

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# Form 990

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.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

# 2024

Open to Public Inspection

**A** For the **2024** calendar year, or tax year beginning **JUL 1, 2024** and ending **JUN 30, 2025**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization UNIVERSITY OF PORTLAND		<b>D</b> Employer identification number 93-0401259
	Doing business as		<b>E</b> Telephone number 503-943-7337
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	5000 N WILLAMETTE BLVD		<b>G</b> Gross receipts \$ 283,525,026.
	City or town, state or province, country, and ZIP or foreign postal code PORTLAND, OR 97203		
<b>F</b> Name and address of principal officer: KEN PIFER SAME AS C ABOVE		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number	

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: WWW.UP.EDU

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: 1935 **M** State of legal domicile: OR

Part I Summary		Prior Year	Current Year
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: THE UNIVERSITY OF PORTLAND, AN INDEPENDENTLY GOVERNED CATHOLIC UNIVERSITY GUIDED BY THE		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3	50
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4	48
	<b>5</b> Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	1838
	<b>6</b> Total number of volunteers (estimate if necessary)	6	49
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	7a	654,961.
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	357,047.	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	20,675,649.	47,803,759.
	<b>9</b> Program service revenue (Part VIII, line 2g)	209,422,997.	212,462,810.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,091,474.	16,473,117.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,854,781.	4,104,062.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	243,044,901.	280,843,748.
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	104,796,457.	109,960,694.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	85,717,264.	83,579,011.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	3,155,829.	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	59,599,165.	60,390,325.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	250,112,886.	253,930,030.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-7,067,985.	26,913,718.	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year 718,823,741.	End of Year 785,791,862.
	<b>21</b> Total liabilities (Part X, line 26)	104,345,881.	115,219,194.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	614,477,860.	670,572,668.

<b>Part II Signature Block</b>			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
<b>Sign Here</b>	Signature of officer	Date	
	KEN PIFER, INTERIM VP OF FINANCIAL AFFAIRS Type or print name and title		
<b>Paid Preparer Use Only</b>	Preparer's name WENDY CAMPOS	Preparer's signature WENDY CAMPOS	Date 05/12/26
	Firm's name BAKER TILLY ADVISORY GROUP, LP	Firm's EIN 39-0859910	Check if self-employed <input type="checkbox"/> PTIN P00448102
	Firm's address 805 SW BROADWAY STE 1400 PORTLAND, OR 97205	Phone no. 503-242-1447	

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE UNIVERSITY OF PORTLAND, AN INDEPENDENTLY GOVERNED CATHOLIC UNIVERSITY GUIDED BY THE CONGREGATION OF HOLY CROSS, ADDRESSES SIGNIFICANT QUESTIONS OF HUMAN CONCERN THROUGH INTERDISCIPLINARY STUDIES OF THE ARTS, SCIENCES, AND HUMANITIES AND THROUGH STUDIES IN

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 162,805,969. including grants of \$ 103,809,728. ) (Revenue \$ 183,270,561. ) POST-SECONDARY EDUCATION: THE PRIMARY MISSION OF THE UNIVERSITY OF PORTLAND IS EDUCATION. 3,285 UNDERGRADUATE AND GRADUATE STUDENTS WERE ENROLLED IN 2024/2025 IN THE COLLEGE OF ARTS AND SCIENCES, SCHOOL OF BUSINESS, SCHOOL OF EDUCATION, SCHOOL OF NURSING AND SHILEY SCHOOL OF ENGINEERING. AN INTEGRAL PART OF OUR MISSION IS THE PROVISION OF STUDENT FINANCIAL AID TO HELP STUDENTS PURSUE THEIR EDUCATION. A HIGH-QUALITY PERSONALIZED EDUCATION AT THE UNIVERSITY OF PORTLAND IS AN INVESTMENT IN EACH STUDENT'S FUTURE SUCCESS. WE RECOGNIZE THAT SOME STUDENTS AND THEIR FAMILIES MAY NEED ASSISTANCE TO MEET SOME OF THEIR COLLEGE COSTS, AND WE STRIVE TO HELP FILL THE GAP BETWEEN THE COST OF ATTENDANCE AND FUNDS AVAILABLE TO EACH STUDENT. WE CONNECT STUDENTS WITH A WIDE RANGE OF INTERNAL AND EXTERNAL FUNDING OPTIONS, BUT THE

4b (Code: ) (Expenses \$ 67,616,357. including grants of \$ 4,797,900. ) (Revenue \$ 28,539,043. ) EXTRACURRICULAR PROGRAMS, STUDENT SERVICES AND CAMPUS LIFE: THE UNIVERSITY OF PORTLAND RECOGNIZES THAT AN EDUCATION SHOULD DEVELOP THE ENTIRE PERSON AND ACCORDINGLY MAINTAINS DIVERSE AND COMPREHENSIVE EXTRACURRICULAR PROGRAMS ON CAMPUS. EXPENSES AND REVENUES LISTED ABOVE INCLUDE RESIDENCE HALLS, DINING, NCAA DIVISION I ATHLETICS, INTERNATIONAL STUDENT SERVICES, HEALTH AND CAREER SERVICES, ADMISSIONS, REGISTRAR, STUDENT GOVERNMENT AND ACTIVITIES, ADMINISTRATION, FOOD AND HOUSING GRANTS, AND INTRAMURALS.

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 230,422,326.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements for various schedules (A through H).

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and other IRS filings.

