

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493133038954

Form **990**

Department of the Treasury

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

Check if Address Name ch Initial re Termina Amende Applicati	of applicable s change change eturn ated ed return tion pending	C Name of organization UNIVERSITY OF OREGON FOUNDATI Doing Business As	rail is not delivered to street address) Room		93-601 E Telephon (541)3	L 5 7 6 7 ne number	fication number
Name ch Initial re Termina Amende Applicati	change eturn ated ed return tion pending	Doing Business As Number and street (or P O box if m 1720 E 13TH AVE 410 City or town, state or country, and Z EUGENE, OR 974032253 F Name and address of print ERIKA FUNK 1720 E 13TH AVE 410	rail is not delivered to street address) Room	/suite	E Telephon (541) 3	ne number	
Initial re Termina Amende Applicati	eturn ated ed return tion pending	Number and street (or P O box if m 1720 E 13TH AVE 410 City or town, state or country, and 2 EUGENE, OR 974032253 F Name and address of print ERIKA FUNK 1720 E 13TH AVE 410	ZIP + 4	/suite	(541)3		
Termina Amende Applicati Tax-exe	ated ed return tion pending	1720 E 13TH AVE 410 City or town, state or country, and 2 EUGENE, OR 974032253 F Name and address of print ERIKA FUNK 1720 E 13TH AVE 410	ZIP + 4	/suite	(541)3		
Amende Applicati	ed return tion pending	1720 E 13TH AVE 410 City or town, state or country, and 2 EUGENE, OR 974032253 F Name and address of print ERIKA FUNK 1720 E 13TH AVE 410	ZIP + 4		(541)3		•
Applicati	tion pending	F Name and address of prineric FIKA FUNK 1720 E 13TH AVE 410			, ,	スロフーロスに	
Tax-exe		F Name and address of prine ERIKA FUNK 1720 E 13TH AVE 410	ıcıpal officer			702 030	00
		ERIKA FUNK 1720 E 13TH AVE 410	ıcıpal officer		G Gross red	ceipts \$ 31	14,571,751
		ERIKA FUNK 1720 E 13TH AVE 410	·	H(a) is t	this a group r		
					liates?	Cturii io	「Yes ▼ No
				H/b) .			12 E V E N -
							d?
Wahei	cempt status	▽ 501(c)(3) □ 501(c)() ◄ (insert no) 4947(a)(1) or 527	_			
AA CDSI	site: ► WWV	V UOFOUNDATION ORG		H(c) Gro	oup exemptio	on numb	er 🟲
Form of	organization I	Corporation Trust Associatio	n Othor In	Voor of	formation 195	1 M C+-	ate of legal domicile
Part I	_	· · · · · · · · · · · · · · · · · · ·	THE OTHER P	L Teal Of	TOTTINATION 193.	1 11 30	ite or legal dofficile
		<u> </u>	on or most significant activities				
3 4	3 Number of	,	scontinued its operations or dispose			net asse	ts
		•	of the governing body (Part VI, line 1				
	5 Total num	ber of individuals employed in	calendar year 2012 (Part V, line 2a)			5	
	Total num Total num	ber of individuals employed in other of volunteers (estimate if n	calendar year 2012 (Part V, line 2a)			6	
7	5 Total num 5 Total num 7a Total unre	ber of individuals employed in other of volunteers (estimate if nelated business revenue from P	calendar year 2012 (Part V, line 2a) ecessary)			6 7a	184,7
7	5 Total num 5 Total num 7a Total unre	ber of individuals employed in other of volunteers (estimate if nelated business revenue from P	calendar year 2012 (Part V , line 2a)	 	· · · · · · · · · · · · · · · · · · ·	6	184,7
7	5 Total num 5 Total num 7a Total unre 6 Net unrela	ber of individuals employed in other of volunteers (estimate if nelated business revenue from Pated business taxable income f	calendar year 2012 (Part V, line 2a) ecessary) art VIII, column (C), line 12 rom Form 990-T, line 34			6 7a 7b	184,7
7: L	Total num Total num Na Total unre Net unrela Contrib	ber of individuals employed in other of volunteers (estimate if nelated business revenue from Pated business taxable income for the state of the sta	calendar year 2012 (Part V, line 2a) ecessary)	Pr	· · · · · · · · · · · · · · · · · · ·	6 7a 7b	184,7
7: 1:	Total num Total num Total unre Net unrela Contribe	iber of individuals employed in a liber of volunteers (estimate if n elated business revenue from P ated business taxable income for utions and grants (Part VIII, li in service revenue (Part VIII, li	calendar year 2012 (Part V, line 2a) ecessary) art VIII, column (C), line 12 rom Form 990-T, line 34	Pr	· · · · · · · · · · · · · · · · · · ·	6	184,7
76 t	Total num Total num Total num Total unre Net unrela Contribi Program Investm	ber of individuals employed in aber of volunteers (estimate if nelated business revenue from Pated business taxable income for the state of the stat	calendar year 2012 (Part V, line 2a) ecessary) art VIII, column (C), line 12 rom Form 990-T, line 34 ne 1h) ne 2g)	Pr		6 7a 7b 11 0 16	184,7 Current Year 148,051,6
8 9 10	Total num Total num Total num Total unre	ber of individuals employed in aber of volunteers (estimate if nelated business revenue from Pated business taxable income for utions and grants (Part VIII, lines service revenue (Part VIII, linent income (Part VIII, columnate evenue end lines 8 through 11	calendar year 2012 (Part V, line 2a) ecessary)	Pr	7,720,33	6 7a 7b 11 0 16 29	184,7 Current Year 148,051,6 16,133,3 1,716,5
8 9 10 11 12	Total num Ta Total num Ta Total unre Total re Total re Ta Total re	ber of individuals employed in aber of volunteers (estimate if noted business revenue from Pated business taxable income for the following and grants (Part VIII, linus service revenue (Part VIII, linus income (Part VIII, linus) (Part VIII, column evenue (Part VIII, column evenue (Part VIII, column (A), evenue—add lines 8 through 11	calendar year 2012 (Part V, line 2a) ecessary)	Pr	7,720,33 -702,53	6	184,7 Current Year 148,051,6 16,133,3 1,716,5 165,901,5
8 9 10 11 12 13	Total num Total num Total num Total unre Net unrela Contribi Program Investm Other re Total re 12). Grants	ber of individuals employed in aber of volunteers (estimate if no elated business revenue from Parted business taxable income for utions and grants (Part VIII, linus service revenue (Part VIII, linus service revenue (Part VIII, columnation (Part VIII), columnation (Part VIII)	calendar year 2012 (Part V, line 2a) ecessary)	Pr	7,720,33	6 7a 7b 111 0 166 29 98 93	184,7 Current Year 148,051,6 16,133,3 1,716,5
76 t 8 9 10 11 12 13 14 15	Total num Total num Total num Total unre Net unrela Contribe Program Investm Other re Total re 12). Grants:	ber of individuals employed in aber of volunteers (estimate if noted business revenue from Parted business taxable income for utions and grants (Part VIII, linus service revenue (Part VIII, linus service revenue (Part VIII, columnate evenue evenue (Part VIII, columnate evenue	calendar year 2012 (Part V, line 2a) ecessary)	Pr	7,720,33 -702,53 97,049,19	6 7a 7b 111 0 16 29 98 93 0	184,7 Current Year 148,051,6 16,133,3 1,716,5 165,901,5
13 14 15	Total num Total num Total num Total unre Net unrela Contribe Program Investm Other re Total re 12). Grants:	ber of individuals employed in aber of volunteers (estimate if noted business revenue from Parted business taxable income for utions and grants (Part VIII, linus service revenue (Part VIII, linus service revenue (Part VIII, columnate evenue evenue (Part VIII, columnate evenue	calendar year 2012 (Part V, line 2a) ecessary)	Pr	7,720,33 -702,53	6 7a 7b 111 0 16 29 98 93 0	184,7 Current Year 148,051,6 16,133,3 1,716,5 165,901,5
