

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
▶ Do not enter social security numbers on this form as it may be made public  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
**2017**  
**Open to Public Inspection**

**A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018**

- B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
University of the Pacific

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite  
3601 Pacific Avenue

City or town, state or province, country, and ZIP or foreign postal code  
Stockton, CA 95211

**D** Employer identification number  
94-1156266

**E** Telephone number  
(209) 946-7372

**G** Gross receipts \$ 1,294,714,729

**F** Name and address of principal officer  
Pamela A Eibeck PhD President  
3601 Pacific Avenue  
Stockton, CA 95211

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

**J** Website: ▶ [www.pacific.edu](http://www.pacific.edu)

**H(a)** Is this a group return for subordinates?  Yes  No

**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list (see instructions)

**H(c)** Group exemption number ▶

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

**L** Year of formation 1851 **M** State of legal domicile CA

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities  
To provide a superior, student-centered learning experience integrating liberal arts and professional education and preparing individuals for lasting achievement and responsible leadership in their careers and communities

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	25
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	24
<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5,322
<b>6</b> Total number of volunteers (estimate if necessary)	
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	426,645
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	-87,311

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	39,895,562	28,179,162
<b>9</b> Program service revenue (Part VIII, line 2g)	342,845,012	359,312,577
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	26,416,686	29,332,172
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	15,392,089	14,064,411
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	424,549,349	430,888,322
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	74,401,707	84,424,631
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	211,249,738	216,510,833
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 12,095,432		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	117,416,053	121,030,212
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	403,067,498	421,965,676
<b>19</b> Revenue less expenses Subtract line 18 from line 12	21,481,851	8,922,646

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	1,067,228,653	1,085,078,416
<b>21</b> Total liabilities (Part X, line 26)	302,225,294	299,354,443
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	765,003,359	785,723,973

**Part II 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

**Sign Here**

\*\*\*\*\*  
Signature of officer  
Date 2019-04-25

Kenneth M Mullen VP For Business & Finance  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name Jocelyne Miller	Preparer's signature Jocelyne Miller	Date	Check <input type="checkbox"/> if self-employed	PTIN P00634378
Firm's name ▶ Ernst & Young US LLP			Firm's EIN ▶ 34-6565596	
Firm's address ▶ 4365 Executive Drive Suite 1600 San Diego, CA 92121			Phone no (858) 535-7200	

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

To provide a superior, student-centered learning experience integrating liberal arts and professional education and preparing individuals for lasting achievement and responsible leadership in their careers and communities

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ 219,808,680 including grants of \$ ) (Revenue \$ 332,794,241 )

See Additional Data

**4b** (Code ) (Expenses \$ 115,657,673 including grants of \$ 84,424,631 ) (Revenue \$ 574,836 )

See Additional Data

**4c** (Code ) (Expenses \$ 34,240,282 including grants of \$ ) (Revenue \$ 32,902,658 )

See Additional Data














(Code ) (Expenses \$ 14,717,463 including grants of \$ ) (Revenue \$ )

RESEARCH INCLUDES EXPENDITURES FOR ACTIVITIES SPECIFICALLY DESIGNED TO PRODUCE HIGH-QUALITY RESEARCH OUTCOMES WHILE PROVIDING HANDS-ON RESEARCH TRAINING TO BOTH UNDERGRADUATE AND GRADUATE STUDENTS

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ 14,717,463 including grants of \$ ) (Revenue \$ )

**4e Total program service expenses** ▶ 384,424,098

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	Yes	
<b>3</b> 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		No
<b>4 Section 501(c)(3) organizations.</b> 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 	Yes	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		
<b>6</b> 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		No
<b>7</b> 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		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	Yes	
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	Yes	
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	Yes	
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
<b>d</b> 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		No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	Yes	
<b>f</b> 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 	Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	Yes	
<b>b</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		No
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 	Yes	
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	Yes	
<b>b</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 	Yes	
<b>15</b> 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		No
<b>16</b> 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		No
<b>17</b> 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)		No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	Yes	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>		No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>	Yes	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>	Yes	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>	Yes	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		No
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		No
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		No
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		No
<b>b</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? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		No
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II . . . . .</i>		No
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>	Yes	
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	Yes	
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	Yes	
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	Yes	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	Yes	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>	Yes	
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		No
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>		No
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>		No
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>		No
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		No
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>		No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (25), 1b (24), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 (CA), 18, 19, 20 (Kenneth M Mullen 3601 Pacific Avenue Stockton, CA 95211 (209) 946-7372).







**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>	0		
	<b>b</b> Membership dues . . . . .	<b>1b</b>	0		
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	539,567		
	<b>d</b> Related organizations . . . . .	<b>1d</b>	0		
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	11,065,222		
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	16,574,373		
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____		2,955,944		
	<b>h Total.</b> Add lines 1a-1f . . . . .		28,179,162		

<b>Program Service Revenue</b>			Business Code				
	<b>2a</b> Tuition . . . . .		900099	319,686,682	319,686,682		
<b>b</b> Dental Clinic . . . . .		900099	15,138,124	15,138,124			
<b>c</b> Auxiliary . . . . .		541800	24,487,771	24,487,771			
<b>d</b> _____ . . . . .							
<b>e</b> _____ . . . . .							
<b>f</b> All other program service revenue . . . . .			0	0	0	0	0
<b>g Total.</b> Add lines 2a-2f . . . . .			359,312,577				

