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Form 990

Department of the

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public
 Information about Form 990 and its instructions is at www.IRS.gov/form990

DLN: 93493046031937 OMB No 1545-0047

Treas	ıry al Reveni		► Information about Form 990 and its instructions is at <u>ww</u>	w IRS gov/fo	<u>rm990</u>		Inspection
			lendar year, or tax year beginning 07-01-2015 , and ending 06-30-201	 5			
	eck if app		C Name of organization UNIVERSITY OF PORTLAND		D Empl	oyer ide	entification number
┌ A	ddress cha	ange	UNIVERSITY OF FORTEAND		93-0	40125	9
<u>'</u>	ame char	-	Doing business as				
<u>:</u>	ntıal retur nal	n			F Telen	hone num	nher
retum	/terminat		Number and street (or P O box if mail is not delivered to street address) Room/suil 5000 N Willamette Blvd	e			
	nended re plication i		City or town, state or province, country, and ZIP or foreign postal code		(503	943-	/33/
1 4	plication	pending	Portland, OR 972035798		G Gross	receipts	\$ 222,370,130
			F Name and address of principal officer	H(a) Is th	ıs a grou	p return	n for
			Rev Mark Poorman 5000 N Willamette Blvd		rdinates		⊤ Yes 🗸
			Portland, OR 97203	Nо н(ь) Are a	all subor	dinates	
I Ta	x-exemp	t status	▼ 501(c)(3)	inclu	ded?		Tes No
J W	ebsite:	► wwv	v up edu		•		(see instructions)
				H(c) Grou	ıp exemp		mber ▶ ¶ State of legal domicile O
K For	m of orga	nization	✓ Corporation Trust Association Other		induon .		State of legal dofficier o
Pa	rt I	Sum	mary				
Activities & Governance	hall	ls, and	e and innovation, we pursue teaching and learning, faith and formation, lo all activities of campus life Because we value the development of the e f knowing, promotes ethical reflection, and prepares people who respond	ntıre person,	the univ	ersity h	nonors faith and reaso
×5	2 Ch	neck th	is box $ ightharpoonup$ if the organization discontinued its operations or disposed o	f more than i	25% of i	ts net a	ssets
ties	3 N	ımher o	of voting members of the governing body (Part VI, line 1a)			3	51
SE SE			of independent voting members of the governing body (Part VI, line 1b)			4	44
Ř			nber of individuals employed in calendar year 2015 (Part V, line 2a) .		5	3,098	
	6 To	tal nun	nber of volunteers (estimate if necessary)		6	50	
			elated business revenue from Part VIII, column (C), line 12			7a	164,119
	b Net	unrela	ted business taxable income from Form 990-T, line 34			7b	-18,25
	8	Contri	butions and grants (Part VIII, line 1h)	Pric	r Year	769	23,503,670
핰			Im service revenue (Part VIII, line 2g)		18,121,769		195,856,816
Ravenue		_	ment income (Part VIII, column (A), lines 3, 4, and 7d)		13,322		2,115,678
ç	11	O ther	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-20	,175	-22,310
	12		revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		214,098	,433	221,453,85
	13	(Crante	s and similar amounts paid (Part IX, column (A), lines 1-3)	+	68,898	195	73,182,00
	14		ts paid to or for members (Part IX, column (A), line 4)		00,000	0	73,102,00
	15		es, other compensation, employee benefits (Part IX, column (A), lines		66,596	415	71,330,26
Expenses	46-	5-10)				0	, 1,330,20
b ed	16a		ssional fundraising fees (Part IX, column (A), line 11e)				
ă			ndraising expenses (Part IX, column (D), line 25) ▶ 2,575,939 expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		55,382	611	50,197,45
			expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		190,877		194,709,71
	19		ue less expenses Subtract line 18 from line 12		23,221		26,744,14
Net Assets or Fund Balances				Beginning o	of Curren	Year	End of Year
sets	20	Total -	pecate (Part V. line 16)		443,564		465,364,73
ASed		Total liabilities (Part X, line 26)					121,173,90
F.E.			sets or fund balances Subtract line 21 from line 20		122,702 320,861		344,190,830
Pa	rt II	Sign	ature Block		·		
my k	nowledg	e and b	perjury, I declare that I have examined this return, including accompany belief, it is true, correct, and complete Declaration of preparer (other the nowledge				
		\		2(017-02-08		
Sigr		Signa	sture of officer		ate		
Her	e	Alan	P Timmins VP for Financial Affairs				

Preparer's signature

Alan P Timmins VP for Financial Affairs
Type or print name and title Print/Type preparer's name

Firm's name

Fırm's address ▶

Paid

Preparer

Use Only

PTIN

Check | If

Fırm's EIN ▶

Phone no

Date

orm	990 (2015)			Page 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 🕏	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	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		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure $98-19$? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? 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
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 뉯	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11 b	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
	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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		No
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14 b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," complete Schedule F, Parts III and IV	16	Yes	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form	990 (2015)			Page 4
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
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 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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	Yes	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?	26	Yes	

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 27 Νo member of any of these persons? If "Yes," complete Schedule L, Part III 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) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

28a Nο b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 28b Yes c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was Yes 28c an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . Yes 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Yes 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. Nο 31

Νo 32

Νo sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R. Part II. III. or IV. 34 Yes 35a Yes

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled 35b Yes entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🛂 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related Nο 36

Par	TT V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V				_
	Check it Schedule O contains a response of flote to any line in this rait v	• •	·	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a	290		105	110
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable				
	gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and				
	Tax Statements, filed for the calendar year ending with or within the year covered by this return	,098			
h	by this return		2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	, [
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	Yes	
ь				103	
_	If "Yes," enter the name of the foreign country ►AU See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts				
	(FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		Νo
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				
			5 c		
6 a	Does the organization have annual gross receipts that are normally greater than $\$100,\!000$, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or quere not tax deductible?		6 b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods ar services provided to the payor?	nd	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	· _	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was require file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year				
e	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? .		76 7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 889		"		110
9	required?		7 g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?		7h		No
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	ne			
_		_	8		
	Did the sponsoring organization make any taxable distributions under section 4966?	_	9a		
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter	-	9b		
	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 10b				
_	facilities		!		
11	Section 501(c)(12) organizations. Enter				
	Gross income from members or shareholders				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	1	L2a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions	for			
L	additional information the organization must report on Schedule O	1	L3a		
ט	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				
c	Enter the amount of reserves on hand				
14a	Did the organization receive any payments for indoor tanning services during the tax year?		L4a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	1	L4b		

orm	990 (2015)				Page
	For each "Yes" response to lines 2 through 7b below, and for a "No" redescribe the circumstances, processes, or changes in Schedule O. See Check if Schedule O contains a response or note to any line in this Part VI. Ction A. Governing Body and Management	instructions.			w,
36	Ction 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	51			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent 1b	44			
2	Did any officer, director, trustee, or key employee have a family relationship or a busine other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by supervision of officers, directors or trustees, or key employees to a management compa		3		No
4	Did the organization make any significant changes to its governing documents since the filed?	e prior Form 990 was	4		No
5	Did the organization become aware during the year of a significant diversion of the organ	nization'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 t more members of the governing body?		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by or persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions year by the following	undertaken during the			
а	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8 b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No **10a** Did the organization have local chapters, branches, or affiliates? . 10a Νo **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing 11a Νo **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 Νo **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c Did the organization have a written whistleblower policy? 13 13 Νo Did the organization have a written document retention and destruction policy? . . . 14 Νo Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official . 15a Yes ${f b}$ Other officers or key employees of the organization 15b Yes If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a Νo **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

Se	ection C. Disc	iosure				
17	List the States	with which a	copy of this	Form 990 i	ıs required t	o be filed▶

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 av	ailable Check all that apply

(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)

organization's exempt status with respect to such arrangements?

- 1.9 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, address, and telephone number of the person who possesses the organization's books and records

 Alan P Timmins 5000 N Willamette Blvd Portland, OR 972035798 (503) 943-7507

16b

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

Check if Schedule O contains a response or note to any line in this Part VII . . .

