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	2021 INCOME TAX RETURNS
Ur	nited Academics of the University

Forms 990 / 990-EZ Return Summary

For calendar year 2021, or tax year beginning 07/01/21 , and ending 06/30/22

UNITED ACADEMICS OF THE UNIVERSITY 46-3995696 OF OREGON

Net Asset / Fund Balance at Beginning of Year		687,782
Revenue		
Contributions	855,364	
Program service revenue		
Investment income	4,518	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue		
Direct expenses		
Net income		
Other income	609,161	
Total revenue	1,469,043	
Expenses		
Program services		
Management and general		
Fundraising		
Total expenses	<u>984,559</u>	
Excess / (deficit)		484,484
Changes	kpayer Copy	-81,092
Net Asset / Fund Balance at End of	Year OOP y	1,091,174
Reconciliation of Revenue Total revenue per financial statements Less: Unrealized gains Donated services Recoveries Other Plus:	Reconciliation of Total expenses per financial stateme Less: Donated services Prior year adjustments Losses Other Plus:	
Investment expenses Other	Investment expenses Other	
Total revenue per return 1,469,		984,559
	Total expenses per return	
Assets 687, Liabilities Net assets 687,		392_
Misco Amended return	ellaneous Information	



CPAs and Business Advisors
PO Box 10086
Eugene, OR 97440
541-687-2320

May 12, 2023

CONFIDENTIAL

United Academics of the University 603 East 13th Ave Eugene, OR 97401

We have prepared the enclosed returns from information provided by you without verification or audit. We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

Federal Filing Instructions

Your Form 990 for the year ended 6/30/22 shows no balance due.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of your return to the IRS it will delay the processing of your return. Your electronically filed return is not complete without your signature. You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned as soon as possible to:

Jones & Roth, P.C. PO Box 10086 Eugene, OR 97440

Important: Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Jones & Roth, P.C.

Form **8879-TE**

IRS *e-file* Signature Authorization for a Tax Exempt Entity

OMB	No.	1545-0047

Department of the Treasury

7/01 , 2021, and ending 6/30 , 20 22 For calendar year 2021, or fiscal year beginning ▶ Do not send to the IRS. Keep for your records.

2021

▶ Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service UNITED ACADEMICS OF THE UNIVERSITY EIN or SSN Name of filer OF OREGON 46-3995696 Name and title of officer or person subject to tax WILLIAM HARBAUGH TREASURER Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, 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 one line in Part I. 1a Form 990 check here ► X **b** Total revenue, if any (Form 990, Part VIII, column (A), line 12) ______1b _____1, 469, 043 2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9) 2b 3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) ______ 3b ___ 4a Form 990-PF check here 5a Form 8868 check here b Balance due (Form 8868, line 3c) 5b 6a Form 990-T check here \blacktriangleright b Total tax (Form 990-T, Part III, line 4) 6b 7a Form 4720 check here 8a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D) 8b 9a Form 5330 check here **b** Tax due (Form 5330, Part II, line 19) **9b** 10a Form 8038-CP check here ... Amount of credit payment requested (Form 8038-CP, Part III, line 22) . . 10b Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that |X| I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) , (EIN) and that I have examined a copy of the 2021 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 applicable, 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

PΙ	N:	check	one	box	on	ly
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JONES & ROTH, _____ to enter my PIN as my signature FRO firm name Enter five numbers, but do not enter all zeros on the tax year 2021 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 or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 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 return's disclosure consent screen. 05/12/23

Signature of officer or person subject to tax

Certification and Authentication

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 2021 electronically filed return 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.