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			12,883,966		-79,136	12,963,102
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .			0	0	0	0
	<b>5</b> Royalties . . . . .			0	0	0	0
	<b>6a</b> Gross rents . . . . .	(i) Real	(ii) Personal				
		6,887,445					
	<b>b</b> Less rental expenses . . . . .			79,936			
	<b>c</b> Rental income or (loss) . . . . .			6,807,509	0		
	<b>d</b> Net rental income or (loss) . . . . .			6,807,509	0	-4,228	6,811,737
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other				
		877,217,355	0				
	<b>b</b> Less cost or other basis and sales expenses . . . . .			860,769,149	0		
	<b>c</b> Gain or (loss) . . . . .			16,448,206	0		
	<b>d</b> Net gain or (loss) . . . . .			16,448,206	0	0	16,448,206
	<b>8a</b> Gross income from fundraising events (not including \$ 539,567 of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>					
			426,826				
<b>b</b> Less direct expenses . . . . .	<b>b</b>						
		639,091					
<b>c</b> Net income or (loss) from fundraising events . . . . .				-212,265	0	-212,265	
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>						
		0					
<b>b</b> Less direct expenses . . . . .	<b>b</b>						
		0					
<b>c</b> Net income or (loss) from gaming activities . . . . .				0	0	0	
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
		3,310,541					
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>						
		2,338,231					
<b>c</b> Net income or (loss) from sales of inventory . . . . .				972,310	950,467	21,843	
<b>11a</b> Conferences & Camps . . . . .		900099	1,635,290	1,635,290	0	0	
<b>b</b> Interest Income - Loan . . . . .		900099	763,879	763,879	0	0	
<b>c</b> Tickets, Event Sales . . . . .		900099	647,021	647,021	0	0	
<b>d</b> All other revenue . . . . .			3,450,667	2,962,501	488,166	0	
<b>e Total.</b> Add lines 11a-11d . . . . .			6,496,857				
<b>12 Total revenue.</b> See Instructions . . . . .			430,888,322	366,271,735	426,645	36,010,780	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	84,424,631	84,424,631		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	8,466,977	5,677,418	2,114,064	675,495
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	150,965	150,965		
<b>7</b> Other salaries and wages.	156,428,833	143,922,362	6,274,099	6,232,372
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	13,634,373	12,581,731	496,393	556,249
<b>9</b> Other employee benefits.	25,536,986	23,905,814	307,055	1,324,117
<b>10</b> Payroll taxes.	12,292,699	11,164,240	585,469	542,990
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management.	7,342,948		7,342,948	
<b>b</b> Legal.	806,206		806,206	
<b>c</b> Accounting.	414,311		414,311	
<b>d</b> Lobbying.				
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.	2,510,602		2,510,602	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	10,593,049	10,070,513	255,763	266,773
<b>12</b> Advertising and promotion.	2,292,266	2,088,260	17,569	186,437
<b>13</b> Office expenses.	25,037,127	23,937,780	555,899	543,448
<b>14</b> Information technology.	8,228,687	7,601,739	292,624	334,324
<b>15</b> Royalties.				
<b>16</b> Occupancy.	10,949,735	10,186,456	280,769	482,510
<b>17</b> Travel.	4,466,551	4,043,777	146,736	276,038
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.				
<b>20</b> Interest.	7,159,014	6,477,590	681,424	
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	22,533,490	20,388,662	2,144,828	
<b>23</b> Insurance.	1,412,204	1,297,285	42,564	72,355
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> Hospitality Student Room/Board.	5,750,146	5,750,146		
<b>b</b> Catering & Other Hospitality.	4,242,171	3,620,580	120,015	501,576
<b>c</b> Bldg/Grounds Repair/Maint.	1,454,434	1,333,293	47,072	74,069
<b>d</b> Athletic Activities.	4,340,465	4,340,465		
<b>e</b> All other expenses.	1,496,806	1,460,391	9,736	26,679
<b>25</b> Total functional expenses. Add lines 1 through 24e.	421,965,676	384,424,098	25,446,146	12,095,432
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	366,073	<b>1</b>	-2,052,092
	<b>2</b> Savings and temporary cash investments . . . . .	11,433,879	<b>2</b>	13,663,431
	<b>3</b> Pledges and grants receivable, net . . . . .	20,121,490	<b>3</b>	16,624,315
	<b>4</b> Accounts receivable, net . . . . .	5,495,458	<b>4</b>	9,312,105
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .		<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	31,523,687	<b>7</b>	30,690,383
	<b>8</b> Inventories for sale or use . . . . .	3,240,189	<b>8</b>	3,418,872
	<b>9</b> Prepaid expenses and deferred charges . . . . .	3,218,568	<b>9</b>	2,256,354
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	630,924,619		
	<b>b</b> Less accumulated depreciation	257,260,368		
	<b>11</b> Investments—publicly traded securities . . . . .	527,894,360	<b>11</b>	530,403,683
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	95,031,383	<b>12</b>	106,282,893
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	0	<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .	2,276,920	<b>15</b>	814,221
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	1,067,228,653	<b>16</b>	1,085,078,416	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	27,653,760	<b>17</b>	31,830,493
	<b>18</b> Grants payable . . . . .	221,161	<b>18</b>	440,680
	<b>19</b> Deferred revenue . . . . .	15,962,845	<b>19</b>	20,185,493
	<b>20</b> Tax-exempt bond liabilities . . . . .	176,332,943	<b>20</b>	167,504,543
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	14,274,919	<b>23</b>	12,422,356
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	67,779,666	<b>25</b>	66,970,878
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	302,225,294	<b>26</b>	299,354,443
<b>Net Assets or Fund Balances</b>	<b>27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> Unrestricted net assets	341,832,045	<b>27</b>	333,258,945
	<b>28</b> Temporarily restricted net assets . . . . .	98,541,740	<b>28</b>	115,692,948
	<b>29</b> Permanently restricted net assets	324,629,574	<b>29</b>	336,772,080
	<b>30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	765,003,359	<b>33</b>	785,723,973
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	1,067,228,653	<b>34</b>	1,085,078,416

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	430,888,322
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	421,965,676
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	8,922,646
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	765,003,359
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	11,821,799
<b>6</b>	Donated services and use of facilities	<b>6</b>	0
<b>7</b>	Investment expenses	<b>7</b>	0
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-23,831
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	785,723,973

**Part XII Financial Statements and Reporting**

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

		Yes	No
<p><b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>			
<p><b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	<b>2a</b>		No
<p><b>b</b> Were the organization's financial statements audited by an independent accountant?</p> <p>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</p> <p><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	<b>2b</b>	Yes	
<p><b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	<b>2c</b>	Yes	
<p><b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p>	<b>3a</b>	Yes	
<p><b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</p>	<b>3b</b>	Yes	

## Additional Data

**Software ID:** 17005876

**Software Version:** 2017v2.2

**EIN:** 94-1156266

**Name:** University of the Pacific

Form 990 (2017)

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### Form 990, Part III, Line 4a:

INSTRUCTION, DEPARTMENTAL AND ACADEMIC SUPPORT INCLUDES THE SALARIES, BENEFITS, SUPPLIES AND DEPARTMENTAL SUPPORT NECESSARY TO DELIVER HIGHER EDUCATION SERVICES FOR THE UNIVERSITY'S APPROXIMATELY 6,100 UNDERGRADUATE, GRADUATE AND PROFESSIONAL STUDENTS ACROSS THREE NORTHERN CALIFORNIA CAMPUSES. THE UNIVERSITY'S MAIN CAMPUS IN STOCKTON COMBINES MANY OF THE ADVANTAGES OF A LARGER UNIVERSITY WITH THOSE OF A SMALL LIBERAL ARTS COLLEGE, OFFERING A BROAD ARRAY OF UNDERGRADUATE, GRADUATE AND PROFESSIONAL DEGREE PROGRAMS THROUGH SEVEN SCHOOLS, INCLUDING THE COLLEGE OF THE PACIFIC, THE SCHOOL OF INTERNATIONAL STUDIES, THE SCHOOL OF ENGINEERING AND COMPUTER SCIENCE, THE CONSERVATORY OF MUSIC, THE EBERHARDT SCHOOL OF BUSINESS, THE GLADYS L. BENERD SCHOOL OF EDUCATION, AND THE THOMAS J. LONG SCHOOL OF PHARMACY AND HEALTH SCIENCES. THE SAN FRANCISCO CAMPUS IS HOME TO THE ARTHUR A. DUGONI SCHOOL OF DENTISTRY, ONE OF THE LEADING DENTAL SCHOOLS IN THE NATION AND SEVERAL OTHER NEW ACADEMIC PROGRAMS INCLUDING DATA ANALYTICS, AUDIOLOGY, AND MUSIC THERAPY. THE SACRAMENTO CAMPUS IS HOME TO THE MCGEORGE SCHOOL OF LAW AND HAS ALSO EXPANDED TO INCLUDE SEVERAL SPECIALIZED LEGAL DEGREE PROGRAMS, GRADUATE PROGRAMS IN BUSINESS, AND PHYSICIAN'S ASSISTANT AND DATA ANALYTICS OFFERINGS.

