Forms 990 / 990-EZ Return Summary

For calendar year 2015, or tax year beginning 07/01/15 , and ending 06/30/16

UNITED ACADEMICS OF THE UNIVERSITY 46-3995696 OF OREGON

Net Asset / Fund Balance at Beginn	ing of Year			305,672
Revenue Contributions Program service revenue Investment income Capital gain / loss Fundraising / Gaming: Gross revenue Direct expenses	1,;	226,363 420 258		
Net income Other income Total revenue		30,015	57,056	
Expenses Program services Management and general Fundraising				
Total expenses Excess / (deficit)			23, 428	133,628
Changes Net Asset / Fund Bal	ance at End of Year			439,300
Reconciliation of Re Total revenue per financial statements_ Less: Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other Total revenue per return	1,257,056	Total expenses per Less: Donated service Prior year adju Losses Other Plus: Investment exp	siments	1,123,428 1,123,428
Assels Liabilities Net assets	Beginning 305, 672 305, 672	Balance Sheet Ending 439,300	Differences	
	Miscellaneous Amended return Return / extended due dat Failure to file penety			

IRS e-file Signature Authorization 8879-EC OMB No. 1545-1876 for an Exempt Organization 7/01 2015 and ending 6/30 20 16 For calendar year 2015, or fiscal year beginning Do not send to the IRS. Keep for your records. Department of the Treasury Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo. Internal Revenue Service Employer Identification number Name of exempt organization UNITED ACADEMICS OF THE UNIVERSITY OF OREGON 46-3995696 Name and title of officer BILL HARBAUGH TREASURER Type of Return and Return Information (Whole Dollars Only) Part I Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return, if you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I. 1a Form 990 check here Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 1, 257, 056 b Total revenue, if any (Form 990-EZ, line 9) 2b ____ 2a Form 990-EZ check here b Total tax (Form 1120-POL line 22) 3a Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 4a Form 990-PF check here b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) 5b 5a Form 8868 check here Part II Declaration and Signature Authorization of Officer Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If apolicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date, I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only JONES & ROTH, to enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the returns disclosure consent screen. Officer's signature Certification and Authentication Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification

number (EFIN) followed by your five-digit self-selected PIN.

93464710086 do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. M-1 (MGS

ERO Must Retain This Form—See Instructions

Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2015)

Form

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2015 Open to Public Inspection

<u> </u>	For the 2015 c					and ending 06/30		-			
B	Check II applicable	C Name of organizati			ADEMICS OF	THE UNIVERSITY		D Employe	r Identifi	ication number	
	Address change			F OREGON				-			
	Name change	Doing business as				175-0		46-3			
₹.	Initial setum	Number and street 872 E 13	*	mail is not deliver	ed to street address)		Room/suite	E Telephor		-4714	
	Final return	City or lown, state		unity, and 71P or i	foreign postal code			341-	030-	-4/14	
	terminated	EUGENE	. ,		OR 97401					1 057 056	
\Box	Amended return	F Name and address	of principal of		UK 97401			G Gross re	e pla\$	1,257,056	
Ħ.	Application punding						H(a) is this a	group return for	aubordinal	tes? Yes X No	
Ш.	Apparation panors	BILL HA					MPs see at			T Yes T No	
		872 E 1	JIN A	VE	02.00	1401		subordinates inc No," attach a Est			
		EUGENE	100		OR 9		- "	W BILBUT E ESI	. 1200 mile	processis)	
	Tax-exempt status:	501(c)(3)		(5)∢	(insert no.)	4947(a)(1) or 527					
		WW.UAUORE		RG/				examplion numb			
		: X Corporation	Trust	Association	Other >	1	L Year of formation	2013	M Stat	le of legal dumicile: OR	
P		ımmary									
		escribe the organi					-8				
9						UNIVERSITY OF					
E S	3209	, AFL-CIO	IS TO	NEGOTIAT	E FOR, REP	RESENT, AND SUI	PPORT THE	INTERES	T OF		
Governance	FACU	LTY IN THE	BARGA	INING UN	IT.						
ò	2 Check th	is box 🕨 🔃 if the	e organizal	ion discontinu	ed its operations	or disposed of more than	25% of its net	assets.			
8	3 Number	of voting member	s of the go	veming body ((Part VI, line 1a)			3	11		
						VI, line 1b)			11		
養	5 Total nur	mber of individuals	s employed	in calendar v	ear 2015 (Part V.	line 2a)		5	3		
Activities		mber of volunteer							50		
<			•	**						0	
										0	
_	D IVEL CIME	inted positiess (E)	COLUMN TOUR	ie nom rom	230-1, RIIE 34		Prior			Current Year	
	8 Contribut	tions and grants (Part VIII. lis	ne 1h)			7 1	64,221		1,226,363	
Revenue		service revenue		1,157,1257		**********************	6.3			420	
ş					and 7d)	*********************		216		258	
æ		venue (Part VIII, c					2	21,686		30,015	
						(A) line 12)		86,123			
		nd similar amount			(A) Sees 4 31			00,220		0	
		paid to or for mer		6.53	100	*******	20			Ö	
	45 Polocina					A), lines 5–10)	1	69,954		240,858	
Expenses	16a Professio	anal fundraising fo	es (Part IX	column (A)	line 11e)		2.	03,301		0	
듄	b Total fun	draising expenses				0					
ŭ	17 Olber ex	penses (Part IX,		0.9	*****			96,421		882,570	
						ne 25)		66,375	-	1,123,428	
		less expenses. S				10 20)		19.748		133.628	
- i		1033 CAPO-1303. C	JOSEPH III	o to nom ma	12,		Beginning of			End of Year	
Assatts or	20 Total ass	sets (Part X, line 1	(6)					05,672		439,300	
4	21 Total liab	oilities (Part X, line	1000000000	***********				0		0	
#	3	ts or fund balance	27.1.1.1	l line 21 from	line 20		97	05,672		439,300	
P		gnature Bloc							}		
_				amined this retu	m. Including accom	panying schedules and state	ements, and to the	best of my k	nowledo	e and helief it is	
						Information of which prepa					
		001	11	1451					4	12/12	
Sig	ın 🏲 🤅	Signature of officer		-	E 0.859			Date	1	4	
He		BILL HA	RBAUGE	1		TREA	ASURER			1	
		Type or print name and		•		21144	ormir				
	and the second	o preparer's name			Preparer's signature		Date	Check		PTIN	
Pai		S. DUNCAN					1/4	10	mployed	P00036435	
	DOCUTE TO THE PARTY OF THE PART	7.0	NES &	ROTH,	P.C.					3-0819646	
	Only			10086	1.0.			Firm's EIN >	Э.	7-0013040	
	1				7440				E 4	1_697_2220	
14	Firm's a		JGENE,			one)		Phone no.	54.	1-687-2320	
_		ss this return with				viis) ,	*************			X Yes No	
LOL	raperwork Red	luction Act Notice,	200 ING 26	parate instruct	ions.					Form 990 (2015)	

