EXTENDED TO MAY 15, 2024

Form <b>990-T</b>	E	Exempt Organization Business Income Tax Return	n	OMB No. 1545-0047			
		(and proxy tax under section 6033(e))		2022			
	For cal	lendar year 2022 or other tax year beginning JUL 1, 2022 , and ending JUN 30, 2023	— ·	2022			
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990T for instructions and the latest information.  Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).						
A Check box if address changed							
<b>B</b> Exempt under section	Print	WILLAMETTE UNIVERSITY	g	93-0386972			
X 501(c)(3) 408(e) 220(e	Or Type	Number, street, and room or suite no. If a P.O. box, see instructions. 900 STATE STREET		exemption number structions)			
408A 530(a 529(a) 529A	)	City or town, state or province, country, and ZIP or foreign postal code SALEM, OR 97301	F	Check box if			
	С Во	ok value of all assets at end of year 536, 279, 964.		an amended return.			
G Check organization	n type	X 501(c) corporation 501(c) trust 401(a) trust Other trust	] State c	college/university			
H Check if filing only	to	Claim credit from Form 8941 Claim a refund shown on Form 2439					
l Check if a 501(c)(3	3) organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation	<u></u>				
J Enter the number of	of attach	ed Schedules A (Form 990-T)	2	2			
K During the tax year	r, was the	e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No			
If "Yes," enter the	name an	d identifying number of the parent corporation.					
L The books are in c		Total Profile Harrison	503-370	)-6710			
Part I Total Ur	relate	d Business Taxable Income					
1 Total of unrelate	d busine	ss taxable income computed from all unrelated trades or businesses (see					
instructions)			1	24,895.			
2 Reserved			2				
3 Add lines 1 and			3	24,895.			
		see instructions for limitation rules) STMT 1 STMT 2	4	2,390.			
5 Total unrelated b	ousiness	taxable income before net operating losses. Subtract line 4 from line 3	5	22,505.			
	•	ng loss. See instructions	6				
7 Total of unrelate	d busine:	ss taxable income before specific deduction and section 199A deduction.					
Subtract line 6 fr			7	22,505.			
8 Specific deduction	on (gene	rally \$1,000, but see instructions for exceptions)	8	1,000.			
9 Trusts. Section	199A de	duction. See instructions	9				
10 Total deduction	ı <b>s.</b> Add li	nes 8 and 9	10	1,000.			
11 Unrelated busin	ness taxa	able income. Subtract line 10 from line 7. If line 10 is greater than line 7,					
enter zero			11	21,505.			
Part II Tax Cor	nputat	ion					
•		s corporations. Multiply Part I, line 11 by 21% (0.21)	1	4,516.			
2 Trusts taxable a	at trust r	ates. See instructions for tax computation. Income tax on the amount on					
Part I, line 11 fro	m: L	Tax rate schedule or Schedule D (Form 1041)	2				
3 Proxy tax. See in			3				
4 Other tax amour			4				
5 Alternative minin			5				
	•	cility income. See instructions	6				
		h 6 to line 1 or 2, whichever applies	7	4,516.			
LHA For Paperwork	Reduct	ion Act Notice, see instructions.		Form <b>990-T</b> (2022)			

Form 990-T (2022)

Part	III 1	Tax and Payments								age z
1a		n tax credit (corporations attach Form 11	118: trusts attach Form	1116)	1a					
b	_	credits (see instructions)		,	1b	2,896	_			
c		ral business credit. Attach Form 3800 (se	- tt			1,620	_			
d		for prior year minimum tax (attach Form	,		—	,				
e							1e		4,	516.
2							2			0.
3		amounts due. Check if from: Form				Form 8866				
_			(-4444-44)				3			
4	Total	tax. Add lines 2 and 3 (see instructions).	`	cludes tax pre						
				•	•		4			0.
5	Curre	nt net 965 tax liability paid from Form 965					5			0.
6a		ents: A 2021 overpayment credited to 20			1 1					
b	2022	estimated tax payments. Check if section	643(g) election applies	s	6b					
С		"   " = 0000			6c	125,000				
d	Foreig	n organizations: Tax paid or withheld at	source (see instructions	s)	6d					
е	Backu	p withholding (see instructions)			. 6e					
f		for small employer health insurance prer								
g	Other	credits, adjustments, and payments:	Form 2439		_					
		Form 4136	Other	Tota	al <b>6g</b>					
7	Total	payments. Add lines 6a through 6g				·····	7		125,	000.
8	Estima	ated tax penalty (see instructions). Check	if Form 2220 is attach	ed		L	8			
9		ue. If line 7 is smaller than the total of line					9			
10		payment. If line 7 is larger than the total of			paid		10			000.
11 Dort		the amount of line 10 you want: Credited			lion /	Refunded	11		125,	000.
Part		Statements Regarding Certain							1	
1		time during the 2022 calendar year, did							Yes	No
		i financial account (bank, securities, or ot	, .	•	•	•				
		N Form 114, Report of Foreign Bank and SPAIN	Financial Accounts. If	"Yes," enter tr	ie name oi	the foreign country			х	
•	here	g the tax year, did the organization receiv	a a diatribution from a	v vvoc it the ava	ntor of or	transferor to a			Λ	
2		-		-						Х
		n trust? s," see instructions for other forms the on								
3		the amount of tax-exempt interest receive	-			\$				
4		available pre-2018 NOL carryovers here				ny post-2017 NOL ca	ırrvover			
		n on Schedule A (Form 990-T). Don't redu				• •	•			
5		2017 NOL carryovers. Enter the Business	•	•	•	•				
		nounts shown below by any NOL claimed	•	-		•				
		Business Activit				able post-2017 NOL		er		
			•		\$	•				
					\$					
6a	Did th	e organization change its method of acco	ounting? (see instructio	ns)						Х
b	If 6a is	s "Yes," has the organization described the	ne change on Form 990	), 990-EZ, 990-	PF, or For	m 1128? If "No,"				
		n in Part V								
Part	V   5	Supplemental Information								
Provide	e the ex	planation required by Part IV, line 6b. Als	so, provide any other ac	dditional inform	nation. See	instructions.				
	Lu	de la constitución de la constit	the transfer of the state of th	. do a control do a control				ballat it is to a		
Sign		der penalties of perjury, I declare that I have examined treet, and complete. Declaration of preparer (other than					eage and r	bellet, it is true,		
Here			1	an un a	00 5 001	TA CITE DE	-	S discuss this r		vith
	Si	gnature of officer	 Date	SR VP, C	OO & TRI	_		er shown below s)? X Yes	·	¬ No
	1 51			11	Data	<del></del>	if PTI		,	No
<b>.</b>		Print/Type preparer's name	Preparer's signature		Date	Check self- employed	- 1	IV		
Paid		WENDY CAMPOS	WENDY CAMPOS	(	2/23/24		- 1	00448102		
Prepa		Firm's name MOSS ADAMS LLP		I`		Firm's EIN		91-01893	18	
Use C	וווע	805 SW BROADWAY	STE 1400			THIII 3 LIN				
		Firm's address PORTLAND, OR 97	205			Phone no.	03-24	2-1447		