Part 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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (50); 1b Enter the number of voting members included on line 1a, above, who are independent (48); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe on 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 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed OR
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [ ] Upon request [ ] Other (explain on Schedule O)
19 Describe on 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.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
KEN PIFER - 503-943-7337
5000 N WILLAMETTE BLVD, PORTLAND, OR 97203

**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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and 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.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SHANTAY LEGANS COACH, MEN'S BASKETBALL	40.00					X		687,208.	0.	52,522.
(2) ROBERT D KELLY PRESIDENT	40.00			X				524,550.	0.	50,537.
(3) DAVID MENGEL PROVOST	40.00			X				295,050.	0.	37,463.
(4) ERIC BARGER VP FOR FINANCIAL AFFAIRS	40.00			X				294,255.	0.	33,566.
(5) MICHAEL DEVAUGHN DEAN, SCHOOL OF BUSINESS	40.00				X			295,187.	0.	30,943.
(6) NICK CARLIN-VOIGT COACH, MEN'S SOCCER	40.00					X		272,280.	0.	53,557.
(7) SCOTT LEYKAM VP FOR ATHLETICS	40.00			X				282,343.	0.	42,326.
(8) GREGORY NALESKI VP FOR UNIVERSITY RELATIONS	40.00			X				254,175.	0.	52,921.
(9) MICHAEL MEEK COACH, WOMEN'S BASKETBALL	40.00					X		246,331.	0.	52,506.
(10) BRIAN FABIEN DEAN, SCHOOL OF ENGINEERING	40.00				X			264,384.	0.	28,880.
(11) MAI NHIA XIONG-CHAN VP FOR ENROLLMENT MANAGEMENT	40.00			X				256,058.	0.	35,065.
(12) VALERIE BANSCHBACH DEAN, COLLEGE OF ARTS & SCIENCES	40.00				X			226,230.	0.	33,563.
(13) JOANE MOCERI DEAN SCHOOL OF NURSING	40.00				X			233,457.	0.	20,058.
(14) JOHN WATZKE DEAN, SCHOOL OF EDUCATION	40.00				X			219,486.	0.	33,221.
(15) DANA LOPEZ VP FOR HUMAN RESOURCES	40.00			X				200,845.	0.	32,405.
(16) ARJUN CHATRATH PROFESSOR	40.00					X		211,254.	0.	18,707.
(17) MICHELLE FRENCH COACH, WOMEN'S SOCCER	40.00					X		208,670.	0.	18,464.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MICHAEL LEWELLEN VP FOR MARKETING/COMMUNICATIONS	40.00			X				208,985.	0.	9,090.
(19) JOHN DONATO VP FOR STUDENT AFFAIRS	40.00			X				183,179.	0.	17,313.
(20) ELISE MOENTMANN VICE PROVOST, FORMER INTERIM PROVOST	40.00						X	177,600.	0.	16,957.
(21) ALVIN STURDIVANT VP FOR STUDENT AFFAIRS AND INCLUSIVE	40.00			X				0.	0.	0.
(22) TIMOTHY J MORGAN REGENT/CHAIR	1.00	X		X				0.	0.	0.
(23) CHERYL L CEBULA REGENT/CO-VICE CHAIR	1.00	X		X				0.	0.	0.
(24) PATRICIA K JOHNSON REGENT/CO-VICE CHAIR	1.00	X		X				0.	0.	0.
(25) ANNIE T BUELL REGENT/SECRETARY	1.00	X		X				0.	0.	0.
(26) THOMAS D ARNDORFER REGENT	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								5,541,527.	0.	670,064.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								5,541,527.	0.	670,064.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 168

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	X	

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
SKANSKA USA, 1010 NW FLANDERS ST UNIT 500, PORTLAND, OR 97209-3119	CONSTRUCTION & DEVELOPMENT	8,899,327.
BON APPETIT MANAGEMENT CO, 201 REDWOOD SHORES PKWY SUITE 100, REDWOOD CITY, CA	FOOD SERVICE	8,817,649.
LEASE CRUTCHER LEWIS 550 SW 12TH AVE, PORTLAND, OR 97205-2300	GENERAL CONTRACTOR	3,578,750.
APOLLO SHEET METAL INC 7555 SW TECH CENTER DR, TIGARD, OR 97223	MECHANICAL CONTRACTOR	1,294,702.
AMERICAN HEATING INC 5035 SE 24TH AVE, PORTLAND, OR 97202	COMMERCIAL & INDUSTRIAL HEATING SYSTEMS	1,037,721.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 66