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**Form 990, Part III, Line 4b:**

STUDENT SERVICES, SCHOLARSHIPS AND FINANCIAL AID INCLUDES EXPENDITURES FOR ALL FORMS OF STUDENT AID AND EXPENDITURES FOR THE EDUCATION AND SUPPORT OF THE UNIVERSITY'S APPROXIMATELY 6,100 STUDENTS THE UNIVERSITY'S FINANCIAL AID PROGRAM DEMONSTRATES AN ONGOING COMMITMENT TO PUT A QUALITY EDUCATION WITHIN REACH, PROVIDING A WIDE RANGE OF SCHOLARSHIPS AND GRANTS, INCLUDING MATCHING CAL GRANTS FOR STUDENTS WHO QUALIFY THE UNIVERSITY'S FOUR-YEAR GUARANTEE PROVIDES STUDENTS ASSURANCE THEY WILL BE ABLE TO GET THE CLASSES THEY NEED TO GRADUATE ON TIME

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**Form 990, Part III, Line 4c:**

AUXILIARY ACTIVITIES INCLUDES SERVICES THAT SUPPORT EDUCATIONAL ACTIVITIES AND ATHLETICS ACTIVITIES, INCLUDING CAMPUS BOOKSTORES, FITNESS CENTER, DINING SERVICES, RESIDENTIAL LIFE AND HOUSING

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**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Eibeck Pamela President	50 0 .....	X		X				573,525	0	105,445
Dreyfuss Evan Board Member, Treasurer	10 0 .....	X		X				0	0	0
Fleming Richard Board Member, Vice Chair, Committee Chair	15 0 .....	X		X				0	0	0
Hoch Andrea Board Member, Secretary	10 0 .....	X		X				0	0	0
Huber Kevin Board Member, Chair, Committee Chair	15 0 .....	X		X				0	0	0
Allen Norman Board Member, Committee Chair	10 0 .....	X						0	0	0
Berberian Ronald Board Member	5 0 .....	X						0	0	0
Berolzheimer Charles Board Member, Committee Chair	10 0 .....	X						0	0	0
Bowman Kirk Board Member	5 0 .....	X						0	0	0
Chan Virginia Board Member	5 0 .....	X						0	0	0



**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Dassenko Paul Board Member	5 0 ..... 0 0	X						0	0	0
Eberhardt Mary-Elizabeth Board Member	5 0 ..... 0 0	X						0	0	0
Flores Armando Board Member	5 0 ..... 0 0	X						0	0	0
Gleason Bradford Board Member	5 0 ..... 0 0	X						0	0	0
Gustafson Clark Board Member, Committee Chair	10 0 ..... 0 0	X						0	0	0
Hayashi Randy Board Member	5 0 ..... 0 0	X						0	0	0
Kurtin Eve Board Member	5 0 ..... 0 0	X						0	0	0
McShane Kathleen Board Member, Committee Chair	10 0 ..... 0 0	X						0	0	0
Mitchell Gary Board Member	5 0 ..... 0 0	X						0	0	0
Philibosian Dianne Board Member	5 0 ..... 0 0	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Rishwain Constance Board Member	5 0 ..... 0 0	X						0	0	0
Scotland Arthur Board Member	5 0 ..... 0 0	X						0	0	0
Shalvey Don Board Member	5 0 ..... 0 0	X						0	0	0
Spears Janet Board Member, Committee Chair	10 0 ..... 0 0	X						0	0	0
Stirling Susanne Board Member, Committee Chair	10 0 ..... 0 0	X						0	0	0
Atterbury George VP, Development	50 0 ..... 0 0			X				310,349	0	60,648
Day Patrick VP, Student Life	50 0 ..... 0 0			X				213,146	0	45,907
Mullen Kenneth VP, Business & Finance	50 0 ..... 0 0			X				342,000	0	70,833
Pallavicini Maria Provost	50 0 ..... 0 0			X				372,741	0	53,412
Sprecher Art VP for Technology and CIO	50 0 ..... 0 0			X				238,071	0	52,725



**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Witte Peter Dean, Conservatory of Music (incoming)	50 0 ..... 0 0				X			130,173	0	20,789
Boyd Robert Professor, Outgoing Chair Orthodontics	50 0 ..... 0 0					X		314,631	0	45,292
Leland Edward Director of Athletics (outgoing)	50 0 ..... 0 0					X		340,601	0	46,561
Nattestad Anders Professor of Oral Surgery	50 0 ..... 0 0					X		541,779	0	43,890
Park Chan Assistant/Associate Professor	50 0 ..... 0 0					X		476,808	0	51,448
Stoudamire Damon Head Coach, Men's Basketball	50 0 ..... 0 0					X		438,960	0	54,938
Gale Lewis Dean Sabattical, Eberhardt School of Business (outgoing)/ Professor	20 0 ..... 0 0						X	196,247	0	47,331
Webster Linda Professor, School of Education	20 0 ..... 0 0						X	111,726	0	36,953
Yarborough Craig Director, Center for Success	20 0 ..... 0 0						X	257,375	0	47,123

**SCHEDULE A**  
**(Form 990 or**  
**990EZ)**

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization  
University of the Pacific

Employer identification number

94-1156266

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box )

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ) )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 11  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
  - f Enter the number of supported organizations \_\_\_\_\_
  - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b>	<b>Total.</b> Add lines 1 through 3						
<b>5</b>	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b>	Amounts from line 4						
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b>	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						
<b>12</b>	Gross receipts from related activities, etc (see instructions)					<b>12</b>	

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

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

<b>14</b>	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
<b>15</b>	Public support percentage for 2016 Schedule A, Part II, line 14	<b>15</b>	

- 16a 33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- b 33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- 17a 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- b 10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b>	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b>	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b>	Add lines 7a and 7b						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b>	Amounts from line 6						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b>	Add lines 10a and 10b						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

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

<b>15</b>	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b>	Public support percentage from 2016 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2017</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2016</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

**b 33 1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	<b>1</b>		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	<b>3a</b>		
<b>b</b>	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	<b>4b</b>		
<b>c</b>	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
	<b>6</b>		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>7</b>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>8</b>		
<b>9a</b>	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9a</b>		
<b>b</b>	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9b</b>		
<b>c</b>	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9c</b>		
<b>10a</b>	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	<b>10a</b>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	<b>10b</b>		



**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described in (a) above?		
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b>	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test <b>Answer (a) and (b) below.</b>	Yes	No
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b>	Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2017</b>	<b>(iii) Distributable Amount for 2017</b>
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013. . . . .			
<b>c</b> From 2014. . . . .			
<b>d</b> From 2015. . . . .			
<b>e</b> From 2016. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2017 from Section D, line 7			
<b>\$</b>			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
<b>6</b> Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> Excess from 2013. . . . .			
<b>b</b> Excess from 2014. . . . .			
<b>c</b> Excess from 2015. . . . .			
<b>d</b> Excess from 2016. . . . .			
<b>e</b> Excess from 2017. . . . .			