Form 990 (2015) UNITED ACADEM		46-3995696	Page 2
Part III Statement of Program	Service Accomplishments		
	ntains a response or note to any line	in this Part III	X
	D ACADEMICS OF THE UNI NEGOTIATE FOR, REPRESE	NT, AND SUPPORT T	
6 Pid the association contents are also	Manage and the control while	the second man the second man the second	
prior Form 990 or 990-EZ? If "Yes," describe these new services or 3 Did the organization cease conducting,	or make significant changes in how it conduc	cls, any program	
services?			Yes X No
	rvice accomplishments for each of its three is (4) organizations are required to report the a		-
3209, AFL-CIO IS TO PACULTY IN THE BARGA UNIVERSITY OF OREGON CONDUCTED BY A PANEL REPRESENTATIVES. PREPARING AND ENGAGINGS OF THE UNION'S AVERTAGE O	including grants of \$ D ACADEMICS OF THE UNITAL NEGOTIATE FOR, REPRESE INING UNIT. WE COLLECT WHICH OCCURS EVERY THE OF UNIVERSITY FACULTY OF UNIVERSITY FACULTY BARGA CTIVITY. ENFORCEMENT ING PROCESS WHICH TAKE.	VERSITY OF OREGON NT, AND SUPPORT T TIVELY BARGAIN WI REE YEARS. BARGA AND UNIVERSITY C AINING CONSTITUTES OF THE COLLECTIVE	, AAUP-AFT LOCAL HE INTEREST OF TH THE INING IS OF OREGON APPROXIMATELY BARGAINING
COUNCIL AND MEET MONT	O GROUP OF FACULTY MEM FHLY AT A MINIMUM. (CO including grants of \$	NTINUED ON SCHEDU	LE O)
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4c (Code:) (Expenses \$	including grants of \$) (Reven	ue \$
+ ****************************	***************************************		
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7 144114 14414 14414 14414 14414 14414 14414 14414 14414 1441			

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* *************************************			
* *************************************			
4d Other program services (Describe in So	:hedule O.)		
(Expenses \$	including grants of \$) (Revenue \$)
A			

Page 3 Checklist of Required Schedules Yes No is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 complete Schedule A X is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? X 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part t 3 X Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II A is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues. assessments, or similar amounts as defined in Revenue Procedure 98-197 if "Yes," complete Schedule C. X 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I X 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," comolete Schedule D. Part III X ₿ Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt regotiation services? If "Yes," complete Schedule D. Part IV 9 Х Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D. Part V 10 х If the organization's answer to any of the following questions is "Yes," then complete Schedule D. Parts VI. VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its lotal assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Х 115 Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Parl X, line 16? If "Yes," complete Schedule D, Part VIII Х 116 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d Did the organization report an amount for other liabilities in Part X, line 257 If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12a Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Х 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Х 18

Did the organization report more than \$15,000 of gross income from parning activities on Part VIII, time 9a?

If "Yes," complete Schedule G, Part III

Pa	art IV Checklist of Required Schedules (continued)			
70-	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No X
20a	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	205		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	100		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	<u> </u>		
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	1	- 9	
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
£	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		-
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	ì		
	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	114		
	current or former officers, directors, trustees, key employees, highest compensated employees, or	1		1
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	1		1
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	1		
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		Y-	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	1		
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	l		١,,
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	 	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	-	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	l		١,,
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	۱.,		۱.,
	Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31	\vdash	Х
32	- 60 - 10 10	32		X
32	complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		┢ᢚ
33		33		Х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	33		 ^
34		34		x
35a	or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	302	\vdash	┢ᢚ
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35ь		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	305		\vdash
30		36		
37	related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization			\vdash
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	1		
	Part VI	37	l	x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	T-		
_=	19? Note. All Form 990 filers are required to complete Schedule O.	38	x	
			-	D mose