76 t 8 8 9 10 11 12 13 14 15	Total num Total num Total num Total unre Net unrela Contribi Program Investm Other re Total re 12). Grants a Benefits Salaries 5-10) Profess	ber of individuals employed in aber of volunteers (estimate if no elated business revenue from Parted business taxable income for utions and grants (Part VIII, linus service revenue (Part VIII, columnation (Part VIII, columnation) (Part VIII, columnation (Part VIII, columnation) (Part VIII, columnation) (Part VIII, columnation) (Part VIII, columnation) (Part II, columnation) (Part III, columnation) (Part III, columnation) (Part II,	calendar year 2012 (Part V, line 2a) ecessary)	Pr	7,720,33 -702,53 97,049,19	6 7a 7b 111 0 16 29 98 93 0	184,7 Current Year 148,051,6 16,133,3 1,716,5 165,901,5 134,879,3
76 t 8 8 9 10 11 12 13 14 15	Total num Total num Total num Total num Total unre Total unre Total num Total unre Total num Total re	aber of individuals employed in aber of volunteers (estimate if noted business revenue from Plated business taxable income for the following states and grants (Part VIII, In service revenue (Part VIII, In service revenue (Part VIII, column evenue (Part VIII, column evenue (Part VIII, column (A), evenue—add lines 8 through 11 and similar amounts paid (Part is paid to or for members (Part is paid to or for member	calendar year 2012 (Part V, line 2a) ecessary)	Pr	7,720,33 -702,53 97,049,19	6	184,7 Current Year 148,051,6 16,133,3 1,716,5 165,901,5 134,879,3 4,090,8
13 14 15 16a t	Total num Total num Total num Total unre Net unrela Contribi Program Investm Other re 12). Grants : Benefits Salaries 5-10) Profess Total func Other e	aber of individuals employed in aber of volunteers (estimate if note lated business revenue from Parted business taxable income for a lated business taxable income for a late of lated business taxable income for a late of lated business (Part VIII, lineart income (Part VIII, column (A), a lated business (Part VIII, column lated business (Part IX, lated business (Part IX, lated business (Part IX, column (D), lated business (Part IX, column (A),	calendar year 2012 (Part V, line 2a) ecessary)	Pr	7,720,33 -702,53 -702,53 -702,53 4,059,59	6	184,7 Current Year 148,051,6 16,133,3 1,716,5 165,901,5 134,879,3 4,090,8
13 14 15 16a 17 18	Total num Total num Total num Total num Total unre Net unrela Contribe Program Investm Other re 12). Grants: Grants: Salaries 5-10) Profess Total func Other e Total ex	ther of individuals employed in aber of volunteers (estimate if noted business revenue from Plated business taxable income for the following states and grants (Part VIII, limited in service revenue (Part VIII, columnate (Part IX, columnate (P	calendar year 2012 (Part V, line 2a) ecessary)	Pr	7,720,33 -702,53 -702,53 -702,53 4,059,59 84,372,39	6	184,7 Current Year 148,051,6 16,133,3 1,716,5 165,901,5 134,879,3 4,090,8 5,715,6 144,685,9
13 14 15 16 17 18 19	Total num Total num Total num Total num Total unre Net unrela Contribe Program Investm Other re 12). Grants: Grants: Salaries 5-10) Profess Total func Other e Total ex	ther of individuals employed in aber of volunteers (estimate if noted business revenue from Plated business taxable income for the following states and grants (Part VIII, limited in service revenue (Part VIII, columnate (Part IX, columnate (P	calendar year 2012 (Part V, line 2a) ecessary)	Pr	7,720,33 -702,53 -702,	6	184,7 Current Year 148,051,6 16,133,3 1,716,5 165,901,5 134,879,3 4,090,8 5,715,6 144,685,9 21,215,5
13 14 15 16 17 18 19	Total num Total num Total num Total num Total unre Net unrela Contribe Program Investm Other re 12). Grants: Grants: Salaries 5-10) Profess Total func Other e Total ex	ther of individuals employed in aber of volunteers (estimate if noted business revenue from Plated business taxable income for the following states and grants (Part VIII, limited in service revenue (Part VIII, columnate (Part IX, columnate (P	calendar year 2012 (Part V, line 2a) ecessary)	Pr	7,720,33 -702,53 -702,53 -702,53 4,059,59 84,372,39	6	184,7 Current Year 148,051,6 16,133,3 1,716,5 165,901,5 134,879,3 4,090,8 5,715,6 144,685,9
13 14 15 16 17 18 19	Total num Total num Total num Total unre Net unrela Contribi Program Investm Other re Total re 12). Grants: Salaries 5-10) Frofess Total func Other e Revenue	aber of individuals employed in aber of volunteers (estimate if note lated business revenue from Plated business taxable income for the lated business (Part VIII, linear income (Part VIII, column (A), evenue—add lines 8 through 11 and similar amounts paid (Part is paid to or for members (Part Is, other compensation, employed in lated business (Part IX, draising expenses (Part IX, column (D) axpenses (Part IX, column (A), expenses Add lines 13–17 (muse less expenses Subtract liness)	calendar year 2012 (Part V, line 2a) ecessary)	Pr	7,720,33 7,720,33 -702,53 97,049,19 84,372,39 4,059,59 8,216,49 96,648,41 400,76 ing of Current	6	184,7 Current Year 148,051,6 16,133,3 1,716,5 165,901,5 134,879,3 4,090,8 5,715,6 144,685,9 21,215,5
13 14 15 16 17 18 19	Total num Total num Total num Total num Total unre Total unre Total unre Total unre Total unre Total program Total re Total re Total re Total re Total re Total func Total ex Total ex Total ex Total ex	aber of individuals employed in aber of volunteers (estimate if noted business revenue from Plated business taxable income for the actions and grants (Part VIII, limited business taxable income for the actions and grants (Part VIII, limited income (Part VIII, column (A), evenue—add lines 8 through 11 and similar amounts paid (Part is paid to or for members (Part Is, other compensation, employed ional fundraising fees (Part IX, draising expenses (Part IX, column (D) expenses (Part IX, column (A), expenses Add lines 13–17 (musing eless expenses Subtract lines are sessets (Part X, line 16)	calendar year 2012 (Part V, line 2a) ecessary)	Pr Pr Beginni	7,720,3: -702,5: 97,049,1: 84,372,3: 4,059,5: 8,216,4: 96,648,4: 400,76 ing of Current	6	184,7 Current Year 148,051,6 16,133,3 1,716,5 165,901,5 134,879,3 4,090,8 5,715,6 144,685,9 21,215,5 End of Year
13 14 15 16 17 18 19 Secondary 20	Total num Total num Total num Total num Total unre Total unre Total unre Total unre Total num Total re Total re Total re Total re Total func Total func Total ex Total ex Total lia Net ass	aber of individuals employed in aber of volunteers (estimate if notes and presented business revenue from Presented business taxable income for utions and grants (Part VIII, In service revenue (Part VIII, In service revenue (Part VIII, column evenue (Part VIII, column evenue (Part VIII, column evenue—add lines 8 through 11	calendar year 2012 (Part V, line 2a) ecessary)	Pr	7,720,33 -702,53 -702,	6	184,7 Current Year 148,051,6 16,133,3 1,716,5 165,901,5 134,879,3 4,090,8 5,715,6 144,685,9 21,215,5 End of Year 878,937,6