## Additional Data

**Software ID:** 17005876

**Software Version:** 2017v2.2

**EIN:** 94-1156266

**Name:** University of the Pacific

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

<b>Facts And Circumstances Test</b>
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**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No 1545-0047

**2017**

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

**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.**  
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**  
**[www.irs.gov/form990](http://www.irs.gov/form990).**

**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

**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**

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization University of the Pacific	<b>Employer identification number</b> 94-1156266
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities (see instructions) \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No
- 4a Was a correction made?  Yes  No
- b If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year?  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				



**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b> Volunteers?		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
<b>c</b> Media advertisements?		No	
<b>d</b> Mailings to members, legislators, or the public?		No	
<b>e</b> Publications, or published or broadcast statements?		No	
<b>f</b> Grants to other organizations for lobbying purposes?		No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b> Other activities?	Yes		118,315
<b>j</b> Total Add lines 1c through 1i			118,315
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	THE UNIVERSITY IS A MEMBER OF THE ASSOCIATION OF INDEPENDENT CALIFORNIA COLLEGES AND UNIVERSITIES (AICCU), THE NATIONAL ASSOCIATION OF INDEPENDENT COLLEGES & UNIVERSITIES (NAICU), THE NATIONAL ASSOCIATION OF COLLEGE AND UNIVERSITY BUSINESS OFFICERS (NACUBO), THE ASSOCIATION OF GOVERNING BOARDS (AGB), THE GREATER SACRAMENTO ECONOMIC CHAMBER AND THE SACRAMENTO METRO CHAMBER FOUNDATION THESE ORGANIZATIONS LOBBY ON BEHALF OF HIGHER EDUCATION THE AMOUNTS SHOWN ON SCHEDULE C, PART II, LINE 1I PERTAIN TO DUES PAID TO THE ABOVE NOTED ASSOCIATIONS
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	THE UNIVERSITY IS A MEMBER OF THE ASSOCIATION OF INDEPENDENT CALIFORNIA COLLEGES AND UNIVERSITIES (AICCU), THE NATIONAL ASSOCIATION OF INDEPENDENT COLLEGES & UNIVERSITIES (NAICU), THE NATIONAL ASSOCIATION OF COLLEGE AND UNIVERSITY BUSINESS OFFICERS (NACUBO), THE ASSOCIATION OF GOVERNING BOARDS (AGB), THE GREATER SACRAMENTO ECONOMIC CHAMBER AND THE SACRAMENTO METRO CHAMBER FOUNDATION THESE ORGANIZATIONS LOBBY ON BEHALF OF HIGHER EDUCATION THE AMOUNTS SHOWN ON SCHEDULE C, PART II, LINE 1I PERTAIN TO DUES PAID TO THE ABOVE NOTED ASSOCIATIONS

**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**  
**► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.**  
**Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047  
**2017**  
**Open to Public Inspection**

**Name of the organization**  
University of the Pacific

**Employer identification number**  
94-1156266

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year		
<b>5</b> Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>6</b> Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Preservation of land for public use (e.g., recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year	
<b>a</b> Total number of conservation easements	<b>2a</b>	
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>	
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>	
<b>d</b> Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	<b>2d</b>	

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

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

**5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

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

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

**8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

**1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

**b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

**(i)** Revenue included on Form 990, Part VIII, line 1 ► \$ 858,128

**(ii)** Assets included in Form 990, Part X ► \$ 42,108,837

**2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

**a** Revenue included on Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X ► \$ \_\_\_\_\_



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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- |  | Amount |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> Ending balance                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	423,478,347	375,243,643	390,625,084	386,612,949	223,274,000
<b>b</b> Contributions . . . . .	10,541,829	15,085,253	9,514,705	6,748,357	109,770,012
<b>c</b> Net investment earnings, gains, and losses	37,810,286	51,369,988	-7,845,182	13,492,697	64,513,344
<b>d</b> Grants or scholarships . . . . .	15,492,191	14,873,990	14,213,398	13,655,451	8,674,469
<b>e</b> Other expenditures for facilities and programs . . . . .	0	0	0	0	0
<b>f</b> Administrative expenses . . . . .	3,362,184	3,346,547	2,837,566	2,573,468	2,269,938
<b>g</b> End of year balance . . . . .	452,976,087	423,478,347	375,243,643	390,625,084	386,612,949

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 7 %
  - b** Permanent endowment ▶ 71 %
  - c** Temporarily restricted endowment ▶ 22 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- |  | Yes | No |
|--|-----|----|
| <b>(i)</b> unrelated organizations . . . . .   | Yes |    |
| <b>(ii)</b> related organizations . . . . .  |     | No |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . |     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		6,263,174		6,263,174
<b>b</b> Buildings . . . . .		455,054,826	223,477,977	231,576,849
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		130,176,819	33,782,391	96,394,428
<b>e</b> Other . . . . .		39,429,800		39,429,800
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . . .				373,664,251

**Part VII Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) Hedge Funds & Private Equity	102,747,515	
(B) Real and Personal Property	1,073,311	
(C) U S Equities	700,000	
(D) Assets Held by Other Trustees	1,762,067	
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 )	106,282,893	

**Part VIII Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
Annuity & Unitrust Reserves	11,146,611
Self Insurance Reserves	11,751,951
Asset Retirement Obligation	9,024,684
Capital Lease Obligations	1,073,430
Federal Student Loan Program	31,989,861
Early Retirement Reserves	1,984,341
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	66,970,878

**2.** Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	341,622,780
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	11,821,799
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	0
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	0
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	0
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	11,821,799
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	329,800,981
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	0
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	101,087,341
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	101,087,341
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	430,888,322

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	339,878,276
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	0
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	339,878,276
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	82,087,400
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	82,087,400
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	421,965,676

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

## Additional Data

**Software ID:** 17005876

**Software Version:** 2017v2.2

**EIN:** 94-1156266

**Name:** University of the Pacific

## Supplemental Information

Return Reference	Explanation
Schedule D, Part VII Investments - other securities 5% or more of total assets	ALTERNATIVE INVESTMENTS ARE THE MAJORITY OF THE "OTHER" SECURITIES THE ENDOWMENT HAS A 32 % TARGET TO ALTERNATIVES WHICH IS PRIMARILY NON-PUBLICLY TRADED SECURITIES THESE INVESTMENTS INCLUDE MARKETABLE ALTERNATIVES AND PRIVATE EQUITY AT FYE 2018, THESE ASSETS REPRESENTED APPROXIMATELY 23% OF THE ENDOWMENT

**Supplemental Information**

Return Reference	Explanation
Schedule D, Part III, Line 4 Collections of art - description of collections	<p>The University's Holt-Atherton Special Collections department houses the University library's non-circulating rare and unique research materials. The mission of Special Collections is to collect, preserve, and provide access to manuscript collections, a specialized book collection, and the university archives for students and faculty of the University of the Pacific and the general public. The majority of what the Special Collections Department oversees is the following - John Muir Papers the world's largest repository of Muir documents, - Moscone Papers personal letters, political correspondence, draft speeches, and video interviews that bear witness to one of the most transformational eras in California politics, - Brubeck archives a unique accumulation of materials representing the creative life of one of jazz's most renowned practitioners, - Western Americana primarily comprised of manuscripts and specialized books, emphasizing California history, -Japanese-American Internment documents - focused on the internment relocation experience with an emphasis on San Joaquin County, -University Archives - historic records generated by administration, faculty, staff and students of Pacific. In October 2013, the estate of the late Robert and Jeannette Powell endowed a \$125MM gift to the University. This bequest included approximately 18 works of art from the Powell's personal collection. The items are intended to be held for visual display throughout the University's three campuses.</p>

## Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	<p>The University's endowment funds include quasi-endowed funds established by the board of regents and permanently restricted endowment funds established by donors. Endowed funds are invested in perpetuity in accordance with the university's investment and spending policies. Quasi-endowed funds are restricted to various uses as approved by the Board of Regents.</p> <p>Donor-restricted funds include funds invested for purposes of funding student scholarships, investment in plant, and program support.</p>

## Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	<p>The University follows financial accounting standards board interpretation (FASB) ASC Subtopic 740-10, Income Taxes - Overall (Formerly known as FASB Interpretation No 48, Accounting for Uncertainty in income taxes, an interpretation of FASB Statement No 109) As per the University's financial statement for June 30, 2018, Pacific is tax exempt under Section 501(c)(3) of the Internal Revenue Code and Section 23701(d) of the Revenue and Taxation Code of the State of California and, generally, is not subject to state or federal taxes on income. However, Pacific remains subject to income taxes on any net income that is derived from a trade or business, regularly carried on, and not in furtherance of the purpose for which it was granted exemption. No income tax provision has been recorded as net income, if any, from any unrelated trade or business and, in the opinion of management, is not material to the financial statements taken as a whole.</p>



## Supplemental Information

Return Reference	Explanation
Schedule D, Part XI, Line 4(b) Other revenues in form 990 not in audited financial statements	Investment Gains - 22612630 Cost of Goods Sold - -2338231 Other Changes - -3611689 Financial Aid - 84424631

## Supplemental Information

Return Reference	Explanation
Schedule D, Part XII, Line 4(b) Other expenses in form 990 not in audited financial statements	Financial Aid - 84424631 Cost of Goods Sold - -2338231 Rounding - 1000

**SCHEDULE E**  
(Form 990 or 990-EZ)

# Schools

OMB No 1545-0047

## 2017

**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.**  
▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule E (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Department of the Treasury

Name of the organization  
University of the Pacific

**Employer identification number**

94-1156266

**Part I**

	YES	NO
<b>1</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	Yes	
<b>2</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	Yes	
<b>3</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space use Part II.	Yes	
<b>4</b> Does the organization maintain the following? <b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? <b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? <b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? <b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II.	Yes	
<b>5</b> Does the organization discriminate by race in any way with respect to: <b>a</b> Students' rights or privileges? <b>b</b> Admissions policies? <b>c</b> Employment of faculty or administrative staff? <b>d</b> Scholarships or other financial assistance? <b>e</b> Educational policies? <b>f</b> Use of facilities? <b>g</b> Athletic programs? <b>h</b> Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		No
<b>6a</b> Does the organization receive any financial aid or assistance from a governmental agency? <b>b</b> Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Part II.	Yes	No
<b>7</b> Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II.	Yes	

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

Return Reference	Explanation
Schedule E, Part I, Line 3 RACIALLY NONDISCRIMINATORY POLICY	Newspaper media displays include statement of racial nondiscriminatory policy of the University in the solicitation of students
Schedule E, Part I, Line 6(a) FINANCIAL AID OR ASSISTANCE FROM A GOVERNMENT	During the tax year ending on 06/30/2018, the University received support from various federal and state governmental agencies totaling \$11,065,222

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

# Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

# 2017

**Open to Public Inspection**

Name of the organization  
University of the Pacific

**Employer identification number**  
94-1156266

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
( 1 ) See Add'l Data					
( 2 )					
( 3 )					
( 4 )					
( 5 )					
<b>3a</b> Sub-total	1	72			248,683
<b>b</b> Total from continuation sheets to Part I					105,325,837
<b>c</b> Totals (add lines 3a and 3b)	1	76			105,574,520

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
( 1)								
( 2)								
( 3)								
( 4)								

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities . . . . . ▶ \_\_\_\_\_

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Region	<b>(c)</b> Number of recipients	<b>(d)</b> Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of non-cash assistance	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
( 1 )							
( 2 )							
( 3 )							
( 4 )							
( 5 )							
( 6 )							
( 7 )							
( 8 )							
( 9 )							
( 10 )							
( 11 )							
( 12 )							
( 13 )							
( 14 )							
( 15 )							
( 16 )							
( 17 )							
( 18 )							

**Part IV Foreign Forms**

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



**Part V Supplemental Information**

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

Return Reference	Explanation
Schedule F, Part I, Line 3(f) GENERAL INFORMATION ON ACTIVITIES OUTSIDE THE UNITED STATES	THE AMOUNTS LISTED IN COLUMN (F) FOR THE UNIVERSITY'S INVESTMENTS IN CENTRAL AMERICAN/CARIBBEAN AND EUROPE REFER TO THE FAIR MARKET VALUE OF INVESTMENTS FOR THAT PARTICULAR REGION, NOT SOLELY THE EXPENDITURES FOR THE FISCAL TAX YEAR ENDED 6/30/18, AS REQUIRED BY THE IRS

Return Reference	Explanation
Schedule F, Part I CONFERENCE-RELATED EXPENDITURES	INDIRECT EXPENSES ARE NOT TRACKED FOR THESE PROGRAMS AS WE ONLY TRACK UNIVERSITY FUNDS TRANSFERRED TO FOREIGN COUNTRIES TO SUPPORT THESE PROGRAMS

## Additional Data

**Software ID:** 17005876

**Software Version:** 2017v2.2

**EIN:** 94-1156266

**Name:** University of the Pacific

### Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	2	Program Services	Conference	0
Central America and the Caribbean	0	4	Program Services	RESEARCH	0

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	1	Program Services	STUDY ABROAD	12,790
East Asia and the Pacific	0	1	Program Services	FUNDRAISING	0

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific	0	13	Program Services	PROFESSIONAL SERVICES	5,221
East Asia and the Pacific	0	2	Program Services	RESEARCH	0

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific	0	13	Program Services	STUDY ABROAD	46,181
East Asia and the Pacific	0	1	Program Services	CONFERENCE	0

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)	0	0	Program Services	ADVERTISING	2,880
Europe (Including Iceland and Greenland)	0	6	Program Services	ALUMNI RELATIONS	6,480

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)	0	3	Program Services	RESEARCH	1,232
Europe (Including Iceland and Greenland)	1	8	Program Services	STUDY ABROAD	96,166



**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)	0	4	Program Services	PROFESSIONAL SERVICES	15,200
Middle East and North Africa	0	0	Program Services	STUDENT RECRUITMENT	5,850

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America (Canada & Mexico only)	0	11	Program Services	CONFERENCE	0
North America (Canada & Mexico only)	0	3	Program Services	PROFESSIONAL SERVICES	56,683

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa	0	0	Program Services	PROFESSIONAL SERVICES	2,585
South Asia	0	1	Program Services	PROFESSIONAL SERVICES	0

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South Asia	0	2	Program Services	RESEARCH	0
South America	0	1	Program Services	PROFESSIONAL SERVICES	0

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)	0	0	Investments		2,069,683
Central America and the Caribbean	0	0	Investments		103,253,569

**SCHEDULE G  
(Form 990 or 990-EZ)**

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization  
University of the Pacific

