EXTENDED TO JULY 15, 2020 Short Form

Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

| | | ne 2018 calendar year, or tax year beginning JUL 1, 20 | 18 and end | ling JU | N 30, 2019 |
|-----------|------------------|--|-----------------------------|----------------|-----------------------------------|
| В | Check applica | C Name of organization | | | D Employer identification number |
| | \neg | dress change | | | |
| | □Nar | ne change UNIVERSITY CLUB FOUNDATION, I | NC | | 94-3179354 |
| | initi | Number and street (or P.O. box, if mail is not delivered to street add | Iress) | Room/suite | E Telephone number |
| | — Fine | al return/ 1225 SW 6TH AVE | | | 503-223-6237 |
| | | anded return City or town, state or province, country, and ZIP or foreign postal co | ode | \sim | F Group Exemption |
| | Appl | ication pending PORTLAND, OR 97204 | | 03 | Number > |
| G | Accou | inting Method: Cash X Accrual Other (specify) | - | | H Check if the organization is |
| 1 | Webs | ite: ►N/A | | | not required to attach Schedule B |
| J | Tax-e | xempt status (check only one) — X 501(c)(3) 501(c) () ◀(inst | ert no.) 4947(a)(1) | or 527 | (Form 990, 990-EZ, or 990-PF). |
| K | Form | of organization: X Corporation Trust Association | Other | | |
| L | Add III | nes 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$20 | 00,000 or more, or if total | assets (Part I | ſI, |
| _ | colum | n (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ | | | ▶ \$ 52,929 |
| Р | <u>art l</u> | Revenue, Expenses, and Changes in Net Assets of | r Fund Balances | see the instru | uctions for Part I) |
| | | Check if the organization used Schedule O to respond to any question in this | s Part I | | X |
| | 1 | Contributions, gifts, grants, and similar amounts received | _ | | 1 52,816 |
| | 2 | Program service revenue including government fees and contracts | - 1 | RECE | 2 |
| | 3 | Membership dues and assessments | \ [∞] L | RECE | 1VF 13 |
| | 4 | Investment income | SEE SCHED | | 4 1 113 |
| | 5a | Gross amount from sale of assets other than inventory | 5a / C/ | JUL 20 | 2020 18 |
| | b | Less: cost or other basis and sales expenses | 5b / | | 2020 /5/ |
| | C | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from i | ine 5a) | GDEN, | 5c'c)/ |
| | 6 | Gaming and fundraising events: | | <u> </u> | U_1 |
| e | a | Gross income from gaming (attach Schedule G if greater than | 1 1 | | |
| Revenue | | \$15,000) | 6a | | |
| æ | b | Gross income from fundraising events (not including \$ | of contributions | ; | |
| | | from fundraising events reported on line 1) (attach Schedule G if the sum of su | 1 1 | | |
| | | gross income and contributions exceeds \$15,000) | 6b | | |
| | C | Less: direct expenses from gaming and fundraising events | [<u>6c</u>] | | |
| | _d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b | | | 6d |
| | 7a | Gross sales of inventory, less returns and allowances | 7a | | |
| | þ | Less: cost of goods sold | 7b | | <u> </u> |
| | C | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | | | 7c |
| | 8 | Other revenue (describe in Schedule O) | | | 8 52 020 |
| | 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | CEE COUED | II E O | ▶ 9 52,929. |
| | 10 | Grants and similar amounts paid (list in Schedule 0) Benefits paid to or for members | SEE SCHED | ine A | 10 47,254. |
| " | 11 12 | | | | 11 |
| Expenses | 13 | Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors | | | 13 1,688. |
| De la | 14 | Occupancy, rent, utilities, and maintenance | | | 14 |
| й | 15 | Printing, publications, postage, and shipping | | | 15 |
| 1 | 16 | Other expenses (describe in Schedule O) | SEE SCHEDU | II.E O | 16 9,177. |
| > | 17 | Total expenses. Add lines 10 through 16 | DED DOMEST | , DD Q | ► 17 58,119. |
| j | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | · · · · · | | 18 -5,190. |
| ets | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) | | | 3,150. |
| Ass | " | (must agree with end-of-year figure reported on prior year's return) | | | 19 177,793. |
| ė | 20 | Other changes in net assets or fund balances (explain in Schedule O) | SEE SCHEDU | JLE O | 20 1,302. |
| NerAssets | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 | | 🕶 | ► 21 173,905. |
| _ | | Paperwork Reduction Act Notice, see the separate instructions. | | | Form 990-EZ (2018) |