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

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

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

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

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

(A) Name and Title	and Title A verage hours per r week (list any hours					heck unless officer stee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	indradual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table										

(A) Name and Title	(B) A verage hours per week (list any hours	more than one box, unless list person is both an officer urs and a director/trustee)					į	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated emptovee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
See Additional Data Table										
1b Sub-Total		 ection A	٠.	•				2,000,102	0	702.151
d Total (add lines 1b and 1c)				•	•	•		3,990,192	0	703,151

	_		res	IAO
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of

	Compensation
Food Services	9,627,829
Construction	12,621,042
Construction	2,837,365
Construction	3,013,568
Architectural Services	2,038,995
	Construction

Form 99	0 (20	15)						Page 9
Part V	* + + +	Statement o						
		Check If Schedi	ule O contains a respo	onse or note to any lii	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
(6	1a	Federated cam	paigns 1a	0				312 31+
tributions, Gifts, Grants Other Similar Amounts	ь	Membership du	ıes 1 b	0				
Gra	c	Fundraising eve		58,166				
fs. r A	d	_	zations 1c					
ila Ba		Government grants		·				
ns, Sin	e	_						
utio er	f	similar amounts no	ons, gifts, grants, and 1f ot included above	22,387,858				
Contributions, and Other Sim	g	Noncash contribute	ons included in lines	11,525,633	į			
Cont	h	Total. Add lines	s 1a-1f		23,503,670			
				Business Code				
몵	2a	Tuition and Fees		611310	161,461,555	161,461,555	0	l o
Program Service Revenue	ь	Room and Board		611310	22,497,182	22,497,182	0	C
₽	С	Off-Campus Progra	ams	611310	5,889,726	5,889,726	0	C
Ę.	d	Athletics	_	611310	2,470,935	2,317,889	153,046	O
א ה	е							
grar	f	All other progra	am service revenue		3,537,418	3,133,403	7,010	397,005
Ě	g	Total. Add lines	s 2a-2f	•	195,856,816			
	3		ome (including divider					
			aramounts)	-	1,288,563	0	4,063	
	4 5	5 L	stment of tax-exempt bond	proceeds •	15,942	0	0	_
	3	Royalties	(ı) Real	(II) Personal	20,2 12	-		1
	6a	Gross rents	(i) Kedi	(II) T CISONAI				
		Less rental						
	"	expenses						
	С	Rental income or (loss)	0	0				
	d	Net rental inco						
	7a	Gross amount	(ı) Securities	(II) O ther				
	, 4	Gross amount from sales of assets other than inventory		0				
	ь	Less cost or other basis and	821,885	0				
		sales expenses	,	0				
	C .	Gain or (loss)	827,115	0	927 115	0	0	027 115
	d 8a	Net gain or (los Gross income f			827,115	0		827,115
Other Revenue		events (not inc \$58	luding 3,165 s reported on line 1c)					
ē			a	56,139				
0			penses b	,	20.252		0	20.252
	C		(loss) from fundraising	events >	-38,252		0	-38,252
	94		rom gaming activities ne 19 a					
	b c		penses b (loss) from gaming act					
	10a	Gross sales of returns and allo						
			a					
	b		oods sold b	L _.				
	С		(loss) from sales of inv					
	11a	Miscellaneou	s kevenue	Business Code				
	b							
	C							
	d	A II other reven	ue					
	e	Total. Add lines		•				
	12		See Instructions .		0			
		rocar revenue.	See Thethucholle .		221,453,854	195,299,755	164,119	2,486,310

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX

	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to domestic organizations and		expenses	general expenses	expenses
_	domestic governments See Part IV, line 21	46.355	46,355		
2	Grants and other assistance to domestic	+0,333	+0,333		
_	individuals See Part IV, line 22	71,231,254	71,231,254		
3	Grants and other assistance to foreign organizations, foreign	,1,231,231	,1,231,231		
	governments, and foreign individuals See Part IV, lines 15				
	and 16	1,904,392	1,904,392		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	2,759,857	1,132,277	1,402,599	224,981
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	50,634,097	37,838,286	11,484,127	1,311,684
8	Pension plan accruals and contributions (include section 401(k)				_
	and 403(b) employer contributions)	3,787,376	2,851,086	845,589	90,701
9	Other employee benefits	9,783,947	6,205,075	3,517,448	61,424
10	Payroll taxes	4,364,984	3,205,764	1,037,483	121,737
11	Fees for services (non-employees)	, ,	, ,	, ,	·
а	Management	0	0	0	0
ь	Legal	252,260	0	252,260	0
с	Accounting	91,775	0	91,775	0
d	Lobbying	0	0	0	0
е	Professional fundraising services See Part IV, line 17	0			0
f	Investment management fees	53,399	0	53,399	0
g	Other (If line 11g amount exceeds 10% of line 25, column (A)				
	amount, list line 11g expenses on Schedule O)	14,261,006	11,620,346	2,393,304	247,356
12	Advertising and promotion	510,200	242,350	265,286	2,564
13	Office expenses	4,196,682	2,336,954	1,828,594	31,134
14	Information technology	1,400,511	10,912	1,389,589	10
15	Royalties	17,853	21,543	-3,690	0
16	Occupancy	4,339,489	346,221	3,992,811	457
17	Travel	3,450,885	2,943,451	414,138	93,296
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	4,453,046	2,690,303	1,509,130	253,613
20	Interest	3,407,724	3,628,526	-220,802	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	8,303,018	5,180,679	3,122,339	0
23 24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on	1,178,944	261,270	902,322	15,352
,	Schedule O) Other Expenses	4,314,534	2,769,339	1,517,071	28,124
	Allocation of indirect expenses reported in column	4,314,334	2,709,339	1,317,071	20,124
	C C	-33,875	14,390,663	-14,518,044	93,506
С.					
d					
e 25	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	194,709,713	170,857,046	21,276,728	2,575,939
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Form 990 (2015)

(B)

End of year

15,246

35,299,233

12,174,600

1,550,012

5,250

5.063.604

1,729,034

240,043,993

14,682,943

152,821,857

1.978.965

465,364,737

11.584.607

7,497,375

94,303,291

0

0

0

0 0

0

7,788,628

121,173,901

184,266,072

67.278.504

92,646,260

344,190,836

465,364,737 Form 990 (2015)

Fait	balance Sheet
	Check if Schedule O contains a response or note to any line in this Part X $$. $$.
:	Cash-non-interest-bearing
:	Savings and temporary cash investments
:	Pledges and grants receivable, net
4	Accounts receivable, net
	key employees, and highest compensated employees Complete Part II of
	Schedule L
•	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
S	II of Schedule L

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Fund Balances

Ö

Assets

Net

	Balance Sneet
	Check if Schedule O contains a response of
L	Cash-non-interest-bearing
2	Savings and temporary cash investments
3	Pledges and grants receivable, net
Ļ	Accounts receivable, net

,		
lance Sheet		
eck if Schedule O contains a response or note to any line in this Part X		

Notes and loans receivable, net . .

Prepaid expenses and deferred charges

Investments—publicly traded securities

Accounts payable and accrued expenses

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments-program-related See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 34)

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

key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

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

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Retained earnings, endowment, accumulated income, or other funds

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

and other liabilities not included on lines 17-24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25

lines 27 through 29, and lines 33 and 34.

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

complete lines 30 through 34.

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

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

Inventories for sale or use

Complete Part VI of Schedule D

Less accumulated depreciation

Intangible assets

Grants payable

Deferred revenue .

Tax-exempt bond liabilities

Complete Part X of Schedule D

Unrestricted net assets

Other assets See Part IV, line 11

Beginning of year

326 660 149

86,616,156

10a

10b

(A)

20,468

34,840,011

13,753,452

2,232,028

11,250

4.236.427

1,623,668

215,770,281

13,838,602

154,636,338

2 602 171

9,471,542

8,003,466

96 793 025

443,564,696

1

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3

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8,434,723

122,702,756

165,841,639

68.153.933

86,866,368

320,861,940

443,564,696

0 14

221,453,854

194,709,713

26,744,141

320,861,940

-3,415,245

344,190,836

No

Νo

Yes

Yes

Yes

Yes

Yes Form 990 (2015)

ΧI	Reconcilliation	of Net Assets
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Check if Schedule O contains a response or note to any line in this Part XI							. [

Total revenue (must equal Part VIII, column (A), line 12)

Total expenses (must equal Part IX, column (A), line 25) . . .

Revenue less expenses Subtract line 2 from line 1 . . .

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .

Net unrealized gains (losses) on investments Donated services and use of facilities .

Investment expenses . Prior period adjustments .

Other changes in net assets or fund balances (explain in Schedule O) .

column (B))

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, Part XIII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

1 Accounting method used to prepare the Form 990 Cash ✓ Accrual COther 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?

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both

Separate basis Consolidated basis **b** Were the organization's financial statements audited by an independent accountant?

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

basis, consolidated basis, or both

Separate basis

Schedule O

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

Single Audit Act and OMB Circular A-133?

Consolidated basis

Both consolidated and separate basis

If the organization changed either its oversight process or selection process during the tax year, explain in

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Both consolidated and separate basis

2b

1

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2c

3a

3b

2a

Additional Data

Software ID: 15000352

Software Version: v1.00

EIN: 93-0401259

Name: UNIVERSITY OF PORTLAND

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$	10,354,804	including grants of \$	0) (Revenue \$	0)				
their academic pursuits as	ams The University of Portland provides comprehensive support programs for our students to enable ar as well as their personal growth Expenses in this category include International Student Services, Hea sions, Registrar, Student Government and Activities, Financial Aid, and Intramurals								
(Code) (Expenses \$	4,672,767	including grants of \$	0) (Revenue \$	0)				
, ,	through interactive ins	truction, by ac	quiring and organizing mu	nd community as a dynamic teaching lib llti-format collections that support the c					

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

Compensated Employees, and Inde	pendent Co	ntrac	ctor	s						
(A) Name and Title	(B) A verage hours per week (list any hours for related	m unles	ore t ss pe	han erso cer	not one n is and			(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
n Novel D. Alle meth	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former		MISC)	organization and related organizations
Mr Joseph B Allegretti	1									_
Trustee	0	×						0	0	U
Mr Thomas D Arndorfer	1	x						0	0	С
Trustee	0									
Mr Richard Baek	1	X						0	0	С
Trustee	0									
Patrick E Becker Jr	1								_	,
Trustee	0	X						٠ ا	l	
MrRalph G Bliquez	1	x								,
Trustee	0	^						Ĭ	Ĭ	`
Mr John G Block	1	х						0	0	(
Trustee	0	_ ^								`
Mrs Mary R Boyle	1	Х						0	0	C
	1	ı	ı	1	1	1	1	1	ı	ı