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) KRISTEN D BACKEBERG REGENT	1.00	X						0.	0.	0.
(28) RICHARD S BAEK REGENT	1.00	X						0.	0.	0.
(29) REV E WILLIAM BEAUCHAMP CSC REGENT	1.00	X						0.	0.	0.
(30) PATRICK E BECKER JR REGENT	1.00	X						0.	0.	0.
(31) JAMES J BERCHTOLD REGENT	1.00	X						0.	0.	0.
(32) MARY R BOYLE REGENT	1.00	X						0.	0.	0.
(33) J'REYESHA R BRANNON REGENT	1.00	X						0.	0.	0.
(34) DAN S BROWN REGENT	1.00	X						0.	0.	0.
(35) NANCY K BRYANT REGENT	1.00	X						0.	0.	0.
(36) JANICE L BURGER REGENT	1.00	X						0.	0.	0.
(37) KEVIN M COOPER REGENT	1.00	X						0.	0.	0.
(38) CHRISTINA M DOERFLER REGENT	1.00	X						0.	0.	0.
(39) GREG E DUBE REGENT	1.00	X						0.	0.	0.
(40) REV JAMES K FOSTER CSC REGENT	1.00	X						0.	0.	0.
(41) RIAN M FUREY REGENT	1.00	X						0.	0.	0.
(42) MARK B GANZ REGENT	1.00	X						0.	0.	0.
(43) JENNIFER GRAVES REGENT	1.00	X						0.	0.	0.
(44) REV DAVID L GUFFEY CSC REGENT	1.00	X						0.	0.	0.
(45) PAUL G HENNINGSEN JR REGENT	1.00	X						0.	0.	0.
(46) TOM HOBAN REGENT	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) REV PETER A JARRET CSC REGENT	1.00	X						0.	0.	0.
(48) MOLLY CRAFT JOHNSON REGENT	1.00	X						0.	0.	0.
(49) FRED H JONSKE REGENT	1.00	X						0.	0.	0.
(50) KASEY C KELLER REGENT	1.00	X						0.	0.	0.
(51) PATRICK H KESSI REGENT	1.00	X						0.	0.	0.
(52) REV WILLIAM M LIES CSC REGENT	1.00	X						0.	0.	0.
(53) REV ROBERT J LOUGHERY CSC REGENT	1.00	X						0.	0.	0.
(54) MIKE E MALIN REGENT	1.00	X						0.	0.	0.
(55) REV EDWARD A MALLOY CSC REGENT	1.00	X						0.	0.	0.
(56) JOHN S MARICK REGENT	1.00	X						0.	0.	0.
(57) PATRICK MILLER REGENT	1.00	X						0.	0.	0.
(58) MONICA NAMES-KING REGENT	1.00	X						0.	0.	0.
(59) MICHAEL E NELSON REGENT	1.00	X						0.	0.	0.
(60) MARGO PASSADORE REGENT	1.00	X						0.	0.	0.
(61) JAMES T PRICE SR REGENT	1.00	X						0.	0.	0.
(62) REV PATRICK E REIDY CSC REGENT	1.00	X						0.	0.	0.
(63) LARREE M RENDA REGENT	1.00	X						0.	0.	0.
(64) DON V ROMANAGGI MD REGENT	1.00	X						0.	0.	0.
(65) DARLENE V SHILEY REGENT	1.00	X						0.	0.	0.
(66) KAY DEAN TORAN REGENT	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns .....	<b>1a</b>				
	<b>b</b>	Membership dues .....	<b>1b</b>				
	<b>c</b>	Fundraising events .....	<b>1c</b>	15,841.			
	<b>d</b>	Related organizations .....	<b>1d</b>				
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>	2,635,137.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	45,152,781.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 5,250,080.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		47,803,759.			
	Program Service Revenue	<b>2 a</b>	TUITION AND FEES	Business Code			
			611310	183,270,561.	183,270,561.		
<b>b</b>		ROOM AND BOARD	611310	25,373,563.	25,373,563.		
<b>c</b>		ATHLETICS	611310	2,914,658.	2,261,452.	653,206.	
<b>d</b>							
<b>e</b>							
<b>f</b>		All other program service revenue .....		904,028.	904,028.		
<b>g</b>		<b>Total.</b> Add lines 2a-2f .....		212,462,810.			
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		6,173,879.		6,173,879.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties .....		29,691.		29,691.	
	<b>6 a</b>	Gross rents .....	<b>6a</b>	(i) Real			
				(ii) Personal			
					60,640.		
					0.		
	<b>b</b>	Less: rental expenses ...	<b>6b</b>				
	<b>c</b>	Rental income or (loss)	<b>6c</b>	60,640.			
	<b>d</b>	Net rental income or (loss) .....		60,640.		60,640.	
	<b>7 a</b>	Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities			
				(ii) Other			
					12,969,946.		
	<b>b</b>	Less: cost or other basis and sales expenses .....	<b>7b</b>	2,670,708.			
<b>c</b>	Gain or (loss) .....	<b>7c</b>	10,299,238.				
<b>d</b>	Net gain or (loss) .....		10,299,238.		10,299,238.		
<b>8 a</b>	Gross income from fundraising events (not including \$ 15,841. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		22,400.			
			<b>8b</b>	10,570.			
<b>c</b>	Net income or (loss) from fundraising events .....		11,830.		11,830.		
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>					
			<b>9b</b>				
<b>c</b>	Net income or (loss) from gaming activities .....						
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....	<b>10a</b>					
			<b>10b</b>				
<b>c</b>	Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue	<b>11 a</b>	OTHER INCOME	Business Code				
			900099	4,000,146.		4,000,146.	
	<b>b</b>	ADVERTISING	541800	1,870.	1,870.		
	<b>c</b>	QUALIFIED PARTNERSHIPS	525990	-115.	-115.		
	<b>d</b>	All other revenue .....					
<b>e</b>	<b>Total.</b> Add lines 11a-11d .....		4,001,901.				
<b>12</b>	<b>Total revenue.</b> See instructions .....		280,843,748.	211,809,604.	654,961.	20,575,424.	

**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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	50,549.	50,549.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	109,910,145.	109,910,145.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	4,021,695.	1,920,453.	1,787,421.	313,821.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	197,101.		197,101.	
<b>7</b> Other salaries and wages	59,551,520.	52,425,027.	5,880,642.	1,245,851.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,330,759.	1,986,288.	287,466.	57,005.
<b>9</b> Other employee benefits	11,725,527.	9,992,571.	1,446,177.	286,779.
<b>10</b> Payroll taxes	5,752,409.	4,902,241.	709,478.	140,690.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	319,943.	1,127.	257,293.	61,523.
<b>c</b> Accounting	107,780.		107,780.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	25,508.		25,508.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	17,055,296.	14,056,483.	2,791,845.	206,968.
<b>12</b> Advertising and promotion	469,623.	221,230.	161,320.	87,073.
<b>13</b> Office expenses	3,284,962.	2,300,252.	962,535.	22,175.
<b>14</b> Information technology	2,620,259.	2,287,594.	28,662.	304,003.
<b>15</b> Royalties	11,104.	5,327.	5,777.	
<b>16</b> Occupancy	4,916,565.	4,905,680.		10,885.
<b>17</b> Travel	4,181,540.	3,962,560.	169,773.	49,207.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	3,325,122.	2,072,486.	918,870.	333,766.
<b>20</b> Interest	3,255,273.	3,131,229.	124,044.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	13,615,259.	12,992,080.	623,179.	
<b>23</b> Insurance	2,154,324.	214,707.	1,939,617.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> STUDENT HEALTHCARE INSU	1,698,325.	74,428.	1,623,897.	
<b>b</b> BOOKS AND PERIODICALS	1,217,986.	1,217,937.	49.	
<b>c</b> UBI TAX	74,980.		74,980.	
<b>d</b> _____				
<b>e</b> All other expenses _____	2,056,476.	1,791,932.	228,461.	36,083.
<b>25</b> Total functional expenses. Add lines 1 through 24e	253,930,030.	230,422,326.	20,351,875.	3,155,829.
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,944,895.	<b>1</b>	1,544,304.
	<b>2</b> Savings and temporary cash investments .....	6,837,078.	<b>2</b>	20,151,559.
	<b>3</b> Pledges and grants receivable, net .....	19,437,714.	<b>3</b>	22,494,562.
	<b>4</b> Accounts receivable, net .....	3,394,097.	<b>4</b>	3,105,382.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....	26,950.	<b>5</b>	20,750.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	4,382,071.	<b>7</b>	4,073,724.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	318,998.	<b>9</b>	297,750.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 542,574,067.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 171,876,168.		
	<b>11</b> Investments - publicly traded securities .....	5,934,196.	<b>11</b>	6,496,696.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	299,690,741.	<b>12</b>	354,870,836.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	2,015,380.	<b>15</b>	2,038,400.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	718,823,741.	<b>16</b>	785,791,862.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	13,897,227.	<b>17</b>	10,805,633.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	10,095,650.	<b>19</b>	5,031,021.
	<b>20</b> Tax-exempt bond liabilities .....	72,254,998.	<b>20</b>	94,658,100.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	8,098,006.	<b>25</b>	4,724,440.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	104,345,881.	<b>26</b>	115,219,194.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	302,476,980.	<b>27</b>	307,463,924.
	<b>28</b> Net assets with donor restrictions .....	312,000,880.	<b>28</b>	363,108,744.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	614,477,860.	<b>32</b>	670,572,668.
<b>33</b> Total liabilities and net assets/fund balances .....	718,823,741.	<b>33</b>	785,791,862.	