	rt V Statements Regarding Other IRS Filings and Tax Compliance	1696				age 5
Fe	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part \	/				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Enter -0- if not applicable	1a	8	1000		
þ	Enter the number of Forms W-2G included in line ta. Enter -0- if not applicable	1b	0	100		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			4.		
20	reportable gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	7	***************************************	1c	ALC: N	-
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	3	100	Yall.	
ь	If at least one is reported on line 2s, did the organization file all required federal employment tax retu			2b	х	-
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	0.77		1 100	1000	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	nd a		3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule	O.		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	ity		111	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial)	nancial		4a		Х
b	If "Yes," enter the name of the foreign country. ▶					
	See Instructions for filing requirements for FInCEN Form 114, Report of Foreign Bank and Financial (FBAR).	Accoun	its			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b		X
C	If "Yes" to line 5a or 5b, did the organization life Form 8886-T?	vogrenes.		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he				24
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a	-	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or				
	gifts were not tax deductible?	******		, Ģb		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods			- 9	
	and services provided to the payor?			7a		Х
b	If 'Yes," did the organization notify the donor of the value of the goods or services provided?			7Ь		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as				12
d	required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d	**************	7c		X
e	Did the organization receive any funds, directly or Indirectly, to pay premiums on a personal benefit		2	7e	- 2	Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			76		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		9 as required?	70		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		1411411	7h		X
8	Sponsoring organizations maintaining donor advised funds, Did a donor advised fund maintaining				11113	5 9
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.				44.QJ	
2	Did the sponsoring organization make any taxable distributions under section 4966?	******	*****	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	******		9b		
10	Section 501(c)(7) organizations. Enter:		enventracework coordinates inco-			
2	Initiation fees and capital contributions Included on Part VIII, line 12	10a		- 100		
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11_	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	المدا				-01
a b	Gross income from other sources (Do not net amounts due or paid to other sources	11a	-	- 89		
	against amounts 'due or received from them.)	11b		100		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	$\overline{}$,	12a		15.00
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	***************************************	160		1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			-	_3	
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the Instructions for additional information the organization must report on Schedule O.			-	0.3	
ь	Enter the amount of reserves the organization is required to maintain by the states in which			199		14.1
	the organization is licensed to issue qualified health plans	13b				
C	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O	**************	14b		
DAA				Fo	m 990	J (2015)

-	The organizations CEO, Executive Director, or top management official	ш
b	Other officers or key employees of the organization	Ŀ
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	
10	with a taxable entity during the year?	ŀ
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	6
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	1
	organization's exempt status with respect to such arrangements?	ŀ
Sec	ction C. Disclosure	
17	List the states with which a copy of this Form 990 is required to be filled ▶ NONE	123
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 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 X Another's website X Upon request Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	
	financial statements available to the public during the lax year.	
	State the name, address, and telephone number of the person who possesses the organization's books and records:	
20		
	RISTY HAMMOND 872 E 13TH AVE	

Form 990 (2015)	UNITED	ACADEMICS	OF TH	E UNIVERSITY	46-3995696	Page 7
Part VII (Compensatio	on of Officers,	Directors,	Trustees, Key E	nployees, Highest	Compensated Employees, and
	ndependent	Contractors				_
(Check if Scho	edule O contains	a respons	se or note to any li	ne in this Part VII	

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - . List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, 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.
 List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per week (list any	(G) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated emount of other compensation	
	hours for related organizations below dolled (ine)	or director	institutional bustue	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and retaled organizations	
(1) MICHAEL DREILING		Т			Г	П					
PRESIDENT	20.00	X		x				0	0	C	
(2) CRISTINA CALHOO											
	8.00										
EXECUTIVE VP	0.00	X		Х	_	Ш		0	0	0	
(3) GRETCHEN SODERLY	570										
	8.00			.,							
SECRETARY (4) BILL HARBAUGH	0.00	X		Х		Н		0	0	0	
(4) DILL NARDAUGH	8.00								10 11 11 11		
TREASURER	0.00	x		x				0	0	0	
(5) KAREN MCPHERSON	0.00	11		**		Н		-			
	8.00										
MEMBER	0.00	X						0	0	0	
(6) MICHAEL URBANCIO							2				
	8.00										
MEMBER	0.00	X			L	Н	-	0	01	0	
(7) MIKE STRAIN	0.00					П					
MEMBER	8.00	x						0	o	0	
(8) DANIEL HOSANG	0.00	+^	-	Н	H	Н		U U	- 0	U	
(4) DANTED INCOMING	8.00				-	10	υI		- 8		
MEMBER	0.00	1x				Ш	^	اه	ol	0	
(9) HEATHER QUARLES		1					\neg		TV.		
	8.00					Ш		1			
MEMBER	0.00	X						0		0	
(10) CHRIS SINCLAIR											
	8.00	١									
MEMBER	0.00	X	⊢	<u> </u>	_			0	0	0	
11) JOE LOWNDES	0 00										
MEMBER	8.00	X						o	o		
DAA	0.00	1 1		_				- 0	U]	Form 990 (2015	