EUGENE, OR 97401

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

✓ Yes ☐ No

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^{\bullet}	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	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? If "Yes," complete Schedule D, Part II	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
LO	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	
L1	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
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
L2a	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
L3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
L4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b	Yes	
L5	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
L6	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		No
L7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
L8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
L9	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? 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		No
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		No
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			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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		No
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	Yes	
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		No
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		
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	

C. 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 218			.10
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
)	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	
3	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
)	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
a	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 ▶CJ, VI, BD			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
)	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?	_		
_	Door the organization have applied gross resourts that are namedly groster than \$100,000 and did the	5c		N.I
	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		N c
)	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).			
l	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?	7c		N
I	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		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
ı	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.	_		
	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			
1	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)			
•	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.			
	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			
ı	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	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.

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
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, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
_	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶OR , CA			

- 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
 - Own website Another's website Upon request Other (explain in Schedule O)
- 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 ►UNIVERSITY OF OREGON FOUNDATION 1720 E 13TH AVE SUITE 410 EUGENE, OR (541) 302-0300

Form	990	(2012)
------	-----	--------

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

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	T								
(A) Name and Title	(B) A verage hours per week (list any hours for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MÍSC)	organization and related organizations
See Additional Data Table										
	•	•	•							Form 990 (2012)

ELLUCIAN SUPPORT 14083 COLLECTIONS CTR DR CHICAGO IL 60693

\$100,000 of compensation from the organization \triangleright 3

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	Average hours per week (list person is both an officer and a director/trustee)						Reportable		(E) Reportable compensation from related organizations (V	V-	(F) Estimated amount of othe compensation from the organization an		
		organizations below dotted line)	Individual trustiee or director	Institutional Trustee	Officei	Ke) employee	Highest compensated employee	Former	2/1099-	MISC)	2/1099-MISC)	organizati relate organiza	ed	
1b	Sub-Total			•				 -							
С	Total from continuation sheet	s to Part VII, S	ection A	٠.	•	•	•	F		1 005 506				224 020	
	Total (add lines 1b and 1c) .	aluding but not	limitadi	• •	•	licto	d abay	٠١ ١٠٠	ha rasawa	1,005,506		0		234,030	
2	Total number of individuals (in \$100,000 of reportable compe						a abov	e) w	no receive	a more tr	ıan				
													Yes	No	
3	Did the organization list any fc					, key	emplo	yee,	, or highest	compen	sated employee		163	140	
	on line 1a? If "Yes," complete S					•		•				3		No	
4	For any individual listed on line organization and related organ individual											4	Yes		
5	Did any person listed on line 1									anızatıon	or individual for		103		
	services rendered to the organ	ii∠ation <i>^ IT "Ye</i> s,	, compi	ete Si	спеа	uie J	ror su	сп ре	erson ∎			5		No	
Se	ection B. Independent Co	ntractors	_												
1	Complete this table for your five compensation from the organization												tav voar		
		(A)	-	4 (1011	101	ciie C	arenu	ai ye	ar enumy ((B)	.1011 5	(C)		
GALLA	N ATIN PUBLIC AFFAIRS 2025 FIRST AVE	ame and business SUITE 1150 SEATTL		21						Des LOBBYING	cription of services		Comper	353,250	
	ADAMS LLP 975 OAK STREET SUITE 50									AUDIT & TA	AX			220,884	

2 Total number of independent contractors (including but not limited to those listed above) who received more than

109,123

ADVANCE WEB ACCESS

Part V	1111	Statement of Revenue		in this Dowt VIII			
		Check if Schedule O contains a res	ponse to any question	(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 campaigns	1a				<u> </u>
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues	1b				
Gra	С		1c				
ts.	_	_					
Gif ilaı	d		1d				
ns, šim	e	Government grants (contributions)	1e				
tio er S	f	All other contributions, gifts, grants, and similar amounts not included above	1f 148,051,601				
ibu A	g	Noncash contributions included in lines	84,687,074		i		
id (1a-1f \$		140.051.601			
Co	h	Total. Add lines 1a-1f	▶	148,051,601			
Program Service Revenue	2a		Business Code				
Æ	Ь						
92 <u>-</u>	С						
, Ker	d						
ž į	е						
21Bc	f	All other program service revenue					
Ğ	g	Total. Add lines 2a-2f					
	3	Investment income (including divid		11,425,201			11,425,20
	4	and other similar amounts) Income from investment of tax-exempt bo	_	11,423,201			11,423,20
	5	Royalties	nu proceeds				
		(ı) Real	(II) Personal				
	6a	Gross rents 823,241	, ,				
	ь	Less rental 474,981 expenses					
	С	Rental income 348,260					
	d	or (loss) Net rental income or (loss)		348,260		56,391	291,86
		(i) Securities	(II) O ther				
	7a	Gross amount from sales of 148,783,341 assets other than inventory	4,120,100				
	b	Less cost or other basis and sales expenses 143,195,262	5,000,000				
	С	Gain or (loss) 5,588,079	-879,900				
	d	Net gain or (loss)	· · · · · •	4,708,179			4,708,17
enne	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c					
Other Revenue		See Part IV, line 18	' a				
<u>¥</u>	Ь	Less direct expenses	b				
•	C	Net income or (loss) from fundraisi					
	9a	Gross income from gaming activities See Part IV, line 19	25				
			а				
	Ь	Less direct expenses	b				
	c	Net income or (loss) from gaming a	ctivities				
	10a	Gross sales of inventory, less returns and allowances.					
			1				
	ь	Less cost of goods sold I	,				
	С	Net income or (loss) from sales of i					
		Miscellaneous Revenue	Business Code				4 045 /=
		OTHER REVENUE	900099	1,046,178	400 770		1,046,17
	Ь	GIVING ASSESSMENT	900099	193,773	193,773	400.075	
	С	PARTNERSHIP FLOW THROU	900000	128,316		128,316	
	d	All other revenue					
	е	Total. Add lines 11a-11d		1,368,267			
	12	Total revenue. See Instructions .		165,901,508	193,773	184,707	17,471,42

		Statement of Functional Expenses				
ectio	on 501	L(c)(3) and $501(c)(4)$ organizations must complete all columns All	other organizati	ons must compl	ete column (A)	
	(Check if Schedule O contains a response to any question in this Pa	rt IX			<u> </u>
		ude amounts reported on lines 6b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1		ts and other assistance to governments and organizations e United States See Part IV, line 21	134,879,390	134,879,390		
2		ts and other assistance to individuals in the ed States See Part IV, line 22		, ,		
3	orgar	ts and other assistance to governments, nizations, and individuals outside the United es See Part IV, lines 15 and 16				
4	Bene	fits paid to or for members				
5		pensation of current officers, directors, trustees, and employees	1,052,445		1,052,445	
6	(as d	pensation not included above, to disqualified persons lefined under section 4958(f)(1)) and persons ribed in section 4958(c)(3)(B)				
7	Othe	r salaries and wages	1,927,768		1,927,768	
8		ion plan accruals and contributions (include section 401(k) 403(b) employer contributions)	489,606		489,606	
9	Othe	r employee benefits	386,760		386,760	
10	Payro	oll taxes	234,285		234,285	
11	Fees	for services (non-employees)				
а	Mana	agement				
Ь	Legal		58,672		58,672	
c	Acco	ounting	159,395		159,395	
d	Lobb	yıng	334,865		334,865	
e		essional fundraising services See Part IV, line 17	,		,	
f		stment management fees	843,724		843,724	
g	O the colun	r (If line 11g amount exceeds 10% of line 25, nn (A) amount, list line 11g expenses on				
		dule O)	331,205		331,205	
12		ertising and promotion				
		e expenses	107,079		107,079	
14		mation technology	377,877		377,877	
15	-	lties				
16	Occu	upancy	248,679		248,679	
17		el	130,856		130,856	
18		nents of travel or entertainment expenses for any federal, e, or local public officials				
19		erences, conventions, and meetings	148,276		148,276	
20		est	364,576		364,576	
21	Paym	nents to affiliates				
22	Depr	ecıatıon, depletıon, and amortızatıon	194,885		194,885	
23	Insur	rance	44,105		44,105	
24	misc	r expenses Itemize expenses not covered above (List ellaneous expenses in line 24e If line 24e amount exceeds 10% e 25, column (A) amount, list line 24e expenses on Schedule O)				
а		UNDRAISING SUPPORT	2,057,494			2,057,494
ь		CELLANEOUS EXPENSES	157,047		157,047	
c	PROF	PERTY TAX AND ANNUAL	87,237		87,237	
d		TIVATION	51,833		51,833	
e		ther expenses	17,880		17,880	
25		I functional expenses. Add lines 1 through 24e	144,685,939	134,879,390	7,749,055	2,057,494
26	Joint repor educa	costs. Complete this line only if the organization rted in column (B) joint costs from a combined ational campaign and fundraising solicitation. Check	117,000,533	137,077,370	7,773,033	2,037,434