| $\overline{}$ | m 990-EZ (2018) ÚNIVERSITY CLUB FOUNDATIO | ON, INC | | 94- | 31793 | 354 | Page 2 |
|----------------------------|---|--|--|---------|---|-----------------------|------------------------------|
| _ | Check if the organization used Schedule O to re- | spond to any quest | ion in this Part I | Ι. | | _ | X |
| | | | (A) Beginning of year | | (B) i | End of yea | |
| 22 | Cash, savings, and investments | | 110,535 | 5 . 22 | | 95, | 366. |
| 23 | B Land and buildings | | | 23 | | | |
| 24 | Other assets (describe in Schedule 0) SEE SCHEDULE (| | 67,258 | 3 . 24 | | | 539. |
| 25 | Total assets | | 177,793 | 3 . 25 | | 173, | 905. |
| 26 | Total liabilities (describe in Schedule 0) | | |) . 26 | | | 0. |
| 27 | | | 177,793 | 3 . 27 | | 173, | 905. |
| <u>P</u> | art III Statement of Program Service Accomplishme Check if the organization used Schedule O to res | • | | • | (Required | | |
| Wha | at is the organization's primary exempt purpose? SEE SCHEDULE C |) | | | 501(c)(3) organizati | | |
| | cribe the organization's program service accomplishments for each of its three largest program | | ses in a clear and concise | | others.) | | |
| | ner, describe the services provided, the number of persons benefited, and other relevant inform | | | | <u> </u> | <u></u> | |
| 28 | PRESERVATION AWARDS TO FOSTER THE F HISTORICALLY AND/OR ARCHITECTUALLY AND OTHER STRUCTURES. | | | | | | |
| | (Grants \$ 47, 254.) If this amount includes foreign of | aranta abaak bara | | _ | 00- | 17 | 251 |
| 29 | Grants \$ 47,234. In this amount includes foreign g | grants, check here | <u> </u> | | 28a | 4/, | <u> 254.</u> |
| 23 | | - | | | | | |
| | | | | | | | |
| | (Grants \$) If this amount includes foreign of | rants, check here | | | 29a | | |
| 30 |) it also allocate thousand for signing | iano, oncon noto | | | 200 | •• | |
| | | | | | | | |
| | | | | | | | |
| | (Grants \$) If this amount includes foreign g | rants, check here | > | | 30a | | |
| 31 | Other program services (describe in Schedule O) | | | | | | |
| | (Grants \$) If this amount includes foreign of | rants, check here | | | 31a | | |
| | | | | | | | |
| 32 | Total program service expenses (add lines 28a through 31a) | | | _ ▶ | 32 | 47, | 254. |
| 32 P a | art IV List of Officers, Directors, Trustees, and Key E | | | | 32 instructions f | 47, or Part IV) | <u> 254.</u> |
| 32 P a | Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res | | | | nstructions for | 47, or Part IV) | <u>254.</u> |
| 32 Pa | art IV List of Officers, Directors, Trustees, and Key E | | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Hea | instructions for alth benefits, abutions to byee benefit and deferred | or Part IV) (e) Esti | mated of other |
| Pa | Check if the organization used Schedule O to res (a) Name and title | (b) Average hours per week devoted to | (c) Reportable compensation (Forms | (d) Hea | instructions for alth benefits, abutions to bysee benefit | or Part IV) | mated of other |
| Pa | Check if the organization used Schedule O to res (a) Name and title RIEN LOISELLE | pond to any questi (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Hea | alth benefits, ibutions to lyee benefit and deferred pensation | or Part IV) (e) Esti | mated of other nsation |
| Pa DA PR | Check if the organization used Schedule O to res (a) Name and title RIEN LOISELLE ESIDENT | (b) Average hours per week devoted to | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Hea | instructions for alth benefits, abutions to byee benefit and deferred | or Part IV) (e) Esti | mated of other |
| DA PR CH | Check if the organization used Schedule O to res (a) Name and title RIEN LOISELLE ESIDENT RISTOPHER BROOKS | (b) Average hours per week devoted to position | on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Hea | instructions for all the benefits, abutions to yee benefit and deferred pensation | or Part IV) (e) Esti | mated of other isation |
| DA PR CH TR | Check if the organization used Schedule O to res (a) Name and title RIEN LOISELLE ESIDENT RISTOPHER BROOKS EASURER | pond to any questi (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Hea | alth benefits, ibutions to lyee benefit and deferred pensation | or Part IV) (e) Esti | mated of other nsation |
| DA PR CH TR WA | Check if the organization used Schedule O to res (a) Name and title RIEN LOISELLE ESIDENT RISTOPHER BROOKS EASURER LTER MATERA | (b) Average hours per week devoted to position 1.00 | on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. | (d) Hea | alth benefits, butions to byse benefit and deferred pensation O • | or Part IV) (e) Esti | mated of other isation 0. |
| DA PR CH TR WA | Check if the organization used Schedule O to res (a) Name and title RIEN LOISELLE ESIDENT RISTOPHER BROOKS EASURER | (b) Average hours per week devoted to position | on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Hea | instructions for all the benefits, abutions to yee benefit and deferred pensation | or Part IV) (e) Esti | mated of other isation |
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832172 12-11-18

