Revenue		\$15,000 on Form 990-EZ, li	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))	
Rey	1	Gross revenue					
မှာ	2	Cash prizes					
sesued	3	Non-cash prizes					
மி	4	Rent/facility costs					
Direct	5	Other direct expenses					
		Volunteer labor	┌ Yes	┌ Yes	│ Yes_____		
		Direct expense summary Add line					
	8	Net gaming income summary Con	nbine lines 1 and 7 in colu	ımn (d)	<u> - .</u>		
9 a b							
10a b		re any of the organization's gaming Yes," explain	licenses revoked, suspei	nded or terminated during	the tax year?		

70ES	the organization operate gaming	activities with nonlinelinders		· · I Yes I No
.2		neficiary or trustee of a trust or a men		
	formed to administer charitable of	gaming?		· · · · Fyes F No
.3	Indicate the percentage of gamir	ng activity operated in		
а	The organization's facility			13a
b	An outside facility			13b
.4	Enter the name and address of th	ne person who prepares the organizati	on's gaming/special events books	and records
	Name ►			
	Address 🟲			
	revenue?	ntract with a third party from whom the		
	amount of gaming revenue retain	ed by the third party 🟲 \$		
C	If "Yes," enter name and address	s of the third party		
	Name 🟲			
	Address ►			
.6	Gaming manager information			
	Name 🟲			
	Gaming manager compensation I	\$ \$		
	Description of services provided	>		
	☐ Director/officer	Employee	Independent contractor	
.7	Mandatory distributions			
а	Is the organization required unde	er state law to make charitable distrib	utions from the gaming proceeds to	
	retain the state gaming license?			Г _{Yes} Г _{No}
b	Enter the amount of distributions	required under state law distributed t	to other exempt organizations or sp	ent
	<u> </u>	activities during the tax year 🟲 💲		
Par	columns (III) and (v), a	mation. Complete this part to pr and Part III, lines 9, 9b, 10b, 15b ditional information (see instructi	, 15c, 16, and 17b, as applical	
	Identifier	Return Reference	Explana	tion

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DLN: 93493030002164

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

UNIVERSITY OF PORTLAND

Schedule I

(Form 990)

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

Inspection Employer identification number 93-0401259

Part I General Infor	mation on Grants	and Assistance				•	
Does the organization method selection criteria useDescribe in Part IV the organization	ed to award the grants	orassistance?			lity for the grants or ass	ıstance, and	∇ Yes Γ I
	<u> </u>	Governments and	=		Complete if the or	aanization answorod	L "Voc" to
		recipient that receive					i les to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Congregation of Holy Cross US Province Inc PO Box 774 Notre Dame,IN 46556	32-0344245	501(c)(3)	100,000				General support
(2) Fulcrum Foundation 710 Ninth Avenue Seattle, WA 98104	16-1616262	501(c)(3)	8,000				Event sponsorship
		vernment organizations l					2
	.s. sigamzacions nacco	the line I table I			<u> </u>	· · · · ·	

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Scholarships from institutional funds for tuition, fees, and room & board	3386	54,235,829	0		
(2) Scholarships from annual donations for tuition, fees, and room & board	195	727,331	0		
(3) Scholarships from endowed donations for tuition, fees, and room & board	484	1,761,115	0		
(4) Scholarships from institutional match of government funds for tuition, fees, and room & board	251	465,133	0		

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
SchI_P01_S00_L02	, ,	Scholarships and grants are distributed to students by posting the funds directly to their student accounts to offset charges for tuition, fees, and room and board. Any remaining credit is refunded to the student via check or direct deposit for use in purchasing books, housing, food, etc. Contributions to exempt organizations that further the University's exempt purpose require approval of a vice president.