FRITZ S. DUNCAN

ERO Must Retain This Form — See Instructions

Form

Return of Organization Exempt From Income Tax

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

2021 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form990 for instructions and the latest information. For the 2021 calendar year, or tax year beginning 07/01/21, and ending 06/30/22D Employer identification number C Name of organization UNITED ACADEMICS OF THE UNIVERSITY Check if applicable: Address change OF OREGON Doing business as 46-3995696 Name change Number and street (or P.O. box if mail is not delivered to street address) 541-636-4714 Initial return 603 EAST 13TH AVE City or town, state or province, country, and ZIP or foreign postal code Final return/ OR 97401 EUGENE 1,469,043 **G** Gross receipts \$ Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending WILLIAM HARBAUGH 603 EAST 13TH AVENUE H(b) Are all subordinates included? If "No," attach a list. See instructions EUGENE OR 97401 5) **◀** (insert no.) 501(c)(3) 501(c) (4947(a)(1) or WWW.UAUOREGON.ORG **H(c)** Group exemption number ▶ Website: Association Year of formation: 2013 Form of organization: X Corporation Trust M State of legal domicile: Other > Part I Summary 1 Briefly describe the organization's mission or most significant activities: Governance 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) Activities & 4 Number of independent voting members of the governing body (Part VI, line 1b) 11 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 3 6 Total number of volunteers (estimate if necessary) 60 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 Current Year 8 Contributions and grants (Part VIII, line 1h) 887,614 Revenue 9 Program service revenue (Part VIII, line 2g) 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 12,921 4,518 <u>8,</u>971 609,161 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 909,506 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 469,043 0 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 319,670 288,509 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 590,831 696,050 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 984,559 910,501 -995 484,484 19 Revenue less expenses. Subtract line 18 from line 12 200 Beginning of Current Year 091. 687,782 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 782 091 Signature Block 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. Signature of officer Sian Here WILLIAM TREASURER Type or print name and title Print/Type preparer's name Preparer's signature Check Paid FRITZ S. DUNCAN FRITZ S. DUNCAN 05/12/23 self-employed P00036435 **Preparer** 93-0819646 JONES ROTH, P.C. Firm's name Firm's EIN ▶ **Use Only** PO BOX 10086 EUGENE, OR 97440 541-687-2320 May the IRS discuss this return with the preparer shown above? See instructions X Yes No

Pa	aae	2

Pa	art III Statement of Program Service Accomplishments	<u> </u>										
	Check if Schedule O contains a response or note to any line in this Part III	X										
T 3	Briefly describe the organization's mission: THE PURPOSE OF UNITED ACADEMICS OF THE UNIVERSITY OF OREGON, AAUF 3209, AFL-CIO IS TO NEGOTIATE FOR, REPRESENT, AND SUPPORT THE INT FACULTY IN THE BARGAINING UNIT.	EREST OF										
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes X No										
3	3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? 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 \$ including grants of \$) (Revenue \$)										
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4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$											
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	·											
	•											
4d	Other program services (Describe on Schedule O.)											
чu	(Expenses \$ including grants of \$) (Revenue \$)										
	(Laponoso y moduling grants of y) (Nevertide y	J										

	<u> </u>		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	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	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	_		37
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		v
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
•	VII, VIII, IX, or X, as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
а		11a		Х
h	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	11a		
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	110		
Ŭ	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	l		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			٦,
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		\vdash
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

_ P	Checklist of Required Schedules (Continued)		Ι	
22	Did the ergonization report more than \$5,000 of grants or other assistance to or for democtic individuals on		Yes	No
22		22		Х
23				
	employees? If "Ves." complete Schedule I	23		Х
24a				
				ĺ
	through 24d and complete Schodule K. If "No." go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
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?			
	If "Yes," complete Schedule L, Part I	25b		L
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
		27		X
28				
а		00-		v
		28a		X
b		28b		
С		202		v
20		28c		X
29 30		29		$\stackrel{\wedge}{\vdash}$
30		30		v
31		31		X
32				
32		32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			- 25
00	and 201 7701 2 and 201 7701 22 If "Vac " complete Schodule D. Dart I	33		Х
34				
•	and North Part Villian 4	34		Х
35a				X
b				
		35b		
36				
	related annual action O. M. War annual to Only add D. Dord V. Par. O.	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	<u> </u>
Pa	art 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			$oxedsymbol{oxed}$
	$oldsymbol{I} = oldsymbol{I}$.		Yes	No
1a	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(cg), 501(cg)4, and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "res," complete Schedule L, Part I is the organization should be a supported to any of the organizations prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I is the organization report any amount on Part X, line 5 or 22, for receivables from or 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? If "Yes," complete Schedule L, Part II is the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 55% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III is was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV is the organization of payables Schedule L, Part IV is subjected to found the schedule L, Part IV is a found to found the schedule L part IV is a found to found the schedule L part IV is a found to found the schedule L part IV is a found to found the schedule L part IV is a found to found the organization receive contributions? If "Yes," complete Schedule L, Part IV is a found to found the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule R, Part I is old the organization receive more than \$25,000 in non-cash cont			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	l	1