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Trustee

Trustee

Trustee

Trustee

Mrs Nancy K Bryant

Mrs Annie T Buell

Mr Matthew W Chapman

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

Compensated Employees, and Inde	pendent Co	ntrac	tor	s						
(A) Name and Title	(B) A verage hours per week (list any hours for related	m unle:	ore t ss pe	han erso cer	not one n is and			(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 trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		MISC)	organization and related organizations
Mr Earle M Chiles Trustee	1 0	×						0	0	0
Mr Kevin M Cooper Trustee	1 0	×						0	0	0
Ms Catherine David Buley Trustee	0	×						0	0	C
Ms Elizabeth Duffy Trustee	0	×						0	0	C
Mr Frank D Dulcich Trustee	0	×						0	0	0
Ms Amy Dundon-Berchtold Trustee	1 0	x						0	0	0
Rev Carl F Ebey CSC	1	,,								

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Trustee

Trustee

Trustee

Trustee

Mr Robert W Franz

Mr Mark B Ganz

Mr Ryan M Gillespie

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

Compensated Employees, and Independent Contractors												
(A) Name and Title	(B) A verage hours per week (list any hours for related	m unle:	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the		
	organizations below dotted line)	individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations		
Mr Edward C Hostman Trustee	1 0	×						0	0	0		
Rev Peter A Jarret CSC Trustee	0	×						0	0	0		
Ms Patricia K Johnson Trustee	0	×						0	0	0		
Mr Fred H Jonske Trustee	0	×						0	0	0		
Mr Kasey C Keller Trustee	<u>1</u>	x						0	0	0		
Mr Patnck H Kessi Trustee	1 0	×						0	0	0		
Rev James R Lackenmier CSC Trustee	1 0	х						0	0	0		

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Mr Keith R Larson

Mr Jason W Lesh

Rev William Lies CSC

Trustee

Trustee

Trustee

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

Compensated Employees, and Inde	penaent Co	ntrac	tors	5				1	1	
(A) Name and Title	(B) A verage hours per week (list any hours for related	unles	ore t ss pe	han erso icer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
Mr D Allen Lund	1									
Trustee	0	X			<u> </u>			U	0	Ü
Rev Edward A Malloy CSC Trustee	1 0	x						0	0	0
Mr Raiph Miller Trustee	1 0	х						O	0	0
Mr Timothy J Morgan Trustee	1 0	х						O	0	0
Mr James P Murphy Trustee	1 0	х						O	0	0
Rev Thomas O'Hara CSC Trustee	1	х						o	0	0
Rev Mark L Poorman CSC	40				\Box		H	225 410		73.046
President	0	×		X				336,410	0	72,949

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Mr James T Price

Ms Rachel A Prusynski

Mrs Larree M Renda

Trustee

Trustee

Trustee

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

Compensated Employees, and Inde	pendent Co	ntrac	tor	5				•	ī	
(A) Name and Title	(B) Average hours per week (list any hours for related	unles d	ore tl ss pe offic direct	than ersor icer a tor/t	not one on is and trust	tee)	, an	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former			organization and related organizations
Dr Don V Romanaggı	1			['	['	<u> </u>		0		
Trustee	0	×	'	'	'	'	'	1	0	1
Rev John Ryan CSC	1	x						0	0	C
Trustee	0	igspace	—'	⊥_′	⊥_'	Д′	<u></u> —'	 '	 '	
Mr Stephen L Shepard	1	l x	'	'	'	'	'	1 ,		.1
Trustee	0	<u> </u>	L'	<u>_</u> '	L'	L'	'	1 <u></u>]	l	l
Ms Darlene Shiley Trustee		×						0	0	
Mr Karl A Smith	0 1	\vdash			<u>—</u>	 '	\vdash			
Trustee	0	×		_'	_'	_'		o	o	
Mr Edwin A Sweo	1	x		Γ				0	0	
Trustee	0	لـــــا	<u></u>	L'	L'	<u> </u>			1	
Ms Kay Dean Toran	1	×		'			'	0	0	

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Trustee

Trustee

Trustee

Trustee

Mr Dave Undernner

Mr Ted R Winnowski

Mr Eugene J Wizer

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	m unle:	ore t ss pe	han rso cer or/t	not one n is and rus	tee)	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		ų.	î,			डवास्त			
Mr Darryl P Wong Trustee	1 0	×					0	0	0
Alan Timmins Vice President - Financial Affairs	40			×			269,128	0	25,336
Thomas Greene Provost	40			×			216,333	0	21,785
Laura Kelley Vice President - University Relations	40			×			201,850	0	23,131
James Ravelli Vice President - University Operations	40			×			190,120	0	29,118
Rev Gerard Olinger CSC Vice President - University Relations	40			X			200,030	0	37,605
Rev John Donato CSC Vice President - Student Affairs	40			×			98,100	0	16,872
Robin Anderson Dean - Pamplin School of Business	40				x		238,278	0	41,068

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Dean - Shiley School of Engineering

Dean - College of Arts and Sciences

Michael Andrews

194,567

184,474

53,258

23,481

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

39,064

29,481

27,574

21,848

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(A) Name and Title	(B) A verage hours per week (list any hours for related	m unle:	ore t ss pe	han erso cer tor/t	o not one n is and trust	tee)	an	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Former Former Highest compensated employee Key employee		MISC)	and related organizations		
John Watzke Dean - School of Education	40				x			170,332	0	37,930
Joane Mocen	40				x			150,961	0	30,085
Dean - School of Nursing	0				\bigsqcup					
Scott Leykam Athletic Director	40				x			183,729	0	39,415
Eric Reveno Men's Basketball Coach	40					х		437,490	0	51,163
Mojtaba Takallou Associate Professor	40					х		193,085	0	42,876
Bnan Adams Professor	40					х		168,940	0	39,112
	•				lacksquare					

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160,765

160,628

102,091

132,881

J Bryce Strang

Bahram Adrangi

Professor

John Goldnck

Zia Yamayee

Professor

Executive Assistant

Sr Assoc VP for Development

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE A**

hospital's name, city, and state

170(b)(1)(A)(iv). (Complete Part II)

described in section 170(b)(1)(A)(vi). (Complete Part II)

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization that normally receives a substantial part of its support from a governmental unit or from the general public

An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

OMB No 1545-004 Open to Public Inspection

DLN: 93493046031937

Employer identification number

93-0401259

Treasury Internal Revenue Service Name of the organization UNIVERSITY OF PORTLAND

(Form 990 or

990EZ)

Part I

✓

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2

3

Department of the

www.irs.gov/form990.

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

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)

from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization A mount of Type of Is the organization A mount of other listed in your governing organization monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes No Total Cat No 11285F For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ. Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 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 (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) ▶ 1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants) 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column Public support. Subtract line 5 from line 4 Section B. Total Support Calendar vear (d)2014 (a)2011 (b)2012 (c)2013 (e)2015 (f)Total (or fiscal year beginning in) Amounts from line 4 Gross income from interest. dividends, payments received on securities loans, rents, royalties 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 capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 Gross receipts from related activities, etc (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 Public support percentage for 2014 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2015. 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-2014. 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 - 2015. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ▶□ b 10%-facts-and-circumstances test - 2014. 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 VI 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

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part

	II. If the organization	ı faıls to qualıfı	<u>, under the tes</u>	ts listed below,	, please comple	ete Part II.)	
Se	ction A. Public Support			ı			
	Calendar year	(a) 2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f)Total
(or t	iscal year beginning in) ► Gifts, grants, contributions, and						1
-	membership fees received (Do	ı					
	not include any "unusual grants")	ı					
2	Gross receipts from admissions,						
	merchandise sold or services	İ					
	performed, or facilities furnished	İ					
	in any activity that is related to	İ					
	the organization's tax-exempt purpose	İ					
3	Gross receipts from activities						
•	that are not an unrelated trade or	İ					
	business under section 513	_					
4	Tax revenues levied for the	1					
	organization's benefit and either	İ					
_	paid to or expended on its behalf						
5	The value of services or facilities	İ					
	furnished by a governmental unit to the organization without charge	İ					
6	Total. Add lines 1 through 5						
	A mounts included on lines 1, 2,	·					
, u	and 3 received from disqualified	İ					
	persons						
b	A mounts included on lines 2 and	İ					
	3 received from other than	İ					
	disqualified persons that exceed	İ					
	the greater of \$5,000 or 1% of the amount on line 13 for the year	İ					
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
•	from line 6)	ı					
Se	ction B. Total Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f)Total
(or f	iscal year beginning in) 🕨	(a)2011	(0)2012	(6)2013	(d)2014	(e)2013	(I)I otal
9	A mounts from line 6						
.0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable						
	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
13	Total support. (Add lines 9, 10c,						
14	11, and 12) First five years.If the Form 990 is form	or the organization	n'e firet eacond	third fourth or f	l fifth tay vear as a	section 501(c)	(3) organization
	check this box and stop here	or the organization	on a mat, accond	, cilira, loarcii, or i	michicax year as a	3000001 301(0)	
Se	ection C. Computation of Pub	lic Sunnort P	ercentage				
15	Public support percentage for 2015			12 column (f))		4=	
	· · · · · -	·		13, column (1))		15	
16	Public support percentage from 201					16	
	ection D. Computation of Inv			<u> - </u>	(5)		
17	Investment income percentage for 2				nn (f))	17	
18	Investment income percentage from					18	
19a	33 1/3% support tests—2015. If the	_					
	more than 33 1/3%, check this box						▶ [
D	33 1/3% support tests—2014. If the 18 is not more than 33 1/3%, check	-					_
	TO IS HOLIHOTE CHAIL 33 1/370, CHECK	. LIIIS DUX dilu SEC	princie. I lie oldd	mzation qualines	us a publicly SUL	porteu urgalliza	CIOII 📂