**Employer identification number**

94-1156266

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a**  Mail solicitations
  - b**  Internet and email solicitations
  - c**  Phone solicitations
  - d**  In-person solicitations
  - e**  Solicitation of non-government grants
  - f**  Solicitation of government grants
  - g**  Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>				▶		

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		<b>Advancing Women's Leadership Forum</b> (event type)	<b>Orange and Black Ball</b> (event type)	<b>10</b> (total number)	Total events (add col (a) through col (c))
<b>1</b>	Gross receipts . . . . .	272,351	229,494	464,548	966,393
<b>2</b>	Less Contributions . . . . .	206,522	57,912	275,133	539,567
<b>3</b>	Gross income (line 1 minus line 2) . . . . .	65,829	171,582	189,415	426,826
Direct Expenses	<b>4</b> Cash prizes . . . . .	0	0	0	0
	<b>5</b> Noncash prizes . . . . .	0	120,235	88,142	208,377
	<b>6</b> Rent/facility costs . . . . .	3,977	0	61,277	65,254
	<b>7</b> Food and beverages . . . . .	32,548	33,212	60,614	126,374
	<b>8</b> Entertainment . . . . .	49,154	5,770	11,234	66,158
	<b>9</b> Other direct expenses . . . . .	59,315	87,369	26,244	172,928
	<b>10</b>	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶			
<b>11</b>	Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				-212,265

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

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

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

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

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

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

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

---

- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity conducted in
 

<b>a</b>	The organization's facility	%
<b>b</b>	An outside facility	%

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ .....  
 Address ▶ .....

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c** If "Yes," enter name and address of the third party

Name ▶ .....  
 Address ▶ .....

**16** Gaming manager information

Name ▶ .....  
 Gaming manager compensation ▶ \$ .....  
 Description of services provided ▶ .....

Director/officer       Employee       Independent contractor

**17** Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference	Explanation
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**Schedule I  
(Form 990)**

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

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

Department of the  
Treasury  
Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization  
University of the Pacific

**Employer identification number**  
94-1156266

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

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) DONOR SPONSORED FINANCIAL AID	409	10,010,903			
(2) UNIVERSITY SPONSORED FINANCIAL AID	3043	74,413,728			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	Federal and state programs are administered according to the laws, rules, statutes, and regulations as issued by the State of California and the U S Department of Education as well as the U S Department of Health and Human Services University scholarships and grants are administered according to the policies and procedures developed and implemented by the Financial Aid Office in support of the University's strategic enrollment plan The Financial Aid Office uses the Free Application for Federal Student Aid (FAFSA) as well as a number of supporting documents of verification to determine a student's eligibility for all need based programs In addition, students are reviewed based on academic qualifications and special talents for merit based programs such as music, athletics, regents scholarships and similar programs Policies and Procedures ensure that the determination of aid eligibility and the subsequent delivery of aid from any and all programs are done in a fair and equitable manner and in accordance with the rules and regulations that govern the individual programs

**Schedule J**  
(Form 990)

## Compensation Information

OMB No 1545-0047

# 2017

**Open to Public Inspection**

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
University of the Pacific

Employer identification number  
94-1156266

### Part I Questions Regarding Compensation

		Yes	No		
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> First-class or charter travel  <input checked="" type="checkbox"/> Travel for companions  <input type="checkbox"/> Tax indemnification and gross-up payments  <input type="checkbox"/> Discretionary spending account                 </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Payments for business use of personal residence  <input checked="" type="checkbox"/> Health or social club dues or initiation fees  <input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)                 </td> </tr> </table>	<input checked="" type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input checked="" type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p><b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>	<b>1b</b>	Yes			
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	<b>2</b>	Yes			
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee  <input checked="" type="checkbox"/> Independent compensation consultant  <input type="checkbox"/> Form 990 of other organizations                 </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Written employment contract  <input checked="" type="checkbox"/> Compensation survey or study  <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment?</p>	<b>4a</b>		No		
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	<b>4b</b>		No		
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4c</b>		No		
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>					
<p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization?</p>	<b>5a</b>		No		
<p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	<b>5b</b>		No		
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization?</p>	<b>6a</b>		No		
<p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	<b>6b</b>		No		
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	<b>7</b>	Yes			
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	<b>8</b>		No		
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>				



**Part III Supplemental Information**

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

Return Reference	Explanation
Schedule J, Part I, Line 3 METHODS USED TO ESTABLISH COMPENSATION FOR THE PRESIDENT	PLEASE SEE SCHEDULE O FOR THE RESPONSE TO FORM 990, PART VI, SECTION B, LINE 15A
Schedule J, Part I, Line 1a First-class or charter travel	The University does not pay the cost of first class travel. Any exceptions to this policy require the written approval of the President or Vice President for Business & Finance, obtained in advance of travel. Employees are permitted to use personal airline miles, "points," or other for upgrades, however, the University will not reimburse employees for the value of these upgrades. During the calendar year 2017 there was one exception granted to approve one-time first class travel. In addition, another employee with a high public profile is allowed to fly first class on all trips in order to minimize social interactions in coach, as per his employee contract. The value of the first class travel was considered a necessary business expense and therefore, was not included on the W2 for these employees.
Schedule J, Part I, Line 1a Travel for companions	Companion travel is the financial responsibility of the traveler except in cases where the presence of the companion is required for university business reasons and therefore is not included in the individual's W-2.
Schedule J, Part I, Line 1a Housing allowance or residence for personal use	The University has three campuses, located in Stockton, Sacramento and San Francisco. At the main campus in Stockton, on-campus housing is provided to the President. On the Sacramento campus, on campus housing was provided to the Dean of McGeorge School of Law through June 30, 2017. Housing is not being provided for the new Dean of McGeorge. For Stockton and Sacramento, the housing qualifies for exclusion from employee taxable income. A housing allowance in the amount of \$3,000 per month was provided to the Director of Athletics and was treated as taxable compensation through October 22, 2017.
Schedule J, Part I, Line 1a Health or social club dues or initiation fees	The President and the Director of Athletics have University paid memberships in social, golf and country clubs to facilitate business purposes, including donor cultivation, networking and University meetings. Any personal use of such clubs are taxable to the employees and reported as a portion of the "other reportable compensation" on Schedule J Part II Column B(III).
Schedule J, Part I, Line 1a Personal services	President Eibeck's W-2 includes "other reportable compensation" of \$10,362 for the value of all housekeeping services provided by the University at her on-campus residence. Housekeeping services for the Sacramento campus home was personally paid by the Dean.
Schedule J, Part I, Line 7 Non-fixed payments	President Pamela Eibeck received a non-fixed payment based on satisfaction of a performance target at the Board of Regents discretion.