UNIVERSITY CLUB FOUNDATION, INC Form 990-EZ (2018) 94-3179354 Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V \mathbf{x} Yes No Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33 X Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34 X 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b N/ c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III X 35c 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N X 36 0. 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions b Did the organization file Form 1120-POL for this year? 37b X 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? X 38a b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A 39 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 39a N/A b Gross receipts, included on line 9, for public use of club facilities 39b N/A 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 • ; section 4912 ► 0. 0 • ; section 4955 > b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b X c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e 41 List the states with which a copy of this return is filed > OR 42a The organization's books are in care of ▶ BRUCE OBOG Telephone no. \triangleright (503) 223-6237 Located at ▶ 1225 SW 6TH, PORTLAND, OR ZIP+4 ▶ 97204 b 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 Yes No account)? 42b If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? 42c If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

| 44a | x |
|-----|-------|
| 44b | X |
| 44c | X |
| 44d | |
| 45a | X |
| 45b | |

Form 990-EZ (2018)

in Schedule O

c Did the organization receive any payments for indoor tanning services during the year?

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation

b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions

| FOIII | 1990-62 (2010) UNIVERSITY CLUB FOUNDATIO | DN, INC | | | <u>94-31/93</u> | 354 | raye 4 |
|---------|--|----------------------|---------------|---------------------------------------|--------------------------------------|------------------|--|
| | | | | | _ | Ye | s No |
| 46 | Did the organization engage, directly or indirectly, in political campaign activiti | ies on behalf of or | ın oppositioi | n to candidates for pi | ublic office? | } | 1 |
| _ | If "Yes," complete Schedule C, Part I | | | . <u></u> | | 46 | <u> </u> |
| Pa | art VI Section 501(c)(3) Organizations Only | | | | | | |
| | All section 501(c)(3) organizations must answer questions 47 | | • | e the tables for line | s 50 and 51. | | |
| | Check if the organization used Schedule O to respond to an | y question in this | s Part VI | | | V- | |
| | D. I.I | | | - O I/ D/ B | - 0-1- 0 5 T | Ye | |
| 47 | Did the organization engage in lobbying activities or have a section 501(h) ele- | | - | ar/it res, complete | Scn. C, Part II | 47 | X |
| 48 | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," | | ; C | | | 48 | X |
| | Did the organization make any transfers to an exempt non-charitable related of "Yes," was the related organization a section 527 organization? | ryanization: | | | F | 49a 49b | +^- |
| 50 | Complete this table for the organization's five highest compensated employee | s (other than office | rs directors | trustees and key e | _ | | d more |
| 50 | than \$100,000 of compensation from the organization. If there is none, enter | • | no, un cotoro | , il dolooo, allo koy ol | inployeous willo ce | 0111000140 | u |
| | (a) Name and title of each employee | (b) Average | hours | (C) Reportable | (d) Health benefits, | (e) Esti | mated |
| | (4) | per week dev | | compensation (Forms W-2/1099-MISC) | contributions to employee benefit | amount | |
| | NONE | positio | n | W-2/ 1088-14113C) | plans, and deferred compensation | compen | sation |
| | | | | | <u>-</u> | | |
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| | | 1 | | | | 1 | |
| | | | | | | 1 | |
| f | Total number of other employees paid over \$100,000 | • | <u> </u> | | | | |
| 51 | Complete this table for the organization's five highest compensated independe | ent contractors who | o each receiv | ed more than \$100,0 | 000 of compensat | ion from th | 10 |
| | organization. If there is none, enter "None." NONE | | | | | | |
| | (a) Name and business address of each independent contractor | | (D) | Type of service | (c) C | ompensatio | <u>n</u> |
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| đ | Total number of other independent contractors each receiving over \$100,000 | | | > | | | |
| 52 | Did the organization complete Schedule A? Note: All section 501(c)(3) organization | ations must attach | а | | | | |
| _ | completed Schedule A | | | | <u> </u> |] Yes | □ No |
| Under | r penalties of perjury, I declare that I have examined this return, including accor | mpanying schedule | es and stater | ments, and to the bes | t of my knowledg | e and belie | f, it is |
| rue, c | correct, and complete. Declaration of preparer (other than officer) is based on a | ill information of w | hich prepare | er has any knowledge | | / | |
| | Signature of officer | | | | 7/15 | 120 | |
| Sigr | | | | | Date ! | | |
| Her | DARIEN LOISELLE Type or print name and title | | | | | | |
| | L | | D-4- | Obsale C | 1 4 love | | |
| | Print/Type preparer's name Preparer's signature |)\ | Date | Check | f PTIN | | |
| Paid | L LAT V | 7 | 7/12/ | Zo self- employ | 1 | | |
| Prej | Dalei | PRILL | L | | | <u>36613</u> | <u>. </u> |
| | Only Firm's name MOFFMAN, STEWART & SCH | MIDT, PC | | | <u>▶ 93-074</u> | | |
| | Firm's address > 3 CENTERPOINTE DRIVE, | | UÜ | Phone no. | 503-220 | <u>-5900</u> | <u> </u> |
| | LAKE OSWEGO, OR 97035 | -8663 | | | <u> </u> | ٦., - | |
| vlay ti | he IRS discuss this return with the preparer shown above? See instructions | | - | | | Yes [| No |
| | | | | | Fo | rm 990-EZ | (2018) |

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number UNIVERSITY CLUB FOUNDATION. 94-3179354 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives. (1) more than 33 1/3% 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 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other 1 your governing document (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions)) **Total**