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3	_		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
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 Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	l		
_	gifts were not tax deductible?	6b		
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			37
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7-		v
a	required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	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:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b 13c			
C 1/1a	Did the executation receive any normants for indeed tension continued that the toy year?	14a		X
14a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14a		21
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	מדו		
		15		X
	excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	-10		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

DAA

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

Je t	tion A. Governing Body and Management				Vac	Na					
12	Enter the number of voting members of the governing body at the end of the tax year	1a	11		Yes	No					
1a	If there are material differences in voting rights among members of the governing body, or	1a									
	if the governing body delegated broad authority to an executive committee or similar										
	committee, explain on Schedule O.										
b	Enter the number of voting members included on line 1a, above, who are independent	1b	11								
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?										
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?										
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was file			4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?										
6	Did the organization have members or stockholders?			6		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?			7a	Х						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,										
	stockholders, or persons other than the governing body?			7b		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y										
а	The governing body?			8a	Χ						
b	Each committee with authority to act on behalf of the governing body?			8b	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			9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte	ernal F	Revenue C	ode.)							
	Toynovor Conv				Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?			10a		X					
b	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?			10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	ng the fo	orm?	11a	X						
b	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			12a	X	-					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give r	se to co	onflicts?	12b	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				3.7						
	describe on Schedule O how this was done			12c	X						
13	Did the organization have a written whistleblower policy?			13	X	-					
14	Did the organization have a written document retention and destruction policy?			14	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'			150	Х						
a b	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization			15a 15b	X						
IJ	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			130	21						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement										
IVa	with a tayable entity during the year?			16a		Х					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			100							
-	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?			16b							
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (
	(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 on Schedule 0)										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest po	licy, 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 rec	ords 🕨									
	RISTY HAMMOND 603 EAST 13TH AVENUE										
Εľ	JGENE OR 974	Ul	54	1-63	6-4	714					

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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	bo	(C) Position do not check mox, unless pers fficer and a dir			is both	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) DAVID CECIL EXECUTIVE DIRECTOR	40.00	_		X				103,565	0	11,575
(2) AVINNASH TIWARI	12.00	П	a	X	p	a	ye	er Copy		
PRESIDENT	0.00	X		Х				0	0	0
(3) SCOTT PRATT	0.00									
EXECUTIVE VP	8.00	X		X				0	0	0
(4) WILLIAM HARBAUGH										
TREASURER	8.00	X		X				0	0	0
(5) ELEANOR WAKEFIEI										
SECRETARY/VP	8.00	X		X				0	0	0
(6) MIKE URBANCIC										
MEMBER	12.00	X						0	0	0
(7) CHRISTINA KARNS										
MEMBER	8.00	X						0	0	0
(8) DAVID LUEBKE										
MEMBER	8.00	X						0	0	0
(9) LYNN FUJIWARA										
MEMBER	8.00 0.00	Х						0	0	0
(10) NATHAN WHALEN	10.00									
MEMBER	12.00	X						0	0	0
(11) EDWARD DAVIS	0.00									
MEMBER	8.00	Х						0	0	0 Form 990 (2021)

DAA

Part VII Section A. Officers	, Directors, Tru	stee	s, K	Cey E	Empl	oyee	es, a	Employees (continued)					
(A) Name and title	(B) (do not check more than or Average hours officer and a director/truster per week						an	(D) Reportable compensation from the	(E) Reportable compensation from related		nount		
	(list any hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	org	ompensation from the ganization ed organiz	and	
(12) LISA MAZZEI MEMBER	8.00	X						0	0				0
								-					
		T	6	X	p	a	y	er Copy					
1b Subtotal							>	103,565				1,57 1,57	
d Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from				thos	e lis	ted a	abov		\$100,000 of				
 Did the organization list any for employee on line 1a? <i>If "Yes,"</i> For any individual listed on line 	' complete Sche	dule	J fo	r suc	ch in	divid	ual .				3 Y		X 10
organization and related organization and related organization and related organization and related on line of the control of	nizations greater	thar	า \$1: 	50,00	00? <i>I</i>	lf "Υε	es," (complete Schedule J for su	ch		4	2	X
for services rendered to the o	rganization? If "\									<u> </u>	5		X
Complete this table for your five compensation from the organization.	ve highest comp									ear.			
Name and	(A) business address							Descript	(B) tion of services		(Comp	(C) pensation	
										-			
2 Total number of independent of	contractors (inclu	uding	but	not	limite	ed to	tho	se listed above) who					