(A) Name and little	(B) Average tiours per week (list any	box, unless person is both officer and a director/truste						(D) Reportable compensation from the	(E) Reportable compensation from related organizations	21 21	(F) Estimated amount of other compensation	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Famer	organization (w-2/1099-MISC)	(W-2/1099-MISC)	erg an	rom the panization of relater anization	d
(12) DAVID CECIL	40.00					Ť						-1102
EXECUTIVE DIRECTOR	0.00			X		H		85,900	0		12	2,315
							-	- 85				
								N n 1				-
						L						
to Sub-total c Total from continuation shed d Total (add lines 1b and 1c)	ets to Part VII,	Sect	ion 4	Α			A A A	85,900 85,900				2,315 2,315
Total (add lines to and te) Total number of individuals (in reportable compensation from				thos	e lis	ted a	_		\$100,000 of			2,313
3 Did the organization list any for employee on the 1a? If "Yes," 4 For any individual listed on line organization and related organization and related organizations of the organization	ormer officer, dir complete Sche e 1a, is the sum nizations greater 1a receive or ac	ector dule of n than	, or J for epor \$15	table 50,00	ch in cor 207 (dividi npen If "Ye n fro	ual Isalik Is, M a	on and other compensation complete Schadule J for su ny unrelated organization or	from the		3 4	X X
Section B. Independent Contractor 1 Complete this table for your fi	ers								then \$100,000 of			
compensation from the organi								<u>far year ending with or with</u>		er.	Comp	(C) ensation
	8			0					7			
2 Total number of independent	contractors (incl.	ıding	but	not	limit	ed to	the	se listed above) who		_		
received more than \$100,000	of compensation	n fron	n th	e on	ganiz	zation	n ▶	•	0		F	990 (2015

9.1		O COLLIGIATION IN LOOP I	onse or note to any line in		(C)	(0)
			Total revenue	(B) Related or exampt function revenue	Unrelated business revenue	Revenue excluded from lax under sections 512-514
1a	Federated campaigns	1a		1713133	1 - 31 0	312-314
	Membership dues	1b 1,213,	. 663			
8 0	Fundraising events	1c			-1- 100 -4	0 5000
a a	Related organizations	1d			SCOVE FO	
	Government grants (contributions)	1e				V 18 18 18 18 18 18
] 1	All alter contributions, gifts, grants,					and the second of
	and similar amounts not included above	11 12,	700		271 100 100 100 100	1
9 9	Noncesh contributions included in lines t				ST. 1577.75	
i h	Total. Add lines 1a-1f		1,226,363			
2a b		Bush	Code		CALL IN THE	
22	SERVICE REVENUE		420	420		
b		2003				
c						
d						
	All other program service rev					
9	Total. Add lines 2a-2f		. ▶ 420		4	
3						
	and other similar amounts)	*******************	▶ 258			258
4	Income from investment of ta	x-exempt bond procees	ds▶			
5	Royalties					
	(i) Float	(ii) Personal				
6a	Gross rents 30	,015				
ь	Loss: rental exps.					
C	14 (A. 12) 13 (A. 14)	,015				
d 7a	Net rental income or (loss)		30,015			30,015
''	tales of assets (i) Securities	(ii) Other				
-	other than inventory			The same of		
þ	Less: cost or other					
-	basis & sales exps					
	Gain or (loss)				, Alexander St.	
			•			
_ Ba	Gross income from fundralsing av	rents			S Y 81	
1	(not including \$					
	of contributions reported an line 1		the state of the s			
١.	See Part IV, line 16	a			MI, 1200 -	64 PV
	Less: direct expenses			3 3 3 4		
	Net income or (loss) from fur			A-14		
9a	Gross income from gaming activity					S. 10 X - 10
١.	See Part IV, line 19					100 A 200 - 11
	Less: direct expenses Net income or (loss) from ga	b				
108	Gross sales of inventory, less	•				
١.	returns and allowances	a				
	Less: cost of goods sold	***				No. of the second
۳	Net income or (loss) from sal		Code			
11a			- word			
b						
ءُ ا	* ***********************					
[]	All other revenue					
	Total. Add lines 11a-11d		•			of a final parameter
	144.5		1,257,056	420	0	20 275
16	Total revenue. See instruction	Uriak	. F 1 1,231,030	420	0	30,273

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(6) Program service	(C) Management and	(0) Fundatising
			expenses	general expenses	expenses
1					
	and domestic governments. See Part IV, line 21				
2					
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV. lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	101 256		l I	
_	trustees, and key employees	101,356			
6	Compensation not included above to disqualified			1	
	persons (as defined under section 4955(f)(1)) and			1	
	persons described in section 4958(c)(3)(8)	20 100			
7	Other salaries and wages	92,103			
8	Pension plan accruals and contributions (include	44 000			
	section 401 (k) and 403 (b) employer contributions)	11,982			
9	Other employee benefits	19,136			
10	Payroll taxes	16,281			
11	Fees for services (non-employees):				
а	Management				114
þ	Legal	45,693		,	
C	Accounting	9,700			
d					
8	Professional fundralsing services. See Part IV, line 17	. 6			
F	Investment management fees	22(5)(7)(5)(0)			
9					
	(A) amount, list line 11g expenses on Schedule O.)	3,607			:0
12		695			
13	Office expenses	12,812			
14	Information technology		THE PARTY OF		
15	Royalties				
16	Occupancy	13,200			-
17	Travel		7 0		
18	The second secon	- 1			
	for any federal, state, or local public officials				
19	The second secon	28,701			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,077	9.		
24	Other expenses, Itamize expenses not covered				
	above (List miscellaneous expenses in line 24e, N				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
a	DEPOSITION	746,772			
b	17. 4 4 1 1 5 X 5 X 5 X 5 X 5 X 5 X 5 X 5 X 5 X	8,546			
c	BARGAINING	4,725		V 7700-1115-	
d	MISCELLANEOUS	3,000			- Chris - 100000 Unit 1000
e	All other evenues	4,042			
		1,123,428	0	o	0
25 25	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	1,123,420		V	
20	organization reported in column (8) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here 4			1	
DAA	remaining wat were produced and the second				Form 990 (2015)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X. **(B)** Beginning of year End of year 23,137 Cash—non-interest bearing 54,452 2 Savings and temporary cash investments 278,430 2 384,848 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis, Complete Part VI of Schedule D 10a b Less: accumulated depreciation 106 10c Investments—publicly traded securities 11 Investments-other securities. See Part IV, line 11 12 Investments—program-related. See Part IV, line 11 13 13 14 Intangible assets 14 4,105 15 Other assets. See Part IV, line 11 15 439,300 16 Total assets. Add lines 1 through 15 (must equal line 34) 305,672 16 Accounts payable and accrued expenses 17 17 Grants payable 18 18 Deferred revenue 19 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 0 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here or Fund Balances complete lines 27 through 29, and lines 33 and 34, 304,349 433.824 27 Unrestricted net assets 27 Temporarily restricted net assets 323 28 5,476 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34, Vet Assets Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 305,672 439,300 33 Total net assets or fund balances 305,672 439,300 Total liabilities and net assets/fund batances