Schedule I (Form 990) 2012

DLN: 93493030002164

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization UNIVERSITY OF PORTLAND

Employer identification number

93-0401259

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	▼ Travel for companions			
	☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in 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	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers,			
	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
	,,			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		No
b	Any related organization?	5b		No
,	If "Yes," to line 5a or 5b, describe in Part III			110
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of			
а	The organization?	6a		No
ь	Any related organization?	6b		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		Νo
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	_		
		8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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 in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) 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

(A) Name and Title	(B) Breakdown of	f W-2 and/or 1099-MI:	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2012

Part IIII Supplemental Information

Complete this part to 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

Identifier	Return Reference	Explanation
SchJ_P01_S00_L01a		First class travel is allowed only for flights exceeding 8 hours and with officer approval per written policy Companion travel is allowed with a bona fide business purpose and approval of an officer. University residences (on-campus) are only provided to University employees who are required to be available on campus at all hours and include basic housekeeping services. Social/business association memberships are provided in limited circumstances with officer approval when required for development activities per written policy.
SchJ_P01_S00_L03	Schedule J, Part I, Line 3	For compensation review procedures see note in Schedule O for Part VI, Section B, Line 15

Schedule J (Form 990) 2012

Software ID: 12000197

 $\textbf{Software Version:} \quad v1.00$

EIN: 93-0401259

Name: UNIVERSITY OF PORTLAND

Form 990, Schedule J,	Part !	II - Officers, Direc	tors, Trustees, Ke	y Employees, and	Highest Compens	sated Employees		
(A) Name			f W-2 and/or 1099-MIS		(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & ıncentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Rev William Beauchamp CSC	(ı) (ıı)) 300,000) 0	0	1 / 1	33,000 0	44, 098 0	396,932 0	0 0
Mr Thomas Greene	(ı) (ıı)		0	1 - ' '' - '	19,244 0	1,230 0	196,776 0	0 0
Rev Mark Poorman CSC	(ı) (ıı)) 178,000) 0	0	12,414 0	19,580 0	20,285	230,279	0
Mr James Lyons	(ı) (ıı)		0	1 2,000	17,270 0	71,900 0	248,875 0	0
Mr Gerard O linger CSC	(ı) (ıı)		0	44,126 0	15,565 0	20,026	221,217	0 0
Mr Alan Timmins	(ı) (ıı)		0	3,661 0	0	4,067 0	180,628	0
Mr James Ravellı	(ı) (ıı)		0	1 -/1	19,624	8,166 0	202,830	0
Mr Mıchael Andrews	(ı) (ıı)		0	1 2,0.01	15,108 0	8,762 0	164,587 0	0
Mr John Watzke	(ı) (ıı)		0		17,765 0	16,188 0	194,625	0
Mr Robin Anderson	(I) (II)		0	1 ',,,,,	24,695 0	20,002	264,792 0	0 0
Ms Sharon Jones	(I) (II)		0	3,981 0	19,816 0	39,005 0	241,552 0	0
Ms Joanne Warner	(ı) (ıı)		0	1,257 0	17,985 0	8,847 0	188,685 0	0
Mr Eric Reveno	(ı) (ıı)		26,000 0	10,269 0	42,735 0	17,566 0	455,109 0	0
Mr Mojtaba Takallou	(ı) (ıı)		0	102,742	21,921 0	17,465 0	236,367 0	0
Mr Howard Feldman	(ı) (ıı)) 133,181) 0	0	20,885 0	17,359 0	15,398 0	186,823	0
Mr Arjun Chatrath	(I) (II)		0	90	18,042 0	11,431 0	192,413	0
Mr Brian Adams	(ı) (ıı)		0	1	17,015 0	16,580 0	188,242	0
Mr Zıa Yamayee	(I) (II)		0	[14,122	6,894 0	148,909	0

DLN: 93493030002164 OMB No 1545-0047

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2012

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions,

explanations, and any additional information in Part VI.

► Attach to Form 990.

► See separate instructions.

