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EXTENDED TO MAY 15, 2020

Form 990-T

# Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0687

For calendar year 2018 or other tax year beginning JUL 1, 2018 and ending JUN 30, 2019

## 2018

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

|  |  |  |
|--|--|--|
| <b>A</b> Check box if address changed  | Name of organization ( Check box if name changed and see instructions.)  | <b>D</b> Employer identification number (Employees' trust, see instructions) |
| <b>B</b> Exempt under section<br><input checked="" type="checkbox"/> 501(c)(3) )<br>408(e) 220(e)<br>408A 530(a)<br>529(a) | <b>UNIVERSITY OF PORTLAND</b><br>Number, street, and room or suite no If a P.O. box, see instructions.<br><b>5000 N WILLAMETTE BLVD</b><br>City or town, state or province, country, and ZIP or foreign postal code<br><b>PORTLAND, OR 97203</b> | <b>93-0401259</b><br><b>541800</b>   |

**C** Book value of all assets at end of year: **613,041,844.**

**F** Group exemption number (See instructions) **▶**

**G** Check organization type  501(c) corporation    501(c) trust    401(a) trust    Other trust

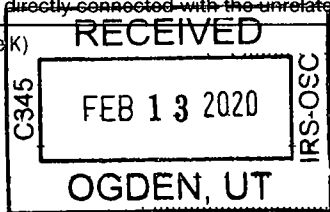
**H** Enter the number of the organization's unrelated trades or businesses. **▶ 3** Describe the only (or first) unrelated trade or business here **▶ ATHLETIC SPONSORSHIPS**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent subsidiary controlled group? **▶ Yes  No**  
If "Yes," enter the name and identifying number of the parent corporation **▶**

**J** The books are in care of **▶ ALAN P TIMMINS** Telephone number **▶ 503-943-7337**

| Part I Unrelated Trade or Business Income |   | (A) Income         | (B) Expenses   | (C) Net         |
|---|---|--------------------|----------------|-----------------|
| 1a  | Gross receipts or sales <b>150,000.</b>   |                    |                |                 |
| b   | Less returns and allowances   |                    |                |                 |
|   | <b>c Balance ▶</b>  | <b>1c 150,000.</b> |                |                 |
| 2   | Cost of goods sold (Schedule A, line 7)   |                    |                |                 |
| 3   | Gross profit. Subtract line 2 from line 1c  | <b>3 150,000.</b>  |                | <b>150,000.</b> |
| 4a  | Capital gain net income (attach Schedule D)   |                    |                |                 |
| b   | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)                      |                    |                |                 |
| c   | Capital loss deduction for trusts   |                    |                |                 |
| 5   | Income (loss) from a partnership or an S corporation (attach statement)               |                    |                |                 |
| 6   | Rent income (Schedule C)  |                    |                |                 |
| 7   | Unrelated debt-financed income (Schedule E)   |                    |                |                 |
| 8   | Interest, annuities, royalties, and rents from a controlled organization (Schedule F) |                    |                |                 |
| 9   | Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)      |                    |                |                 |
| 10  | Exploited exempt activity income (Schedule I)   | <b>10 25,575.</b>  | <b>59,832.</b> | <b>-34,257.</b> |
| 11  | Advertising income (Schedule J)   |                    |                |                 |
| 12  | Other income (See instructions, attach schedule)                                      |                    |                |                 |
| 13  | <b>Total.</b> Combine lines 3 through 12  | <b>13 175,575.</b> | <b>59,832.</b> | <b>115,743.</b> |

| Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions)<br>(Except for contributions, deductions must be directly connected with the unrelated business income) |  |                        |                    |
|---|--|------------------------|--------------------|
| 14  | Compensation of officers, directors, and trustees (Schedule K)   |                        | <b>14</b>          |
| 15  | Salaries and wages   |                        | <b>15 24,174.</b>  |
| 16  | Repairs and maintenance  |                        | <b>16</b>          |
| 17  | Bad debts  |                        | <b>17</b>          |
| 18  | Interest (attach schedule) (see instructions)  |                        | <b>18</b>          |
| 19  | Taxes and licenses   |                        | <b>19 429.</b>     |
| 20  | Charitable contributions (See instructions for limitation rules)   | <b>STATEMENT 3</b>     | <b>20 0.</b>       |
| 21  | Depreciation (attach Form 4562)  |                        | <b>21</b>          |
| 22  | Less depreciation claimed on Schedule A and elsewhere on return  |                        | <b>22a 22b</b>     |
| 23  | Depletion  |                        | <b>23</b>          |
| 24  | Contributions to deferred compensation plans   |                        | <b>24</b>          |
| 25  | Employee benefit programs  |                        | <b>25 7,084.</b>   |
| 26  | Excess exempt expenses (Schedule I)  |                        | <b>26</b>          |
| 27  | Excess readership costs (Schedule J)   |                        | <b>27</b>          |
| 28  | Other deductions (attach schedule)   | <b>SEE STATEMENT 2</b> | <b>28 89,451.</b>  |
| 29  | <b>Total deductions.</b> Add lines 14 through 28   |                        | <b>29 121,138.</b> |
| 30  | Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13            |                        | <b>30 -5,395.</b>  |
| 31  | Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) |                        | <b>31</b>          |
| 32  | Unrelated business taxable income. Subtract line 31 from line 30   |                        | <b>32 -5,395.</b>  |



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Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Includes lines 33-38 with handwritten corrections.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 39-44 with handwritten corrections.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 45a-55 with handwritten corrections.

Part VI Statements Regarding Certain Activities and Other Information

Table with 3 columns: Question number, Description, and Yes/No response. Includes questions 56-58.

Sign Here section containing signature of officer, date, and title.

Paid Preparer Use Only section containing preparer's name, signature, date, and firm information.

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation **N/A**

|    |   |    |  |   |  |     |    |
|----|---|----|--|---|--|-----|----|
| 1  | Inventory at beginning of year                  | 1  |  | 6 | Inventory at end of year   | 6   |    |
| 2  | Purchases                                       | 2  |  | 7 | Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2                                  | 7   |    |
| 3  | Cost of labor                                   | 3  |  |   |  |     |    |
| 4a | Additional section 263A costs (attach schedule) | 4a |  | 8 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | Yes | No |
| b  | Other costs (attach schedule)                   | 4b |  |   |  |     |    |
| 5  | Total. Add lines 1 through 4b                   | 5  |  |   |  |     |    |

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

|   |   |   |
|---|---|---|
| 1. Description of property  |   |   |
| (1)   |   |   |
| (2)   |   |   |
| (3)   |   |   |
| (4)   |   |   |
| 2. Rent received or accrued   |   | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) |   |
| (1)   |   |   |
| (2)   |   |   |
| (3)   |   |   |
| (4)   |   |   |
| Total   | 0.  | Total 0.  |
| (c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)         |   | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)                    |
| 0.  |   | 0.  |

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

|   |   |  |   |
|---|---|--|---|
| 1. Description of debt-financed property  | 2. Gross income from or allocable to debt-financed property                           | 3. Deductions directly connected with or allocable to debt-financed property |   |
|   |   | (a) Straight line depreciation (attach schedule)                             | (b) Other deductions (attach schedule)                              |
| (1)   |   |  |   |
| (2)   |   |  |   |
| (3)   |   |  |   |
| (4)   |   |  |   |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6. Column 4 divided by column 5  | 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
| (1)   |   | %  |   |
| (2)   |   | %  |   |
| (3)   |   | %  |   |
| (4)   |   | %  |   |
| Totals  |   | Enter here and on page 1, Part I, line 7, column (A)                         | Enter here and on page 1, Part I, line 7, column (B)                |
| Total dividends-received deductions included in column 8  |   | 0.   | 0.  |

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organizations                   |                                     |   |  |
|------------------------------------|-----------------------------------|---|-------------------------------------|---|--|
|                                    |                                   | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1)                                |                                   |   |                                     |   |  |
| (2)                                |                                   |   |                                     |   |  |
| (3)                                |                                   |   |                                     |   |  |
| (4)                                |                                   |   |                                     |   |  |