Part X Balance Sheet

Pai	rt X	Balance Sheet Check if Schedule O contains a response to any question in this Part X			
-			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	11,758,666	1	30,715,960
	2	Savings and temporary cash investments	41,103,756	2	79,317,394
	3	Pledges and grants receivable, net	130,989,414	3	93,339,285
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			
Assets	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		5	
				6	
	7	Notes and loans receivable, net		7	
_	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Part VI of Schedule D Land, buildings, and equipment cost or other basis Complete 9,854,148			
	Ь	Less accumulated depreciation		10c	9,180,309
	11	Investments—publicly traded securities	192,074,881	11	211,493,357
	12	Investments—other securities See Part IV, line 11	402,835,201	12	442,481,334
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	11,407,140	15	12,410,031
	16	Total assets. Add lines 1 through 15 (must equal line 34)	807,661,589	16	878,937,670
	17	Accounts payable and accrued expenses	7,851,842	17	1,753,345
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
\mathcal{Q}	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
ge		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	25,221,021	23	24,778,700
	24	Unsecured notes and loans payable to unrelated third parties		24	
	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	53,994,192	25	58,990,795
	26	Total liabilities. Add lines 17 through 25	87,067,055	26	85,522,840
ce s		Organizations that follow SFAS 117 (ASC 958), check here ▶ ▽ and complete lines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets	4,240,209	27	10,034,863
e E	28	Temporarily restricted net assets	363,394,047	28	414,149,200
Ξ	29	Permanently restricted net assets	352,960,278	29	369,230,767
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.			
0	30	Capital stock or trust principal, or current funds		30	
Ř	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
Šet	33	Total net assets or fund balances	720,594,534	33	793,414,830
Z	34	Total liabilities and net assets/fund balances	807,661,589	34	878,937,670
	1		, , , , , , , , , , , , , , , , , , , ,		

Par	TEXT Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		165,9	901,508
2	Total expenses (must equal Part IX, column (A), line 25)	2		144,6	585,939
3	Revenue less expenses Subtract line 2 from line 1	3			 215,569
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			594,534
5	Net unrealized gains (losses) on investments	5			504,727
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		793,4	114,830
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. ┌
				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		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revial separate basis, consolidated basis, or both	ewed o	n		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	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 sep basis, consolidated basis, or both	arate			
	☐ Separate basis ☐ Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of th	e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Single Audit Act and OMB Circular A-133?	he	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	require	:d 3b		

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493133038954

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

UNIVERSITY OF OREGON FOUNDATION

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.

Inspection

									93-601				
Par			Reason for Public Charity Status (All organizations must complete this part.) See instructions. zation is not a private foundation because it is (For lines 1 through 11, check only one box)										
The o	rganı:						-						
1	<u>_</u>		-	on of churches, or a				section 170	(b)(1)(A)(i)	•			
2		A scho	ol described	in section 170(b)(1	.)(A)(ii). (A1	ttach Sched	lule E)						
3	Γ	A hosp	ital or a coo	perative hospital se	rvice organi	zatıon desc	rıbed ın secti	on 170(b)(1)(A)(iii).				
4	Γ			h organization opera	ted ın conjur	nction with a	hospital de	scribed in s	ection 170(b)(1)(A)(iii)	. Enter the		
_	-			ty, and state	+ - 6 11								
5	<u>~</u>	_	•	erated for the benefi	_	e or univers	ity owned or	operated by	y a governme	ntai unit de	scribed in		
_	_			(A)(iv). (Complete P	•				(4)(4)(
6	<u> </u>			local government or									
7	 -	describ	oed in sect ic	at normally receives on 170(b)(1)(A)(vi).	(Complete F	Part II)		-	nental unit or	from the ge	neral public		
8	<u>_</u>		-	described in section			-	-					
9		An org	anization th	at normally receives	(1) more th	nan 331/3%	of its suppor	t from contr	ributions, mei	mbership fe	es, and gross		
				ities related to its e									
		ıts sup	port from gr	oss investment inco	me and unre	lated busin	ess taxable ı	ncome (les	s section 51	1 tax) from	businesses		
				ganızatıon after June									
10	Γ	An org	anızatıon or	ganized and operated	dexclusively	y to test for	public safety	/ See secti	on 509(a)(4)	•			
11	Γ	one or	more public that descr	ganized and operated ly supported organiz bes the type of supp b Type II c	ations descr or <u>ti</u> ng organ	ribed in sec	tion 509(a)(: complete lin	l) or sectio es 11e th <u>r</u> c	n 509(a)(2) ough 11h	See section	509(a)(3). Check		
е	Γ	othert	_	ox, I certify that the on managers and ot	_			•			•		
f		If the c		received a written d	etermination	from the IF	RS that it is a	a Type I, Ty	pe II, or Typ	e III suppo	rtıng organızatıon,		
g				2006, has the organ	zation accei	pted any gif	t or contribu	tion from an	y of the		,		
		followir	ng persons?			, -			•				
				irectly or indirectly o				h persons d	escribed in (Yes No		
				governing body of th		_	n?				Lg(i)		
		• •	•	er of a person descr	• •					11	lg(ii)		
		(iii) A	35% contro	lled entity of a perso	n described	ın (ı) or (ıı)	above?			11	g(iii)		
h		Provide	e the followi	ng information about	the support	ed organıza	tion(s)						
(i) Name support organizat		orted organization organization in		ion in ted in erning	(v) Did yo the organ in col (i) suppo	ization of your	(vi) I: organiza col (i) oi in the	ation in rganized					
				instructions))	Yes	No	Yes	No	Yes	No			
 Total													

Schedule A (Form 990 or 990-EZ) 2012 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do 65,064,309 81,974,788 103,700,107 90,031,411 148,051,601 488,822,216 not include any "unusual grants ") 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 65,064,309 81,974,788 103,700,107 90.031.411 148,051,601 488,822,216 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 154,462,308 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 334,359,908 from line 4 Section B. Total Support Calendar year (or fiscal year **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (a) 2008 (f) Total beginning in) 🟲 103,700,107 90,031,411 Amounts from line 4 65,064,309 81,974,788 148,051,601 488,822,216 Gross income from interest, dividends, payments received on securities loans, rents, royalties 1,816,894 3,893,871 4,802,634 4,135,394 12,174,298 26,823,091 and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of 3,459,748 2,177,969 938,737 258,175 1,046,178 7,880,807 capital assets (Explain in Part IV) 11 Total support (Add lines 7 523,526,114 through 10) 12 Gross receipts from related activities, etc (see instructions) 12 972,681 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check 13 Section C. Computation of Public Support Percentage 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 63 870 % Public support percentage for 2011 Schedule A, Part II, line 14 15 82 260 % 16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ┡┰ and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

supported organization

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							
	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	Section D. Computation of Investment Income Percentage								
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: 93493133038954

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B

	me of the organization IVERSITY OF OREGON FOUNDATION			Employ	er ident	tification number
ON	IVERSITY OF OREGON FOORDATION			93-601	.5767	
Par	t I-A Complete if the or	ganization is exempt unde	r section 501(c) or is a section	n 527	organization.
1	Provide a description of the org	ganızatıon's dırect and ındırect polı	tıcal campaıgn act	tivities in Part IV		
2	Political expenditures				>	\$
3	Volunteer hours					
Dar	t Tes Complete if the or	ganization is exempt unde	r section 501/	c)(3)		
1	•	e tax incurred by the organization u	-		-	¢
2	·	e tax incurred by organization mana			•	*
3	·	section 4955 tax, did it file Form 47	_			⊤ Yes
4a	Was a correction made?		☐ Yes ☐ No			
ь	If "Yes," describe in Part IV					
Par	t I-C Complete if the or	ganization is exempt unde	r section 501(c), except section	on 50:	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for s	section 527 exem	pt function activities	 - -	\$
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to	other organization:	s for section 527	-	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter her	e and on Form 112	20-POL, line 17b	 -	\$
4	Did the filing organization file F	Form 1120-POL for this year?				
5	organization made payments f amount of political contribution	nd employer identification number (For each organization listed, enter t ns received that were promptly and political action committee (PAC) 1	the amount paid fro directly delivered	om the filing organiza to a separate politic	tion's fi al orgai	unds Also enter the nization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid filing organization funds If none, ent	on's	(e) A mount of politica contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-

section 4911 tax for this year?