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and complete Part V)

	It of Part I, complete Sections A and C If you checked IIC of Part I, complete Sections A, D, and E If you I, complete Sections A and D, and complete Part V)	u cnec	кеатт	аогра
Se	ection A. All Supporting Organizations			
	,, ,		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or (2) ?			
	If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	3 c		
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use			ı
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?			
	If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or (2) ?	4 c		
	If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes			1
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
h	• Type I or Type II only. Was any added or substituted supported organization part of a class already designated in			
	the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5 c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9 b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9 c		
.0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10 b		
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
Ь	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		

Part IV Supporting Organizations (continued)

Section B.	Type	I Supportina	Organizations

	,, ,, ,,			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		
Se	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
	· · · · · · · · · · · · · · · · · · ·			
Se	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satis	y the Integral Part Test during the year (see instructions)

- **a** The organization satisfied the Activities Test Complete **line 2** below
- b The organization is the parent of each of its supported organizations. Complete line 3 below
- The organization supported a governmental entity Describe in Part VI how you supported a government entity (see

instructions)

	Activities Test Answer (a) and (b) below.		Yes
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive?		
	If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the		
	organization determined that these activities constituted substantially all of its activities	2a	

- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in?

 If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement
- 3 Parent of Supported Organizations Answer (a) and (b) below.
 - a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI*
 - **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard*

3b

2b

No

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S		•	ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
L	Net short-term capital gain	1		(optional)
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	A verage monthly value of securities	1a		
b	A verage monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting (organization (see

Pality Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (co	ontinuea)				
Section D - Distributions			Current Year				
1 Amounts paid to supported organizations to accomp	plish exempt purposes						
2 A mounts paid to perform activity that directly furthe excess of income from activity	2 A mounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity						
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons					
4 Amounts paid to acquire exempt-use assets							
5 Qualified set-aside amounts (prior IRS approval rec	quired)						
6 Other distributions (describe in Part VI) See instru							
7 Total annual distributions. Add lines 1 through 6							
7 Total allitual distributions. Add lines 1 tillough 6							
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide					
9 Distributable amount for 2015 from Section C, line	6						
10 Line 8 amount divided by Line 9 amount							
		····	····				
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015				
Distributable amount for 2015 from Section C, line 6							
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)							
3 Excess distributions carryover, if any, to 2015							
a							
b							
С							
d From 2013							
e From 2014							
f Total of lines 3a through e							
g Applied to underdistributions of prior years							
h Applied to 2015 distributable amount							
i Carryover from 2010 not applied (see instructions)							
j Remainder Subtract lines 3g, 3h, and 3i from 3f							
4 Distributions for 2015 from Section D, line 7 \$							
a Applied to underdistributions of prior years							
b Applied to 2015 distributable amount							
c Remainder Subtract lines 4a and 4b from 4							
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)							
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)							
7 Excess distributions carryover to 2016. Add lines 31 and 4c							
8 Breakdown of line 7		ı					
a							
b							
c Excess from 2013							
d From 2014							
e From 2015							
			(F 000 000 F7) (201 F				

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SCHEDULE D

(Form 990)

Department of the

Treasury

Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

DLN: 93493046031937 OMB No 1545-0047

Open to Public Inspection

Na	nal Revenue Service me of the organization VERSITY OF PORTLAND				oyer identification number
Pa	rt I Organizations Maintaining Dono	r Advised Funds or Ot	her Similar Fu		401259 or Accounts.
	Complete if the organization answer	ed "Yes" on Form 990, Pa	art IV, line 6.		
	-	(a) Donor advised funds		(b)	Funds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor funds are the organization's property, subject to			or advis	sed Yes No
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?				purpose Yes No
Pa	rt III Conservation Easements. Comple	ete if the organization an	swered "Yes" o	n Form	n 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the	-	at apply)		
	Preservation of land for public use (e.g., recreducation)		Dreservation of an	hictor	ıcally ımportant land area
	Protection of natural habitat	<u>. </u>			d historic structure
	Preservation of open space	ı	r reservation or a	cereme	a motorie otractare
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conservation	n contribution in th	ne form	of a conservation
	·				Held at the End of the Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easeme	ents		2b	
c	Number of conservation easements on a certified	historic structure included	ın (a)	2 c	
d	Number of conservation easements included in (historic structure listed in the National Register			2d	
3	Number of conservation easements modified, tra	nsferred, released, extinguis	hed, or terminate	d by the	e organization during the
	tax year ▶				
4	Number of states where property subject to cons	ervation easement is locate	d ▶		
5	Does the organization have a written policy regard violations, and enforcement of the conservation of	5 '	ı, ınspection, hand	ling of	┌ Yes
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of viola	tions, and enforcin	ng cons	ervation easements during the
7	A mount of expenses incurred in monitoring, insp	ecting, handling of violations	s, and enforcing co	nserva	tion easements during the year
В	▶ \$ Does each conservation easement reported on Ii	ne 2(d) above satisfy the rec	quirements of sect	tion 17	0(h)(4)
9	(B)(I) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization repor				☐ Yes ☐ No
	balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organ			The state of the s
Par	t III Organizations Maintaining Collection Complete if the organization answer			or Oth	er Similar Assets.
1a	If the organization elected, as permitted under S works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the foot	assets held for public exhib	oition, education, o	or resea	arch in furtherance of public
b	If the organization elected, as permitted under S works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for public exhib			
((i) Revenue included on Form 990, Part VIII, line	1		> \$ _	
	i) Assets included in Form 990, Part X				
2	If the organization received or held works of art, following amounts required to be reported under states.		r sımılar assets fo		