| | hedule A (Form 990 or 990 EZ) 2018 U | NIVERSITY | CLUB FOU | JNDATION, | INC | 94-317 | 9354 Page 2 |
|-----|--|-----------------------|--|------------------------------|----------------------|------------------------|--|
| | | | | | | | |
| | (Complete only if you checked fails to qualify under the tests | listed below plea | o, 7, or 6 or Part I | or ir tne organizatio | on falled to qualify | under Part III. If the | e organization |
| Se | ction A. Public Support | nated polow, pice | | | | | |
| _ | endar year (or fiscal year beginning in) | (a) 20 \4 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| | Gifts, grants, contributions, and | (a) 20 (4 | (6) 2013 | (0) 2010 | (0) 2017 | (e) 2016 | (i) iotai |
| • | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | \ | · | | | | |
| 2 | Tax revenues levied for the organ- | | / | | - | | |
| | ization's benefit and either paid to | | \ | | 1 | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | _ |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | 1 | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions | , | | | | | |
| | by each person (other than a | | 1 | | |] | |
| | governmental unit or publicly | | , | 1 | , | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | |
| | Public support. Subtract line 5 from line 4 | | | | | , | |
| | ction B. Total Support | r | | | r= | | ······································ |
| | indar year (or fiscal year beginning in) ➤ 📙 | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| _ | and income from similar sources | | | | | | |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | Ì | | | | | |
| 10 | Other income Do not include gain | | | | | | |
| 10 | or loss from the sale of capital | İ | | | | | |
| | assets (Explain in Part VI.) | | | | , | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| | Gross receipts from related activities, e | etc. (see instruction | ns) | I | | 12 | |
| | First five years. If the Form 990 is for the | • | • | d. fourth, or fifth ta | ıx vear as a sectio | | |
| | organization, check this box and stop | | , | -, · · · · , - · · · · · · · | | | ▶ |
| Sec | ction C. Computation of Public | Support Per | centage | _ | | | |
| 14 | Public support percentage for 2018 (lin | ne 6, column (f) div | rided by line 11, c | olumn (f)) | | 14 | % |
| 15 | Public support percentage from 2017 S | Schedule A, Part I | I, line 14 | | | 15 | % |
| 16a | 33 1/3% support test - 2018. If the or | ganization did not | check the box or | n line 13, and line 1 | 14 is 33 1/3% or m | nore, check this box | x and |
| | stop here. The organization qualifies a | s a publicly suppo | orted organization | | | | ightharpoons |
| b | 33 1/3% support test - 2017. If the or | - | | * | line 15 is 33 1/3% | or more, check th | s box |
| | and stop here. The organization qualification | | | | | | ▶ □ |
| 17a | 10% -facts-and-circumstances test | | | | | | |
| | and if the organization meets the "facts | | | | | t VI how the organi | zation |
| | meets the "facts-and-circumstances" te | est The organizati | on qualifies as a | publicly supported | organization | | \▶ ∐ |

b 10% -facts-and-circumstances test - 2017. 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 supported organization