FORM 990-T	CONTRIBUTIONS	STATEMENT 1	
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT	
PASSTHROUGH CONTRIBUTIONS	N/A	4,165.	
GRANTS TO 501(C)(3) ORGANIZATIONS	N/A	6,270.	
TOTAL TO FORM 990-T, PART I, L	INE 4	10,435.	

FORM 990-T CONTRIBUTIONS SUMMARY		STATEMENT 2
QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT		
CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS FOR TAX YEAR 2017 FOR TAX YEAR 2018 FOR TAX YEAR 2019 FOR TAX YEAR 2020 FOR TAX YEAR 2021		
TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CONTRIBUTIONS	10,435	
TOTAL CONTRIBUTIONS AVAILABLE TAXABLE INCOME LIMITATION AS ADJUSTED	10,435 2,390	
EXCESS CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS	8,045 0 8,045	
ALLOWABLE CONTRIBUTIONS DEDUCTION		2,390
TOTAL CONTRIBUTION DEDUCTION		2,390

FORM 990-T	OTHER CREDITS	STATEMENT 3
DESCRIPTION		AMOUNT
FOREIGN TAX CREDIT		2,896.
TOTAL TO FORM 990-T, PAGE 2	2, PART III, LINE 1B	2,896.

# **SCHEDULE A** (Form 990-T)

# **Unrelated Business Taxable Income** From an Unrelated Trade or Business

Department of the Treasu Internal Revenue Service	Do not enter SSN numbers on this form as it						pen to Public Inspection for 01(c)(3) Organizations Only
A Name of the organization WILLAMETTE UNIVERSITY B Employer ident 93-038697							ion number
							_
C Unrelated busi	ness activity code (see instructions) 812930				<b>D</b> Sequence:	1	of 2
F. Danavila a Alan	nrelated trade or business PARKING (LEASED S	DACEG)					
	Tholated trade of business	I ACES /		T		$\overline{}$	
Part I Unrela	ated Trade or Business Income		(A) Inco	ne	(B) Expenses		(C) Net
1a Gross receip	nts or sales						
<b>b</b> Less returns a		1c					
2 Cost of good	ds sold (Part III, line 8)	2					
	Subtract line 2 from line 1c	3					
	net income (attach Schedule D (Form 1041 or Form						
1120)). See ii	•	4a					
**	s) (Form 4797) (attach Form 4797). See instructions)	4b					
	deduction for trusts	4c					
•	) from a partnership or an S corporation (attach						
statement)		5					
	(Part IV)	6					
	ebt-financed income (Part V)	7					
	uities, royalties, and rents from a controlled						
•	(Part VI)	8					
	ncome of section 501(c)(7), (9), or (17)						
	s (Part VII)	9					
	empt activity income (Part VIII)	10					
	ncome (Part IX)	11					
	e (see instructions; attach statement) STMT 4	12	:	33,767.			33,767.
	ine lines 3 through 12	13	3	33,767.			33,767.
directl	ctions Not Taken Elsewhere See instruct ly connected with the unrelated business in	ncome					nust be
	on of officers, directors, and trustees (Part X)					1	
	wages					3	
	maintenance					4	
	ah atatamant). Saa instructions					5	
	ch statement). See instructions					6	2,640.
	/ · · · · =					-	2,010,
= = = = = = = = = = = = = = = = = = = =				7		o <sub>b</sub>	
	iation claimed in Part III and elsewhere on return			а		8b 9	
Depletion  Optribution	s to deferred componentian plans					10	
						11 12	
	npt expenses (Part VIII)					13	
	ership costs (Part IX) tions (attach statement)		SEE S	TATEMENT		14	6,232.
						15	8,872.
	tions. Add lines 1 through 14 usiness income before net operating loss deduction. S					-	0,072.
						16	24,895.
	or net operating loss. See instructions					17	0.
						1	

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 17 from line 16

Schedule A (Form 990-T) 2022

24,895.