02222 Form 990 (2021) UNITED ACADEMICS OF THE UNIVERSITY 46-3995696 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) (A) (D) Revenue excluded (B) Related or exempt Unrelated function revenue from tax under husiness revenue sections 512-514 Gifts, Grants ilar Amounts 1a Federated campaigns 1a **b** Membership dues 849,524 1b c Fundraising events 1c **d** Related organizations 1d e Government grants (contributions) **f** All other contributions, gifts, grants, 5,840 and similar amounts not included above 1f g Noncash contributions included in 1g lines 1a-1f h Total. Add lines 1a-1f. 855,364 Business Code Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f \blacktriangleright Investment income (including dividends, interest, and other similar amounts) 4,518 4,518 Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6a Gross rents 6a **b** Less: rental expenses 6b c Rental inc. or (loss) d Net rental income or (loss) 7a Gross amount from (i) Securities (ii) Other sales of assets 7a other than inventory **b** Less: cost or other Other Revenue basis and sales exps. 7с c Gain or (loss) d Net gain or (loss) **8a** Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses

9b

10a

10b

▶ Business Code 532000

▶

561000

563,246

609,161

1,469,043

45,915

563,246

609,161

45,915

c Net income or (loss) from gaming activities

c Net income or (loss) from sales of inventory

d All other revenue

LEASE BUYOUT

ADMINISTRATIVE SERVICES

10a Gross sales of inventory, less returns and allowances

b Less: cost of goods sold

e Total. Add lines 11a-11d

Total revenue. See instructions .

0 4,518

Form **990** (2021)

Part IX Statement of Functional Expenses

Do r	Check if Schedule O contains a responder include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	Pb, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations		ехрензез	general expenses	ехрепзез
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	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,				
	trustees, and key employees	60,177			
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	156,273			
8	Pension plan accruals and contributions (include	,			
	section 401(k) and 403(b) employer contributions)	18,965			
9	Other employee benefits	33,175			
10	Payroll taxes	19,919			
11	Fees for services (nonemployees):	,			
а	Management				
b		36,739			
С	•	6,000			
d		T 0 1 / 10 0 1 / 1	w Calair		
е	Professional fundraising services. See Part IV, line 17	Taxpave	CODV		
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	8,244			
12	Advertising and promotion	108			
13	Office expenses	13,046			
14	Information technology				
15	Royalties				
16	Occupancy	34,473			
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,021			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	350			
24	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.)	504 404			
а	REPRESENTATION	594,494			
b	CHARITABLE CONTRIBUTIONS	500			
C	BARGAINING EXPENSE	75			
d					
е	All other expenses	004 550			
25	Total functional expenses. Add lines 1 through 24e	984,559	0	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here ► if				

Part X Balance Sheet

Pa	rt >	Balance Sheet				
		Check if Schedule O contains a response or no	te to any line in this Part X			
				(A)		(B)
				Beginning of year	_	End of year
	1			26,683		69,537
	2	Savings and temporary cash investments		621,931		187,470
	3	Pledges and grants receivable, net			3	
	4				4	
	5	Loans and other receivables from any current or form				
		trustee, key employee, creator or founder, substantial				
		controlled entity or family member of any of these per			5	
- 1	6	Loans and other receivables from other disqualified p	`			
ş;		under section 4958(f)(1)), and persons described in s			6	
Assets	7	Notes and loans receivable, net			7	
^	8				8	
- 1	9	Prepaid expenses and deferred charges			9	
1	10a	Land, buildings, and equipment: cost or other				
- 1		basis. Complete Part VI of Schedule D	10a	05.040		
- 1	b	Less: accumulated depreciation		25,848		000 045
1	11	Investments—publicly traded securities			11	820,847
	12	Investments—other securities. See Part IV, line 11			12	
- 1	13	Investments—program-related. See Part IV, line 11			13	
	14			12 200	14	12 200
-	15			13,320		13,320
\rightarrow	16	Total assets. Add lines 1 through 15 (must equal line		687,782		1,091,174
1	17	Accounts payable and accrued expenses			17	
	18	Grants payable		18		
	19	Deferred revenue Tax-exempt bond liabilities	11/	19		
- 1	20		<i>y</i>	20		
- 1	21	Escrow or custodial account liability. Complete Part I\		21		
es	22	Loans and other payables to any current or former of				
≣		trustee, key employee, creator or founder, substantial				
Liabilities		controlled entity or family member of any of these per			22	
		Secured mortgages and notes payable to unrelated the			23	
- 1	24	Unsecured notes and loans payable to unrelated third			24	
1	25	Other liabilities (including federal income tax, payable				
1		parties, and other liabilities not included on lines 17-2	, ·			
1		of Schedule D			25	_
\dashv	26	Total liabilities. Add lines 17 through 25	> V	0	26	0
ဖွ		Organizations that follow FASB ASC 958, check h	ere 🖊 🔼			
<u> </u>	27	and complete lines 27, 28, 32, and 33.		687,782	27	1,091,174
laa la	27 28	All a control of the		007,702	27 28	1,091,114
B	20	Net assets with donor restrictions Organizations that do not follow FASB ASC 958, or	shook hara		20	
.들ㅣ			Theck here			
Assets or Fund Balances	29	and complete lines 29 through 33.			29	
ts	29 30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipm	ont fund		30	
SSE	30 31	Retained earnings, endowment, accumulated income,			31	
ا پر	31 32			687,782	32	1,091,174
ZI	32 33			687,782		1,091,174
	აა	Total liabilities and net assets/fund balances		007,702	∟აა	<u> </u>