Form 990 (2015) UNITED ACADEMICS OF THE UNIVERSITY 46-3995696			Pag	ge 12
Part XI Reconciliation of Net Assets				
Check if Schedule O contains a response or note to any line in this Part XI		1 05		<u>. []</u>
1 Total revenue (must equal Part VIII, column (A), line 12)	1	1,25		
2 Total expenses (must equal Part IX, column (A), line 25)	2	1,12		
3 Revenue less expenses. Subtract line 2 from line 1	3			628
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u> </u>	J5, (<u>672</u>
5 Net unrealized gains (losses) on investments	5	-		
6 Donated services and use of facilities	6			
7 Investment expenses	7			
8 Prior period adjustments	8			
9 Other changes in net assets or fund balances (explain in Schedule O)	9			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
33. column (B))	10	4.3	<u> 39, :</u>	<u> 300</u>
Part XII Financial Statements and Reporting				
Check if Schedule O contains a response or note to any line in this Part XII	encios estrono			Щ.
1 Accounting method used to prepare the Form 990: X Cash Accrual Other	20	- 3	Yes	Ito
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	_	х
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	31515031	20	- 5	1
reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?		2b	x	
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: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	x	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			201	x
the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	991	(2015)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

2015

Department of the Treasury

Complete if the organization is described below.

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

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

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

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

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Nam	Section 501(c)(4), (5), or (6) organizations: Complete e of organization UNITED ACADEMICS OF OREGON	OF THE UNIVERSITY	Y	Employer ident 46-39956	tification number
Pa	rt I-A Complete if the organization is	exempt under section 501(c) or is a sect		
1 2 3	Provide a description of the organization's direct as Political expenditures Volunteer hours			······································	
Pa	rt I-B Complete if the organization is	exempt under section 501(c)(3).		
1	Enter the amount of any excise tax incurred by the			····· > \$	**********
2	Enter the amount of any excise tax incurred by org	panization managers under section 49	255	> 5	
4.8	If the organization incurred a section 4955 tax, did Was a correction made?	it lile Form 4/20 for this year?			Yes No
l	If "Yes," describe in Part IV.				
Pa	rt I-C Complete if the organization is			tion 501(c)(3).	
1	Enter the amount directly expended by the filing or	ganization for section 527 exempt fur	nction		
2	activities Enter the amount of the filing organization's funds	contributed to other organizations for	section	► \$	
_		outside a color agaittasis to		P.S	
3	Total exempt function expenditures. Add lines 1 an	d 2. Enter here and on Form 1120-P	OL.		
4	line 17b				☐Yes ☐ No.
4 5	line 17b Did the filing organization file Form 1120-POL for the names, addresses and employer identific organization made payments. For each organization the amount of political contributions received that we	this year? cation number (EIN) of all section 527 n listed, enter the amount paid from were promptly and directly delivered t	7 political organizat the filing organizat to a separate politi	ions to which the filing ion's funds. Also enter cal organization, such	Yes No
4 5	line 17b Did the filing organization file Form 1120-POL for the filing organization file Form 1120-POL for the names, addresses and employer identific organization made payments. For each organization	this year? cation number (EIN) of all section 527 n listed, enter the amount paid from were promptly and directly delivered t	7 political organizat the filing organizat to a separate politi	ions to which the filing ion's funds. Also enter cal organization, such	(a) Amount of political contributions received and promptly and disectly delivered to a separate political organization. If none, enter -0
(1)	line 17b Did the filing organization file Form 1120-POL for the filing organization file Form 1120-POL for the the names, addresses and employer identific organization made payments. For each organization the amount of political contributions received that was a separate segregated fund or a political action.	this year? cation number (EIN) of all section 527 in listed, enter the amount paid from vere promptly and directly delivered to committee (PAC). If additional space	7 political organizal the filing organizal to a separate politi t is needed, provid	tions to which the filing ion's funds, Also enter cal organization, such a Information in Part IV.	(a) Amount of political contributions received and promptly and discrity delivered to a separate political organization. If
_	line 17b Did the filing organization file Form 1120-POL for the filing organization file Form 1120-POL for the the names, addresses and employer identific organization made payments. For each organization the amount of political contributions received that was a separate segregated fund or a political action.	this year? cation number (EIN) of all section 527 in listed, enter the amount paid from vere promptly and directly delivered to committee (PAC). If additional space	7 political organizal the filing organizal to a separate politi t is needed, provid	tions to which the filing ion's funds, Also enter cal organization, such a Information in Part IV.	(a) Amount of political contributions received and promptly and discrity delivered to a separate political organization. If
(1)	line 17b Did the filing organization file Form 1120-POL for the filing organization file Form 1120-POL for the the names, addresses and employer identific organization made payments. For each organization the amount of political contributions received that was a separate segregated fund or a political action.	this year? cation number (EIN) of all section 527 in listed, enter the amount paid from vere promptly and directly delivered to committee (PAC). If additional space	7 political organizal the filing organizal to a separate politi t is needed, provid	tions to which the filing ion's funds, Also enter cal organization, such a Information in Part IV.	(a) Amount of political contributions received and promptly and discrity delivered to a separate political organization. If
(1)	line 17b Did the filing organization file Form 1120-POL for the filing organization file Form 1120-POL for the the names, addresses and employer identific organization made payments. For each organization the amount of political contributions received that was a separate segregated fund or a political action.	this year? cation number (EIN) of all section 527 in listed, enter the amount paid from vere promptly and directly delivered to committee (PAC). If additional space	7 political organizal the filing organizal to a separate politi t is needed, provid	tions to which the filing ion's funds, Also enter cal organization, such a Information in Part IV.	(a) Amount of political contributions received and promptly and discrity delivered to a separate political organization. If
(1)	line 17b Did the filing organization file Form 1120-POL for the filing organization file Form 1120-POL for the the names, addresses and employer identific organization made payments. For each organization the amount of political contributions received that was a separate segregated fund or a political action.	this year? cation number (EIN) of all section 527 in listed, enter the amount paid from vere promptly and directly delivered to committee (PAC). If additional space	7 political organizal the filing organizal to a separate politi t is needed, provid	tions to which the filing ion's funds, Also enter cal organization, such a Information in Part IV.	(a) Amount of political contributions received and promptly and discrity delivered to a separate political organization. If