Page	2

Part	III Cost of Goods Sold Enter meth	od of inventory valuati	on		Page 2
1	Inventory at beginning of year			1	
2	Purchases			2	
3	Cost of labor			3	
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year			7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter h	ere and in Part I, line 2		8	
9	Do the rules of section 263A (with respect to property p				Yes No
Part	, , , ,	•	-	• • • • • • • • • • • • • • • • • • • •	
1	Description of property (property street address, city, st	ate, ZIP code). Check	if a dual-use. See instr	uctions.	
	A				
	В				
	c				
	D				
	-	A	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
					0
3	Total rents received or accrued. Add line 2c columns A	through D. Enter here a	and on Part I, line 6, co	olumn (A)	0.
	Deductions directly connected with the income				
4	in lines 2(a) and 2(b) (attach statement)				
_	Total deductions Addition Assistance Attours to D. Est	landa and an Barth	: (D)		0.
5 Part	Total deductions. Add line 4 columns A through D. Ent  V Unrelated Debt-Financed Income (se	ter nere and on Part I, I	ine 6, column (B)		· ·
1	Description of debt-financed property (street address, c	,	analy if a dual upa. Saa	instructions	
'	A	ity, state, ZIP code). Of	ieck ii a duai-use. See	IIISTRUCTIONS.	
	= = = = = = = = = = = = = = = = = = =				
	B				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed	^	ь	•	<u> </u>
_					
3	property  Deductions directly connected with or allocable				
3	to debt-financed property				
•	Straight line depreciation (attach statement)				
a	Other deductions (attach statement)				
b					
С	Total deductions (add lines 3a and 3b,				
4	columns A through D)				
4	Amount of average acquisition debt on or allocable				
_	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
^	financed property (attach statement)	2.1	5.1		
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6	Following : 5	4.1.15 <b>7</b>		^
8	<b>Total gross income</b> (add line 7, columns A through D).	Enter here and on Par	t I, line /, column (A)		0.
^	Allegable deducations Multiple Proc Calleg Page C	Т	T	Т	
9	Allocable deductions. Multiply line 3c by line 6	wah D. Fetaultana	Lon Dort Librar 7	nn (D)	0.
10	Total dividends-received deductions included in line				0.
<u> 11</u>	Total dividends-received deductions included in line	10			0.

Part	VI Interest, Annu	ities, Ro	oyalties, and Re	ents fror	n Control	led Or	ganizations	(see instr	uctions)		Page 3	
	Exempt Controlled Organization											
	Name of controlled organization		identification in		3. Net unrelated 4. Tota		al of specified nents made 5. Part of that is incontrollir		of column 4 cluded in the		6. Deductions directly connected with income in column 5	
(1)												
(2)										<u> </u>		
(3)												
(4)												
		T		1	Controlled O	-			1			
7	. Taxable Income	in	Net unrelated acome (loss) e instructions)		otal of specif yments mad		that is inc	of column 9 luded in the organization's income		conr	uctions directly nected with e in column 10	
(1)												
(2)												
(3)												
(4)												
<b>T</b> . 4 . 1 .							Enter here	ins 5 and 10. and on Part I, column (A)	Ent	er her	umns 6 and 11. re and on Part I, B, column (B)	
Totals Part	VII Investment	Income	of a Section 50	1(c)(7) (	(a) or (17)	Organ	nization (s				0.	
- uit		cription of		1(0)(1), (	2. Amou		3. Deduction	ee instruction	is) Set-asides	5	. Total deductions	
					incor		directly conne (attach stater	ected (attacl	h stateme	ent)	and set-asides (add cols 3 and 4)	
(1)												
(2)												
(3)												
(4)										$\dashv$		
					Add amor column 2 here and o line 9, colu	. Enter n Part I,				r	Add amounts in column 5. Enter nere and on Part I, line 9, column (B)	
Totals Part	VIII Exploited E	vomnt 1	Activity Income,	Other 1	Than Adve		a Incomo		`		0.	
				, Other i	IIIaii Auve	ะเ นอแบุ	g income (	see instructio	ns)			
1 2	Description of exploite Gross unrelated busin	•		noce Ento	r horo and a	n Dort !	line 10 column	2 (Λ)	-   2			
3	Expenses directly con						•	. ,				
3			•					•	3			
4	line 10, column (B)  Net income (loss) from											
•	lines 5 through 7					•	0 , 1		4			
5	Gross income from ac											
6	Expenses attributable											
7	Excess exempt expen											
	4 Enter here and on E								-			

Schedule A (Form 990-T) 2022

$\neg$	_	_	_	
-	а	п	₽	

Part	IX Advertising Income					1 age 4
1	Name(s) of periodical(s). Check box if reporting	two or m	ore periodicals on a	consolidated basis		
•	A	, two or 111	ioro periodiodio erra	consolidated basis	<b>5.</b>	
	В					
	c					
	D					
Enter a	amounts for each periodical listed above in the c	orrespond		T _		
			Α	В	С	D
2	Gross advertising income	_				
	Add columns A through D. Enter here and on F	Part I, line	11, column (A)			0.
а		_				
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here and on F	Part I, line	11, column (B)			0.
		_		_		
4	Advertising gain (loss). Subtract line 3 from line	e				
	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column in					
	line 4 showing a loss or zero, do not complete					
	lines 5 through 7, and enter zero on line 8	L				
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less than					
	line 5, subtract line 6 from line 5. If line 5 is les	s				
	than line 6, enter zero					
8	Excess readership costs allowed as a					
	deduction. For each column showing a gain or	ո				
	line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Enter the gre		e line 8a. columns to	otal or zero here an	d on	
	Part II, line 13					0.
Part	X Compensation of Officers, Dire	ectors, a	and Trustees (	see instructions)		
					3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
					to business	unrelated business
(1)					%	
(2)					%	
(3)					%	
(4)					%	
Total	Enter here and on Part II, line 1					0.
Part		instruction	ons)			
						_
						_

FORM 990-T (A)	OTHER	INCOME	STATEMENT 4
DESCRIPTION			AMOUNT
PARKING (LEASED SPACES)			33,767.
TOTAL TO SCHEDULE A, PAI	33,767.		
FORM 990-T (A)	OTHER	DEDUCTIONS	STATEMENT 5
DESCRIPTION			AMOUNT
TAX PREPARATION FEES			6,232.
TOTAL TO SCHEDULE A, PAI	RT II, LINE 14		6,232.