**Nonexempt Controlled Organizations**

| 7. Taxable income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10 |
|-------------------|---|-------------------------------------|--|--|
| (1)               |   |                                     |  |  |
| (2)               |   |                                     |  |  |
| (3)               |   |                                     |  |  |
| (4)               |   |                                     |  |  |

|               |  |  |   |   |
|---------------|--|--|---|---|
| <b>Totals</b> |  |  | Add columns 5 and 10<br>Enter here and on page 1, Part I,<br>line 8, column (A) | Add columns 6 and 11<br>Enter here and on page 1, Part I,<br>line 8, column (B) |
|               |  |  | 0.  | 0.  |

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach schedule) | 4. Set-asides (attach schedule) | 5. Total deductions and set-asides (col 3 plus col 4) |
|--------------------------|---------------------|--|---------------------------------|---|
| (1)                      |                     |  |                                 |   |
| (2)                      |                     |  |                                 |   |
| (3)                      |                     |  |                                 |   |
| (4)                      |                     |  |                                 |   |

|               |  |   |    |   |    |
|---------------|--|---|----|---|----|
| <b>Totals</b> |  | Enter here and on page 1,<br>Part I, line 9, column (A) | 0. | Enter here and on page 1,<br>Part I, line 9, column (B) | 0. |
|---------------|--|---|----|---|----|

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expenses directly connected with production of unrelated business income | 4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7 | 5. Gross income from activity that is not unrelated business income | 6. Expenses attributable to column 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4) |
|--------------------------------------|---|---|---|---|--------------------------------------|---|
| (1) PRINT/RADIO -                    |   | STMT 4  |   |   |                                      |   |
| (2) ATHLETICS                        | 25,575.   | 59,832.   | -34,257.  |   |                                      |   |
| (3)                                  |   |   |   |   |                                      |   |
| (4)                                  |   |   |   |   |                                      |   |

|               |  |  |         |  |         |  |    |
|---------------|--|--|---------|--|---------|--|----|
| <b>Totals</b> |  | Enter here and on page 1, Part I, line 10, col (A) | 25,575. | Enter here and on page 1, Part I, line 10, col (B) | 59,832. | Enter here and on page 1, Part II, line 26 | 0. |
|---------------|--|--|---------|--|---------|--|----|

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4) |
|-----------------------|-----------------------------|-----------------------------|---|-----------------------|---------------------|--|
| (1)                   |                             |                             |   |                       |                     |  |
| (2)                   |                             |                             |   |                       |                     |  |
| (3)                   |                             |                             |   |                       |                     |  |
| (4)                   |                             |                             |   |                       |                     |  |

|  |  |    |    |  |  |    |
|--|--|----|----|--|--|----|
| <b>Totals (carry to Part II, line (5))</b> |  | 0. | 0. |  |  | 0. |
|--|--|----|----|--|--|----|

**Part II** Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

| 1. Name of periodical              | 2. Gross advertising income   | 3. Direct advertising costs   | 4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4) |
|------------------------------------|---|---|---|-----------------------|---------------------|--|
| (1)                                |   |   |   |                       |                     |  |
| (2)                                |   |   |   |                       |                     |  |
| (3)                                |   |   |   |                       |                     |  |
| (4)                                |   |   |   |                       |                     |  |
| <b>Totals from Part I</b>          | 0.  | 0.  |   |                       |                     | 0.   |
| <b>Totals, Part II (lines 1-5)</b> | 0.<br><small>Enter here and on page 1, Part I, line 11, col (A)</small> | 0.<br><small>Enter here and on page 1, Part I, line 11, col (B)</small> |   |                       |                     | 0.<br><small>Enter here and on page 1, Part II, line 27</small>                  |

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

| 1. Name      | 2. Title  | 3. Percent of time devoted to business | 4. Compensation attributable to unrelated business |
|--------------|---|--|--|
| (1)          |   | %                                      |  |
| (2)          |   | %                                      |  |
| (3)          |   | %                                      |  |
| (4)          |   | %                                      |  |
| <b>Total</b> | <small>Enter here and on page 1, Part II, line 14</small> |  | 0.   |