Schedule C (Form 990 or 990-EZ) 2015 UNI Part II-A Complete If the orga					Page ction under
section 501(h)). A Check ▶ ☐ if the filing organization name, address, El B Check ▶ ☐ if the filing organization	N. expenses, and s	share of excess lo	bbying expendit	ures).	ıp member's
Limits on t	obbying Expendi	tures		(a) Filing	(b) Affiliated group totals
The term "expenditures 1a Total lobbying expenditures to influence			E-COMPANIANA	brigatic source cours	group toma
b Total lobbying expenditures to influence c Total lobbying expenditures (add lines to d Other exempt purpose expenditures e Total exempt purpose expenditures (add	a legislative body (dire la and 1b)	act lobbying)			
f Lobbying nontaxable amount, Enter the columns.					
If the amount on line 1e, column (a) or (b) is: The lobbying no	ntaxable amount is:		A IS NEW YORK	A LOCATION
Not over \$500,000	20% of the amour	nt on line 1e.	(,)		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15	% of the excess over \$50	0.000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 101	% of the excess over \$1.	.000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5%	of the excess over \$1.5	00.000		
Over \$17,000,000	\$1,000,000				
j If there is an amount other than zero or reporting section 4911 tax for this year's (Some organizations that ma	4-Year Averag ade a section 501(h	ing Period Under s	ection 501(h) ave to complete	all of the five colum	Yas N
	Lobbying Expendite	ures During 4-Year	Averaging Peri	xd	
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(e) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount			.0150		
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					

Schedule C (Form 990 or 980-EZ) 2015

Schedule C (Form 990 or 990-EZ) 2015 UNITED ACADEMICS OF THE UNIVERSITY 46-Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT				F	Page 3
(election under section 501(h)).	l fs	a)	(b		
For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No	Amo		
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements?					
d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes?	\vdash				
g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	1 1				
Other activities? Total. Add lines 1c through 1i					
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b if "Yes," enter the amount of any tax incurred under section 4912 c if "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d if the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6).	c)(5),	or se	ection		
1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501			3	X	X
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."				3, is	
 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year 		1 Za			
b Carryover from last year c Total	*****	2b 2c			
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		3			
and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions)		4 5			
Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.					

Schedule C (Form	1990 or 990-EZ) 2015	UNITED	ACADEMICS	OF THE	UNIVERSITY	46-3995696	Page 4
Part IV	Supplemental	Information	(continued)				
	**************	*************	***************				

+		************					**********
		1	***************				************
		144324444444444			***************************************		ALEXCOST MATERIALS.
		************				***************************************	

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SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990.

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990. Information about Schedule D (Form 990) and its Instructions is at www.irs.gov/form990. OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

UNITED ACADEMICS OF THE UNIVERSITY

Employer Identification number

OF OREGON 46-3995696 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 Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of fand for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d. Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation essement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. 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 SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items;

Assets included in Form 990, Part X .