# **SCHEDULE A** (Form 990-T)

# **Unrelated Business Taxable Income** From an Unrelated Trade or Business

	ment of the Treasury I Revenue Service  Do not enter SSN numbers on this form as it			lic Inspection for ganizations Only		
<b>A</b> N	lame of the organization WILLAMETTE UNIVERSITY			B Employer identif		oer
<u>c                                    </u>	Unrelated business activity code (see instructions) 901101			<b>D</b> Sequence:	2 of	2
<b>E</b> 0	Describe the unrelated trade or business PASSTHROUGH INCOM	E				
	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C	) Net
	Gross receipts or sales					
b	Less returns and allowances c Balance	1c				
2	Cost of goods sold (Part III, line 8)	2				
3	Gross profit. Subtract line 2 from line 1c	3				
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form					
	1120)). See instructions	4a	770,184.			770,184.
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b				
	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 6	5	-1,324,641.		-:	1,324,641.
6	Rent income (Part IV)	6				
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled					
_	organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)					
_	organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII)	10				
11	Advertising income (Part IX)	11				
12	Other income (see instructions; attach statement)	12				
13	Total. Combine lines 3 through 12	13	-554,457.			-554,457.
Pai	Deductions Not Taken Elsewhere See instruct directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X)	ncome			ns must b	e
2	Salaries and wages				†	
3	Repairs and maintenance				†	
4	Bad debts					
5	Interest (attach statement). See instructions			5		
6	Taxes and licenses					73,014.
7	Depreciation (attach Form 4562). See instructions		1 _ 1			· · ·
8	Less depreciation claimed in Part III and elsewhere on return			8b	1	
9	Depletion			9		72,938.
10						
11	Employee benefit programs					
12	Excess exempt expenses (Part VIII)					
13	Excess readership costs (Part IX)					
14	Other deductions (attach statement)		SEE STATEMENT	7 14		6,233.
15						152,185.
16	Unrelated business income before net operating loss deduction. S					<b>706 643</b>

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 17 from line 16

Schedule A (Form 990-T) 2022

18

17

Deduction for net operating loss. See instructions

_				
ם	2	~	0	

Part	III Cost of Goods Sold Enter meth	od of inventory valuation	on		Page Z
1	Inventory at beginning of year			1	_
2	Purchases				
3	Cost of labor			l l	
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter h	ere and in Part I, line 2		8	
9	Do the rules of section 263A (with respect to property p				Yes No
Part	· · · · · · · · · · · · · · · · · · ·	-			
1	Description of property (property street address, city, st	ate, ZIP code). Check i	f a dual-use. See instr	uctions.	
	A				
	B				
	C				
	<u> </u>	Α	В	С	D
2	Rent received or accrued	A	В		<u> </u>
a	From personal property (if the percentage of				
u	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A	through D. Enter here a	and on Part I, line 6, co	olumn (A)	0.
	Deductions directly connected with the income				
4	in lines 2(a) and 2(b) (attach statement)				
					0
5 Part	Total deductions. Add line 4 columns A through D. Ent  V Unrelated Debt-Financed Income (se	ter here and on Part I, li	ne 6, column (B)		0.
1	Description of debt-financed property (street address, c	,	pook if a dual upa. Saa	instructions	
'	A	ity, state, ZIP codej. Gr	ieck ii a duai-use. See	IIISTRUCTIONS.	
	В				
	c $\square$				
	D				
		Α	В	С	
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6		1.11. 7		0.
8	<b>Total gross income</b> (add line 7, columns A through D).	∟nter nere and on Part	i, line /, column (A)		U.
0	Allegable deducations Multiply line Calbulling C	Τ	I		
9 10	Allocable deductions. Multiply line 3c by line 6 <b>Total allocable deductions.</b> Add line 9, columns A thro	ugh D. Enter here and	on Part Llino 7 colur	nn (R)	0.
11	Total dividends-received deductions included in line				0.
<u></u>					

	le A (Form 990-T) 2022 VI Interest, Annu		ovalties and Re	ents fror	n Control	led Or	ganizations	S (e	ee instruct	ione)		Page 3
· uit			,		50114101		Exempt Contro	,				
	Name of controlled organization		2. Employer identification number	3. Net unrelated income (loss) payments made (see instructions)		al of specified	1		mn 4 in the aniza-	connected with		
(1)									<u> </u>			
(2)												
(3)												
(4)												
			No	nexempt C	Controlled Or	ganizati	ions					
7.	Taxable Income	ir	Net unrelated acome (loss) e instructions)		otal of specif yments mad		that is inc controlling gross	cluded	in the zation's		con	ductions directly nected with e in column 10
(1)												
(2)												
(3)												
(4)												
Totals							Add colum Enter here line 8, c	and or	n Part I,	Ente	er he	umns 6 and 11. ere and on Part I, 3, column (B)
Part '	VII Investment	Income	of a Section 50	1(c)(7), (	9), or (17)	Orgar	nization (s	ee ins	tructions)	<u>I</u>		
	1. Desc	cription of	income		2. Amou incon		3. Deduction directly connucated (attach state)	ected	4. Set- (attach st		-	i. Total deductions and set-asides (add cols 3 and 4)
(1) (0)											+	
(2)											+	
(3)											+	
(4)					Add amou column 2. here and or line 9, colu	Enter n Part I, ımn (A)						Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals	//III = .1.311.=					0.						0.
Part '			Activity Income,	Otner i	nan Adve	ertising	g income	(see in	structions)			
1	Description of exploite	•						(*)				
2	Gross unrelated busin						•			2		
3	Expenses directly con											
4	line 10, column (B) Net income (loss) from	uprolotod	trada or business 9	Cubtract !:	an 2 from line		agin complete			3		
4										4		
5	lines 5 through 7 Gross income from ac		s not unrelated busi							5		
6	Expenses attributable									6		
7	Excess exempt expen											
-	4 Enter here and on F			, 22. 40 11						7		