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

Schedule A (Form 990 or 990-EZ) 2018

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

| Se | qualify under the tests listed to ction A. Public Support | olow, ploude comp | noto i art ii.j | | | | |
|-----------|--|------------------------------|-----------------------|---------------------|--------------------|----------------------|-----------------|
| Cale | endar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | ınclude any "unusual grants.") | 5,000. | 1,000. | 9,125. | 103,490 | . 52,816. | 171,431 |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that | | | | | | |
| | are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | _ | | | | | |
| 4 | Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | 5,000. | 1,000. | 9,125. | 103,490. | 52,816. | 171,431. |
| 7a | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disqualified persons | 1,200. | | | | 3,200. | 4,400. |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | 0. |
| С | Add lines 7a and 7b | 1,200. | | | | 3,200. | 4,400. |
| | Public support. (Subtract line 7c from line 6) | | | | | | 167,031. |
| | tion B. Total Support | | | | | | |
| | ndar year (or fiscal year beginning in) ► 🏻 | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| | Amounts from line 6 | 5,000. | 1,000. | 9,125. | 103,490. | 52,816. | 171,431. |
| | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 3,399. | 2,773. | 1,754. | 115. | 113. | 8,154. |
| | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| C | Add lines 10a and 10b | 3,399. | 2,773. | 1,754. | 115. | 113. | 8,154. |
| | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | • |
| | 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, 11, and 12) | 8,399. | 3,773. | 10,879. | 103,605. | 52,929. | <u>179,585.</u> |
| 14 | First five years. If the Form 990 is for | the organization's f | first, second, third, | fourth, or fifth ta | x year as a sectio | n 501(c)(3) organiza | ation, |
| | check this box and stop here | | | | | | |
| | tion C. Computation of Publi | | | | | | |
| | Public support percentage for 2018 (lii | | | lumn (f)) | | 15 | 93.01 % |
| | Public support percentage from 2017 | | | | | 16 | 91.09 % |
| ec | tion D. Computation of Inves | tment Income | Percentage | | | | |
| 17 | nvestment income percentage for 201 | I 8 (line 10c, column | (f), divided by line | 13, column (f)) | | 17 | <u>4.54 %</u> |
| 18 | nvestment income percentage from 2 | 017 Schedule A, Pa | art III, line 17 | | | 18 | <u>7.90 %</u> |
| 19a (| 33 1/3% support tests - 2018. If the o | organization did no | t check the box on | line 14, and line | 15 is more than 3 | 3 1/3%, and line 1 | 7 is not |
| | more than 33 1/3%, check this box an 33 1/3% support tests - 2017. If the c | • | - , | | • • | | .nd |
| | ine 18 is not more than 33 1/3%, chec | - | | | | • | ▶□ |
| | Private foundation. If the organization | | | | | | |

Part IV Supporting Organizations

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

| Se | ection | A . | ΑII | Supporting | · Organizatio | ns |
|----|--------|------------|-----|------------|---------------|----|

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

| | | | Yes | _ | No |
|---|------------|---|-----|---------------|----|
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| | 10b_ | | | | |

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

| | rt V Type III Non-Functionally Integrated 509(a)(3) Supportin | | | 94-31/9334 Page 6 |
|-------|---|---------------|-------------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying | | : | Part VI \ See instructions / |