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**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	280,843,748.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	253,930,030.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	26,913,718.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	614,477,860.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	29,181,090.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	670,572,668.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b>	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? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	X	
<b>b</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 on Schedule O and describe any steps taken to undergo such audits _____	X	

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**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	8,356,000.	11,813,059.	18,857,272.	20,675,649.	47,803,759.	107,505,739.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	8,356,000.	11,813,059.	18,857,272.	20,675,649.	47,803,759.	107,505,739.
<b>5</b> 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 (f) .....						20,476,229.
<b>6 Public support.</b> Subtract line 5 from line 4.						87,029,510.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4 .....	8,356,000.	11,813,059.	18,857,272.	20,675,649.	47,803,759.	107,505,739.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	1,586,000.	2,615,893.	1,787,116.	2,736,046.	6,264,210.	14,989,265.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	56,346.	79,069.	42,466.	211,714.	357,047.	746,642.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	4,058,000.	5,444,634.	6,517,351.	3,824,208.	4,000,146.	23,844,339.
<b>11 Total support.</b> Add lines 7 through 10						147,085,985.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,058,122,100.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	59.17 %
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 .....	<b>15</b>	52.76 %
<b>16a 33 1/3% support test - 2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2023.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2024.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2023.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

(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 qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on 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.

14 First 5 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, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 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 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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 filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Rows 11, 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2a, 2b, 3a, 3b.

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2024

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2024 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2024</b>	<b>(iii) Distributable Amount for 2024</b>
<b>1</b> Distributable amount for 2024 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2024			
<b>a</b> From 2019			
<b>b</b> From 2020			
<b>c</b> From 2021			
<b>d</b> From 2022			
<b>e</b> From 2023			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to under distributions of prior years			
<b>h</b> Applied to 2024 distributable amount			
<b>i</b> Carryover from 2019 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2024 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2024 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2020			
<b>b</b> Excess from 2021			
<b>c</b> Excess from 2022			
<b>d</b> Excess from 2023			
<b>e</b> Excess from 2024			

Schedule A (Form 990) 2024



**Schedule B  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

Name of the organization

UNIVERSITY OF PORTLAND

Employer identification number

93-0401259

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (Rev. 12-2024)

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

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 20,003,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 2,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 3,111,088.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 1,011,175.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ 1,826,881.	12/13/24
4	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ 1,011,175.	06/24/25
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

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

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE D**  
**(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

UNIVERSITY OF PORTLAND

Employer identification number

93-0401259

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part 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 advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education)     Preservation of a historically important land area

Protection of natural habitat     Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year \_\_\_\_\_

4 Number of states where property subject to conservation easement is located \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes     No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes     No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 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?  Yes  No

**Part IV Escrow and Custodial Arrangements** 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?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	323,628,740.	300,892,487.	298,970,872.	322,405,863.	217,583,130.
b Contributions	26,816,822.	8,815,342.	10,341,365.	5,522,642.	3,016,001.
c Net investment earnings, gains, and losses	41,787,842.	27,590,342.	3,448,608.	-22,285,849.	109,134,610.
d Grants or scholarships	8,379,209.	7,521,928.	7,454,791.	4,636,493.	4,352,636.
e Other expenditures for facilities and programs	5,362,420.	6,147,503.	4,413,567.	2,035,291.	2,975,242.
f Administrative expenses	10,500.				
g End of year balance	378,481,275.	323,628,740.	300,892,487.	298,970,872.	322,405,863.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 13.0300 %
  - b Permanent endowment 86.9700 %
  - c Term endowment \_\_\_\_\_ %
- 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:
- |   | Yes | No |
|---|-----|----|
| (i) Unrelated organizations?  | X   |    |
| (ii) Related organizations?   |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		17,971,385.		17,971,385.
b Buildings		386,362,825.	96,333,996.	290,028,829.
c Leasehold improvements				
d Equipment		77,446,535.	53,537,344.	23,909,191.
e Other		60,793,322.	22,004,828.	38,788,494.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				370,697,899.