Form 990-T (2018)

| FORM 990-T                           |                              | CONTRIBUTIONS | STATEMENT 1 |
|--------------------------------------|------------------------------|---------------|-------------|
| DESCRIPTION/KIND OF PROPERTY         | METHOD USED TO DETERMINE FMV |               | AMOUNT      |
| CHARITABLE CONTRIBUTIONS             | N/A                          |               | 84,889.     |
| PASSTHROUGH CONTRIBUTIONS            | N/A                          |               | 3.          |
| TOTAL TO FORM 990-T, PAGE 1, LINE 20 |                              |               | 84,892.     |

| FORM 990-T                            |  | OTHER DEDUCTIONS | STATEMENT 2 |
|---------------------------------------|--|------------------|-------------|
| DESCRIPTION                           |  |                  | AMOUNT      |
| MISCELLANEOUS                         |  |                  | 17,460.     |
| ATHLETIC FACILITIES MAINTENANCE COSTS |  |                  | 64,446.     |
| SERVICES PURCHASED                    |  |                  | 1,460.      |
| PROFESSIONAL FEES                     |  |                  | 6,085.      |
| TOTAL TO FORM 990-T, PAGE 1, LINE 28  |  |                  | 89,451.     |

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 3

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT

|   |         |
|---|---------|
| CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS |         |
| FOR TAX YEAR 2013                             | 329,907 |
| FOR TAX YEAR 2014                             | 163,524 |
| FOR TAX YEAR 2015                             | 110,857 |
| FOR TAX YEAR 2016                             | 65,363  |
| FOR TAX YEAR 2017                             | 54,169  |

|                                      |         |
|--------------------------------------|---------|
| TOTAL CARRYOVER                      | 723,820 |
| TOTAL CURRENT YEAR 10% CONTRIBUTIONS | 84,892  |

|                                       |         |
|---------------------------------------|---------|
| TOTAL CONTRIBUTIONS AVAILABLE         | 808,712 |
| TAXABLE INCOME LIMITATION AS ADJUSTED | 0       |

|                            |         |
|----------------------------|---------|
| EXCESS 10% CONTRIBUTIONS   | 808,712 |
| EXCESS 100% CONTRIBUTIONS  | 0       |
| TOTAL EXCESS CONTRIBUTIONS | 808,712 |

|                                   |   |
|-----------------------------------|---|
| ALLOWABLE CONTRIBUTIONS DEDUCTION | 0 |
|-----------------------------------|---|

|                              |   |
|------------------------------|---|
| TOTAL CONTRIBUTION DEDUCTION | 0 |
|------------------------------|---|

FORM 990-T

SCHEDULE I - EXPENSES DIRECTLY CONNECTED WITH  
PRODUCTION OF UNRELATED BUSINESS INCOME

STATEMENT 4

| DESCRIPTION                               | ACTIVITY<br>NUMBER | AMOUNT  | TOTAL   |
|---|--------------------|---------|---------|
| DIRECT COSTS                              |                    | 59,832. |         |
| - SUBTOTAL -                              | 1                  |         | 59,832. |
| TOTAL OF FORM 990-T, SCHEDULE I, COLUMN 3 |                    |         | 59,832. |

**SCHEDULE M  
(Form 990-T)**

**Unrelated Business Taxable Income for  
Unrelated Trade or Business**

ENTITY 1

OMB No 1545-0687

**2018**

For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service (99)

Name of the organization **UNIVERSITY OF PORTLAND** Employer identification number **93-0401259**