┌ Yes ┌ No

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

Check	▶	ıf the filing	organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, E	ĪN,
		expenses	and share of excess lobbying expenditures)	

B Check ▶ ☐ If the filing organization checked box A and "limited control" provisions apply

	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing organization's totals	(b) Affiliated group totals
a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)	0	
Ь	Total lobbying expenditures to influence a legisla	334,865		
С	Total lobbying expenditures (add lines 1a and 18	o)	334,865	
d	Other exempt purpose expenditures		144,351,074	
е	Total exempt purpose expenditures (add lines 1	c and 1d)	144,685,939	
f	Lobbying nontaxable amount Enter the amount f	1,000,000		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of lin	250,000		
h	Subtract line 1g from line 1a If zero or less, ent	er - O -	0	
i	Subtract line 1f from line 1c If zero or less, ente	r-0-	0	
j	If there is an amount other than zero on either lii	ne 1h or line 1ı, dıd the organizatıon file Form 472	0 reporting	□ Ves □ No

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 (e) Total beginning in) 858,131 763,802 1,000,000 Lobbying nontaxable amount 2,621,933 Lobbying ceiling amount 3,932,900 (150% of line 2a, column(e)) 208,132 334,865 Total lobbying expenditures 250,189 793,186 190,951 Grassroots nontaxable amount 214,533 250,000 655,484 Grassroots ceiling amount 983,226 (150% of line 2d, column (e)) Grassroots lobbying expenditures

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has Notice filed Form 5768 (election under section 501(h)).	ОТ			7 0	ge S
	Week Week was a second to be a second to be a second to be a second to be a second to the second to	(6	a)		(b)	
activ	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying vity.	Yes	No	1	Amoun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	O ther activities?					
j	Total Add lines 1c through 1:					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 505(c)(6).	01(c)(5), (or s		
_			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			3		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?					
Pa	t III-B Complete if the organization is exempt under section 501(c)(4), section 505(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "N line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
	Current year	2a				
b	Carryover from last year	2b				
C	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier Return Reference Explanation

DLN: 93493133038954

Inspection

OMB No 1545-0047

Open to Public

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

► 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.

Supplemental Financial Statements

Name of the organization **Employer identification number** UNIVERSITY OF OREGON FOUNDATION 93-6015767 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year

- Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a
- historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the tax year 🟲
- Number of states where property subject to conservation easement is located ▶___
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)?
- In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

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

- (ii) Assets included in Form 990, Part X
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the
- following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- Revenues included in Form 990, Part VIII, line 1
- Assets included in Form 990, Part X

- Cat No 52283D

Par	TIT Organizations Maintaining Co	ollections of Ar	t, His	<u>storic</u>	<u>:al Tı</u>	reasur	<u>es, or O</u>	<u>the</u>	<u>r Similar A</u>	ssets (continued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other reco	ords, c	heck a	ny of	the follov	wing that a	re a	sıgnıfıcant us	e of its	
а	Public exhibition		d	Γ	Loan	or excha	inge progr	ams			
b	Scholarly research		e	Γ	Othe	r					
c	Preservation for future generations										
4	Provide a description of the organization's c Part XIII	ollections and expl	aın ho	w they	furthe	er the or	ganızatıon	's ex	empt purpose	ın	
5	During the year, did the organization solicit	or receive donation	ns of a	rt, hıst	orıcal	treasure	es or other	rsım	ılar		
	assets to be sold to raise funds rather than									☐ Yes	□ No
Par	Part IV, line 9, or reported an ar						answere	d "Y	es" to Form	990,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					utions or	other ass	ets i	not	☐ Yes	✓ No
b	If "Yes," explain the arrangement in Part XI	II and complete the	e follo	wing ta	able		_				
_							-	_	Α	mount	
С .	Beginning balance						-	1c			
d	Additions during the year						-	1d			
e	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 217	7						☐ Yes	⊸ No
_ь	If "Yes," explain the arrangement in Part XII										<u> </u>
Pa	rt V Endowment Funds. Complete	If the organization (a)Current year		swere Prior ye					t IV, line 10 Three years back		years back
1a	Beginning of year balance	440,609,863	(0)		77,121		388,495,901	(u)	368,010,579		453,063,163
b	Contributions	12,513,002			10,299		17,320,999		5,576,187		6,810,456
c	Net investment earnings, gains, and losses										
		55,300,024			82,071		53,025,991		31,269,526		-75,338,457
d	Grants or scholarships	4,674,244		4,5	33,118		4,411,196		3,982,524		4,462,288
е	Other expenditures for facilities and programs	7,689,733		13,0	52,511		9,991,653		8,777,965		8,826,657
f	Administrative expenses	5,173,872		3,8	73,999		3,962,932		3,599,902		3,235,638
g	End of year balance	490,885,040		440,6	09,863	4	140,477,110		388,495,901		368,010,579
2	Provide the estimated percentage of the cur	rent year end balar	nce (lir	ne 1g,	colum	nn (a)) he	ld as				
а	Board designated or quasi-endowment 🕨	0 %									
ь	Permanent endowment ► 100 000 %										
c		0 %									
	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 a	re hel	d and ad	mınıstered	d for	the		
	organization by								_	Yes	
	(i) unrelated organizations		•					•		(i) (ii)	No No
ь	(ii) related organizations							•	· · · · ·	Bb	110
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipme	ent. See Form 9	90, Pa	art X,	line						
	Description of property				Cost o s (inves	r other (stment)	b) Cost or obasis (othe		(c) Accumulate depreciation	d (d) I	Book value
1a	Land										
b	Buildings		•		8,	302,715					8,302,715
c	Leasehold improvements										
d	Equipment						843,	125	612,9	76	230,149
	Other						708,		60,8	63	647,445
Tota	I. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part	X, colu	umn (E	3), line	10(c).)			🛌		9,180,309

Part VII Investments—Other Securities. See	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		
(A) INVESTMENT IN LIMITED PARTNERSHIPS	442,481,334	F
Total. (Column (b) must equal Form 990. Part X. col (B) line 12)	442,481,334	
Part VIII Investments—Program Related. See		
(a) Description of investment type	(b) Book value	(c) Method of valuation
(2) 2 3 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(5) 50011 14140	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, lin (a) Descrip		(b) Book value
(a) Descrip	Scion	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15	5.)	
Part X Other Liabilities. See Form 990, Part X	(, line 25.	
1 (a) Description of liability	(b) Book value	
Federal income taxes		
DEPOSITS HELD IN CUSTODY	16,400,741	
OBLIGATIONS TO BENEFICIARIES UNDER SPLIT-		
INTERST AGREEMENTS	42,590,054	
	i l	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	58,990,795	

	· ·		
Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue	per F	Return
1	Total revenue, gains, and other support per audited financial statements	1	216,657,052
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)............2d		
e	Add lines 2a through 2d	2e	51,604,727
3	Subtract line 2e from line 1	3	165,052,325
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 849,183		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	849,183
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	165,901,508
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	ș pei	Return
1	Total expenses and losses per audited financial statements	1	143,836,756
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).............. 2d		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	143,836,756
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 849,183		
b	Other (Describe in Part XIII).............. 4b		
С	Add lines 4a and 4b	4c	849,183
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	144,685,939

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

I dentifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	TO SUPPORT THE UNIVERSITY OF OREGON
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	THE FOUNDATION RECOGNIZES THE TAX BENEFIT FROM UNCERTAIN TAX POSITIONS ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITIONS WILL BE SUSTAINED ON EXAMINATION BY THE TAX AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION THE TAX BENEFIT IS MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT THE FOUNDATION HAD NO UNRECOGNIZED TAX BENEFITS WHICH WOULD REQUIRE AN ADJUSTMENT TO THE JULY 1, 2012 BEGINNING BALANCE OF NET ASSETS AND HAD NO UNRECOGNIZED TAX BENEFITS AT JUNE 30, 2013 THE FOUNDATION FILES AN EXEMPT ORGANIZATION RETURN AND APPLICABLE UNRELATED BUSINESS INCOME TAX RETURN IN THE US FEDERAL JURISDICTION AND APPLICABLE STATE AGENCIES GENERALLY, THE FOUNDATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY TAXING AUTHORITIES FOR YEARS BEFORE 2009 FOR ITS FEDERAL AND STATE FILINGS
		PART XI LINE 8 AND PART XII LINE 2D REPRESENTS NET INVESTMENT GAINS/LOSSES REALIZED AND REPORTED IN FORM 990 IN FISCAL YEAR 2013 BUT REPORTED IN PRIOR YEARS' AUDITED FINANCIAL STATEMENTS, LESS NET UNREALIZED INVESTMENT GAINS/LOSSES RECOGNIZED IN FISCAL YEAR 2013 AUDITED FINANCIAL STATEMENTS BUT NOT REPORTED IN FORM 990

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493133038954

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.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