**Part VII Investments - Other Securities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A) PRIVATE EQUITY INVESTMENTS	11,676.	END-OF-YEAR MARKET VALUE
(B) BENEFICIAL INTEREST IN ASSETS HELD BY		
(C) OTHERS	354,668,800.	END-OF-YEAR MARKET VALUE
(D) CASH SURRENDER VALUE OF LIFE		
(E) INSURANCE	190,360.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))	354,870,836.	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

**Part IX Other Assets**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	

**Part X Other Liabilities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) US GOVERNMENT LOAN ADVANCES	565,156.
(3) ANNUITIES PAYABLE	1,854,284.
(4) NON TAX-EXEMPT BOND LIABILITIES	2,305,000.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	4,724,440.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	201,420,750.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b> 29,181,090.		
<b>b</b>	Donated services and use of facilities	<b>2b</b> 266,858.		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b> 10,570.		
<b>e</b>	Add lines 2a through 2d		<b>2e</b>	29,458,518.
<b>3</b>	Subtract line 2e from line 1		<b>3</b>	171,962,232.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b> 108,881,516.		
<b>c</b>	Add lines 4a and 4b		<b>4c</b>	108,881,516.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	280,843,748.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	145,325,942.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b> 266,858.		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b> 10,570.		
<b>e</b>	Add lines 2a through 2d		<b>2e</b>	277,428.
<b>3</b>	Subtract line 2e from line 1		<b>3</b>	145,048,514.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b> 108,881,516.		
<b>c</b>	Add lines 4a and 4b		<b>4c</b>	108,881,516.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	253,930,030.

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE ENDOWMENT SUPPORTS A WIDE SPECTRUM OF CAMPUS LIFE INCLUDING STUDENT SCHOLARSHIP, FACULTY DEVELOPMENT EFFORTS, THE LIBRARY, AND A VARIETY OF OTHER ACADEMIC AND STUDENT SERVICE PROGRAMS.

PART X, LINE 2:

THE UNIVERSITY RECOGNIZES THE TAX BENEFIT FROM UNCERTAIN TAX POSITIONS ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITIONS WILL BE SUSTAINED ON EXAMINATION BY TAX AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFIT IS MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THE UNIVERSITY RECOGNIZES INTEREST ACCRUED AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS IN ADMINISTRATIVE EXPENSE. DURING THE YEARS ENDED JUNE 30, 2025 AND 2024, THE UNIVERSITY RECOGNIZED NO INTEREST AND PENALTIES. THERE WERE NO UNRECOGNIZED TAX BENEFITS AT JUNE 30, 2025 AND 2024, AND THE UNIVERSITY HAS NO UNCERTAIN TAX POSITIONS REQUIRING ACCRUAL.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RECONCILING TO FUNDRAISING EXPENSE

PART XI, LINE 4B - OTHER ADJUSTMENTS:

ADJUSTMENT TO CONTRA-REVENUE RELATED TO SCHOLARSHIP

PART XII, LINE 2D - OTHER ADJUSTMENTS:

**Part XIII** Supplemental Information (continued)

RECONCILING TO FUNDRAISING EXPENSE

PART XII, LINE 4B - OTHER ADJUSTMENTS:

ADJUSTMENT TO CONTRA-REVENUE RELATED TO SCHOLARSHIP

Multiple horizontal lines for data entry.

**SCHEDULE E  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

UNIVERSITY OF PORTLAND

Employer identification number

93-0401259

**Part I**

	YES	NO
1 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? .....	X	
2 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?	X	
3 Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its tax year in a manner reasonably expected to be noticed by visitors to the homepage, or 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 .....	X	
TO SUPPLEMENT ITS NONDISCRIMINATORY PRACTICES, THE UNIVERSITY PUBLISHES AN ADVERTISEMENT OF ITS NONDISCRIMINATORY POLICY IN THE PRIMARY REGIONAL NEWSPAPER ANNUALLY: THE POLICY IS FEATURED ON THE UNIVERSITY'S WEBSITE, AND IN PUBLIC COMMUNICATION AS DESCRIBED IN LINE 2.		
4 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff? .....	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? ..	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	X	
d Copies of all material used by the organization or on its behalf to solicit contributions? .....	X	
If you answered "No" to any of the above, please explain. If you need more space, use Part II.		
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges? .....		X
b Admissions policies? .....		X
c Employment of faculty or administrative staff? .....		X
d Scholarships or other financial assistance? .....		X
e Educational policies? .....		X
f Use of facilities? .....		X
g Athletic programs? .....		X
h Other extracurricular activities? .....		X
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? .....	X	
b Has the organization's right to such aid ever been revoked or suspended? .....		X
If you answered "Yes" on either line 6a or line 6b, explain in 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, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering racial nondiscrimination? If "No," explain in Part II .....	X	

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

Schedule E (Form 990) (Rev. 12-2024)

**Part II Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.

LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

THE UNIVERSITY PARTICIPATES IN A VARIETY OF FEDERAL AND STATE STUDENT GRANT AND PROGRAMS: PELL GRANT, ACADEMIC COMPETITIVENESS GRANT, SMART GRANTS, SUPPLEMENTAR:Y EDUCATION OPPORTUNITY GRANTS, AND OREGON OPPORTUNITY GRANTS.

Lined area for providing additional information.







**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)* .....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)* .....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)* .....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

Schedule F (Form 990) (Rev. 12-2024)

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Lined area for supplemental information.



**Part II 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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		PRESIDENT ' S GOLF TOURNEMENT (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	38,241.		38,241.
	2	Less: Contributions	15,841.		15,841.
	3	Gross income (line 1 minus line 2)	22,400.		22,400.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	800.		800.
	6	Rent/facility costs	9,770.		9,770.
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				11,830.

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_





**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

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

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

**Attach to Form 990.**

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

UNIVERSITY OF PORTLAND

**Employer identification number**

93-0401259

**Part I General Information on Grants and Assistance**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table .....

**3** Enter total number of other organizations listed in the line 1 table .....

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

**Schedule I (Form 990) (Rev. 12-2024)**

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS FROM INSTITUTIONAL MATCH OF GOVERNMENT FUNDS FOR TUITION, FEES, AND ROOM & BOARD	3149	99,815,569.	0.		
SCHOLARSHIPS FROM ENDOWED DONATIONS FOR TUITION, FEES, AND ROOM & BOARD	842	5,168,186.	0.		
SCHOLARSHIPS FROM ANNUAL DONATIONS FOR TUITIONS, FEES, AND ROOM & BOARD	393	1,957,651.	0.		
GRANTS FOR COST OF ATTENDANCE	158	936,231.	0.		
SCHOLARSHIPS FROM INSTITUTIONAL MATCH OF GOVERNMENT FUNDS FOR TUITION, FEES, AND ROOM & BOARD	433	377,916.	0.		