Schedule A (Form 990-T) 2022

Part	IX Advertising Income				g
1	Name(s) of periodical(s). Check box if report	ing two or more periodicals on a c	onsolidated basis.		
	Α				
	В				
	c				
	D				
Enter a	amounts for each periodical listed above in the			T -	
		A	В	С	D
2	Gross advertising income	•			0.
_	Add columns A through D. Enter here and o	n Part I, line 11, column (A)			
а 3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and o	Part Lline 11 column (B)		1	0.
u	Add coldmile At through D. Enter here and o	(D)			
4	Advertising gain (loss). Subtract line 3 from	line			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column	in			
	line 4 showing a loss or zero, do not comple	ete			
	lines 5 through 7, and enter zero on line 8 .				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is I than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain	1			
	line 4, enter the lesser of line 4 or line 7	· · · · · · · · · · · · · · · · · · ·			
а	Add line 8, columns A through D. Enter the				
Part	Part II, line 13	irectors and Trustees /			0.
rait	Compensation of Officers, D			3. Percentage	4. Compensation
	<b>1.</b> Name	2. Title	I	of time devoted	attributable to
	i. Name	Z. Hile	"	to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
	I. Enter here and on Part II, line 1				0.
Part	XI Supplemental Information (s	see instructions)			

FORM 990-T (A) INCOME (LOSS) FROM PARTNERS	HIPS STATEMENT 6
DESCRIPTION	NET INCOME OR (LOSS)
WUE INVESTMENTS HOLDINGS LP - ORDINARY BUSINESS INC	COME
(LOSS)	66,462.
WUE INVESTMENTS HOLDINGS LP - NET RENTAL REAL ESTAT	
INCOME	-58,595.
WUE INVESTMENTS HOLDINGS LP - OTHER NET RENTAL INCC	
(LOSS) WUE INVESTMENTS HOLDINGS LP - INTEREST INCOME	-51,779. 64,910.
WUE INVESTMENTS HOLDINGS LP - INTEREST INCOME WUE INVESTMENTS HOLDINGS LP - DIVIDEND INCOME	39,657.
WUE INVESTMENTS HOLDINGS LP - DIVIDEND INCOME WUE INVESTMENTS HOLDINGS LP - ROYALTIES	2,568.
WUE INVESTMENTS HOLDINGS LP - OTHER PORTFOLIO INCOM	•
(LOSS)	
WUE INVESTMENTS HOLDINGS LP - OTHER INCOME (LOSS)	-1,413,242.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	-1,324,641.
FORM 990-T (A) OTHER DEDUCTIONS	STATEMENT 7
DESCRIPTION	AMOUNT
TAX PREPARATION FEES	6,233.
TOTAL TO SCHEDULE A, PART II, LINE 14	6,233.

### SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

### Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T. Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Employer identification number Name WILLAMETTE UNIVERSITY 93-0386972 Yes X No Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Assets Held One Year or Less See instructions for how to figure the amounts (h) Gain or (loss) (d) (g) Adjustments to gain (e) to enter on the lines below. Subtract column (e) from or loss from Form(s) 8949, Proceeds Cost column (d) and combine the This form may be easier to complete if you round off cents to whole dollars. (or other basis) Part I, line 2, column (g) (sales price) result with column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 with Box A checked 2 Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on 24,087. Form(s) 8949 with Box C checked 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 4 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 6 Unused capital loss carryover (attach computation) 6 24,087. 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h 7 Long-Term Capital Gains and Losses - Assets Held More Than One Year Part II See instructions for how to figure the amounts (h) Gain or (loss) (g) Adjustments to gain to enter on the lines below. Subtract column (e) from Proceeds Cost or loss from Form(s) 8949, column (d) and combine the This form may be easier to complete if you (sales price) (or other basis) Part II, line 2, column (g) result with column (a) round off cents to whole dollars. 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on 84,097. Form(s) 8949 with Box F checked 662,000. 11 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 14 Capital gain distributions 14 746,097. 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 15 Part III Summary of Parts I and II 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 24,087. 16 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 17 746,097. 770,184. 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

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

Schedule D (Form 1120) 2022

LHA

Department of the Treasury Internal Revenue Service

# **Sales and Other Dispositions of Capital Assets**

Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

Social security number or taxpayer identification no.