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

UNIV	VERSITY OF PORTLAND									93	-04012	59			
Pa	rt I Bond Issues														
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	(f) Desc	rıptıor	n of purpose	(g) Defeased beha		n) On half of suer (i) Po financi			
								Yes	No	Yes	No	Yes	No		
	State of Oregon-Oregon Facilities Authority	93-6001787	00068608J	12-20-2007	86,72	7,005	See Part VI X						×		Х
Pai	TIII Proceeds														
					В			С			D				
1	A mount of bonds retired					10,170,0	000								
	A mount of bonds legally defea	ased ————————————————————————————————————					0								
3	Total proceeds of issue				1	36,727,0	005								
4	Gross proceeds in reserve fur			5,979,8	339										
5	Capitalized interest from proc				0										
6	Proceeds in refunding escrow			32,582,8	327										
7	Issuance costs from proceed	s				1,031,4	136								
8	Credit enhancement from pro	ceeds					0								
9	Working capital expenditures	from proceeds					0								
10	Capital expenditures from pro	ceeds				47,003,8	379								
11	Other spent proceeds						0								
12	Other unspent proceeds						0								
13	Year of substantial completio	n			20	10									
-					Yes	No	Ye	,	No	Yes		lo	Yes		No
14	Were the bonds issued as par	t of a current refundı	ng issue?			Х									
15	Were the bonds issued as par		Х												
16	Has the final allocation of pro		Х												
17	Does the organization mainta allocation of proceeds?	ort the final	Х												
Par	t IIII Private Business l	Jse							<u> </u>						
						В			C			D			
				Yes	No	Yes	;	No	Yes	N	lo	Yes		No	

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bond-

Χ

Χ

Sche	dule K (Form 990) 2012									Page 2
Par	Private Business Use (Continued)									
				A		В		C		D
			Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private of bond-financed property?			Х						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the fina property?									
С	Are there any research agreements that may result in private business use financed property?	e of bond-		х						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed proper									
4	Enter the percentage of financed property used in a private business use be other than a section $501(c)(3)$ organization or a state or local government			0%		%		%		%
5	Enter the percentage of financed property used in a private business use a unrelated trade or business activity carried on by your organization, anothe (c)(3) organization, or a state or local government			0%		%		9/0		%
6	Total of lines 4 and 5			0%		%		%		%
7	Does the bond issue meet the private security or payment test?			Х						
8a	Has there been a sale or disposition of any of the bond financed property to nongovernmental person other than a 501(c)(3) organization since the bor issued?			х						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or	disposed of		%		%		%		%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations 1 141-12 and 1 145-2?	sections								
9	Has the organization established written procedures to ensure that all none bonds of the issue are remediated in accordance with the requirements und Regulations sections 1 141-12 and 1 145-2?			х						
Do										
Par	t IV Arbitrage	Α			В		С		D	
		Yes	No	Yes	No	Ye		No	Yes	No
1	Has the issuer filed Form 8038-T?		Х							
2	If "No" to line 1, did the following apply?									
 а	Rebate not due yet?		х						I	
b	Exception to rebate?		X							
c	No rebate due?	Х								
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed			'					Į.	
3	Is the bond issue a variable rate issue?		Х							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х							
b	Name of provider									
С	Term of hedge									
d	Was the hedge superintegrated?									
е	Was a hedge terminated?									<u> </u>
		•	•	•	_	•			-	

SchK_P01_S00_L00f

SchK_P04_S00_L02c

Part IV Arbitrage (Continued)

D

			Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested i contract (GIC)?	n a guaranteed investment		Х						
b	Name of provider									
С	Term of GIC									
d	Was the regulatory safe harbor value of the GIC satisfied?	for establishing the fair market								
6	Were any gross proceeds invest period?	ted beyond an available temporary		х						
7	Has the organization establishe the requirements of section 148	d written procedures to monitor 3?		×						
Pa	rt V Procedures To Unde	ertake Corrective Action								
			Α		В		С		D	
			Yes	No	Yes	No	Yes	No	Yes	No
1	Has the organization establishe that violations of federal tax rec and corrected through the volur self-remediation is not available	urements are timely identified itary closing agreement program if		X						
Pa	art VI Supplemental Inf	ormation. Complete this part to	<u>provide addition</u>	<u>nal informatio</u>	on for respor	ises to quest	ions on Sche	edule K (see	instructions)).
	Identifier	Return Reference				Explana	ation			
Schl	<_P01_S00_L00e	Schedule K, Part I, Column e	Part I Column e the amount listed							

Form 8038 reflects the correct issue price

Rebate computation last performed December 20, 2012

Schedule K, Part I, Column f

Schedule K, Part IV, Line 2c

Α

В

Description of purpose of tax-exempt bond Land acquisition and building projects - \$47,003,879, Bond issuance

costs - \$1,031,436, Reserve fund - \$6,108,863, Refunding of 1997 and 2000 issues - \$32,582,827