Unrelated business activity code (see instructions) ▶ **511120**

Describe the unrelated trade or business ▶ **ADVERTISING INCOME**

| <b>Part I Unrelated Trade or Business Income</b> |   | (A) Income | (B) Expenses | (C) Net |
|--|---|------------|--------------|---------|
| 1 a  | Gross receipts or sales   |            |              |         |
| b  | Less returns and allowances   |            |              |         |
| c  | Balance ▶   | 1c         |              |         |
| 2  | Cost of goods sold (Schedule A, line 7)   | 2          |              |         |
| 3  | Gross profit Subtract line 2 from line 1c   | 3          |              |         |
| 4 a  | Capital gain net income (attach Schedule D)   | 4a         |              |         |
| b  | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)                      | 4b         |              |         |
| c  | Capital loss deduction for trusts   | 4c         |              |         |
| 5  | Income (loss) from a partnership or an S corporation (attach statement)               | 5          |              |         |
| 6  | Rent income (Schedule C)  | 6          |              |         |
| 7  | Unrelated debt-financed income (Schedule E)   | 7          |              |         |
| 8  | Interest, annuities, royalties, and rents from a controlled organization (Schedule F) | 8          |              |         |
| 9  | Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)      | 9          |              |         |
| 10   | Exploited exempt activity income (Schedule I)   | 10         |              |         |
| 11   | Advertising income (Schedule J)   | 11         | 1,720.       | 1,444.  |
| 12   | Other income (See instructions, attach schedule)                                      | 12         |              |         |
| 13   | <b>Total.</b> Combine lines 3 through 12  | 13         | 1,720.       | 1,444.  |

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income:)

|    |  |     |        |
|----|--|-----|--------|
| 14 | Compensation of officers, directors, and trustees (Schedule K)   | 14  |        |
| 15 | Salaries and wages   | 15  |        |
| 16 | Repairs and maintenance  | 16  |        |
| 17 | Bad debts  | 17  |        |
| 18 | Interest (attach schedule) (see instructions)  | 18  |        |
| 19 | Taxes and licenses   | 19  | 4.     |
| 20 | Charitable contributions (See instructions for limitation rules)   | 20  |        |
| 21 | Depreciation (attach Form 4562)  | 21  |        |
| 22 | Less depreciation claimed on Schedule A and elsewhere on return  | 22a | 22b    |
| 23 | Depletion  | 23  |        |
| 24 | Contributions to deferred compensation plans   | 24  |        |
| 25 | Employee benefit programs  | 25  |        |
| 26 | Excess exempt expenses (Schedule I)  | 26  |        |
| 27 | Excess readership costs (Schedule J)   | 27  | 1,444. |
| 28 | Other deductions (attach schedule)   | 28  | 60.    |
| 29 | <b>Total deductions.</b> Add lines 14 through 28   | 29  | 1,508. |
| 30 | Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13            | 30  | -64.   |
| 31 | Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) | 31  |        |
| 32 | Unrelated business taxable income Subtract line 31 from line 30  | 32  | -64.   |

SEE STATEMENT 5

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018



FORM 990-T (M)

OTHER DEDUCTIONS

STATEMENT 5

DESCRIPTION

AMOUNT

PROFESSIONAL FEES

60.

TOTAL TO SCHEDULE M, PART II, LINE 28

60.

**SCHEDULE M  
(Form 990-T)**

**Unrelated Business Taxable Income for  
Unrelated Trade or Business**

ENTITY 2

OMB No 1545-0687

**2018**

For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service (99)