**Additional Data**

**Software ID:** 17005876  
**Software Version:** 2017v2.2  
**EIN:** 94-1156266  
**Name:** University of the Pacific

**Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Eibeck Pamela	(i)	522,439	22,500	28,586	45,000	60,445	678,970	0
President	(ii)	0	0	0	0	0	0	0
1Atterbury George	(i)	298,290	0	12,059	45,000	15,648	370,997	0
VP, Development	(ii)	0	0	0	0	0	0	0
2Day Patrick	(i)	205,849	0	7,297	39,293	6,614	259,053	0
VP, Student Life	(ii)	0	0	0	0	0	0	0
3Mullen Kenneth	(i)	328,665	0	13,335	45,000	25,833	412,833	0
VP, Business & Finance	(ii)	0	0	0	0	0	0	0
4Pallavicini Maria	(i)	353,650	0	19,091	45,000	8,412	426,153	0
Provost	(ii)	0	0	0	0	0	0	0
5Sprecher Art	(i)	226,382	0	11,689	27,824	24,901	290,796	0
VP for Technology and CIO	(ii)	0	0	0	0	0	0	0
6Fraden Rena	(i)	245,200	0	1,750	24,707	12,386	284,043	0
Dean, College of the Pacific	(ii)	0	0	0	0	0	0	0
7Howell Steven	(i)	300,922	0	9,466	27,000	25,010	362,398	0
Dean, Engineering & Computer Science	(ii)	0	0	0	0	0	0	0
8Manilay Bayani	(i)	153,496	0	455	15,749	24,062	193,762	0
Assistant Vice President, Treasury	(ii)	0	0	0	0	0	0	0
9Mootz Francis	(i)	173,522	0	145,231	27,000	29,996	375,749	0
Dean, McGeorge School of Law (outgoing)	(ii)	0	0	0	0	0	0	0
10Nadershahi Nader	(i)	400,960	0	7,397	27,000	18,461	453,818	0
Dean, Dugoni School of Dentistry	(ii)	0	0	0	0	0	0	0
11Oppenheimer Phillip	(i)	255,029	0	3,432	26,060	18,484	303,005	0
Dean, Pharmacy & Health Sciences	(ii)	0	0	0	0	0	0	0
12Schwartz Michael	(i)	183,286	0	18,571	18,727	12,526	233,110	0
Dean, McGeorge School of Law (incoming)	(ii)	0	0	0	0	0	0	0
13Sheared Vanessa	(i)	170,877	0	1,145	17,263	8,469	197,754	0
Dean, School of Education	(ii)	0	0	0	0	0	0	0
14Thompson James Michael	(i)	243,284	0	8,871	24,963	1,532	278,650	0
Associated Vice President and Vice Provost for Enrollment Management	(ii)	0	0	0	0	0	0	0
15Witte Peter	(i)	113,750	0	16,423	11,637	9,152	150,962	0
Dean, Conservatory of Music (incoming)	(ii)	0	0	0	0	0	0	0
16Boyd Robert	(i)	311,861	0	2,770	27,000	18,292	359,923	0
Professor, Outgoing Chair Orthodontics	(ii)	0	0	0	0	0	0	0
17Leland Edward	(i)	253,866	0	86,735	45,000	1,561	387,162	0
Director of Athletics (outgoing)	(ii)	0	0	0	0	0	0	0
18Nattestad Anders	(i)	540,034	0	1,745	27,000	16,890	585,669	0
Professor of Oral Surgery	(ii)	0	0	0	0	0	0	0
19Park Chan	(i)	476,319	0	489	27,000	24,448	528,256	0
Assistant/Associate Professor	(ii)	0	0	0	0	0	0	0

<b>Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b>								
<b>(A)</b> Name and Title		<b>(B)</b> Breakdown of W-2 and/or 1099-MISC compensation			<b>(C)</b> Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	<b>(E)</b> Total of columns (B)(i)-(D)	<b>(F)</b> Compensation in column (B) reported as deferred on prior Form 990
		<b>(i)</b> Base Compensation	<b>(ii)</b> Bonus & incentive compensation	<b>(iii)</b> Other reportable compensation				
<b>21</b> Stoudamire Damon	(i)	436,358	0	2,602	27,000	27,938	493,898	0
Head Coach, Men's Basketball	(ii)	0	0	0	0	0	0	0
<b>1</b> Gale Lewis	(i)	73,498	0	122,749	20,382	26,949	243,578	0
Dean Sabattical, Eberhardt School of Business (outgoing)/ Professor	(ii)	0	0	0	0	0	0	0
<b>2</b> Webster Linda	(i)	111,410	0	316	12,213	24,740	148,679	0
Professor, School of Education	(ii)	0	0	0	0	0	0	0
<b>3</b> Yarborough Craig	(i)	255,464	0	1,911	26,719	20,404	304,498	0
Director, Center for Success	(ii)	0	0	0	0	0	0	0

**Schedule K (Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

OMB No 1545-0047  
**2017**  
 Open to Public Inspection

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
 ▶ Attach to Form 990.  
 ▶ Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
 Internal Revenue Service  
 Name of the organization  
 University of the Pacific

Employer identification number  
 94-1156266

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A California Educational Facilities Authority	52-1705592	130178TA4	05-28-2009	14,934,717	See Part VI		X		X		X
B California Educational Facilities Authority	52-1705592	130178J80	01-26-2012	37,987,510	See Part VI		X		X		X
C California Educational Facilities Authority	52-1705592	000000000	05-12-2014	36,500,000	See Part VI		X		X		X
D California Educational Facilities Authority	52-1705592	1301787B6	08-04-2015	75,997,350	See Part VI		X		X		X

**Part II Proceeds**

	A	B	C	D				
1 Amount of bonds retired . . . . .	3,295,000	6,750,000	16,150,000	5,170,000				
2 Amount of bonds legally defeased . . . . .	0	0	0	0				
3 Total proceeds of issue . . . . .	14,966,762	38,011,685	36,500,000	75,997,350				
4 Gross proceeds in reserve funds . . . . .	0	0	0	0				
5 Capitalized interest from proceeds . . . . .	0	1,752,476	0	0				
6 Proceeds in refunding escrows . . . . .	0		0					
7 Issuance costs from proceeds . . . . .	298,693	759,750	251,792	888,095				
8 Credit enhancement from proceeds . . . . .	0	0	0	0				
9 Working capital expenditures from proceeds . . . . .	0	0	0	0				
10 Capital expenditures from proceeds . . . . .	14,668,069	15,524,175	36,248,208	0				
11 Other spent proceeds . . . . .	0	19,974,981	0	75,109,255				
12 Other unspent proceeds . . . . .	0	0	0	0				
13 Year of substantial completion . . . . .	2010	2014	2014	2015				
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue? . . . . .		X	X			X	X	
15 Were the bonds issued as part of an advance refunding issue? . . . . .		X	X			X		X
16 Has the final allocation of proceeds been made? . . . . .	X		X		X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X		X	

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X		X		X		X
2 Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .	X			X		X		X



**Part III Private Business Use** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X		X		X	X	
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?							X	
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .	X			X		X		X
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X							
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶	0 %		0 %		0 %		0 03 %	
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶	0 %		0 2 %		0 4 %		0 03 %	
<b>6</b> Total of lines 4 and 5 . . . . .	0 %		0 2 %		0 4 %		0 06 %	
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		X		X		X		X
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X		X		X
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? . . . . .								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2? . . . . .	X		X		X		X	

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X		X		X		X
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .		X		X	X		X	
<b>b</b> Exception to rebate? . . . . .	X		X			X		X
<b>c</b> No rebate due? . . . . .		X		X		X		X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .		X		X	X			X
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								

**Part IV Arbitrage** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . . .	X		X		X		X	

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
Schedule K, Part III, Line 9 Written Procedures	As noted in Schedule K, Part III, Line 9, the University has adopted management practices and procedures to ensure post-issuance compliance of its tax-exempt bond liabilities. The University's written procedures have been updated to ensure that any violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations.