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SCHEDULE I, PART I, LINE 2

SCHOLARSHIPS AND GRANTS ARE DISTRIBUTED TO STUDENTS BY POSTING THE FUNDS TO THEIR ACCOUNTS TO OFFSET CHARGES FOR TUITIONS, FEES, AND ROOM AND BOARD. ANY REMAINING CREDIT IS REFUNDED TO STUDENTS VIA CHECK OR DIRECT DEPOSIT FOR USE IN PURCHASING BOOKS, FOOD, AND/OR HOUSING: CONTRIBUTIONS TO EXEMPT ORGANIZATIONS THAT FURTHER THE UNIVERSITY'S EXEMPT PURPOSES REQUIRE APPROVAL OF A VICE PRESIDENT.

**SCHEDULE J  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**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.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization <b>UNIVERSITY OF PORTLAND</b>	Employer identification number <b>93-0401259</b>
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**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input checked="" type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input checked="" type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....	<b>1b</b>	X
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....	<b>2</b>	X
<b>3</b> Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: <b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	X
<b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? .....	<b>4b</b>	X
<b>c</b> Participate in or receive payment from an equity-based compensation arrangement? .....	<b>4c</b>	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  <b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <b>a</b> The organization? .....	<b>5a</b>	X
<b>b</b> Any related organization? .....	<b>5b</b>	X
If "Yes" on line 5a or 5b, describe in Part III.		
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <b>a</b> The organization? .....	<b>6a</b>	X
<b>b</b> Any related organization? .....	<b>6b</b>	X
If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....	<b>7</b>	X
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....	<b>8</b>	X
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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

Schedule J (Form 990) (Rev. 12-2024)

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(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
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SHANTAY LEGANS COACH, MEN'S BASKETBALL	(i)	644,048.	35,000.	8,160.	30,567.	21,955.	739,730.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ROBERT D KELLY PRESIDENT	(i)	516,750.	0.	7,800.	21,642.	28,895.	575,087.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DAVID MENGEL PROVOST	(i)	294,450.	0.	600.	14,723.	22,740.	332,513.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ERIC BARGER VP FOR FINANCIAL AFFAIRS	(i)	293,655.	0.	600.	14,683.	18,883.	327,821.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MICHAEL DEVAUGHN DEAN, SCHOOL OF BUSINESS	(i)	294,587.	0.	600.	14,729.	16,214.	326,130.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) NICK CARLIN-VOIGT COACH, MEN'S SOCCER	(i)	200,000.	66,700.	5,580.	20,175.	33,382.	325,837.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) SCOTT LEYKAM VP FOR ATHLETICS	(i)	254,523.	10,000.	17,820.	16,347.	25,979.	324,669.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) GREGORY NALESKI VP FOR UNIVERSITY RELATIONS	(i)	253,575.	0.	600.	19,018.	33,903.	307,096.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MICHAEL MEEK COACH, WOMEN'S BASKETBALL	(i)	245,551.	0.	780.	19,278.	33,228.	298,837.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) BRIAN FABIEN DEAN, SCHOOL OF ENGINEERING	(i)	263,777.	0.	607.	13,189.	15,691.	293,264.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) MAI NHIA XIONG-CHAN VP FOR ENROLLMENT MANAGEMENT	(i)	255,458.	0.	600.	12,773.	22,292.	291,123.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) VALERIE BANSCHBACH DEAN, COLLEGE OF ARTS & SCIENCES	(i)	225,630.	0.	600.	11,282.	22,281.	259,793.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) JOANE MOCERI DEAN SCHOOL OF NURSING	(i)	232,857.	0.	600.	11,643.	8,415.	253,515.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) JOHN WATZKE DEAN, SCHOOL OF EDUCATION	(i)	218,886.	0.	600.	10,944.	22,277.	252,707.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) DANA LOPEZ VP FOR HUMAN RESOURCES	(i)	200,245.	0.	600.	10,012.	22,393.	233,250.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) ARJUN CHATRATH PROFESSOR	(i)	211,254.	0.	0.	10,556.	8,151.	229,961.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) (Rev. 12-2024)

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(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
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) MICHELLE FRENCH COACH, WOMEN'S SOCCER	(i)	173,953.	33,937.	780.	10,394.	8,070.	227,134.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) MICHAEL LEWELLEN VP FOR MARKETING/COMMUNICATIONS	(i)	95,138.	0.	113,847.	5,708.	3,382.	218,075.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) JOHN DONATO VP FOR STUDENT AFFAIRS	(i)	183,179.	0.	0.	9,159.	8,154.	200,492.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) ELISE MOENTMANN VICE PROVOST, FORMER INTERIM PROVOST	(i)	177,000.	0.	600.	8,850.	8,107.	194,557.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PART I, LINE 1A

FIRST CLASS TRAVEL IS ALLOWED ONLY FOR FLIGHTS EXCEEDING EIGHT HOURS AND WITH OFFICER APPROVAL PER WRITTEN POLICY. REIMBURSEMENT FOR COMPANION TRAVEL ARE ONLY ALLOWED WITH A BONA FIDE BUSINESS PURPOSE AND APPROVAL OF AN OFFICER. UNIVERSITY RESIDENCES ON CAMPUS ARE PROVIDED TO UNIVERSITY EMPLOYEES WHO ARE REQUIRED TO BE AVAILABLE ON CAMPUS AT ALL HOURS. HOUSEKEEPING SERVICES ARE PROVIDED TO THE PRESIDENT'S HOUSE DUE TO IT BEING USED FOR FUNDRAISING AND EVENTS. SOCIAL/BUSINESS ASSOCIATION MEMBERSHIPS ARE PROVIDED IN LIMITED CIRCUMSTANCES WITH OFFICER APPROVAL WHEN REQUIRED FOR DEVELOPMENT ACTIVITIES PER WRITTEN POLICY. WHILE THE UNIVERSITY DOES NOT DIRECTLY INDEMNIFY ANY INDIVIDUAL WITH RESPECT TO TAXES, IT HAS IN SOME CIRCUMSTANCES INCREASED EMPLOYEE SALARIES IN AMOUNT THAT MAY OFFSET A PORTION OF THE EMPLOYEE'S TAXABLE BENEFIT, CONCURRENT WITH THE PROVISION OF THOSE BENEFITS.