Name of the organization

**UNIVERSITY OF PORTLAND**

Employer identification number

**93-0401259**

Unrelated business activity code (see instructions) ▶ **900001**

Describe the unrelated trade or business ▶ **INVESTMENT INCOME**

| <b>Part I Unrelated Trade or Business Income</b>  |           | (A) Income    | (B) Expenses | (C) Net       |
|---|-----------|---------------|--------------|---------------|
| <b>1 a</b> Gross receipts or sales  |           |               |              |               |
| <b>b</b> Less returns and allowances  |           |               |              |               |
| <b>c</b> Balance ▶  | <b>1c</b> |               |              |               |
| <b>2</b> Cost of goods sold (Schedule A, line 7)  | <b>2</b>  |               |              |               |
| <b>3</b> Gross profit Subtract line 2 from line 1c  | <b>3</b>  |               |              |               |
| <b>4 a</b> Capital gain net income (attach Schedule D)  | <b>4a</b> |               |              |               |
| <b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)                           | <b>4b</b> |               |              |               |
| <b>c</b> Capital loss deduction for trusts  | <b>4c</b> |               |              |               |
| <b>5</b> Income (loss) from a partnership or an S corporation (attach statement) <b>STATEMENT 6</b> | <b>5</b>  | <b>3,049.</b> |              | <b>3,049.</b> |
| <b>6</b> Rent income (Schedule C)   | <b>6</b>  |               |              |               |
| <b>7</b> Unrelated debt-financed income (Schedule E)  | <b>7</b>  |               |              |               |
| <b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F)      | <b>8</b>  |               |              |               |
| <b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)           | <b>9</b>  |               |              |               |
| <b>10</b> Exploited exempt activity income (Schedule I)   | <b>10</b> |               |              |               |
| <b>11</b> Advertising income (Schedule J)   | <b>11</b> |               |              |               |
| <b>12</b> Other income (See instructions, attach schedule)  | <b>12</b> |               |              |               |
| <b>13 Total.</b> Combine lines 3 through 12   | <b>13</b> | <b>3,049.</b> |              | <b>3,049.</b> |

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

|  |            |  |               |
|--|------------|--|---------------|
| <b>14</b> Compensation of officers, directors, and trustees (Schedule K)   | <b>14</b>  |  |               |
| <b>15</b> Salaries and wages   | <b>15</b>  |  |               |
| <b>16</b> Repairs and maintenance  | <b>16</b>  |  |               |
| <b>17</b> Bad debts  | <b>17</b>  |  |               |
| <b>18</b> Interest (attach schedule) (see instructions)  | <b>18</b>  |  |               |
| <b>19</b> Taxes and licenses   | <b>19</b>  |  | <b>8.</b>     |
| <b>20</b> Charitable contributions (See instructions for limitation rules)   | <b>20</b>  |  |               |
| <b>21</b> Depreciation (attach Form 4562)  | <b>21</b>  |  |               |
| <b>22</b> Less depreciation claimed on Schedule A and elsewhere on return  | <b>22a</b> |  | <b>22b</b>    |
| <b>23</b> Depletion  | <b>23</b>  |  |               |
| <b>24</b> Contributions to deferred compensation plans   | <b>24</b>  |  |               |
| <b>25</b> Employee benefit programs  | <b>25</b>  |  |               |
| <b>26</b> Excess exempt expenses (Schedule I)  | <b>26</b>  |  |               |
| <b>27</b> Excess readership costs (Schedule J)   | <b>27</b>  |  |               |
| <b>28</b> Other deductions (attach schedule) <b>SEE STATEMENT 7</b>  | <b>28</b>  |  | <b>106.</b>   |
| <b>29 Total deductions.</b> Add lines 14 through 28  | <b>29</b>  |  | <b>114.</b>   |
| <b>30</b> Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13            | <b>30</b>  |  | <b>2,935.</b> |
| <b>31</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) | <b>31</b>  |  |               |
| <b>32</b> Unrelated business taxable income Subtract line 31 from line 30  | <b>32</b>  |  | <b>2,935.</b> |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

| FORM 990-T (M)   | INCOME (LOSS) FROM PARTNERSHIPS | STATEMENT 6          |
|--|---------------------------------|----------------------|
| DESCRIPTION  |                                 | NET INCOME OR (LOSS) |
| ADAMS STREET PARTNERSHIP FUND - 2003 NON-US FUND - ORDINARY BUSINESS INCOME  |                                 | -45.                 |
| ADAMS STREET PARTNERSHIP FUND - 2003 NON-US FUND - NET RENTAL REAL ESTATE IN |                                 | -1.                  |
| ADAMS STREET PARTNERSHIP FUND - 2003 NON-US FUND - OTHER INCOME (LOSS)       |                                 | -21.                 |
| ADAMS STREET PARTNERSHIP FUND - 2003 US FUND LP - ORDINARY BUSINESS INCOME ( |                                 | 3,682.               |
| ADAMS STREET PARTNERSHIP FUND - 2003 US FUND LP - NET RENTAL REAL ESTATE INC |                                 | -6.                  |
| ADAMS STREET PARTNERSHIP FUND - 2003 US FUND LP - INTEREST INCOME            |                                 | 82.                  |
| ADAMS STREET PARTNERSHIP FUND - 2003 US FUND LP - DIVIDEND INCOME            |                                 | 11.                  |
| ADAMS STREET PARTNERSHIP FUND - 2003 US FUND LP - OTHER PORTFOLIO INCOME (LO |                                 | -653.                |
| TOTAL INCLUDED ON SCHEDULE M, PART I, LINE 5                                 |                                 | 3,049.               |