UNIVERSITY OF OREGON FOUNDATION

Inspection

Employer identification number

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

93-6015767

	"Yes" to Form 990, Pa	rt IV, line 14b			omplete il tile organiz	
1	For grantmakers. Does the cassistance, the grantees' eligible the grants or assistance?	gibility for the	grants or assis	stance, and the selecti	on criteria used to awa	
2	For grantmakers. Describe in the United States.					nds outside
3	Activites per Region (The follow	ung Part I, line 3	3 table can be d	uplicated if additional spa	ace is needed)	
	(a) Region	(b) Number of offices in the region	(c) Number of 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	(f) Total expenditures for and investments in region
	CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS	N/A	218,043,000
За	Sub-total	0	0			218,043,000
	Total from continuation sheets to Part I	0	0			0
	Totals (add lines 3a and 3b)	0	0			218,043,000

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) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2				ted above that are r e or counsel has pro					
3	Enter total nu	mher of other or	nanizations or en	tities					

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)
		+	1		,		1
		+ +		'	+		+
		+		'	+		+
		+	<u> </u>		 		+
	 		 		 	 	+
					<u> </u>		
					<u> </u>	<u> </u>	
							<u> </u>
			1				
		+ + +			,		1
		+ + +			+		
	 	+			+		+
			1		-		+
	 		 		 	 	
			 		<u> </u>	 	
						1	

Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	▼	Yes	Г	Νo
2	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)	Γ	Yes	দ	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Г	Yes	<u>\script</u>	Νo
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)	<u> </u>	Yes	Γ	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	✓	Yes	Γ	Νo
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 5713).	Г	Yes	<u> </u>	Νo

Schedule F (Form 990) 2012

Part V	Supplementa	al Information
Part v	Supplementa	ai intormatio

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).

Identifier	ReturnReference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I (Form 990)

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

OMB No 1545-0047

DLN: 93493133038954

Department of the Treasury Internal Revenue Service

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

Inspection Employer identification number Name of the organization UNIVERSITY OF OREGON FOUNDATION 93-6015767

Part I General Infor	mation on Grants	s and Assistance					
		stantiate the amount of the or assistance?					
2 Describe in Part IV the	organızatıon's procedı	ures for monitoring the use	e of grant funds in the U	Inited States			
		o Governments and received					ed "Yes" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount 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) UNIVERSITY OF OREGON 1278 UNIVERSITY OF OREGON EUGENE, OR 974031278	48-1278531	GOVERNMENTAL	16,051,174				STUDENT AID, ACADEMIC MERIT AND NEEDS SCHOLARSHIPS, STUDENT ATHLETIC SCHOLARSHIPS, STUDENT LOANS AND WAGES
(2) UNIVERSITY OF OREGON 1278 UNIVERSITY OF OREGON EUGENE, OR 974031278	48-1278531	GOVERNMENTAL	29,118,433				UNIVERSITY SUPPORT, SUPPLIES AND OPERATING EXPENSES AND PERSONNEL EXPENSES
(3) UNIVERSITY OF OREGON 1278 UNIVERSITY OF OREGON EUGENE, OR 974031278	48-1278531	GOVERNMENTAL	75,589,475				ACADEMIC FACILITIES AND EQUIPMENT AND NONACADEMIC FACILITIES AND EQUIPMENT
(4) UNIVERSITY OF OREGON 1278 UNIVERSITY OF OREGON EUGENE, OR 974031278	48-1278531	GOVERNMENTAL	14,120,308	I		I	INSTRUCTIONAL AND RESEARCH PROGRAMS AND OTHER FACULTY SUPPORT
2 Enter total number of se3 Enter total number of oth		overnment organizations l d in the line 1 table . .				.	1

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
_						

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
PROCEDURE FOR MONITORING GRANTS IN THE U S		SCHEDULE I, PART I, LINE 2 ALL FUNDS RECEIVED BY THE FOUNDATION FROM A DONOR ARE ADMINISTERED IN ACCORDANCE WITH THE WRITTEN INTENT OF THE DONOR ORIGINAL GIFT DOCUMENTS ARE RETAINED IN ACCORDANCE WITH THE FOUNDATION'S RECORDS MANAGEMENT POLICY IN ORDER TO ENSURE COMPLIANCE WITH DONOR INTENT, THE FOUNDATION PLACES ALL ASSETS INTO IDENTIFIABLE FUNDS IT IS THE ROLE OF THE FOUNDATION TO ONLY APPROVE THOSE EXPENDITURES THAT ARE IN ALIGNMENT WITH DONOR INTENT EACH EXPENDITURE REQUEST MUST BE SIGNED BY AN AUTHORIZED SIGNER ON THE SOURCE OF FUNDS EQUITY THIS SIGNATURE AUTHORIZES THE FOUNDATION TO RELEASE THE FUNDS AND ATTESTS THAT THE EXPENDITURE IS CONSISTENT WITH ALL RESTRICTIONS ON THE USE OF THE EQUITY AND HAS NOT BEEN PAID FROM ANY OTHER SOURCE THE FOUNDATION SHALL DENY A REQUEST IF IT IS DETERMINED UPON REVIEW THAT THE EXPENDITURE DOES NOT MATCH THE DONOR INTENT

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493133038954

OMB No 1545-0047

Schedule J

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 OREGON FOUNDATION

(Form 990)

Department of the Treasury

Internal Revenue Service

Employer identification number

93-6015767

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				
	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				
	☐ 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		Νo	
	If "Yes," to line 5a or 5b, describe in Part III				
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	
b	Any related organization?	6b		Νo	
	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		No	
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				
	ın 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		COO (i) 150,828 0 0 27,892 6,493 185,213 0 0 0 0 0 0 0 0 0						
			incentive	reportable		benefits	(B)(ı)-(D)	•
(1)ERIKA FUNK COO & CCO		· · · · · · · · · · · · · · · · · · ·	0	0	27,892 0	6,493 0	185,213 0	0 0
(2)JAY D NAMYET CIO (CHIEF INVEST OFFICER)	(i) (ii)		0	0	45,800 0	22,017 0	379,758 0	0
(3)R PAUL WEINHOLD PRESIDENT/CEO			0	4,284 0	45,800 0	18,701 0	389,317 0	0
(4)MARK BOLME DIRECTOR APPLICATION PROGRAMMING	(i) (ii)		0	0	21,966 0	20,285 0	155,499 0	0

Schedule J (Form 990) 2012

Part III 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
	,	THE PRESIDENT/CEO WAS REIMBURSED FOR SPOUSAL TRAVEL, THAT DID NOT MEET THE IRS REQUIREMENT FOR BUSINESS PURPOSE AND FOR RECEIPT OF A GIFT BOTH BENEFITS WERE TREATED AS TAXABLE COMPENSTATION THE REIMBURSEMENT AND TREATEMENT AS COMPENSATION WAS APPROVED BY THE BOARD FOR \$4,284

Schedule J (Form 990) 2012

DLN: 93493133038954

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

SCHEDULE M

(Form 990)

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

Noncash Contributions

Name of the organization UNIVERSITY OF OREGON FOUNDATION

Employer identification number

					93-6015767			
Pa I	t I Types of Property	1		T	T			
	Ant Marko (5 - int	(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	Method of noncash conti			ts
	Art—Works of art							
	Art—Historical treasures .							
	Art—Fractional interests							
	Books and publications							
	Clothing and household goods							
	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
:	Securities—Publicly traded .	Х	147	84,687,074	AVERGE HIGH/L	0 W Q U C	TE	
:	Securities—Closely held stock .							
	Securities—Partnership, LLC, or trust interests							
:	Securities—Miscellaneous							
	Qualified conservation contribution—Historic structures							
	Qualified conservation contribution—Other							
	Real estate—Residential .							
	Real estate—Commercial							
1	Real estate—O ther							
,	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxıdermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
,	O ther ▶ ()							
	Other ►()							
	O ther ▶()							
	O ther ▶ ()							
	Number of Forms 8283 received for which the organization comple				29			
							Yes	N
a	During the year, did the organiza	ition receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it			
	must hold for at least three year for exempt purposes for the enti				d to be used	30a		N
,	If "Yes," describe the arrangement				-	300		
	Does the organization have a gif			review of any non-standard	contributions?	31	Yes	
3	Does the organization hire or us contributions?	e third parti	es or related organizations	to solicit, process, or sell	noncash 	32a	Yes	
ь	If "Yes," describe in Part II					324	103	
	If the organization did not report	an amount	in column (c) for a type of	property for which column (a) is checked			
	describe in Part II	. an amount	column (c) for a cype of	property for milital 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, or a combination of both. Also complete this part for any additional information.		
Identifier	Return Reference	Explanation
THIRD PARTY USE		THE FOUNDATION RECEIVES GIFTS OF NONCASH CONTRIBUTIONS MOST COMMONLY IN THE FORM OF MARKETABLE SECURITIES AND REAL PROPERTY IT IS THE FOUNDATION'S POLICY TO CONVERT GIFTS INTO CASH AS SOON AS PRACTICALLY AND PRUDENTLY POSSIBLE TO MEET THE NEEDS AND DIRECTIVES OF DONORS THIRD PARTIES MAY FACILITATE THE ACCEPTANCE PROCESS AND SALE OF NONCASH GIFTS BY (1) PROVIDING EXPERT INFORMATION AND SERVICES ON MARKET VALUE AND MARKETABILITY, (2) PROVIDING TITLE SEARCH, APPRAISALS, ENVIRONMENTAL AUDITS, AND OTHER PROFESSIONAL REPORTS, AND (3) COMPLETION OF RELATED LEGAL DOCUMENTS

Schedule M (Form 990) (2012)

OMB No 1545-0047

SCHEDULE 0 (Form 990 or 990-EZ)

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.