WILLAMETTE UNIVERSITY	•					93-0	386972
Before you check Box A, B, or C bek statement will have the same informa broker and may even tell you which b	ow, see whether at too as Form 105	you received any 99-B. Either will s	/ Form(s) 1099-B ( show whether you	or substitute statem r basis (usually you	ent(s) from y r cost) was r	your broker. A su reported to the IF	bstitute S by your
Part I Short-Term. Transacti	ons involving capit	al assets you held	1 year or less are ge	nerally short-term (see	instructions).	. For long-term	
transactions, see page 2. <b>Note:</b> You may aggregate all codes are required. Enter the	short-term transac	tions reported on I	Form(s) 1099-B shov	ving basis was reporte	d to the IRS a	and for which no ac	
You must check Box A, B, or C below. ( If you have more short-term transactions than will	Check only one bo	x. If more than one b	ox applies for your shor	t-term transactions, comp	lete a separate l	Form 8949, page 1, for	
(A) Short-term transactions rep	•	•	• .	•	Note abov	/e)	
(B) Short-term transactions rep				eported to the IRS			
X (C) Short-term transactions no	t reported to yοι	ı on Form 1099-l		T	A 41		
1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and	loss. If you in column (g	if any, to gain or enter an amount g), enter a code in See instructions.	(h) Gain or (loss). Subtract column (e) from column (d) &
		(Mo., day, yr.)		see Column (e) in the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
WUE INVESTMENTS HOLDINGS LP						,	24,087.
2 Totals. Add the amounts in colun	nns (d), (e), (a), a	nd (h) (subtract					
negative amounts). Enter each to							
Schedule D, line 1b (if Box A abo							
above is checked). or <b>line 3</b> (if <b>B</b> )							24,087.

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form **8949** (2022)

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an

adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Attachment Sequence No. 12A Page 2

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

Social security number or taxpayer identification no.

С

WILLAMETTE UNIVERSITY	7					93-03	386972
Before you check Box D, E, or F belo statement will have the same informa	ow, see whether y	ou received any 99-B. Either will s	Form(s) 1099-B o	r substitute statem r basis (usually you	ent(s) from y r cost) was r	our broker. A subreported to the IR	ostitute S by your
Part II Long-Term. Transaction see page 1.	oox to check. ons involving capita	al assets you held n	nore than 1 year are	generally long-term (s	ee instruction	ns). For short-term tr	ansactions,
<b>Note:</b> You may aggregate all codes are required. Enter the	totals directly on S	Schedule D, line 8a	; yoù aren't required	to report these transa	actions on Fo	rm 8949 (see instrú	ctions).
You must check Box D, E, or F below. Of you have more long-term transactions than will							each applicable box.
(D) Long-term transactions rep	•		-	•	Note abov	/e)	
(E) Long-term transactions rep  (F) Long-term transactions not				ported to the IRS			
Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see Column (e) in	in column (g column (f).	, if any, to gain or u enter an amount g), enter a code in See instructions.  (g)  Amount of	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result
				the instructions	Code(s)	adjustment	with column (g)
WUE INVESTMENTS HOLDINGS LE							84,097.
2 Totals. Add the amounts in colur	nns (d), (e), (a), a	nd (h) (subtract					
negative amounts). Enter each to							
Schedule D, line 8b (if Box D abo							
above is checked), or line 10 (if E Note: If you checked Box D above b			was incorrect and	or in column (a) #5 =	basis ss ==	norted to the IDC	84,097.
NOTE: II YOU CHECKEU BOX D ADOVE D	เนเ และ มูลราร repo	א נ <del>כ</del> ט נט נוופ וולס /	was incorrect, enti	er iri colultiti (e) the	Dasis as re	ported to the IRS	, and thite an

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

Form **8949** (2022)

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

OMB No. 1545-0184

Department of the Treasury

Attach to your tax return.

nterna	al Revenue Service	Go	to www.irs.gov	//Form4797 for	instructions and	the latest informa	tion.		Sequence No. 21
Name	e(s) shown on return				<del></del>	<del></del>		Idei	ntifying number
	LAMETTE UNIVERSIT								93-0386972
1a	Enter the gross proceed		• .	•	2022 on Form(s)	1099-B or 1099-S			
	(or substitute statement							1a	
b	Enter the total amount	f							
								1b	
С	Enter the total amount	of loss that yo	u are including o	n lines 2 and 10	due to the partial	dispositions of MA	CRS		
D-	assets	-b	Droportello	ad in a Tuada	- or Duckers	and Invaluate		1c	Franc Other
Pa					e or Business re Than 1 Yea	and Involuntar	-	ions	From Other
	Than Casua	illy or Their	-wost Frope	Tty Heid Wio		T		1	
2	(a) Description		(b) Date acquired	(C) Date sold	(d) Gross sales	(e) Depreciation allowed or	(f) Cost or o basis, plus		(g) Gain or (loss)
	of property		(mo., day, yr.)	(mo., day, yr.)	price	allowable since acquisition	improvements expense of s		Subtract (f) from the sum of (d) and (e)
						acquisition	expense or s	ale	
<i>I</i> UE	INVESTMENTS HOLD	INGS LP							662,000.
					-	-			
					-	-			
					I	<u> </u>	Г		
3	Gain, if any, from Form	•					Г	3	
	Section 1231 gain from							4	
5	Section 1231 gain or (							5	
6	Gain, if any, from line	•	•					6	
7	Combine lines 2 through	•	• , ,	•				7	662,000.
	Partnerships and S c	-				or Form 1065, Sche	dule K,		
	line 10, or Form 1120-	S, Schedule K,	line 9. Skip lines	8, 9, 11, and 12	2 below.				
	Individuals, partners,	•	•			•			
	from line 7 on line 11 k								
	1231 losses, or they w	•	•			ng-term capital gair	n on		
	the Schedule D filed w	itii your returii	and skip lines o,	9, 11, and 12 b	eiow.		ļ		
8	Nonrecaptured net see	ction 1231 loss	es from prior yea	ırs. See instructi	ons			8	
9	Subtract line 8 from lin	ie 7. If zero or l	ess, enter -0 If li	ne 9 is zero, ent	er the gain from lir	ne 7 on line 12 belo	w. If		
	line 9 is more than zero	o, enter the am	ount from line 8	on line 12 below	and enter the gain	n from line 9 as a lo	ng-term		
	capital gain on the Sch	nedule D filed v	vith your return. S	See instructions				9	662,000.
Pa	rt II Ordinary	Gains and I	Losses (see ins	structions)					
10	Ordinary gains and lo	sses not includ	led on lines 11 th	rough 16 (includ	de property held 1	year or less):			
			1		L	L	Г		
	Loss, if any, from line							11	(
	Gain, if any, from line							12	
	Gain, if any, from line 3							13	
14	Net gain or (loss) from	,						14	
	Ordinary gain from ins							15	
16	Ordinary gain or (loss)	from like-kind e	exchanges from F	Form 8824				16	
17	Combine lines 10 thro	ugh 16						17	
18	For all except individua	al returns, ente	r the amount fron	m line 17 on the	appropriate line of	your return and sk	ip lines		
	a and b below. For ind	ividual returns,	complete lines a	and b below.					
а	If the loss on line 11 in	cludes a loss fr	rom Form 4684, I	line 35, column	(b)(ii), enter that pa	rt of the loss here.	Enter the		
	loss from income-prod	ucing property	on Schedule A (I	Form 1040), line	16. (Do not includ	le any loss on prop	erty used		
	as an employee.) Ident	tify as from "Fo	rm 4797, line 18a	a." See instructi	ons			18a	
b	Redetermine the gain								
	(Form 1040), Part I, lin	e 4						18b	