Form **990** (2021)

<u> Form</u>	1 990 (2021) UNITED ACADEMICS OF THE UNIVERSITY 46-3995696			Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,40	59,0	043
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>559</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			484
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6	37,	782
5	Net unrealized gains (losses) on investments	5	- ;	31,0	092
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 on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	1,09	91,1	174
Pa	art XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		 		
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	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 on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		3a		Х
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		 3b		

Form **990** (2021)

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

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

	2	0	<u>2</u>	1	
_				$\overline{}$	

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "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.

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

If the organization answered "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

Name	e of organization	UNITED ACAI	EMICS OF	THE UNIVERSITY		Employer ident	ification number
		OF OREGON				46-39956	
Par	rt I-A Compl	ete if the organiz	zation is exem	pt under section 501(c)	or is a section	on 527 organization	on.
1	Provide a description	on of the organization	's direct and indire	ct political campaign activities	in Part IV. See ins	structions for	
	•	al campaign activities					
2	Political campaign	activity expenditures.	See instructions .			▶ \$	
3				ctions			
Par				pt under section 501(c			
1	Enter the amount of	of any excise tax incur	red by the organiza	ation under section 4955			
2	Enter the amount of	of any excise tax incui	red by organization	n managers under section 495	5	▶\$	
3			5 tax, did it file Fo	rm 4720 for this year?			Yes No
	Was a correction n						Yes No
	If "Yes," describe in			nt under eastion FO1/a	\	ion F04/o\/2\	
				pt under section 501(c		1011 301(0)(3).	
1				on for section 527 exempt fund		. .	
_	activities	-					
2				ed to other organizations for s		▶\$	
3	Total exempt function	ion expanditures Add	lines 1 and 2 Ent	er here and on Form 1120-PO			
3	·	•			•	▶ ¢	
4		nization file Form 1120	D-POI for this year	?		▶\$	Yes No
5				mber (EIN) of all section 527 p			🗀 163 🗀 140
	•			enter the amount paid from th		ŭ	
	•		•	mptly and directly delivered to	0 0		
	•			ee (PAC). If additional space is		•	
	, ,	(a) Name		(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				, ,		filing organization's	contributions received and
						funds. If none, enter -0	promptly and directly delivered to a separate
							political organization.
							If none, enter -0
(1)							
(2)							
(3)							
(4)							
(4)							
(5)							
ν-,							
(6)							
. ,							