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

b Contributions 8,848,567 3,194,228 4,658,097 3,217,045 3,075,240 c Net investment earnings, gains, and losses -674,910 12,058,519 23,013,080 12,265,872 3,299,103 d Grants or scholarships 3,041,840 2,722,380 2,422,118 1,764,450 1,847,921 e Other expenditures for facilities and programs 2,136,545 1,613,418 430,560 888,114 1,395,812 f Administrative expenses 0 0 0 0 0 0 0 0	Par	t III	Organizations Maintainin (continued)	g Collections of A	Art, Hi	storic	al Tre	asures, or	Other Similar A	Assets
Preservation for future generations Preservation for future generations Preservation for future generations Preservation for future generations and explain how they further the organization's exempt purpose in Part XIII During the year, did the organization is oblict for receive donations of art, historical treasures or other similar assets to be sold to raise finds rather than to be maintained as part of the organization's collection? Ver No Part XV Escrow and Custodial Arrangements. Complete if the organization and apent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XV. In 1s the organization and apent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XV. In 1s the organization and apent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XV. In 1s the organization and apent, frustee, custodian or other intermediary for contributions or other assets not include on Form 990, Part XV. In 1s the organization include an amount on Form 990, Part XV, line 21, for escrow or custodial account liability? Ver No Distributions during the year	3			cession, and other red	cords, c	heck aı	ny of the	e following that	are a significant u	se of its
Scholarly research	а	ΓP	ublic exhibition		d		Loan o	r exchange pro	grams	
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Ves No Part XV Ecrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9. It is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Part XY. It is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Part YS. It is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not include on Part YS. It is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not include on Part YSIII and complete the following table. Explain the arrangement in Part XIII and complete the following table. Explain the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? **Ves** No*** Part V** Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. **Part V** Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. **Part V** Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. **Part V** Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. **Part V** Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. **Part V** Endowment Funds. Complete if the organization and administered for the organization by 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	b	┌ s	cholarly research		e		Other			
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII Part XIII Susping the year, did the arganization solicit or receive departure of the result of the organization solicition? Part XIII Service and Custodial Arrangements. Complete the organization answered "Yes" in Form 990, Part IV, line 9, or reported an amount on Form 990, Part XIII in the organization and an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part XIII in the organization and part IV, the part XIII in the organization and part XIII and complete the following table the organization and part XIII and complete the following table the following table the following table the following table the part XIII is a part XIII and complete the following table table table table table table table table table table table table table table table table table table table table	c	Г Р	reservation for future generations	3						
Secretary Sec	4	Provid	e a description of the organization		plaın ho	w they	further	the organizatio	n's exempt purpos	e ın
Part V Endowment Funds rother than to be maintained as part of the organization's collection? Yes No	5			licit or receive donati	ons of a	rt. histo	orical tr	easures or othe	er sımılar	
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves	_									es No
In cluded on Form 990, Part X? Yes No	Pa	rt IV	Complete if the organization		n Form	990, 1	Part IV	, line 9, or re	ported an amou	nt on Form 990,
Additions during the year Additions during the year In In In In In In In I	1a			ustodian or other inter	rmediary	y for co	ntributio	ons or other as		es No
Distributions during the year Distributions during the year 1e 1e 1f 1f 1f 1f 1f 1f	b	If"	res," explain the arrangement in I	Part XIII and complet	te the fo	llowing	table		Ar	nount
Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	c	Beg	inning balance	·		_		10	:	
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	d	A dd	itions during the year					10		
District property Part V Endowment Funds. Complete if the explanation has been provided in Part XIII Check here if the organization has been provided in Part XIII Check here if the organization has been provided in Part XIII Check here if the organization has been provided in Part XIII Check here if the organization has been provided in Part XIII Check here if the organization has been provided in Part XIII Check here if the organization has been pro	e	Dist	ributions during the year					16	:	
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.	f	End	ing balance							
Part V	2a	Did the	e organization include an amount	on Form 990, Part X,	line 21,	for eso	row or o	custodial accoi	unt liability? Ye	es No
(a)Current year (b)Fnor year b (c)Two years back (d)Three years back (e)Four years back 13 Beginning of year balance 157,888,526 146,971,577 122,153,078 109,322,725 106,192,116	b	If"Yes	s," explain the arrangement in Pai	t XIII Check here ıf	the exp	lanatioi	n has be	en provided in	Part XIII	
1a Beginning of year balance 157,888,526 146,971,577 122,153,078 109,322,725 106,192,116 b Contributions 8,848,567 3,194,228 4,658,097 3,217,045 3,075,240 c Net investment earnings, gains, and losses -674,910 12,058,519 23,013,080 12,265,872 3,299,103 d Grants or scholarships 3,041,840 2,722,380 2,422,118 1,764,450 1,847,921 e Other expenditures for facilities and programs 2,136,545 1,613,418 430,560 888,114 1,395,812 f Administrative expenses 0 0 0 0 0 0 g End of year balance 160,883,798 157,888,526 146,971,577 122,153,078 109,322,726 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ► 16 % b Permanent endowment ► 84 % c Temporally restricted endowment ► 16 % Permanent endowment funds not in the possession of the organization by 10 %	Pa	rt V	Endowment Funds. Compl	ete if the organizat	tion an	swere	d "Yes"	to Form 990	, Part IV, line 10).
b Contributions										+ ' ' '
c Net investment earnings, gains, and losses d Grants or scholarships 3,041,840 2,722,380 2,422,118 1,764,450 1,847,921 e Other expenditures for facilities and programs 2,136,545 1,613,418 430,560 888,114 1,395,812 f Administrative expenses 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1a	Beginr	ning of year balance	157,888,526	1.	46,971,5	77	122,153,078	109,322,725	106,192,116
losses	b	Contri	butions	8,848,567		3,194,2	28	4,658,097	3,217,045	3,075,240
e Other expenditures for facilities and programs 1,395,812 f Administrative expenses	c			-674,910		12,058,5	19	23,013,080	12,265,872	3,299,103
and programs 2,136,545 1,613,418 430,560 888,114 1,395,812 f Administrative expenses	d	Grants	orscholarships • • •	3,041,840		2,722,3	80	2,422,118	1,764,450	1,847,921
g End of year balance	e		·	2,136,545		1,613,4	18	430,560	888,114	1,395,812
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶ 16 % b Permanent endowment ▶ 84 % c Temporarily restricted endowment ▶ 0 % The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	f	Admin	istrative expenses	0			0	0	0	0
Board designated or quasi-endowment ► 16 % b Permanent endowment ► 84 % c Temporarily restricted endowment ► 0 % The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	g	End of	year balance	160,883,798	1	57,888,5	26	146,971,577	122,153,078	109,322,726
b Permanent endowment ► 84 % c Temporarily restricted endowment ► 0 % The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	2	Provid	e the estimated percentage of the	e current year end bal	ance (li	ne 1g,	olumn	(a)) held as		
Temporarily restricted endowment ▶ 0 % The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	а	Board	designated or quasi-endowment i	16 %						
The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	b	Perma	nent endowment ► 84 %							
Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	c	•	•							
organization by (i) unrelated organizations	За	•		•	nızatıon	that ar	e held a	ınd admınıstere	d for the	_
(ii) related organizations		_	•	-					_	
b If "Yes" on 3a(II), are the related organizations listed as required on Schedule R?			5							
Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a.See Form 990, Part X, line 10. Description of property (a) (b) (b) (cost or other basis (investment) (investment) (cost or other basis (other) (c) depreciation	h			zatione lieted as regi	ured on	 Schodi	 .la D2	•	<u> </u>	
Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a.See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) Cost or other basis (other) (c) depreciation (d) Book value	_									30
Description of property (a) (b) Accumulated (c)depreciation (investment) (d)Book value	Pa		Land, Buildings, and Equi	pment.						
Cost or other basis (c)depreciation (investment)				answered 'Yes' to	Form 9		art IV,			
1a Land			Description of property			st or oth		Cost or other ba		
	1a	Land .					0	17,424,7	59	17,424,759
b Buildings 0 223,789.591 50.421.596 173,367.995	b	Building	S				ام	222 700 5	01 50 431 50	173 367 005
c Leasehold improvements 0 223,789,591 50,421,596 173,367,995	r	 Leasehr	old improvements		_			223,789,5		
d Equipment					:			38 702 5		-
e Other					-					

240,043,993

Part VII Investments—Other Securities. Com	plete if the organiz	ation answered 'Yes	Page: on Form 990, Part IV, line 11b.
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		0	
(3)O ther (A) Private equity investments		3,005,491	F
(B) Beneficial interest in assets held by others		149,816,366	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related.	•	152,821,857	
Complete if the organization answered "	Yes' on Form 990, I		
(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization	p nowand Waster For	err 000 Bort IV line 1	1d Can Farm 000 Bart V June 15
Part IX Other Assets. Complete if the organization (a) Descrip		m 990, Part IV, fille I	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15			•
Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25.	nization answered '	Yes' on Form 990, P	art IV, line 11e or 11f.
1. (a) Description of liability	(b) Book value		
Federal income taxes	(
Annuities Payable	4,927,593	3	
Advances from federal government for student loans	2,861,035	5	
		_	
·	7,788,628		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions. In Part XIII, provide organization's liability for uncertain tax positions under FIN	the text of the footnot	e to the organization's	financial statements that report footnote has been provided in P

Schedule D (Form 990) 2015

1

b

d

Part XIII

information

Return Reference

Schedule D, Part V, Line 3a(i)

145,242,000

e	Add lines 2a through 2d	2e	-3,029,854
3	Subtract line 2e from line 1	3	148,271,854
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 0		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4 c	73,182,000
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	221,453,854
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s pe	r Return.
1	Total expenses and losses per audited financial statements	1	121,915,000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	387,287
3	Subtract line 2e from line 1	3	121,527,713
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 0		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	73,182,000
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	194,709,713

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

Explanation

The University invests most of its endowment with a religious affiliate that shares the University's Catholic ministry and education mission. These assets are held in the affiliate's endowment and are

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

invested for the University's benefit

2a

2b

2c

2d

-3,409,224

287,000

92,370

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

Total revenue, gains, and other support per audited financial statements

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

Net unrealized gains (losses) on investments . .

Supplemental Information

Donated services and use of facilities

Recoveries of prior year grants

Other (Describe in Part XIII)

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE E**

As Filed Data -

DLN: 93493046031937

OMB No 1545-0047

Open to Public **Inspection**

Schools

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

▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization UNIVERSITY OF PORTLAND **Employer identification number** 93-0401259 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? Yes 4a b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Yes 4c d Copies of all material used by the organization or on its behalf to solicit contributions? Yes 4d If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Nο c Employment of faculty or administrative staff? **5**c Νo d Scholarships or other financial assistance? 54 Νo e Educational policies? Νo 5e f Use of facilities? Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? Yes 6a b Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II

7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05

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

Yes

Schedule E (Form 990 or 990EZ) (2015)

new spaper annually The policy is featured on the University's wiebsite and in all public communications as described in line 2 Schedule E. Part I. Line 6 University of Portland participates in a variety of federal and state student grant aid programs (Pell grants, Academic Competitiveness Grants, SMART Grants, Supplemental Educational Opportunity Grants, and Oregon Opportunity Grants)

Schedule E (Form 990 or 990-EZ) (2015)

(Form 990) Department of the Treasury Internal Revenue Service ▶ Information	► Complete about Schedu on Activiti ation answe ganization in tees' eligibil	if the organization Part IV, line ► Attach to ule F (Form 990) a ies Outside to red "Yes" to Form	orm 990, Part IV, line	990, www.irs.gov/form990. Employer ide 93-0401259	OMB No 1545-0047 2015 Open to Public Inspection entification number
Department of the Treasury Internal Revenue Service Name of the organization UNIVERSITY OF PORTLAND Part I General Information Complete if the organization	on Activiti ation answe ganization n tees' eligibil	Part IV, line ► Attach t ule F (Form 990) a ies Outside t red "Yes" to Form	14b, 15, or 16. o Form 990. und its instructions is at w he United States. orm 990, Part IV, line	Employer ide 93-0401259	Open to Public Inspection entification number
Part I General Information of Complete if the organiza	ation answe ganization n tees' eligibil	red "Yes" to Fo	orm 990, Part IV, line	93-0401259	
Complete if the organiza	ation answe ganization n tees' eligibil	red "Yes" to Fo	orm 990, Part IV, line	14b.	
1 For grantmakers. Does the ord	tees' eligibil		and the second of the second o		
and other assistance, the grant used to award the grants or ass		lity for the gra		-	
2 For grantmakers. Describe in Fassistance outside the United S		rganızatıon's p	rocedures for monitor	ing the use of its gra	ints and other
3 Activites per Region (The following	g Part I, line	3 table can be d	uplicated if additional sp	ace is needed)	
	(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 program service, describe specific type of service(s) in region	
(1) Europe (including Iceland and Greenland)	1	5	Program Services	Study abroad programming for students	3,590,801
(2) North America (including Canada and Mexico, but not the United States)	0	2	Program Services	Study abroad programming for students	45,698
(3) East Asia and the Pacific	0	1	Program Services	Study abroad programming for students	811,184
(4)					
(5)					
3a Sub-total b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b) For Paperwork Reduction Act Notice, see the	1	. 8		No 50082W Sch	4,447,683 edule F (Form 990) 2015

organization	and EIN (if applicable)	grant	cash grant	disbursement	or non-cash assistance	or non-cash assistance	(book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as

tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶

Schedule F (Form 990) 2015

Page 2

Schedule F (Form 990) 2015							Page 3
	ther Assistance to duplicated if addition			ed States. Complete i	ıf the organization ar	nswered "Yes" to Form S	990, Part IV, line 16.
(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)
fees, and room & board	Iceland and Greenland)	87		Credit to student account	0		
(2) Scholarships for tuition, fees, and room & board	East Asia and the Pacific	22		Credit to student account	0		
(4)		+ +			-		<u> </u>
(5)						<u>'</u>	<u> </u>
(6)							
(8)						<u> </u>	<u> </u>
(9)		+ +	!				-
(10)		+					
(11)							
(12)						<u> </u>	<u> </u>
(14)		+ +					
(15)		+ +					
(16)							
(17)			·	1		,	