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2022)

Part III Gain From Disposition of Property	y Und	er Sections 1245, 12	50, 1252,	125	54, and 1255 (see	instructions)
19 (a) Description of section 1245, 1250, 1252, 1254, o	or 1255	property:			(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
_A						
<u>B</u>						
C						
_ D						
These columns relate to the properties on lines 19A through 19D.		Property A	Property B	3	Property C	Property D
<b>20</b> Gross sales price ( <b>Note:</b> See line 1a before completing.)	20					
21 Cost or other basis plus expense of sale	21					
22 Depreciation (or depletion) allowed or allowable	22					
23 Adjusted basis. Subtract line 22 from line 21	23					
24 Total gain. Subtract line 23 from line 20	24					
25 If section 1245 property:						
<b>a</b> Depreciation allowed or allowable from line 22	25a					
<b>b</b> Enter the <b>smaller</b> of line 24 or 25a	25b					
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.						
<b>a</b> Additional depreciation after 1975. See instructions	26a					
<b>b</b> Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a. See instructions	26b					
c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c					
<b>d</b> Additional depreciation after 1969 and before 1976	26d					
e Enter the smaller of line 26c or 26d	26e					
f Section 291 amount (corporations only)	26f					
g Add lines 26b, 26e, and 26f	26g					
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.						
a Soil, water, and land clearing expenses	27a					
<b>b</b> Line 27a multiplied by applicable percentage	27b					
c Enter the smaller of line 24 or 27b	27c					
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a					
<b>b</b> Enter the <b>smaller</b> of line 24 or 28a	28b					
29 If section 1255 property:  a Applicable percentage of payments excluded from income under section 126. See instructions	29a					
<b>b</b> Enter the <b>smaller</b> of line 24 or 29a. See instructions	29b					
Summary of Part III Gains. Complete property of	olumne	A through D through line 20	Oh hefore a	oina	to line 30	
	Oldiffilis	A through b through line 20		onig	10 1110 00.	
<b>30</b> Total gains for all properties. Add property columns	A throu	igh D, line 24			30	
31 Add property columns A through D, lines 25b, 26g,	27c, 28	b, and 29b. Enter here and	on line 13		31	
32 Subtract line 31 from line 30. Enter the portion from	casualt	ty or theft on Form 4684, lin	ne 33. Enter	the	portion	
from other than casualty or theft on Form 4797, line  Part IV Recapture Amounts Under Section	6	0 and 280E(b)(2) Who	n Busins	<u></u>	32 Jso Drops to 50%	orloss
Part IV   Recapture Amounts Under Section (see instructions)	115 17		n busine	55 (	use props to 50%	or Less
(CCC I I CARGOTTO)					(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allow	wahle ir	n prior vears	Γ	33		( ), (
<b>24</b> D		T prior yours	····	34		
35 Recapture amount. Subtract line 34 from line 33. Se				35		

Internal Revenue Service Name(s) shown on return

# **General Business Credit**

Go to www.irs.gov/Form3800 for instructions and the latest information. You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

WILLAMETTE UNIVERSITY 93-0386972 Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT) (See instructions and complete Part(s) III before Parts I and II.) General business credit from line 2 of all Parts III with box A checked Passive activity credits from line 2 of all Parts III with box B checked 1,620. Enter the applicable passive activity credits allowed for 2022. See instructions 3 Carryforward of general business credit to 2022. Enter the amount from line 2 of Part III with box C checked. See instructions for statement to attach 4 Check this box if the carryforward was changed or revised from the original reported amount Carryback of general business credit from 2023. Enter the amount from line 2 of Part III with box D Add lines 1, 3, 4, and 5 6 1,620. Part II | Allowable Credit Regular tax before credits: Individuals. Enter the sum of the amounts from Form 1040, 1040-SR, or 1040-NR, line 16, and Schedule 2 (Form 1040), line 2 • Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the 4,516. applicable line of your return Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G. lines 1a and 1b, plus any Form 8978 amount included on line 1d; or the amount from the applicable line of your return Alternative minimum tax: • Individuals. Enter the amount from Form 6251, line 11 0. Corporations. Enter -0-• Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54 Add lines 7 and 8 4,516. 10a Foreign tax credit

13	Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000. See	
	instructions	13
14	Tentative minimum tax:	
	Individuals. Enter the amount from Form 6251, line 9	
	Corporations. Enter -0-	14
	Estates and trusts. Enter the amount from Schodule I (Form 10/1)	

line 52 Enter the greater of line 13 or line 14

Subtract line 15 from line 11. If zero or less, enter -0-

Enter the **smaller** of line 6 or line 16

C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or

Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0-

**b** Certain allowable credits (see instructions)

Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16

Form 3800 (2022)

2,896.