С

Schedule K (Form 990) 2012

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493030002164

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. 2012

Open to Public Inspection

nternal Revenue Ser	rice										Ir	nspecti	on		
Name of the UNIVERSITY OF								E	mploy	er ident	ificatio	n numbe	r		
UNIVERSITY OF	PORTLAND							١٩	3-040	1259					
Part I Ex	cess Benefi	t Transa	ction	s (sectio	n 501(c)(3	3) and section	501(c)(4) o).				
						0, Part IV, line						40b			
1 (a) Na	ame of disqualif	ied person	(b)			n disqualified	(c) Descr	iption	of trar	nsaction	ւ 📙	(d) Corr	ected?		
				persor	and organi	zation						Yes	No		
			+												
2 Enterth 4958.	e amount of tax	incurred b	y orga	ınızatıon m	nanagers or	disqualified per	sons during th	e year	under	section	า				
		 	lung 2	ahaya ra					•	- \$					
3 Linter til	e amount or tax	t, ii aliy, oli	iiile Z	, above, re	illiburseu b	y the organization		•		F P					
Part II	Loans to an	d/or Fro	m In	terested	Persons	5.									
						990-EZ, Part V	, line 38a, or F	orm 99	90, Pa	rt IV, lı	ne 26, d	or if the			
						line 5, 6, or 22				1		1			
	(b) Relations with organizat		•	(d) Loar		(e)O riginal principal	(f) Balance due	(g) defa		(h		1			
(a) Name of	With organizat	1011	Jun	organizat		amount	duc	default?		delault		? Approved by board or		(d) Correcte Yes No No (i) Written agreement? (ii) Written agreement?	iciic.
										commi	ıttee?				
				То	From			Yes	No	Yes	No	Yes	No		
1) Sharon	Key employee	Home	loan		X	15,000	13,000		No		No	Yes			
ones 2) Michael	Key employee	Home	loon		 x	15,000	10,250		No	+	No	Vac			
Andrews	Key employee	Indille	ivaii		^	13,000	10,230		"0		100	1 65			
												_			
												_			
												_			
otal				>	\$		23,250								
	Frants or As														
						Form 990, Pa		7							
	finterested	(b) Relati			(c) A mou	nt of assistance	(d) Type	ofassı	stanc	e (e)) Purpos	se of ass	ıstancı		
per	son	interested	ı perso anızatı												
		019	a mza ti	1011											
							_								
							<u></u> ,								
							_								

Part IV Business Transactions Involving Interested Persons.

Complete if the organization	n answered '	"Yes" on	Form 99	90, Part IV,	line 28a,	28b,	or 28c.

Complete if the organization	<u>ii aliswered tes oli r</u>	onn 990, Part IV, IIII	e 20a, 20b, 01 20c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh of organiz reven	zation's
				Yes	No
(1) Kristin Sponaugle	Family member of Nancy Bryant, Regent	18,717	Employment		No
(2) Daniel Lyons	Family member of James Lyons, VP - University Relations	37,174	Employment		No
(3) Christopher Greene	Family member of Thomas Greene, Provost	35,762	Employment		No
		·			

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
SchL_P02_S00_L00	Schedule L, Part II	The University provides an Employee Home Loan Program to assist employees in purchasing a home in the neighborhoods surrounding campus. The program is meant to help recruit and retain employees, as well as assist them in creating healthier lifestyles. It is available with identical terms to all full-time employees in good standing after a probationary period. One sixtieth of the loan amount is forgiven each month for five years while the employee remains employed and maintains the home as their primary residence. Monthly forgiveness is treated as taxable income with all necessary withholding and reporting. As of 6/30/2013, total employee home loans of \$430,556 were outstanding, of which \$23,250 pertained to individuals reportable in Part VII or Schedule J

Schedule L (Form 990 or 990-EZ) 2012

DLN: 93493030002164

OMB No 1545-0047

SCHEDULE M (Form 990)

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.