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

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

(ii) Assets included in Form 990, Part X

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Schedule D (Form 990) 2015 UNITED A	CADEMICS OF	THE UNIV	ERSITY	46-3995	696		age 2
Rart III Organizations Maintaining	Collections of	Art, Historical	Treasures,	or Other Sit	milar Assets	(continued)	
3 Using the organization's acquisition, accessi collection items (check all that apply);	on, and other records	s, check any of the f	iollowing that a	are a significant i	use of its		
a Public exhibition	a 🗔	Loan or exchange p	vograms				
b Scholarly research	e 🗔	Other			22272222010		
c Preservation for future generations							
4 Provide a description of the organization's o XIII.	ollections and explain	how they further th	e organization	's exempl purpo	se in Part		
5 During the year, did the organization solicit	or receive donations	of art. historical treas	sums, or othe	r similar			
assets to be sold to raise funds rather than						Yes	No
Part IV Escrow and Custodial A							
Complete if the organization 990, Part X, line 21.	n answered "Yes"	on Form 990, F	Part IV, line	9, or reported	d an amount o	on Form	
1a is the organization an agent, trustee, custoo	ian or other intermed	llary for contributions	or other asse	ets not		- 8	
included on Form 990, Part X7						Yes	No
b If "Yes," explain the arrangement in Part XII	I and complete the fo	ollowing table:					
						Amount	
c Beginning balance	*************	******			le le		
d Additions during the year	*********	**********		************	1d		
Distributions during the year					1e		
f Ending balance	************	**************			1f		
2a Did the organization include an amount on				1,5,5,5,5	4 4 5 4 4 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7		No
b If "Yes," explain the arrangement in Part XII	I. Check here if the e	xplanation has been	provided on I	Part XIII			<u> </u>
Part V Endowment Funds. Complete if the organization	n answered "Yes"	on Form 990, F	Part IV, line	10.			
	(a) Current year	(b) Prior year	(c) Two y	ears back (d)	Three years back	(e) Four years	back
1a Beginning of year balance							
b Contributions							
c Net investment earnings, gains, and losses							
d Grants or scholarships							
e Other expenditures for facilities and			1				
programs		,					
f Administrative expenses							
g End of year balance							
2 Provide the estimated percentage of the cui	rent year end balanc	e (line 1g, column (a)) held as:				
a Board designated or quasi-endowment	%						
b Permanent endowment ▶ %							
c Temporarily restricted endowment ▶	%						
The percentages on lines 2a, 2b, and 2c sh							
3a Are there endowment funds not in the poss	ession of the organiza	ation that are held a	nd administere	ed for the		_	
organization by:						Yes	No
(i) unrelated organizations		*******	*********		*****	3a(i)	_
(ii) related organizations		****			******	3a(ii)	<u> </u>
b If "Ves" on line 3a(ii), are the related organi	zations listed as requ	ired on Schedule R?	*********		************	3b	
4 Describe in Part XIII the intended uses of the		owment funds.	navean numerum				
Part VI Land, Buildings, and Equ Complete if the organization		' on Form 990, F	art IV. line	11a. See For	m 990, Part)	(, line 10.	
Dascription of property	(a) Cost or other		or other basis	(e) Accumi		(d) Book value	
	(envestment)	6	other)	depreciat	tion		
1a Land							
b Buildings							
c Leasehold improvements		i					
d Equipment		i			1 _		
e Other		1	00	1			
Total, Add lines 1a through 1e. (Column (d) must		rt X. column (B). line	10c.)				

Schedule D (F	orm 990) 2015 UNITED ACADEMICS OF T	HE UNIVERSITY	46-3995696	Page :
EL GILLAND	Complete if the organization answered "Yes" on	Form 990, Part IV, line	e 11b. See Form 990, Part X	, line 12.
	(a) Description of security or category	(b) Book value	(e) Method of valuation	n,
	(including name of security)		Cost or end-of-year market	Value
(1) Financial			I Best I be I be I be I	
	ld equity interests			
(3) Other				2 0 10
(A)			1000	
(B)				
(C)				
(D) (Ē)				
(F)				
(G)				
(H)	***************************************	Early Exc.		
	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII	Investments—Program Related.		W ====================================	1177
	Complete if the organization answered "Yes" on	Form 990, Part IV, line	e 11c. See Form 990, Part X	line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuatio Cost or end-of-year market	n
(1) =			_ ^	
(2)				
(3)				
(4)	301	76		
(5)				
(6)				
(7)		N I SHEET		
(8)				
(9)			The state of the s	
	n (b) must equal Form 990, Part X, col. (8) line 13.) ▶	BELLEVILLE AND THE	DAMESTER LINE	
Part IX	Other Assets.	Carro COO Deat IV I'm	444 See Fee 200 Best V	Dan 4C
_	Complete if the organization answered "Yes" on	FOITH 990, Part IV, IIIR	a Tid. See Folin 990, Part A	, IIITE TO.
(1)	fall record from			Inh book same
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)	·			
(9)			(E E E E	
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 15.)		.	
Part X	Other Liabilities. Complete if the organization answered "Yes" on line 25.	Form 990, Part IV, line	e 11e or 11f. See Form 990,	Part X,
1.	(a) Description of liability	(b) Book value		
	income taxes	(0) 2007		
(2)	HELDS IN TERROR	 	12.1	
(3)				
(4)		11		
(5)	<u> </u>	_		
(6)			- TAN ALV NOT HE	
(7)		.0		
(8)	<u></u>	_ =		
(9)			had the same of th	
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 25.) ▶			

Sche	chule D (Form 990) 2015 UNITED ACADEMICS OF THE UNIV				Page 4
Pa	irt XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per R	eturn.	W - 1 -
	Complete if the organization answered "Yes" on Form 990, P	art IV, line	12a.		
1	Total revenue, gains, and other support per audited financial statements		*****************	-1-	1,257,056
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
ь	Donated services and use of facilities	2b		11-35	
C	Recoveries of prior year grants	2c		#1211	
d	Other (Describe in Part XIII.)	2d			
	Add lines 2a through 2d		na	2e	
3	Subtract line 2e from line 1			3 (1,257,056
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			197	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a .			
	Other (Describe in Part XIII.)				
C	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		******************	5	1,257,056
Pa	art XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per	Return	•
	Complete if the organization answered "Yes" on Form 990, P	Part IV, line	12a.		
1	Total expenses and losses per audited financial statements			1	1,123,428
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	MODESTALISM STA			
а	Donated services and use of facilities	2a			
b		2b			
c		2c			
d	Other (Describe in Part XIII.)	2d]	
	Add lines 2a through 2d			2e	<u> </u>
3	Subtract line 2e from line 1			3	1,123,428
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
ь					
c	Add lines 4a and 4b			4c	
- 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,123,428
	urt XIII Supplemental Information.				
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part Λ	/, lines 1b an	nd 2b; Part V, line 4;	Part X, lin	e
2; Pa	art XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide	any addition	al information.		