**Supplemental Information on Tax-Exempt Bonds**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,  
explanations, and any additional information in Part VI.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public Inspection**

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

<b>Part I Bond Issues</b>											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> STATE OF OREGON-OREGON FACILITIES AUTHORITY	93-6001787	00068608J	05/20/15	69,645,000.			X		X		X
<b>B</b> STATE OF OREGON-OREGON FACILITIES AUTHORITY	93-6001787	68608JA84	06/05/25	93,148,835.			X		X		X
<b>C</b>											
<b>D</b>											

<b>Part II Proceeds</b>										
	A		B		C		D			
<b>1</b> Amount of bonds retired										
<b>2</b> Amount of bonds legally defeased										
<b>3</b> Total proceeds of issue	75,168,482.		93,148,835.							
<b>4</b> Gross proceeds in reserve funds										
<b>5</b> Capitalized interest from proceeds										
<b>6</b> Proceeds in refunding escrows										
<b>7</b> Issuance costs from proceeds	606,991.		833,493.							
<b>8</b> Credit enhancement from proceeds										
<b>9</b> Working capital expenditures from proceeds										
<b>10</b> Capital expenditures from proceeds	25,051,346.									
<b>11</b> Other spent proceeds	49,510,145.									
<b>12</b> Other unspent proceeds										
<b>13</b> Year of substantial completion	2016		2055							
	Yes	No	Yes	No	Yes	No	Yes	No		
<b>14</b> Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X	X							
<b>15</b> Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?	X			X						
<b>16</b> Has the final allocation of proceeds been made?		X		X						
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds?	X			X						

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

Schedule K (Form 990) (Rev. 12-2024)

<b>Part III Private Business Use</b>								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....		X		X				
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? .....		X		X				
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....		X		X				
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....		X		X				
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ...								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....		%		%		%		%
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government .....		%		%		%		%
<b>6</b> Total of lines 4 and 5 .....		%		%		%		%
<b>7</b> Does the bond issue meet the private security or payment test? .....		X		X				
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....		%		%		%		%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....		X		X				

<b>Part IV Arbitrage</b>								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .....		X		X				
<b>2</b> If "No" to line 1, did the following apply?								
<b>a</b> Rebate not due yet? .....		X		X				
<b>b</b> Exception to rebate? .....		X		X				
<b>c</b> No rebate due? .....	X		X					
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....								
<b>3</b> Is the bond issue a variable rate issue? .....		X		X				



**SCHEDULE L**

**(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public Inspection**

Name of the organization <b>UNIVERSITY OF PORTLAND</b>	Employer identification number <b>93-0401259</b>
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**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... \$ \_\_\_\_\_
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... \$ \_\_\_\_\_

**Part II 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	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) VALERIE BANSC	KEY EMPL	HOME LOA		X	18,000.	10,928.		X		X	X	
(2) DANA LOPEZ	OFFICER	HOME LOA		X	15,000.	9,822.		X		X	X	
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
<b>Total</b> .....						\$	20,750.					

**Part III Grants or Assistance Benefiting Interested Persons**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

SEE PART V FOR CONTINUATIONS

**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	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) MICHAEL E NELSON	REGENT	286,034.	INDUSTRIAL		X
(2) PATRICK E BECKER, JR	REGENT	14,562.	ACCOUNT MAN		X
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L. See instructions.

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: VALERIE BANSCHBACH

(B) RELATIONSHIP WITH ORGANIZATION: KEY EMPLOYEE

(C) PURPOSE OF LOAN: HOME LOAN PROGRAM

(A) NAME OF PERSON: DANA LOPEZ

(C) PURPOSE OF LOAN: HOME LOAN PROGRAM

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: MICHAEL E NELSON

(D) DESCRIPTION OF TRANSACTION: INDUSTRIAL AND CUSTODIAL SUPPLIES

(A) NAME OF PERSON: PATRICK E BECKER, JR

(D) DESCRIPTION OF TRANSACTION: ACCOUNT MANAGEMENT

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2024**

Open to Public Inspection

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	2	85,000.	CERTIFICATE OF AUTHENTIC
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		8,295.	RETAIL PRICE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	33	5,082,304.	FAIR MARKET VALUE
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				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( GRAND PIANO )	X	1	45,998.	RETAIL PRICE
26 Other ( SOCCER GOAL )	X	1	20,885.	RETAIL PRICE
27 Other ( E-BIKES )	X	2	7,598.	RETAIL PRICE
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement ..... 29

	Yes	No
30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2024

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, LINE 32B:

SCHEDULE M, PART I, LINE 32B - THE UNIVERSITY PERIODICALLY USES REALTORS OR AUCTION HOUSES TO ASSIST IN THE DISPOSAL OF GIFTED REAL PROPERTY. THE UNIVERSITY ALSO USES A LICENSED BROKER TO SELL GIFT OR MARKETABLE SECURITIES.

Lined area for supplemental information.