Noncash Contributions

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Name of the organization UNIVERSITY OF PORTLAND

Employer identification number

93-0401259

Pa	Types of Property						
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1 g	(d) Method of det noncash contribut	_	nts
1	Art—Works of art	Х	2	25,001	Appraisal, \$1		
2	Art—Historical treasures .						
3	Art—Fractional interests						
4	Books and publications	Х		2	\$1		
5	Clothing and household goods	×		5	 \$1		
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities—Publicly traded .	Х	35		Market quote		
	Securities—Closely held stock	. X	1	104,000	OTC market quote		
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							
17	Real estate—O ther						
18	Collectibles				5		
	Food inventory	X	1	60	Retail price		
20	Drugs and medical supplies .						
	Taxıdermy	X	1	1	\$ 1		
23		X	1		\$1		
	Archeological artifacts		<u> </u>	<u> </u>	φ±		
27	Instructional	'			Appraisal, retail price	wholesal	
25	Other ► (<u>Equipment</u>)	Х	8		price, \$1	,	-
26	Other ► (<u>Auto lease</u>)	Х	3	14,509	Market rate		
	Musical						
27	Other ► (<u>instruments</u>)	X	2	87	Retail price, \$1		
28	Other ► ()				<u> </u>		
29	Number of Forms 8283 received for which the organization comp				29		1
	for which the organization compl	eteu i oiiii o	205, Fait IV, Donee Acking	wieugement [Yes	No
30a	During the year, did the organiz	ation receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it	 	
	must hold for at least three yea						
	for exempt purposes for the ent			·		30a	No
b	If "Yes," describe the arrangen				F F		
31	Does the organization have a g	ıft acceptano	ce policy that requires the r	eview of any non-standard	contributions?	31 Yes	<u> </u>
32a	Does the organization hire or use contributions?	se third part	les or related organizations	to solicit, process, or sell		32a Yes	
b	If "Yes," describe in Part II				F		
33		t an amount	in column (c) for a type of	property for which column (a) is checked,		

Supplemental Information. Complete this part to 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.

number of items received, of a combination of both. Also complete this part for any additional information.									
Identifier	Return Reference	Explanation							
SchM_P01_S00_L00	Schedule M, Part I	Column b is reporting number of contributions							
SchM_P01_S00_L01		"\$1" - When third party valuation (such as market price or independent appraisal) is not readily available for a non-cash gift the University recognizes revenue of \$1 per gift							
SchM_P01_S00_L32b	, ,	UP periodically uses realtors or auction houses to assist in the disposal of gifted real property. No such third parties were used in the report year. UP also uses licensed brokers to sell gifts of marketable securities. Such sales occurred in the tax year.							

Schedule M (Form 990) (2012)

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493030002164

Employer identification number

SCHEDULE O (Form 990 or 990-EZ)

Name of the organization

UNIVERSITY OF PORTLAND

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

		93-0401259
ldentifier	Return Reference	Explanation
F990_P06_S0A_L07a	Form 990, Part VI, Section A, Line 7a	The bylaw's grant Congregation of Holy Cross the right to appoint up to nine board members
F990_P06_S0B_L11b	Form 990, Part VI, Section B, Line 11b	The Audit Subcommittee reviewed and approved the filing, which was subsequently made available to the entire board at a meeting. A summary of Schedule B rather than the full Schedule was distributed to the Board and Audit Subcommittee to maintain donor confidentiality.
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	The salaries of all officers and key employees are reviewed by the Audit Subcommittee of the Board of Regents annually, most recently in 2013. All salaries (except the Men's Head Basketball Coach) are compared to CUPA (College & University Personnel Association) benchmarks, 990 data from comparable institutions, and internal compensation history for the position. The Men's Head Basketball Coach salary is compared with counterpart salaries for teams in the West Coast Conference and internal compensation history for the position.
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	Financial statements are available on www up edu Governing documents are available to the public upon request
F990_P07_S0A_L01a	Form 990, Part VII, Section A, Line 1a	Rev Jeffrey L Allison CSC was employed by the University as an Instructor and as a Graduation and Degree Audit Coordinator All of Fr Allison's compensation listed in Part VII was related to his employment, he received no compensation connected to his membership on the Board of Regents Two Provosts are listed in Part VII because Br Donald Stabrowski CSC ended his tenure in that position on August 31, 2012 Thomas Greene was named Interim Provost and became Provost on February 1, 2013
F990_P11_S00_L09	Form 990, Part XI, Line 9	Adjustment for rounding

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

DLN: 93493030002164

2012

OMB No 1545-0047

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Schedule R (Form 990) 2012

Employer identification number

SCHEDULE R (Form 990)