| • | other Type III non-functionally integrated supporting organizations must co | | | Tart Vi., See moductions. F |
| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3 | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year) | | | |
| а | Average monthly value of securities | 1a | | |
| - | Average monthly cash balances | 1b | | |
| | Fair market value of other non-exempt-use assets | 1c | | |
| đ | Total (add lines 1a, 1b, and 1c) | 1d | | |
| e | Discount claimed for blockage or other | | | _ |
| | factors (explain in detail in Part VI) | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d | 3 | | |
| 4 | Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, | | | |
| | see instructions) | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by .035 | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Secti | on C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 85% of line 1 | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3 | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions) | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functional | ly integrated | Type III supporting org | anization (see |

Schedule A (Form 990 or 990-EZ) 2018

instructions).

| | edule A (Form 990 or 990 EZ) 2018 UNIVERSITY CI | | | 94-3179354 Page 7 |
|------------|---|------------------------------|--|---|
| | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | (a)(3) Supporting Org | janizations (continued) | |
| <u>Sec</u> | tion D - Distributions | | | Current Year |
| _1 | Amounts paid to supported organizations to accomplish exe | | | |
| 2 | Amounts paid to perform activity that directly furthers exem | pt purposes of supported | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpos | es of supported organizatio | ns | |
| 4 | | | | |
| 5 | | | | |
| _6_ | | | | |
| 7_ | | | | |
| 8 | Distributions to attentive supported organizations to which t | he organization is responsiv | /8 | |
| | (provide details in Part VI). See instructions. | | | |
| 9 | Distributable amount for 2018 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | , | _ · · · · | |
| Sect | tion E - Distribution Allocations (see Instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2018 | (iii) Distributable Amount for 2018 |
| 1 | Distributable amount for 2018 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2018 (reason- | | | |
| | able cause required- explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2018 | | | |
| а | From 2013 | | | |
| b | From 2014 | - | | |
| С | From 2015 | | | |
| d | From 2016 | | | |
| e | From 2017 | <u> </u> | | |
| f | Total of lines 3a through e | | | |
| | Applied to underdistributions of prior years | | | |
| | Applied to 2018 distributable amount | | | _ |
| | Carryover from 2013 not applied (see instructions) | | | |
| i | Remainder Subtract lines 3g, 3h, and 3i from 3f. | - | | |
| 4 | Distributions for 2018 from Section D, | | | |
| | line 7: \$ | | | |
| а | Applied to underdistributions of prior years | | | |
| | Applied to 2018 distributable amount | | | |
| | Remainder Subtract lines 4a and 4b from 4. | | | |
| | Remaining underdistributions for years prior to 2018, if | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | |
| | than zero, explain in Part VI. See instructions | | | |
| 6 | Remaining underdistributions for 2018. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2019. Add lines 3 | | | |
| - | and 4c | | | |
| 8 | Breakdown of line 7: | | | |
| | Excess from 2014 | | | |
| | Excess from 2015 | | - | |
| _ | Excess from 2016 | | | |
| | Excess from 2017 | | | - |
| | Excess from 2018 | | - | |