(18)

√ Yes 8621)

Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the

organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships

▽ (see Instructions for Form 8865) Yes

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, do not file with Form 990) Yes Nο

Nο

(accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete

Page 5

Schedule F (Form 990) 2015

•	990 Schedule F, Suppler	90 Schedule F, Supplemental Information							
	Return Reference	Explanation							
	Schedule F, Part I, Line 2	Scholarships and grants are distributed to students by posting the funds directly to the s tudent's accounts to offset charges for tuition, fees, and room and board. Any remaining c redit is refunded to the student via check or direct deposit for use in purchasing books,							

this part to provide any additional information (see instructions).

housing, food, etc

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DLN: 93493046031937

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ

▶Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

ame of the organization NIVERSITY OF PORTLAND			Employer ide	entification number
VIVERSITE OF PORTLAND			93-0401259	Э
Part I Fundraising Activities.Co			on Form 990, Part IV	/, lıne 17.
Form 990-EZ filers are not re	equired to complete t	this part.		
Indicate whether the organization raise	d funds through any of t	-		
Mail solicitations		•	on-government grants	
b Internet and email solicitations		•	overnment grants	
c Phone solicitations		g Special fundrais	sing events	
d In-person solicitations				
a Did the organization have a written or o or key employees listed in Form 990, P services?			1 e 1	′es
b If "Yes," list the ten highest paid indivito be compensated at least \$5,000 by		aisers) pursuant to agree	ements under which the f	^F undraiser is
(i) Name and address of individual or entity (fundraiser)	ty (iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
	Yes No			
1				
2				
3				
4				
5				
6				
7				
8				
9				
0				
otal	•			
List all states in which the organization is registration or licensing	s registered or licensed	to solicit contributions o	or has been notified it is o	exempt from

Part II	Fundraising	Events
raitti	i ullulaisilly	LVEIICS

Fundraising Events.

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

	receipts greater than \$5,000). (a)Event #1	(b) Event #2	(c)Other events	(d)
		UP Invitational Golf Tournament (event type)	Alumni Golf Tournament (event type)	2 (total number)	Total events (add col (a) through col (c))
ne		(,	(, , , , , , , , , , , , , , , , , , ,		
Reverkie	1 Gross receipts	50,425	16,520	47,359	114,304
~	2 Less Contributions	40,525	4,500	13,140	58,165
	3 Gross income (line 1 minus line 2)	9,900	12,020	34,219	56,139
	4 Cash prizes	0	0	0	0
	5 Noncash prizes	1,600	1,513	637	3,750
S	6 Rent/facility costs	23,101	15,500	24,434	63,035
Expenses	7 Food and beverages	231	10,105	13,636	23,972
쥧	8 Entertainment	0	0	0	0
Direct	9 Other direct expenses	1,860	232	1,542	3,634
△	10 Direct expense summary Add lines	-			94,391
Par	11 Net income summary Subtract line 1 t III Gaming.	.0 from line 3, column (c	1)	<u>.</u>	-38,252
	Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on I	Form 990, Part IV, line	19, or reported mor	e than \$15,000 on
Reversie		(a) Bıngo	(b) Pull tabs/Instant bingo/progressive bingo	(c)O ther gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u>	1 Gross revenue				
ses	2 Cash prizes				
Expenses	3 Noncash prizes				
Direct	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	│ Yes%	Yes%_ No	☐ Yes%	
	7 Direct expense summary Add lines	2 through 5 ın column (d	1)		
	8 Net gaming income summary Subtra	ct line 7 from line 1, co	lumn (d)		
9 a	Enter the state(s) in which the organiza		·		
b	If "No," explain				· ·
10a	Were any of the organization's gaming I	icenses revoked, suspe			Yes No
b	If "Yes," explain				

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493046031937 OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number UNIVERSITY OF PORTLAND 93-0401259 **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete If the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (f) Method of valuation **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non-(g) Description of (h) Purpose of grant organization if applicable cash (book, FMV, appraisal, non-cash assistance. or assistance grant or aovernment assistance other) Alliance for Nonprofit 52-2089750 501 (c)(3) 7,500 o lo General support (1) Management 12 Middlesex Road 67061 Chestnut Hill, MA 02467 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . Enter total number of other organizations listed in the line 1 table

Part III can be duplicated if additional space is needed

(a)Type of grant or assistance	e	(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	
Scholarships from institutional fu (1) tuition, fees, and room & board	unds for	3798	69,020,997	0	0		
Scholarships from annual donation (2) tuition, fees, and room & board	ons for	263	810,559	0			
(3) Scholarships from endowed donation tuition, fees, and room & board	ns for	609	2,962,885	0			
(4) Scholarships from institutional matc government funds for tuition, fees, ai & board		236	444,086	0			
Part IV Supplemental Inf	formati	i on. Provide the infor	mation required in Pa	art I, line 2, Part III,	column (b), and any other	additional information.	
Return Reference Ex	Return Reference Explanation						

exempt organizations that further the University's exempt purpose require approval of a vice president

Schedule J (Form 990)

Compensation Information

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

Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

DLN: 93493046031937 OMB No 1545-0047

2015

reas	tment of the ury al Revenue Service	► Information about Schedule J (Form 990) and its instructions is at <u>www.</u>			o Put ectio	
Na	me of the organiz	zation	Employer identification	on nur	nber	
UNI	VERSITY OF PORTLA	AND	93-0401259			
Pa	rt I Questi	ions Regarding Compensation				
					Yes	No
1a		ropiate box(es) if the organization provided any of the following to or for a person Section A, line 1a Complete Part III to provide any relevant information rega				
	▼ First-clas	ss or charter travel	: for personal use	!		
	Travel for	r companions Payments for business use of p	ersonal residence	!		
	Tax idemi	nification and gross-up payments \checkmark Health or social club dues or in	itiation fees	!		
	Discretion	nary spending account	hauffeur, chef)	!		
b	reimbursement	oxes in line 1a are checked, did the organization follow a written policy regardir t or provision of all of the expenses described above? If "No," complete Part II	I to explain	1 b	Yes	
2		zation require substantiation prior to reimbursing or allowing expenses incurred tees, officers, including the CEO/Executive Director, regarding the items chec		2	Yes	
3	organization's	n, if any, of the following the filing organization used to establish the compensat CEO/Executive Director Check all that apply Do not check any boxes for me ted organization to establish compensation of the CEO/Executive Director, but	thods			
	Compens	ation committee Written employment contract				
	<u> </u>	lent compensation consultant	İ	İ	j j	
	√ Form 990	of other organizations	ensation committee	ĺ	į į	
4	During the year or a related org	ir, did any person listed on Form 990, Part VII, Section A, line $f 1$ a with respect ganization	to the filing organization			
а	Receive a seve	erance payment or change-of-control payment?		4a	Yes	
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 ite	m in Part III			
5	For persons lis), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. Sted on Form 990, Part VII, Section A, line 1a, did the organization pay or accre contingent on the revenues of	ue any			
а	The organization	on?		5a		Νo
b	Any related org	ganızatıon?		5b		Νo
	If "Yes," on line	ne 5a or 5b, describe in Part III				
6	•	sted on Form 990, Part VII, Section A, line $1a$, did the organization pay or accreontingent on the net earnings of	ue any			
а	The organization	on?		6a		Νo
b	Any related org	ganization?		6b		Νo
	If "Yes," on line	ne 6a or 6b, describe in Part III				
7		sted on Form 990, Part VII, Section A, line 1a, did the organization provide any described in lines 5 and 6? If "Yes," describe in Part III	non-fixed	7		No
В		unts reported on Form 990, Part VII, paid or accured pursuant to a contract th				

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

ın Part III

section 53 4958-6(c)?