Name of the organization UNIVERSITY OF PORTLAND

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

					93-040125	59			
Part I Identification of Disregarded Entities (Cor	nplete if the organizatio	n answered "Yes" t	o Form 990, P	art IV,	lıne 33.)				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	End-of-	(e) year assets	D	(f) rect controlling entity		
Part II Identification of Related Tax-Exempt Organizations during (a) Name, address, and EIN of related organization	anizations (Complete of the tax year.) (b) Primary activity	(c) Legal domicile (state	(d) Exempt Code se	ection [(e) Public charity s	status	(f) Direct controlling	(e Section	g) n 512(l
		or foreign country)			f section 501(c)(3))	entity	(13) co ent Yes	tity? No
(1) Northwest Academic Computing Consortium Inc 3203 SE Woodstock Blvd Suite 326	Foster academic technology	OR	501(c)(3)	11 Type I			N/A		No
Portland, OR 97202 84-1172799									
(2) Friends of Saturday Academy 5000 N Willamette Blvd	Education	OR	501(c)(3)	9			University of Portland	Yes	
Portland, OR 97203 20-3770321									

Cat No 50135Y

(a) Name, address, and E related organizatio	IN of n	(b) Primary activity	(c) Legal domicile (state or foreign country)	Legal Dire omicile contro state or enti oreign		(e) Predominant income(related unrelated, excluded from tax under sections 512- 514)	d, total incom	(g) Share of e end-of-year assets	(h) Disproprtiona allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k Percen owner	ıtage
						J14)			Yes	No		Yes	No		
							_								
The Talentification of Polated	Ouganizations Tayabla	22.2.62#20	ration	0 T		Complete	f the ergor	vization an	CW0 #0	nd "Vo	s" to Form	000	Dowt	T\/	
Part IV Identification of Related line 34 because it had one of	or more related organization	ons treated a	s a cor	poration	n or	trust during	the tax y	ear.)	swere	u re	5 to Form	990,	Part		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Lega domic (state or f counti	il ile oreign		Direct		(e) ype of entity corp, S corp, or trust)	(f) Share of tota Income		(g) re of en of-year assets	d- Percent owners	tage		(i) ection 5 (b)(13 controlle entity?	ed
(4) Chamballa marandan	Chamballa Ameri				NI / A									Yes	No
(1) Chantable remainder rust (18) 5000 N Willamette Blvd	Charitable trust	OR			N/A										
Portland, OR 97203															

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

Yes No

1 During the tax year, did the organization engage in any of the following transactions with one or more	related organizations li	sted in Parts II-IV?				
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a	Yes	
b Gift, grant, or capital contribution to related organization(s)				1b	Yes	
c Gift, grant, or capital contribution from related organization(s)				1c		No
d Loans or loan guarantees to or for related organization(s)				1d		No
e Loans or loan guarantees by related organization(s)				1e		No
f Dividends from related organization(s)				1f		No
g Sale of assets to related organization(s)				1g		No
h Purchase of assets from related organization(s)				1h		No
i Exchange of assets with related organization(s)				1i		No
j Lease of facilities, equipment, or other assets to related organization(s)				1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)				1k		No
I Performance of services or membership or fundraising solicitations for related organization(s)				11	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)						
$oldsymbol{n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes	
• Sharing of paid employees with related organization(s)				10		No
P Reimbursement paid to related organization(s) for expenses				1 p		No
q Reimbursement paid by related organization(s) for expenses				1q		No
r Other transfer of cash or property to related organization(s)				1r	Yes	
s Other transfer of cash or property from related organization(s)				1s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must comple						
(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining am	ount II	nvolved	
1) Friends of Saturday Academy	а-іv	15,900	Cash			

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

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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)

egardıng exclu	ision for c	ertaın ınvestr	nent	partnerships								
(b) Primary activity	(c) Legal domicile (state or foreign country)	income (related, unrelated, excluded from tax under section 512-	org	section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets			amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentag ownership
		314)	Yes	No			Yes	No		Yes	No	
									 		1	I
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Additional Data Return to Form

Software ID: 12000197

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Schedule R (Form 990) 2012

Page **5**

Part VII Supplemental Information

	Complete this part to provide additional information for responses to questions on Schedule R (see instructions)								
	Identifier	Return Reference	Explanation						
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