1,620.

1,620.

1,620.

10c

11

15

16

17

1 620

LHA For Paperwork Reduction Act Notice, see separate instructions.

c Add lines 10a and 10b

Form 3800 (2022) Page **2** 

Pa	Part II Allowable Credit (continued)						
Not	Note: If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and enter -0- on line 26.						
18	Multiply line 14 by 75% (0.75). See instructions	18					
19	Enter the greater of line 13 or line 18	19					
20	Subtract line 19 from line 11. If zero or less, enter -0-	20					
21	Subtract line 17 from line 20. If zero or less, enter -0-	21					
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22					
23	Passive activity credit from line 3 of all Parts III with box B checked						
24	Enter the applicable passive activity credit allowed for 2022. See instructions	24					
25	Add lines 22 and 24	25					
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21						
	or line 25	26	0.				
27	Subtract line 13 from line 11. If zero or less, enter -0-	27	1,620.				
28	Add lines 17 and 26	28	1,620.				
29	Subtract line 28 from line 27. If zero or less, enter -0-	29	0.				
30	Enter the general business credit from line 5 of all Parts III with box A checked	30					
31	Reserved	31					
32	Passive activity credits from line 5 of all Parts III with box B checked						
	False the conflicted and a set it and the second and the office of the second and	00					
33	Enter the applicable passive activity credits allowed for 2022. See instructions	33					
34	Carryforward of business credit to 2022. Enter the amount from line 5 of Part III with box C checked						
J-T	and line 6 of Part III with box G checked. See instructions for statement to attach	34					
	Check this box if the carryforward was changed or revised from the original reported amount	-					
	Check this box in the dairy of ward was onlying a chronical from the original reported amount						
35	Carryback of business credit from 2023. Enter the amount from line 5 of Part III with box D checked.						
	See instructions	35					
36	Add lines 30, 33, 34, and 35	36					
37	Enter the <b>smaller</b> of line 29 or line 36	37					
38	Credit allowed for the current year. Add lines 28 and 37.						
	Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36,						
	see instructions) as indicated below or on the applicable line of your return.						
	● Individuals. Schedule 3 (Form 1040), line 6						
	Corporations. Form 1120, Schedule J, Part I, line 5c	38	1,620.				
	Estates and trusts. Form 1041, Schedule G, line 2b						

Form **3800** (2022)

Form 3800 (2022) Page 3

Name(	s) shown on return	Identifying number		
WILI	AMETTE UNIVERSITY			93-0386972
Pa	rt III General Business Credits or Eligible Small Business Credits	S (see	e instructions)	
Com	plete a separate Part III for each box checked below. See instructions.		,	
Α	General Business Credit From a Non-Passive Activity  E Reserv	ed		
В	General Business Credit From a Passive Activity     F Reserv	ved		
С	·	e Small Business Credit Carryforwards		
D	General Business Credit Carrybacks H Reserv		,	
	If you are filing more than one Part III with box A or B checked, complete and attach fi		additional Part III combin	ing amounts from all
	Parts III with box A or B checked. Check here if this is the consolidated Part III			_
	(a) Description of credit			(c)
	: On any line where the credit is from more than one source, a separate Part III is need ach pass-through entity.	iea	(b) Enter EIN if claiming the credit from a pass-through entity.	Enter the appropriate amount.
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Advanced manufacturing production (Form 7207)	1b		
С	Increasing research activities (Form 6765)	1c	33-1168742	4,099.
d	Low-income housing (carryforward only) (see instructions)	1d		
е	Disabled access (Form 8826)*	1e		
f	Renewable electricity production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs and auto-enrollment (Form 8881)	1j		
k	Employer-provided child care facilities and services (Form 8882)*	1k		
ı	Biodiesel, renewable diesel, or sustainable aviation fuel (attach Form 8864)	11		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel (carryforward only)	10		
р	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Enhanced oil recovery credit (Form 8830)	1t		
u	Mine rescue team training (Form 8923)	1u		
v	Agricultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w		
х	Carbon oxide sequestration (Form 8933)	1x		
у	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
aa	Employee retention (Form 5884-A)	1aa		
bb		1bb		
ZZ	Other. Oil and gas production from marginal wells (Form 8904) and certain other			
	credits (see instructions)	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		4,099.
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
С	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586)	4d		
е	Renewable electricity production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee			
	tips (Form 8846)	4f		<u> </u>
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Increasing research activities (Form 6765)	4i		
j	Employer credit for paid family and medical leave (Form 8994)	4j		
z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		4,099.

6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II

629092\_1

<sup>\*</sup> See instructions for limitation on this credit.

### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print WILLAMETTE UNIVERSITY 93-0386972 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 900 STATE STREET return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. SALEM, OR 97301 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) SCOTT SCHAEFER The books are in the care of ▶ 900 STATE STREET - SALEM, OR 97301 Telephone No. ▶ 503-370-6710 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box 🕨 🔲 and attach a list with the names and TINs of all members the extension is for. MAY 15, 2024 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year or ▶ X tax year beginning JUL 1, 2022 JUN 30, 2023 , and ending Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 125,000. any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

MAIL TO: DEPARTMENT OF THE TREASURY

INTERNAL REVENUE SERVICE CENTER

OGDEN UT 84201-0045