Schedule A (Form 990 or 990-EZ) 2018

| Schedule A | (Form 990 or 990 EZ) 2 | | | | | 94-3179354 Page 8 |
|--------------|--------------------------|--|--|--|---|---|
| Part VI | Part IV, Section A, line | s 1, 2, 3b, 3c, 4b, 4d D, lines 2 and 3; Pa | c, 5a, 6, 9a, 9b, 9 rt IV, Section E, I | 0c, 11a, 11b, and 11 ines 1c, 2a, 2b, 3a, | c; Part IV, Section B, and 3b; Part V, line 1; | 17a or 17b, Part III, line 12; lines 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V, idditional information |
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SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

2018

Open to Public Inspection

Name of the organization **Employer identification number** UNIVERSITY CLUB FOUNDATION, INC 94-3179354 FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME: DESCRIPTION OF PROPERTY: AMOUNT: INTEREST AND DIVIDENDS 113. FORM 990-EZ, PART I, LINE 10, GRANTS AND SIMILAR AMOUNTS PAID: ACTIVITY CLASSIFICATION: PRESERVATION AWARD GRANTEE NAME: THE UNIVERSITY CLUB GRANTEE ADDRESS: 1225 SW 6TH AVENUE PORTLAND, OR 97204 PROPERTY DESCRIPTION: CASH AWARD METHOD USED TO DETERMINE FMV: FMV AMOUNT GIVEN: 47,254. FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: DESCRIPTION OF OTHER EXPENSES: AMOUNT: OFFICE AND ADMINISTRATION 5,800. FUNDRAISING EVENT EXPENSE 3,290. STATE CHARITABLE REGISTRATION FEES 87. TOTAL TO FORM 990-EZ, LINE 16 9.177. FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASSETS: CHANGES IN NET ASSETS OR FUND BALANCES: AMOUNT: UNREALIZED GAIN ON INVESTMENTS 1,302. FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

END OF YEAR

BEG. OF YEAR

DESCRIPTION

| Schedule O (Form 990 or 990 EZ) (2018) | Pag |
|--|---|
| Name of the organization UNIVERSITY CLUB FOUNDATION, INC | Employer identification numb 94-3179354 |
| INVESTMENTS 3 | 3,118. 14,399 |
| ARTWORK AND SCULPTURES 64 | 1,140. 64,140 |
| TOTAL TO FORM 990-EZ, LINE 24 67 | 7,258. 78,539 |
| FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE PRIM | IARY PURPOSE OF THE |
| FOUNDATION IS TO FOSTER THE PRESERVATION OF HISTORICALLY | AND/OR |
| ARCHITECTURALLY SIGNIFICANT BUILDINGS AND OTHER STRUCTUR | ES. |
| FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENE | FIT CONTRACTS: |
| THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY F | UNDS, DIRECTLY, |
| OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CON | TRACT. |
| THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREM | IUMS, DIRECTLY, |
| OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT. | |
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