| FORM 990-T (M)                        | OTHER DEDUCTIONS | STATEMENT 7 |
|---------------------------------------|------------------|-------------|
| DESCRIPTION                           |                  | AMOUNT      |
| PROFESSIONAL FEES                     |                  | 106.        |
| TOTAL TO SCHEDULE M, PART II, LINE 28 |                  | 106.        |

**2018**

Name

Employer identification number

**UNIVERSITY OF PORTLAND**

**93-0401259**

**Part I Short-Term Capital Gains and Losses** (See instructions.)

| See instructions for how to figure the amounts to enter on the lines below<br>This form may be easier to complete if you round off cents to whole dollars.  | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|---|----------------------------------|---------------------------------|---|---|
| 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b |                                  |                                 |   |   |
| 1b Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked   |                                  |                                 |   |   |
| 2 Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked  |                                  |                                 |   |   |
| 3 Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked  |                                  |                                 |   | 1.  |
| 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37  |                                  |                                 | 4   |   |
| 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824   |                                  |                                 | 5   |   |
| 6 Unused capital loss carryover (attach computation)  |                                  |                                 | 6   | ( 1,100. )  |
| 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h   |                                  |                                 | 7   | -1,099.   |

**SEE STATEMENT 8**

**Part II Long-Term Capital Gains and Losses** (See instructions.)

| See instructions for how to figure the amounts to enter on the lines below<br>This form may be easier to complete if you round off cents to whole dollars.   | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|--|----------------------------------|---------------------------------|--|---|
| 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b |                                  |                                 |  |   |
| 8b Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked  |                                  |                                 |  |   |
| 9 Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked   |                                  |                                 |  |   |
| 10 Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked  |                                  |                                 |  | -870.   |
| 11 Enter gain from Form 4797, line 7 or 9  |                                  |                                 | 11   |   |
| 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37   |                                  |                                 | 12   |   |
| 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824  |                                  |                                 | 13   |   |
| 14 Capital gain distributions  |                                  |                                 | 14   |   |
| 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h   |                                  |                                 | 15   | -870.   |

**Part III Summary of Parts I and II**

|   |    |    |
|---|----|----|
| 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)                   | 16 |    |
| 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) | 17 |    |
| 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns.           | 18 | 0. |

Note: If losses exceed gains, see **Capital losses** in the instructions



Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on page 1

Social security number or taxpayer identification no. 93-0401259

UNIVERSITY OF PORTLAND

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short term transactions, see page 1.

Note You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
(X) (F) Long-term transactions not reported to you on Form 1099-B

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Date sold or disposed of, (d) Proceeds (sales price), (e) Cost or other basis, (f) Adjustment, (g) Amount of adjustment, (h) Gain or (loss). Includes entries for ADAMS STREET PARTNERSHIP FUND - 2003 NON and ADAMS STREET PARTNERSHIP FUND - 2003 US.

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked). Total: <870.>

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

SCHEDULE D

CAPITAL LOSS CARRYOVER

STATEMENT 8

| <u>LOSS YEAR</u>                               | <u>ORIGINAL<br/>LOSS SUSTAINED</u> | <u>LOSS<br/>PREVIOUSLY<br/>APPLIED</u> | <u>LOSS<br/>REMAINING</u> |
|--|------------------------------------|--|---------------------------|
| 2013   |                                    |  |                           |
| 2014   |                                    |  |                           |
| 2015   | 140                                |  | 140                       |
| 2016   | 960                                |  | 960                       |
| 2017   |                                    |  |                           |
| CAPITAL LOSS CARRYOVER TO CURRENT TAXABLE YEAR |                                    |  | <u>1,100</u>              |