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization UNIVERSITY OF PORTLAND	Employer identification number 93-0401259
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:  
 CONGREGATION OF HOLY CROSS, ADDRESSES SIGNIFICANT QUESTIONS OF HUMAN  
 CONCERN THROUGH INTERDISCIPLINARY STUDIES OF THE ARTS, SCIENCES, AND  
 HUMANITIES AND THROUGH STUDIES IN MAJORS AND PROFESSIONAL PROGRAMS AT  
 THE UNDERGRADUATE AND GRADUATE LEVELS. AS A DIVERSE COMMUNITY OF  
 SCHOLARS DEDICATED TO EXCELLENCE AND INNOVATION, WE PURSUE TEACHING AND  
 LEARNING, FAITH AND FORMATION, LEADERSHIP AND SERVICE IN THE CLASSROOM,  
 RESIDENCE HALLS, AND ALL ACTIVITIES OF CAMPUS LIFE. BECAUSE WE VALUE  
 THE DEVELOPMENT OF THE ENTIRE PERSON, THE UNIVERSITY HONORS FAITH AND  
 REASON AS WAYS OF KNOWING, PROMOTES ETHICAL REFLECTION, AND PREPARES  
 PEOPLE WHO RESPOND TO THE NEEDS OF THE WORLD AND ITS HUMAN FAMILY

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:  
 MAJORS AND PROFESSIONAL PROGRAMS AT THE UNDERGRADUATE AND GRADUATE  
 LEVELS. AS A DIVERSE COMMUNITY OF SCHOLARS DEDICATED TO EXCELLENCE AND  
 INNOVATION, WE PURSUE TEACHING AND LEARNING, FAITH AND FORMATION,  
 LEADERSHIP AND SERVICE IN THE CLASSROOM, RESIDENCE HALLS, AND ALL  
 ACTIVITIES OF CAMPUS LIFE. BECAUSE WE VALUE THE DEVELOPMENT OF THE  
 ENTIRE PERSON, THE UNIVERSITY HONORS FAITH AND REASON AS WAYS OF  
 KNOWING, PROMOTES ETHICAL REFLECTION, AND PREPARES PEOPLE WHO RESPOND  
 TO THE NEEDS OF THE WORLD AND ITS HUMAN FAMILY

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:  
 EXPENSES INCLUDED IN THIS CATEGOTRY REFLECT SCHOLARSHIPS AND GRANTS  
 THROUGH INSTITUTIONAL FUNDS, ANNUAL AND ENDOWED GIFTS, AND MATCHING OF  
 GOVERNMENT FUNDS.

FORM 990, PART VI, SECTION A, LINE 7A:  
 THE BYLAWS GRANT THE CONGREGATION OF THE HOLY CROSS THE RIGHT TO APPOINT UP  
 TO NINE BOARD MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11B:  
 A DRAFT OF THE 990 THAT DOES NOT INCLUDE SCHEDULE B IS REVIEWED AND  
 APPROVED BY THE AUDIT SUBCOMMITTEE, AND AFTER ANY RESULTING EDITS ARE MADE  
 , THE 990 IS MADE AVAILABLE FOR REVIEW TO ALL VOTING MEMBERS OF THE BOARD  
 OF REGENTS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:  
 THE CONFLICT OF INTEREST POLICY REQUIRES THAT ALL DECISIONS BY THE  
 UNIVERSITY OF PORTLAND'S BOARD OF REGENTS AND ITS OFFICERS BE MADE IN THE  
 BEST INTERESTS OF THE UNIVERSITY. IF A REGENT OR OFFICER HAS A PERSONAL  
 INTEREST IN A TRANSACTION, THEY MUST FULLY DISCLOSE THE NATURE OF THAT  
 INTEREST AND REFRAIN FROM VOTING ON THE MATTER. EACH YEAR, THEY MUST ALSO  
 SUBMIT A STATEMENT CONFIRMING WHETHER THEY HAVE ANY CONFLICTS OR DISCLOSING  
 THEM IF THEY DO. A CONFLICT OF INTEREST INCLUDES SITUATIONS WHERE THE  
 INDIVIDUAL OR THEIR IMMEDIATE FAMILY HAS A PARTNERSHIP ROLE, LEADERSHIP  
 POSITION, OR FINANCIAL STAKE IN AN ENTITY INVOLVED IN A TRANSACTION UNDER  
 CONSIDERATION. ALL DISCLOSURES MUST BE SUBMITTED IN WRITING TO THE VICE  
 PRESIDENT OF FINANCIAL AFFAIRS, AND ANY VIOLATIONS OR DISPUTES ARE REFERRED  
 TO THE UNIVERSITY PRESIDENT AND THE CHAIR OF THE BOARD FOR APPROPRIATE  
 ACTION.

Name of the organization UNIVERSITY OF PORTLAND	Employer identification number 93-0401259
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FORM 990, PART VI, SECTION B, LINE 15:

THE SALARIES OF ALL OFFICERS AND KEY EMPLOYEES ARE REVIEWED BY THE AUDIT SUBCOMMITTEE OF THE BOARD OF REGENTS ANNUALLY. ALL SALARIES, EXCEPT THE MEN'S BASKETBALL HEAD COACH, ARE COMPARED TO COLLEGE & UNIVERSITY PERSONNEL ASSOCIATION BENCHMARKS, 990 DATA FROM COMPARABLE INSTITUTIONS, AND INTERNAL COMPENSATION HISTORY FOR THE POSITION. SALARIES FOR THE MEN'S BASKETBALL HEAD COACH AND VP FOR ATHLETICS ARE COMPARED WITH THE COUNTERPARTS SALARIES OF TEAMS IN THE WEST COAST CONFERENCE AND INTERNAL COMPENSATION HISTORY FOR THE POSITION.

FORM 990, PART VI, SECTION C, LINE 19:

THE UNIVERSITY'S FINANCIAL STATEMENTS ARE AVAILABLE ON [HTTPS://WWW.UP.EDU/CONTROLLER/RESOURCES/INDEX.HTML](https://www.up.edu/controller/resources/index.html). GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

**SCHEDULE R  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization <p align="center">UNIVERSITY OF PORTLAND</p>	Employer identification number <p align="center">93-0401259</p>
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**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part 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	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
NORTHWEST ACADEMIC COMPUTING CONSORTIUM INC - 84-1172799, 3203 SE WOODSTOCK BLVD SUITE 326, PORTLAND, OR 97202	FOSTER ACADEMIC TECHNOLOGY	OREGON	501(C)(3)	LINE 11	N/A		X
FRIENDS OF SATURDAY ACADEMY - 20-3770321 5000 N WILLAMETTE BLVD PORTLAND, OR 97203	EDUCATION	OREGON	501(C)(3)	LINE 9	UNIVERSITY OF PORTLAND	X	

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

Schedule R (Form 990) (Rev. 1-2025)



**Part V Transactions With Related Organizations.** 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.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				