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

Schedule C (Form 990) 2021 UNITEI	ACADEMI(CS OF THE U	JNIVERSIT	TY 46-39	95696		Page 2
Part II-A Complete if the organiza	ation is exemp	t under section	501(c)(3) and	d filed Form	5768 (elec	tion under	,
section 501(h)).							
A Check ► ☐ if the filing organization b	elongs to an aff	iliated group (and lis	st in Part IV ea	ach affiliated gr	oup membe	r's name,	
address, EIN, expenses,	and share of ex	xcess lobbying expe	enditures).				
B Check ▶ ☐ if the filing organization of	checked box A a	and "limited control"	provisions app	ly.			
Limits on Lobi	ovina Expendi	itures	Ī	(a) Filing		(b) Affiliated	ı
(The term "expenditures" m				organization's t	otals	group totals	
1a Total lobbying expenditures to influence pub							
b Total lobbying expenditures to influence a le							
c Total lobbying expenditures (add lines 1a an							
- 1 Other and a second and a second and a second							
e Total exempt purpose expenditures (add line	es 1c and 1d)						
f Lobbying nontaxable amount. Enter the amount			· · · · · · · · · · · · · · · · · · ·				
columns.		J					
If the amount on line 1e, column (a) or (b) is:	The lobbying no	ontaxable amount is:					
Not over \$500,000	20% of the amou	nt on line 1e.					
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15	% of the excess over \$5	00,000.				
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10	% 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	500,000.				
Over \$17,000,000	\$1,000,000.						
g Grassroots nontaxable amount (enter 25% of	of line 1f)						
h Subtract line 1g from line 1a. If zero or less,							
i Subtract line 1f from line 1c. If zero or less,	ontor O		I				
j If there is an amount other than zero on eith							
reporting section 4911 tax for this year?						Yes	No
		ing Period Under					
(Some organizations that made	_	_	•	•	five column	s below.	
		instructions for lin					
-	Taxi	Javer (CODA	,			
Lob	bying Expendit	ures During 4-Yea	r Averaging F	Period			
Calendar year (or fiscal year							
beginning in)	(a) 2018	(b) 2019	(c) 2020) (d	2021	(e) To	al
2a Lobbying nontaxable amount							
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) 2021

f Grassroots lobbying expenditures

DAA

UNITED ACADEMICS OF THE UNIVERSITY Schedule C (Form 990) 2021

Page 3		Page	3
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description of t	response on lines 1a through 1i below, provide in Part IV a detailed	1 (4			/h	١	
description of t		├ `	a) 		(b	<u> </u>	
-	description of the lobbying activity.					unt	
La salada Cara	year, did the filing organization attempt to influence foreign, national, state, or local						
legislation,	ncluding any attempt to influence public opinion on a legislative matter or						
referendum	through the use of:						
a Volunteers*							
b Paid staff of	r management (include compensation in expenses reported on lines 1c through 1i)?						
	ertisements?						
d Mailings to	members, legislators, or the public?						
e Publication	s, or published or broadcast statements?						
f Grants to o	ther organizations for lobbying purposes?						
g Direct cont	act with legislators, their staffs, government officials, or a legislative body?						
h Rallies, de	nonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i Other activ							
j Total. Add	ines 1c through 1i						
2a Did the act	vities in line 1 cause the organization to be not described in section 501(c)(3)?						
	er the amount of any tax incurred under section 4912						
	er the amount of any tax incurred by organization managers under section 4912						
	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 s	ection			
						Yes	No
1 Were subs	antially all (90% or more) dues received nondeductible by members?				1	Х	
	anization make only in-house lobbying expenditures of \$2,000 or less?				2		Х
-	anization agree to carry over lobbying and political campaign activity expenditures from the prior year				3		Х
Part III-B	Complete if the organization is exempt under section 501(c)(4), section 501(•	•	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Canswered "Yes."	R (b)	Part	III-A,	line :	3, is	
1 Dues. asse	semants and similar amounts from members		1				
	2(e) nondeductible lobbying and political expenditures (do not include amounts of						
	penses for which the section 527(f) tax was paid).						
a Current ye	· · · · · · · · · · · · · · · · · · ·		2a				
•			2b				
- T-4-1	rom last year		2c				
	amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3				
	ere sent and the amount on line 2c exceeds the amount on line 3, what portion of the		Ť				
	s the organization agree to carryover to the reasonable estimate of nondeductible lobbying						
	Lavnanditura navt vaar?		4				
•							
				l			
Provide the desc	iptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part	II-A, lin	es 1 a	and			
and politica 5 Taxable an Part IV Provide the description	expenditure next year? ount of lobbying and political expenditures. See instructions Supplemental Information		4 5 nes 1 a	and			

Schedule C (Form 990) 2021

Schedule C	(Form	990) 2021	UNITED	ACADEMICS	OF	THE	UNIVERSITY	46-3995696	Page 4
Part I	V	Supplemental	Information	(continued)					
				T - 1 - 1			0.001		
				Taxpa	3V E	er	CODV		

SCHEDULE O (Form 990)

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.