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Schedule D (F	orm 990) 2015	UNITED ACADE	MICS OF	THE ONIV	ERSITY 4	6-3995696	Page 5
Part XIII	Supplemen	tal information (con	itinued)	HOLD-IN W	DU BUILDING	The second second	E HERLINGTHES
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

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

UNITED ACADEMICS OF THE UNIVERSITY

Employer Identification

OF OREGON

OMB No. 1545-0047

2015

Open to Public Inspection

Employer Identification number 46-3995696

FORM 990, PART I, LINE 6

VOLUNTEERS SERVE ON COMMITTEES THAT FURTHER THE ORGANIZATION'S VISION AND MISSION AND AS FACULTY REPRESENTATIVES FOR THEIR UNITS.

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

OTHER ACTIVITIES INCLUDE WORKING TO IMPROVE EDUCATION AT THE UNIVERSITY OF

OREGON. VARIOUS FACULTY MEETINGS THROUGHOUT THE YEAR TO DISCUSS HOW

EDUCATION CAN BE BETTERED AT THE UNIVERSITY ACCOUNT FOR APPROXIMATELY 10%

OF THE UNION ACTIVITY. THE REMAINING ACTIVITY CONSISTS OF OUR WORK TO

ALIGN WITH OTHER ORGANIZATIONS TO IMPROVE WORKING CONDITIONS FOR ALL

WORKING OREGONIANS.

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS
THE MEMBERS ELECT THE OFFICERS OF THE ORGANIZATION.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE EXECUTIVE COUNCIL WILL REVIEW AND APPROVE THE 990 IN THEIR REGULAR
SESSION COUNCIL MEETINGS. THE REVIEW AND APPROVAL WILL BE NOTED IN THE
COUNCIL AGENDA AND MINUTES. THE 990 WILL BE PROVIDED TO THE EXECUTIVE
COUNCIL AT LEAST ONE WEEK IN ADVANCE OF THE MEETING INTENDED FOR REVIEW AND
APPROVAL.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

EXECUTIVE COUNCIL MEMBERS WILL BE PROVIDED ANNUALLY THE CONFLICT OF

INTEREST FORM AND QUESTIONNAIRE, AND ASKED TO DISCLOSE ANY MATTERS THAT

Schedule O (Form 990 Name of the organization					Page 2 Employer Identification number
UNITED ACA	DEMICS OF THE	UNIVERSITY	-		46-3995696
MIGHT GIVE	RISE TO CONF	LICTS UNDER	THE POLICY.	IN ADDIT	ION, EXECUTIVE
COUNCIL ME	MBERS ARE UND	ER AN ONGOIN	G OBLIGATION	N TO DISCI	LOSE NEW INTERESTS
	SIVE RISE TO C				
	TVE RISE TO C	ONFLICIS.			
FORM 990,	PART VI, LINE	15A - COMPI	ENSATION PRO	CESS FOR 1	OP OFFICIAL
THE UNION'	S HIRING COMM	ITTEE EVALU	ATED COMPARA	BLE COMPEN	NSATION SCHEDULES
FOR EXECUT	IVE DIRECTORS	AT SIMILAR	FACULTY LOC	ALS BY CO	NTACTING EXECUTIVE
OFFICERS.				************	***************************************
FORM 990,	PART VI, LINE	15B - COMP	ENSATION PRO	CESS FOR (OFFICERS
THE UNION'	S HIRING COMM	ITTEE EVALUA	ATED COMPARA	BLE COMPEN	NSATION SCHEDULES
FOR UNION	STAFF AT SIMI	LAR FACULTY	LOCALS BY	CONTACTING	EXECUTIVE OFFICERS.
FORM 990,	PART VI, LINE	19 - GOVER	NING DOCUMEN	TS DISCLOS	SURE EXPLANATION
DOCUMENTS	ARE POSTED ON	THE ORGANIZ	ZATION'S WEB	SITE.	
		***************************************	4****************		
		PARTECULAR PROPERTY AND ADDRESS OF THE PARTY A		*****************	
		***************************************			******************************
1 116-11-1		******************			***************************************
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	V	9 3			PAGE 1 OF 1

02222 United Academics of the University
46-3995696 Federal Statements

FYE: 6/30/2016

Taxable Interest on Investments

	Descripti	ion							
			Amount	Unrelat Business	ted Code	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
BANK	INTEREST	200							
		ş	258			14			
	TOTAL	\$	258						

Fund Raising Fund Raising n Management & Management & General General Form 990. Part IX, Line 11g - Other Fees for Service (Non-employee) Form 990, Part IX. Line 24e - All Other Expenses 2,550 844 3,607 4,042 Program Service Program Service Federal Statements S 844 2,550 3,607 2,763 4,042 Expenses Expenses Total Total S 02222 United Academics of the University CHARITABLE CONTRIBUTIONS PAYROLL ADMINISTRATION OTHER PROFESSIONAL FEES Description Description TAXES & LICENSES BANK CHARGES FYE: 6/30/2016 TOTAL TOTAL 46-3995696 CLEANING

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