Open to Public Inspection

Name of the organization UNIVERSITY OF OREGON FOUNDATION **Employer identification number**

93-6015767

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	
	FORM 990, PART VI, SECTION B, LINE 12C	THE REVIEW OF COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY IS DOCUMENTED IN THE MANAGEM ENT OF DISCLOSURE OF POTENTIAL CONFLICT OF INTEREST STATEMENT POLICY BOTH TRUSTEES AND EM PLOYEES COMPLETE A CONFLICT OF INTEREST DISCLOSURE FORM ANNUALLY AND UPON OCCURRENCE OF A MATERIAL CHANGE IN THE INFORMATION DISCLOSED ALL FORMS ARE LOGGED AND REVIEWED TO IDENTIF Y THOSE WHO HAVE INDICATED A POTENTIAL CONFLICT A DESIGNATED EXECUTIVE MANAGEMENT GROUP R EVIEWS THOSE WITH POTENTIAL CONFLICTS TO DETERMINE IF THERE TRULY IS A CONFLICT OF INTERES T FOR TRUSTEES, A CONFLICT OF INTEREST LOG IS MAINTAINED AND AVAILABLE FOR REFERENCE AT A LL BOARD MEETINGS PRIOR TO VOTE, THE BOARD CHAIR WILL IDENTIFY ANY INDIVIDUALS WHO MUST A BSTAIN FROM VOTING DUE TO A CONFLICT OF INTEREST FOR EMPLOYEES, ANY TRUE CONFLICTS ARE DI SCUSSED WITH THE EMPLOYEE AND HUMAN RESOURCES AND THE EMPLOYEE WILL BE RESTRICTED FROM PAR TICIPATION IN A TRANSACTION DIRECTLY RELATED TO THE CONFLICT
	FORM 990, PART VI, SECTION B, LINE 15A	THE BOARD OF TRUSTEE'S EXECUTIVE COMPENSATION COMITTEE DEVELOPS AND RECOMMENDS FOR BOARD A PPROVAL A COMPENSATION PHILOSOPHY AND THE PRESIDENT/CEO TOTAL COMPENSATION PACKAGE IN ACCO RDANCE WITH THE REBUTTABLE PRESUMPTION OF REASONABLENESS, AND REVIEWS AND APPROVES MEASURA BLE GOALS AND OBJECTIVES FOR THE PRESIDENT/CEO
	FORM 990, PART VI, SECTION C, LINE 19	THE FOUNDATION WEBSITE, WWW UOFOUNDATION ORG, PROVIDES THE PUBLIC WITH ACCESS TO VIEW AND PRINT THE MOST RECENT FIVE ANNUAL REPORTS, THE MOST RECENT 990, CONFIDENTIALITY, WHISTLEBL OWER, CONFLICT OF INTEREST AND OTHER GOVERNANCE POLICIES ADDITIONALLY, ALL TRUSTEES HAVE ACCESS TO, VIA THE WEBSITE, THE ARTICLES OF INCORPORATION, BY LAWS, COMMITTEE CHARTERS, ALL COMMITTEE AND FULL BOARD MEETING MINUTES, AND MEMO OF UNDERSTANDING WITH THE UNIVERSITY THE FOUNDATION ALSO PROVIDES HARDCOPIES OF THE ANNUAL REPORTS UPON REQUEST

SCHEDULE R Related Orc

Related Organizations and Unrelated Partnerships

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

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

2012

93-6015767

DLN: 93493133038954

Doen to Publ

Department of the Treasury Internal Revenue Service

Name of the organization

UNIVERSITY OF OREGON FOUNDATION

(Form 990)

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Employer identification number

(a) Name, address, and EIN (If applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets		(f) controlling entity		
See Additional Data Table								
Part II Identification of Related Tax-Exempt Organization or more related tax-exempt organizations during the	tions (Complete ıf tax year.)	the organization a	nswered "Yes'	' to Form 990, F	Part IV, line	e 34 because ıt	: had or	ne
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sec	tion (e) Public charity (if section 501	status (c)(3))	(f) Direct controlling entity	Section (13) co	ntrolle tity?
							$\overline{\mathbf{I}}$	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 501	35 Y			Schedule R (Forr	n 990) 2	012

Part III Identification of Related C because it had one or more r								atıon an	swered "Y	es" to	Form	n 990, Part	IV, l	ine 3	4
(a) Name, address, and EIN related organization	l of	(b) Primary activity			l) ect olling ity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)		(f) Share of total income	(g) Share of e end-of-year assets	(h) Disproprtionat allocations?		(i) Code V—UBI amount in bo 20 of Schedule K-1 (Form 1065)	x managing partner?		(k) Percentage ownership
						311,				Yes	No		Yes	No	
													<u> </u>		
													<u> </u>		
													_		
													<u> </u>		
Part IV Identification of Related C line 34 because it had one or										swere	ed "Ye	s" to Form	990,	Part	IV,
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Lega doma (state or count	al cile foreign			(d) : controlling entity	Type (C cor	(e) of entity p, S corp, trust)	(f) Share of tota Income		(g) re of er of-year assets		ntage		(i) Section 512 (b)(13) controlled entity?
(1) 6 CHARITABLE	ANNUNITY TRUST				-		Т					_		L	Yes No
REMAINDER ANNUITY TRUST 1720 E 13TH AVE SUITE 410	Amenin ikesi	OF	ł				ľ								
EUGENE, OR 974032253 (2) 39 CHARITABLE	REMAINDER TRUST				1		T								No
REMAINDER TRUST 1720 E 13TH AVE SUITE 410		OF	2												
EUGENE, OR 974032253 (3) 1 POOLED INCOME FUND	INCOME FUND				1		Т							_	No
1720 E 13TH AVE SUITE 410 EUGENE, OR 974032253		OF	₹												

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1 Du	ring the tax year, did the orgranization engage in any of the following transactions with one or more rela	ated organizations li	sted in Parts II-IV?				
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No
b	Gift, grant, or capital contribution to related organization(s)				1b		No
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
	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	xchange of assets with related organization(s)				1i		No_
j	ease of facilities, equipment, or other assets to related organization(s)				1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		No
I	erformance of services or membership or fundraising solicitations for related organization(s)				11		No
m	erformance of services or membership or fundraising solicitations by related organization(s)				1m		No
n S	haring of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No
0	Sharing of paid employees with related organization(s)				10		No
р	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		No
s	Other transfer of cash or property from related organization(s)				1s		No
2	f the answer to any of the above is "Yes," see the instructions for information on who must complete t	his line, including co	overed relationships	and transaction thresholds			
	(a)	(b)	(c)	(d)			
	Name of other organization	Transaction type (a-s)	Amount involved	Method of determining amo	ount in	ivolved	

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)

revenue) that was not a related organization See instructions re	garding exclu	sion for ce		nent	partnerships				`	,		_	
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512- 514)	section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate r allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	in managing partner? ile		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	

Software ID: Software Version:

Return Reference

tware version:

EIN: 93-6015767

Name: UNIVERSITY OF OREGON FOUNDATION

Explanation

Schedule R (Form 990) 2012

Identifier

Page **5**

Part VII Supplemental Information

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

Form 990, Schedule R, Part I - Identification of Disregarded Entities (c) (e) (b) Legal Domicile (d) (f) (a) End-of-year Name, address, and EIN of disregarded entity Primary Activity (State Direct Controlling Total income assets or Foreign Entity Country) 9 NATIONAL CHAMPIONSHIP PROPERTIES LLC TO FACILITATE THE OR 2.240 UNIVERSITY OF OREGON CONSTRUCTION OF A FOUNDATION C/O UNIVERSITY OF OREGON FOUNDATION EUGENE, OR 97403 NEW BASKETBALL ARENA 20-1644870 OREGON FUTURE EXPANSION II LLC TO ACQUIRE CERTAIN OR 800,316 UNIVERSITY OF OREGON 96,164 C/O UNIVERSITY OF OREGON FOUNDATION REAL PROPERTY lfoundation EUGENE, OR 97403 INTENDED FOR THE USE 93-6015767 BY THE UO OREGON FUTURE EXPANSION III LLC TO ACQUIRE CERTAIN UNIVERSITY OF OREGON OR 377,931 4,369,399 C/O UNIVERSITY OF OREGON FOUNDATION REAL PROPERTY FOUNDATION EUGENE, OR 97403 INTENDED FOR THE USE 93-6015767 BY THE UO PHIT LLC TO EXPEDITE O R 77,102,283 30,213,609 UNIVERSITY OF OREGON C/O UNIVERSITY OF OREGON FOUNDATION RENOCATION AND FOUNDATION **EUGENE, OR 97403** CONSTRCUTION OF 26-4501534 FACILITIES FOR THE UO OREGON FUTURE EXPANSION PK LLC TO FACILITATE ΟR 3,585 9,290,518 UNIVERSITY OF OREGON C/O UNIVERSITY OF OREGON FOUNDATION FUNDING FOR THE FOUNDATION EUGENE, OR 97403 EXPANSION OF THE 93-6015767 BASEBALL FACILITIES OREGON FUTURE EXPANSION FRANKLIN LLC TO ACQUIRE CERTAIN ΟR 248,164 2,074,850 UNIVERSITY OF OREGON C/O UNIVERSITY OF OREGON FOUNDATION REAL PROPERTY FOUNDATION INTENDED FOR THE USE EUGENE, OR 97403 93-6015767 BY THE UO PHIT TOO LLC TO ACOUIRE CERTAIN OR 8,025,084 3.725.152 UNIVERSITY OF OREGON C/O UNIVERSITY OF OREGON FOUNDATION REAL PROPERTY FOUNDATION EUGENE, OR 97403 INTENDED FOR THE USE 46-1748891 BY THE UO

DLN: 93493133038954

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

TY 2012 Functional Currency and Exchange Rate QBU Statement

Name: UNIVERSITY OF OREGON FOUNDATION

QBU Id	Country of Operation	Functional Currency
USD		0.00000

DLN: 93493133038954

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

TY 2012 Functional Currency and Exchange Rate QBU Statement

Name: UNIVERSITY OF OREGON FOUNDATION

QBU Id	Country of Operation	Functional Currency
USD		0.00000

DLN: 93493133038954

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

TY 2012 Functional Currency and Exchange Rate QBU Statement

Name: UNIVERSITY OF OREGON FOUNDATION

QBU Id	Country of Operation	Functional Currency
USD		0.00000

DLN: 93493133038954

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

TY 2012 Functional Currency and Exchange Rate QBU Statement

Name: UNIVERSITY OF OREGON FOUNDATION

QBU Id	Country of Operation	Functional Currency
USD		0.00000

DLN: 93493133038954

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

TY 2012 Functional Currency and Exchange Rate QBU Statement

Name: UNIVERSITY OF OREGON FOUNDATION

QBU Id	Country of Operation	Functional Currency
USD		0.00000

Software ID: Software Version:

EIN: 93-6015767

Name: UNIVERSITY OF OREGON FOUNDATION

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

Form 990, Part VII - Compensation of Compensated Employees, and Indeper (A) Name and Title	(B) (C) Average hours more than one box, per unless person is both						-11	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (list any	an dıre	pers office ctor/	er an trus	da tee)		I	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099-MISC)	compensation from the organization and related
	hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations
ABBOTT J KELLER TRUSTEE	1 00	x						0	0	0
AMY RITTENBERG-KARI TRUSTEE	1 00	х						0	0	0
ANDREW S BERWICK JR TRUSTEE	1 00	х						0	0	0
ANTHONY S O WONG TRUSTEE	1 00	х						0	0	0
CHERYL D PERRIN TRUSTEE	1 00	х						0	0	0
CHERYL RAMBERG FORD TRUSTEE	1 00	×						0	0	0
CHRIS A SMITH TRUSTEE	1 00	×						0	0	0
DANA L WADE TRUSTEE	1 00	×						0	0	0
DAVID B TAYLOR TRUSTEE	1 00	х						0	0	0
DOUGLAS W OAS TRUSTEE	1 00	х						0	0	0
DWAYNE RICHARDSON TRUSTEE	1 00	х						0	0	0
EDWARD L MALETIS TRUSTEE	1 00	х						0	0	0
EDWIN J HAGERTY TRUSTEE	1 00	х						0	0	0
GINEVRA REED RALPH TRUSTEE	1 00	х						0	0	0
GWENDOLYN H LILLIS TRUSTEE	1 00	х						0	0	0
IAIN E MORE TRUSTEE	1 00	х						0	0	0
J DOUGLAS MCKAY TRUSTEE	1 00	х						0	0	0
J SCOTT ANDREWS TRUSTEE	1 00	х						0	0	0
JAMES WILLIAM SHEPHARD SECRETARY/TREASURER	2 00	х		х				0	0	0
JANICE M MONTI TRUSTEE	1 00	х						0	0	0
JON P ANDERSON BOARD CHAIR	2 00	х		х				0	0	0
KATHERINE H GURUN TRUSTEE	1 00	х						0	0	0
LARRY S BRUTON TRUSTEE	1 00	х						0	0	0
MARK RICHARDS TRUSTEE	1 00	х						0	0	0
MICHAEL B WILKES TRUSTEE	1 00	х						0	0	0

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

Compensated Employees, and Independent Contractors (B) (A) (D) (E) (F) (C) Name and Title Position (do not check Reportable Estimated amount Average Reportable hours more than one box, compensation compensation of other per unless person is both from the from related compensation an officer and a organization (Worganizations (Wfrom the week director/trustee) 2/1099-MISC) 2/1099-MISC) (list organization and related any Former Individual 1 or dilector Highest compensated employee Institutional organizations hours for emplo) ee related organizations trustee below l Trustee dotted line) 1 00 MICHAEL D COUCH Х 0 0 TRUSTEE 2 00 NORMAN H BROWN JR Х Х 0 0 0 IMMEDIATE PAST CHAIR 1 00 RICHARD SEOW Х 0 0 0 **TRUSTEE** 1 00 ROHN M ROBERTS 0 0 0 Χ TRUSTEE 1 00 SAMMIE MCCORMACK 0 0 0 Х TRUSTEE 1 00 SONDRIA STEPHENS 0 0 0 Х TRUSTEE 1 00 STACY M SQUIRES Х 0 0 0 TRUSTEE 2 00 STEVEN 1 HOLWERDA Х Х 0 0 0 BOARD CHAIR ELECT 1 00 STUART W JACKSON Х 0 0 0 TRUSTEE 1 00 SUSIE YANCEY PAPE Х 0 0 0 TRUSTEE 1 00 THOMAS H HARTFIELD Х 0 0 0 TRUSTEE 1 00 **TIMOTHY FOO** Х 0 0 0 TRUSTEE 1 00 VICKI J TOYOHARA Х 0 0 0 **TRUSTEE** 40 00 **ERIKA FUNK** Χ 150,828 0 34,385 COO & CCO 40 00 JAY D NAMYET Х 311,941 0 67,817 CIO (CHIEF INVEST OFFICER) 40 00 R PAUL WEINHOLD Х 0 324,816 64,501 PRESIDENT/CEO 40 00 KARL OTTO Х 104,673 0 25,076 VP INFORMATION SERVICES 40 00 MARK BOLME Х 113,248 0 42,251 DIRECTOR APPLICATION PROGRAMMING