8

Νo

	my for each noted marriag	ar mast equal the total	amount of Form 3307	rate vii, section ii, iii	с та, аррисавте сотат	im (b) and (b) amount	o for that marriadar
(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-M I	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	• •
	Base	(ii)	(iii)	other deferred	benefits	(B)(ı)-(D)	column(B) reported
	(i) compensation	Bonus & incentive	Other reportable	compensation			as deferred on prior

compensation

Schedule J (Form 990) 2015

See Additional Data Table

Form 990

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

related to taxable benefits concurrent with the provision of those benefits

Eric Reveno - Head Coach - Men's Basketball Severance \$309,375 00

Schedule J. Part I. Line 4

Software ID: 15000352 **Software Version:** v1.00 **EIN:** 93-0401259

Name: UNIVERSITY OF PORTLAND

Form 990, Schedule J, Pa	art :	II - Officers, Dire	ctors, Trustees, K	ey Employees, and	l Highest Compen	sated Employees	5	
(A) Name and Title			f W-2 and/or 1099-MI: (ii) Bonus & Incentive		(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		Compensation	compensation	compensation				,
1Enc Reveno Men's Basketball Coach	(1)	400,942	27,000 	9,548	29,150 0	22,013	488,653	0
1Mojtaba Takallou Associate Professor	(1)	91,053	0	102,032	21,787	21,089	235,961	0
2 Brian AdamsProfessor	(1)	163,423	0	5,517	18,461	20,651	208,052	0
	(11)	0	0	0	0			0
3J Bryce Strang Sr Assoc VP for Development	(1)	154,964	0	5,801	18,275	20,789	199,829	0
4Bahram AdrangıProfessor	(1)	145,958	0	14,670	16,251	13,230	190,109	0
	(11)	0	0	0	0			0
5Robin Anderson Dean - Pamplin School of Business	(1)	233,376	0	4,902	26,032	15,035	279,345	0
6 Sharon Jones	(11)	188,073	0	0	0	0	0	0
Dean - Shiley School of Engineering	(11)	0	0	6,494 0	20,688 0	32,570	247,825	0
7Michael Andrews Dean - College of Arts and	(1)	177,980	0	6,494	19,776	3,705	207,955	0
Sciences	(11)	0	0	0	0	0	0	0
8 Scott Leykam Athletic Director	(1)		0	12,988	19,718 0	19,698	223,145	0
9 John Watzke Dean - School of Education	(1)		0	2,400	18,776	19,154	208,262	0
10Joane Mocen	(11)		0	0	0	0	0	0
Dean - School of Nursing	(11)	0	0	0	16,775 0	13,310	181,046	0
11Alan Timmins Vice President - Financial Affairs	(1)	201,875	0	67,253	22,316	3,019	294,463	0
12Thomas GreeneProvost	(1)	192,850	0	23,483	21,214	572	238,119	0
	(11)	0	0	0	0			0
13Laura Kelley Vice President - University Relations	(1)		0	41,475 0	21,442	1,689	224,981	0
14James Ravelli Vice President - University	(1)	186,216	0	3,904	20,790	0 8,328	219,238	0
Operations	(11)	0	0	0	0	0	0	0
15 Rev Mark L Poorman CSC President	(1)		0	11,410	29,150 0	43,799 	409,359	0
16Rev Gerard Olinger CSC Vice President - University Relations	(1)	151,500	0	48,530	16,665	20,940	237,635	0
17Zıa YamayeeProfessor	(1)	132,228	0	653	14,643	7,205	154,729	0
	(11)	0	0	0	0	0	0	0
		ı	ı	1				1

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DLN: 93493046031937

Supplemental Information on Tax Exempt Bonds

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

2015

OMB No 1545-0047

Open to Public

Employer identification number

Department of the Treasury

Schedule K

(Form 990)

Internal Revenue Service Name of the organization

▶Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

UNIVERSITY OF PORTLAND

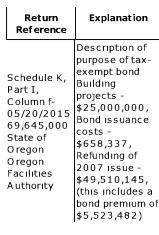
93-0401259 Part I **Bond Issues** (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose (g) Defeased (h) On (i) Pool behalf of financing ıssuer Yes No Yes No Yes No State of Oregon-Oregon 93-6001787 00068608] 12-20-2007 86,727,005 | See Part VI Χ Facilities Authority State of Oregon-Oregon 05-20-2015 69,645,000 See Part VI Х Х Х 93-6001787 00068608J Facilities Authority Proceeds Part II В С 17,665,000 2 69,062,005 Total proceeds of issue 3 86,727,005 75,168,482 0 5 0 6 49.510.145 7 1,031,436 606,991 8 9 10 47,003,879 11,372,128 11 Other unspent proceeds 12 13,679,218 13 2010 Yes Yes No No Yes Yes No No Were the bonds issued as part of a current refunding issue? Х Х 14 Were the bonds issued as part of an advance refunding issue? 15 Χ Χ 16 Χ Χ Does the organization maintain adequate books and records to support the final 17 allocation of proceeds? Χ Х Drivate Business Use

	Private Business Ose								
			A		В	С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		×		×				
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X		X					

Par	Private Business Use (Continued)									
				4		В		С		D
			Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private of bond-financed property?			×		x				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the fina									
prop	erty?									
c	Are there any research agreements that may result in private business use financed property?	e of bond-		×		×				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed propert									
4	Enter the percentage of financed property used in a private business use by other than a section $501(c)(3)$ organization or a state or local government	y entities		0 1 %		0 1 %				
5	Enter the percentage of financed property used in a private business use as unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government	ersection		0 %		0 %				
6	Total of lines 4 and 5			01%		0 1 %				
7	Does the bond issue meet the private security or payment test?			X		Х				
8a	Has there been a sale or disposition of any of the bond-financed property to	o a								
	nongovernmental person other than a $501(c)(3)$ organization since the bon issued?			X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or	disposed of								
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations 1 141-12 and 1 145-2?	sections								
9	Has the organization established written procedures to ensure that all nond bonds of the issue are remediated in accordance with the requirements und Regulations sections 1 141-12 and 1 145-2?			х		х				
Par	t IV Arbitrage									
		Α			В		С		D	
		Yes	No	Yes	No	Ye	s	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		×		х					
2	If "No" to line 1, did the following apply?									
а	Rebate not due yet?		Х	X						
b	Exception to rebate?		Х		Х					
С	No rebate due?	х			Х					
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed		•		•		,		1	
3	Is the bond issue a variable rate issue?		Х		Х					
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		х		×					
ь	Name of provider				•		•		'	
С	Term of hedge									
d	Was the hedge superintegrated?									
е	Was the hedge terminated?									

Word gross proceeds inv		Yes	No	В		С		D	
Wara grass proceeds inv		Yes	No						
Word gross procoods inv			INO	Yes	No	Yes	No	Yes	No
contract (GIC)?	vested in a guaranteed investment		х		х				
Name of provider									
Term of GIC									_
Was the regulatory safe value of the GIC satisfic	harbor for establishing the fair market								
Were any gross proceed: period?	s invested beyond an available temporary		х		X				
		×		×					
rt V Procedures To	Undertake Corrective Action								
		Α		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
that violations of federal and corrected through th	I tax requirements are timely identified he voluntary closing agreement program if		X		×				
art VI Supplement	tal Information. Provide additional inform	ation for resp	onses to qu	estions on Sc	chedule K (se	ee instruction	ns).		
Return Reference		Explanation							
	Part I Column (e) reports an accurate issuance preport the amount listed on Row 21 of Form 8038								
	Term of GIC Was the regulatory safe value of the GIC satisfies Were any gross proceed period? Has the organization est the requirements of sector V Procedures To Has the organization est that violations of federal and corrected through the self-remediation is not a self-remediation is not a self-remediation is not a self-remediation is not a self-remediation is not a self-remediation is not a self-remediation is not a self-remediation is not a self-remediation is not a self-remediation is not a self-remediation is not a self-remediation is not a self-remediation is not a self-remediation is not a self-remediation is not a self-remediation is not a self-remediation is not a self-remediation.	Has the organization established written procedures to monitor the requirements of section 148? TO Procedures To Undertake Corrective Action Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations? Int VI Supplemental Information. Provide additional inform Return Reference dule K, Part I, Column e-	Term of GIC	Term of GIC	Term of GIC	Term of GIC	Term of GIC	Term of GIC	Term of GIC

Return Reference	Explanation
Schedule K, Part I, Column f- 12/20/2007 86,727,005 State of Oregon Oregon Facilities Authority	Description of purpose of tax-exempt bond Land acquisition and building projects - \$47,003,879, Bond issuance costs - \$1,031,436, Reserve fund - \$6,108,863, Refunding of 1997 and 2000 issues - \$32,582,827



Return Reference	Explanation
Schedule K, Part IV, Line 2c- 12/20/2007 86,727,005 State of Oregon Oregon Facilities Authority	12/20/2012

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Transactions with Interested Persons

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

► Attach to Form 990 or Form 990-EZ.

▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

DLN: 93493046031937 OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Schedule L (Form 990 or 990-EZ)

Name of the organization

Employer identification number UNIVERSITY OF PORTLAND 93-0401259

-aru		(section 501(c)(3), section 501(c)(4), and 501(c)(l "Yes" on Form 990, Part IV, line 25a or 25b, or Fo	, ,			
1	(a) Name of disqualified person	(b) Relationship between disqualified person and	(c) Description of	(d) Corrected?		
		organization	transaction	Yes	No	
					1	
	, ,	ation managers or disqualified persons during the y		ı		
3	Enter the amount of tay if any on line 2 at	nove reimbursed by the organization	▶ ¢			

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	Purpose of	(d) Loan t or from the organization	е	(e)O riginal principal amount	(f) Balance due	(g) defa	In ult?	(h) Appro by boa commi	ved rd or	(i)Writ agreem	
			То	From			Yes	No	Yes	No	Yes	No
(1) Sharon Jones	Key Employee	Home Loan		Х	15,000	4,000		Νo		No	Yes	
Michael (2) Andrews	Key Employee	Home Loan		Х	15,000	1,250		Νo		No	Yes	
Total	•	▶ \$	·		·	5,250					·	

Grants or Assistance Benefiting Interested Persons. Part III

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

person	interested person and the organization	(c) A mount of assistance	(d) Type or assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (a) Name of interested person (h) Dalationship

(a) Name or interested person	between interested person and the organization	transaction	(d) Description of transaction	of organization's revenues?		
				Yes	No	
(1) Regence Blue Cross Blue Shield of Oregon	Relationship with Mark Ganz, Trustee	724,849	Student Insurance Services		No	
(2) Christopher Greene	Family member of Thomas Greene, Provost	30,084	Employee of UP		No	
-				1		
-						
				1	l	

Part V

Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions) Return Reference Explanation Schedule L, Part II The University provides an Employee Home Loan Program to assist employees in purchasing a home in the neighborhoods surrounding campus. The program is meant to help recruit and retain employees, as well as assist them in creating healthier lifestyles. It is available with identical terms to all fulltime employees in good standing after a probationary period. One sixtieth of the loan amount is forgiven each month for five years while the employee remains employed and maintains the home as their primary residence. Monthly forgiveness is treated as taxable income with all necessary withholding and reporting As of 6/30/2016, total employee home loans of \$279.026 50 were outstanding, of which \$5,250 pertained to individuals reportable in Part VII or Schedule J

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SCHEDULE M (Form 990)

Department of the

Noncash Contributions

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

Complete if the organizations answered "Yes" on Form 990, Part 1V, lines 29 or 30

► Attach to Form 990.

▶Information about Schedule M (Form 990) and its instructions is at $\underline{www.irs.gov/form990}$

DLN: 93493046031937OMB No 1545-0047

2015

Open to Public Inspection

nterr	nal Revenue Service					шэрс	30101	
	e of the organization				Employer identifica	ition nu	mber	
INTAI	ERSITY OF PORTLAND				93-0401259			
Pa	rt I Types of Property				<u> </u>			
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	Method of a		_	ts
1	Art—Works of art	Х	1	1,200	Cost of materials			
2	Art—Historical treasures .							
3	Art-Fractionalinterests . .							
4	Books and publications	X		3	3 \$ 1			
5	Clothing and household	l x		17,736	Retail Price			
6	goods							
	Boats and planes				+			
	Intellectual property							
	Securities—Publicly traded .	X	45	6,943,512	2 Market Quote			
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .	Х	3	4,550,000	A ppraisal			
16	Real estate—Commercial							
17	Real estate—Other							
	Collectibles							
	Food inventory	X	8	1,620	Retail Price			
	Drugs and medical supplies .				+			
	Taxidermy							
	Scientific specimens				1	-		
	Archeological artifacts				+			
	O ther ► (X	5	4,504	1 Retail prices			
O the	er Travel)			,	<u> </u>			
	Other►(er Auto Lease)	×	2	6,549	Market Rate			
O the	Other ► (er Instructional pment)	×	7	509	Retail Prices			
	O ther ▶ ()							
29	Number of Forms 8283 received for which the organization comple	, ,	,		29			
							Yes	No
30a	During the year, did the organiza	ation receiv	e by contribution any prope	erty reported in Part I, lines	s 1 through 28, that			
	it must hold for at least three ye	ears from th	e date of the initial contribu	ition, and which is not requ	ired to be used			_
	for exempt purposes for the enti	ire holding p	period?			30a		Νo
b	If "Yes," describe the arrangem	ent in Part !	II					
31	Does the organization have a gif	ft acceptano	ce policy that requires the i	review of any non-standard	l contributions?	31	Yes	
32a	Does the organization hire or us contributions?	e third part	es or related organizations	to solicit, process, or sell	noncash 	32a	Yes	
	If "Yes," describe in Part II							
22	If the organization did not report	t an amount	in column (c) for a tung of	proporty for which column	(a) is shocked	1 '		

describe in Part II

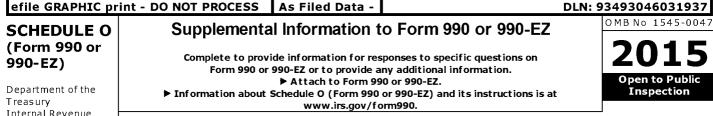
Schedule M (Form 990) (2015)

Page 2

Schedule M (Form 990) (2015)

Schedule M, Part I, Line 32b The University periodically uses realtors or auction houses to assist in the disposal of difted real property. The University also uses licensed brokers to sell gifts of marketable securities. Such sales

loccurred in the tax year



Service

Name of the organization
UNIVERSITY OF PORTLAND

Employer identification number

93-0401259

190 Schedule O, Supplemental Information							
Return Reference	Explanation						
Form 990, Part VI, Section A, Line 7a	The bylaw's grant Congregation of Holy Cross the right to appoint up to nine board members						
Form 990, Part VI, Section B, Line 11b	The Audit Subcommittee review ed and approved the filing, which was subsequently made avail able to the entire board at a meeting. A summary of Schedule B rather than the full Schedule was distributed to the Board and Audit Subcommittee to maintain donor confidentiality.						

990 Schedule O, Supplemental Information Return

VI. Section B. Line 15

Reference Form 990. Part

VI. Section C. Line 19

Form 990, Part

Conference and internal compensation history for the position

Explanation

Financial statements are available on www up edu. Governing documents are available to the public upon request

position The Men's Head Basketball Coach salary is compared with counterpart salaries for teams in the West Coast

Personnel Association) benchmarks, 990 data from comparable institutions, and internal compensation history for the

The salaries of all officers and key employees are reviewed by the Audit Subcommittee of the Board of Regents annually, most recently in 2015. All salaries (except the Men's Head Basketball Coach) are compared to CUPA (College & University

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DLN: 93493046031937OMB No 1545-0047

Related Organizations and Unrelated Partnerships

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

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SCHEDULE R

(Form 990)

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at $\underline{www.irs.gov/form990}$.

ame of the organization IVERSITY OF PORTLAND				Employer	ident if id	cation number		
TALKSTIT OF LOWID IN				93-04012	259			
Part I Identification of Disregarded Entities Complet	e if the organization	answered "Yes" or	n Form 990, Pa	art IV, line 33.				
(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	С	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organiza	ations Complete if t	ho organization an	swored "Ves"	on Form 000 Da	\r+ T\/	lino 24 hosauso it l	had and	
or more related tax-exempt organizations during the		ne organization ans	swered res	UII FUIIII 990, Pa	11117,1	iiile 34 because it i	ilau olik	E
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sec	tion Public chanty (if section 501		(f) Direct controlling entity	Section (13) co ent	ntrolled ity?
1)Northwest Academic Computing Consortium Inc	Foster academic	OR	501(c)(3)	11 Type I			Yes	No No
203 SE Woodstock Blvd Suite 326 ortland, OR 97202 4-1172799	technology					N/A		
2)Friends of Saturday Academy 200 N Willamette Blvd	Education	OR	501(c)(3)	9		University of Portland	Yes	
ortland, OR 97203 D-3770321								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	alloca	rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana parti	ral or aging ner [?]	(k) Percentage ownership
				·			Yes	No		Yes	No	

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

(a) Name, address, and EIN of	(b)	(c)	(d)	(e)	(f)	(g) Share of end-of-	(h)	(i)	
Name, address, and EIN of	Primary activity	Legal	Direct controlling	Type of entity	Share of total	Share of end-of-	Percentage	e (i) Section	
related organization		domicile	entity	(C corp, S corp,	ıncome	year	ownership	(b)(13) controlled	
-		(state or foreign	·	[` ''		assets	•	contro	lléd
		` country)		or trust)				entity?	
		country,		01 (1450)					
								Yes	No
Chantable remainder trust (1)(17)	Charitable trust	OR	N/A	T					
5000 N W N N N N									
5000 N Willamette Blvd Portland, OR 97203									
<u> </u>									

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more re	elated organizations lis	sted in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	Yes	
b Gift, grant, or capital contribution to related organization(s)				1 b	Yes	
${f c}$ Gift, grant, or capital contribution from related organization(s)				1 c		No
f d Loans or loan guarantees to or for related organization(s)				1 d		No
e Loans or loan guarantees by related organization(s)				1e		No
${f f}$ Dividends from related organization(s)				1 f		No
${f g}$ Sale of assets to related organization(s)				1 g		No
f h Purchase of assets from related organization(s)				1h		No
i Exchange of assets with related organization(s)				1 i		No
j Lease of facilities, equipment, or other assets to related organization(s)				1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)				1k	-	No
l Performance of services or membership or fundraising solicitations for related organization(s)				11	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)				1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes	
$oldsymbol{o}$ Sharing of paid employees with related organization(s)				10		No
p Reimbursement paid to related organization(s) for expenses				1 p		No
q Reimbursement paid by related organization(s) for expenses				1 q		No
r Other transfer of cash or property to related organization(s)				1r	Yes	
f s O ther transfer of cash or property from related organization(s)				1 s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including co	vered relationships				
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining an	nount ir	nvolved	i
1)Fnends of Saturday Academy	a-ıv	18,000	Actual receipt of Cash			
					·	

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

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

revenue) that was not a related organization. See instructions regarding exclusion for certain investment 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 sections 512- 514)	section 501(c)(3) organizations?		(f) Share of total income	end-of-year	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												1 1	