OMB No. 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

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

Name of the organization UNITED ACADEMICS OF THE UNIVERSITY
OF OREGON

Employer identification number 46-3995696

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES

WE PROMOTE AND DEFEND QUALITY PUBLIC HIGHER EDUCATION BY WORKING TOGETHER

TO UPHOLD THE UNIVERSITY OF OREGON'S ACADEMIC AND RESEARCH PRIORITIES. WE

BELIEVE IN DEMOCRACY, FAIRNESS, TRANSPARENCY, ACADEMIC EXCELLENCE,

DIVERSITY, ACCESS TO EDUCATION AND ECONOMIC OPPORTUNITY. WE AIM TO ENHANCE

THE QUALITY OF FACULTY WORK LIFE AND STUDENT EDUCATION BY NEGOTIATING OUR

TERMS AND CONDITIONS OF EMPLOYMENT.

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

WE COLLECTIVELY BARGAIN WITH THE UNIVERSITY OF OREGON WHICH, TYPICALLY,

OCCUES EVERY THREE YEARS. BARGAINING IS CONDUCTED BY A PANEL OF UNIVERSITY

FACULTY AND UNIVESRITY OF OREGON REPRESENTATIVES. PREPARING AND ENGAGING IN

COLLECTIVE BARGINING CONSISTUTDES APPROXIMATELY 50% OF THE UNIONS

ACTIVITIES. ENFORCEMENT OF THE COLLECTIVE BARGAINING AGREEMENT IS AN

ONGOING PROCESS WHICH TAKES APPROXIMATELY 35% OF UNION ACTIVITIES,

INCLUDING THE ELECTED GROUP OF FACULTY MEMBERS WHO SERVE ON THE EXECUTIVE

COUNCIL AND MEET MONTHLY AT A MINIMIUM. 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 UNION ACTIVITY. THE REMAINING

ACTIVITIES CONSISTS OF OUR WORK TO ALIGN WITH OTHER ORGANIZATIONS TO

02222

Page 2

Schedule O (Form 990) 2021 Name of the organization Employer identification number 46-3995696 UNITED ACADEMICS OF THE UNIVERSITY 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. FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY EXECUTIVE COUNCIL MEMBERS WILL BE PROVIDED THE CONFLICT OF INTEREST FORM AND QUESTIONNAIRE ANNUALLY, AND ASKED TO DISCLOSE ANY MATTERS THAT MIGHT GIVE RISE TO CONFLICTS UNDER THE POLICY. IN ADDITION, EXECUTIVE COUNCIL MEMBERS ARE UNDER AN ONGOING OBLIGATION TO DISCLOSE NEW INTERESTS THAT MAY GIVE RISE TO CONFLICTS FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE UNION'S HIRING COMMITTEE EVALUATED COMPARABLE COMPENSATION SCHEDULES FOR EXECUTIVE DIRECTORS AT SIMILAR FACULTY LOCALS BY CONTACTING EXECUTIVE OFFICERS. FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS THE UNION'S HIRING COMMITTEE EVALUATED COMPARABLE COMPENSATION SCHEDULES FOR UNION STAFF AT SIMILAR FACULTY LOCALS BY CONTACTING EXECUTIVE OFFICERS. FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

Schedule O (Form 99 Name of the organization	0) 2021									Pa	age 2
										ification number	
UNITED AC	ADEMI	CS OF	THE	UNIV	/ERSITY				46-3995	696	
DOCUMENTS	ARE	POSTED	ON	THE	ORGANIZA	ATION'S	WEBSIT	E.			
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				Ic	axpay	/ei (Jopy				
									PAGE 2	OF 2	

46-3995696

FYE: 6/30/2022

Taxable Dividends from Securities

Description						
		Amount	Unrelated Business		Acquired after 6/30/75	US Obs (\$ or %)
DIVIDENDS	4	4 510		1.4		
	۶	4,518		14		
TOTAL	\$	4,518				

Taxpayer Copy

02222 United Academics of the University 46-3995696

Federal Statements

FYE: 6/30/2022

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	_	Total Expenses		Program Service		Management & General		Fund Raising	
OTHER FEES	\$	8,244	\$	8,244	\$		\$		
TOTAL	\$	8,244	\$	8,244	\$	0	\$	0	

Taxpayer Copy