Return Reference	Explanation
Schedule K, Part I, Column (f) Supplemental Information	<p>Part I, Column (F) - Description of Purpose Series 2009 (issue date May 28, 2009) Construction of John T Chambers Engineering Technology Center, construction of Janssen-Lagorio Gymnasium, relocation of data center, upgrade of infrastructure improvements Series 2012A (issue date January 26, 2012) To refund all of the Series 1998 and 2000 bond issuances and finance the cost of the acquisition, construction, expansion, replacement, renovation, improvement and/or equipping of a seven-story building for the San Francisco Campus at 155 Fifth Street, fund capitalized interest on a portion of the bonds, and pay certain costs in connection with the issuance of the bonds The refunded series 1998 and 2000 was issued on February 25, 2012 Series 2014 (issue date May 12, 2014) To pay off a prior line of credit loan with Wells Fargo Bank and to pay for the costs of acquiring and developing a seven-story building for the San Francisco Campus at 155 Fifth Street Series 2015 (issue date August 4, 2015) To refund all of the Series 2004 and 2006 bond issuances No new debt was incurred with this issuance Series 2016 (issue date October 26, 2016) To finance the Upper Division Housing Project that includes two four-story residence halls on the Stockton campus</p>

<b>Return Reference</b>	<b>Explanation</b>
Schedule K, Part II, Line 3 Supplemental Information	Part II, line 3, columns A & B - Total proceeds of issue The total proceeds of the issue exceed the issue price due to investment earnings on the project fund

<b>Return Reference</b>	<b>Explanation</b>
Schedule K, Part II, Line 11 Other Spent Proceeds	Part II, line 11, columns B & D - The other spent proceeds are the refunding proceeds of the issue that are no longer in escrow

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds
Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
Attach to Form 990.
Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization
University of the Pacific

Employer identification number
94-1156266

Part I Bond Issues

Table with 11 columns: (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Defeased (Yes/No), (h) On behalf of issuer (Yes/No), (i) Pool financing (Yes/No). Row 1: California Municipal Finance Authority, 20-1563466, 13048TC84, 10-26-2016, 36,704,279, SEE PART VI, X, X, X.

Part II Proceeds

Table with 17 rows and 9 columns (A-D, Yes/No). Rows 1-13 show amounts for various categories like bonds retired, proceeds of issue, reserve funds, etc. Rows 14-17 are yes/no questions about bond issuance and record keeping.

Part III Private Business Use

Table with 2 rows and 9 columns (A-D, Yes/No). Row 1: Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? Row 2: Are there any lease arrangements that may result in private business use of bond-financed property?

**Part III Private Business Use** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X						
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X						
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶		0 %						
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶		0 %						
<b>6</b> Total of lines 4 and 5 . . . . .		0 %						
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		X						
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X							

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X						
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .	X							
<b>b</b> Exception to rebate? . . . . .		X						
<b>c</b> No rebate due? . . . . .		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .		X						
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								

**Part IV Arbitrage** (Continued)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X						
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . . .	X							

**Part V Procedures To Undertake Corrective Action**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).



**Schedule L**  
(Form 990 or 990-EZ)

**Transactions with Interested Persons**

OMB No 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
 ▶ **Attach to Form 990 or Form 990-EZ.**  
 ▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
University of the Pacific

**Employer identification number**

94-1156266

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

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

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

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$ \_\_\_\_\_

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)		21,590	TUITION ASSISTANCE	EDUCATION

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) AMANDA LELAND	FAMILY MEMBER OF EDWARD LELAND, HIGHLY COMPENSATED EMPLOYEE AND CONTRIBUTOR	57,344	SEE SUPPLEMENTAL INFORMATION		No
(2) BRUBECK COMMONS LLC	OWNED BY RONALD BERBERIAN, REGENT AND CONTRIBUTOR	248,024	SEE SUPPLEMENTAL INFORMATION		No
(3) FATHEHM NADERSHAHI	FAMILY MEMBER OF NADER NADERSHAHI, A KEY EMPLOYEE	59,944	SEE SUPPLEMENTAL INFORMATION		No
(4) NAVID KNIGHT	FAMILY MEMBER OF NADER NADERSHAHI, KEY EMPLOYEE	33,678	SEE SUPPLEMENTAL INFORMATION		No

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
Schedule L, Part IV BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	EDWARD LELAND, DIRECTOR OF ATHLETICS, HIGHLY COMPENSATED EMPLOYEE, CONTRIBUTOR, IS RELATED TO AMANDA LELAND, HIS DAUGHTER, WHO IS ALSO AN EMPLOYEE AT THE UNIVERSITY THE AMOUNT SHOWN REPRESENTS IRS FORM W-2 BOX 5 WAGES FOR CALENDAR YEAR 2017 FOR AMANDA LELAND RONALD BERBERIAN, BOARD MEMBER, CONTRIBUTOR, OWNS BRUBECK COMMONS LLC, WHO WAS PAID FOR OFF CAMPUS HOUSING PROVIDED TO THE UNIVERSITY'S STUDENTS THE AMOUNT SHOWN REPRESENTS ALL PAYMENTS MADE IN FISCAL YEAR 2018 NADER NADERSHAHI, DEAN DUGONI SCHOOL OF DENTISTRY, KEY EMPLOYEE, IS RELATED TO FATEHM N NADERSHAHI, HIS WIFE, WHO IS ALSO AN EMPLOYEE AT THE UNIVERSITY THE AMOUNT SHOWN REPRESENTS IRS FORM W-2 BOX 5 WAGES FOR CALENDAR YEAR 2017 FOR FATEHM N NADERSHAHI NADER NADERSHAHI, DEAN DUGONI SCHOOL OF DENTISTRY, KEY EMPLOYEE, IS RELATED TO NAVID KNIGHT, HIS BROTHER, WHO IS ALSO AN EMPLOYEE AT THE UNIVERSITY THE AMOUNT SHOWN REPRESENTS IRS FORM W-2 BOX 5 WAGES FOR CALENDAR YEAR 2017 FOR NAVID KNIGHT
Schedule L, Part III GRANTS OR ASSISTANCE BENEFITING INTERESTED PERSONS	PER THE 990 INSTRUCTIONS, THE UNIVERSITY IS NOT REQUIRED TO IDENTIFY THE INTERESTED PERSONS WHO RECEIVED SCHOLARSHIPS, FELLOWSHIPS, AND SIMILAR FINANCIAL ASSISTANCE INSTEAD, THE UNIVERSITY MUST GROUP EACH TYPE OF ASSISTANCE PROVIDED TO INTERESTED PERSONS THIS IS DONE IN ORDER TO PROTECT THE IDENTITY OF THE STUDENTS

**SCHEDULE M**  
**(Form 990)**

**Noncash Contributions**

OMB No 1545-0047

**2017**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**

▶ **Attach to Form 990.**

▶ **Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
University of the Pacific

Employer identification number  
94-1156266

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
<b>1</b> Art—Works of art . . . . .	X	7	2,839	Market value
<b>2</b> Art—Historical treasures . . . . .				
<b>3</b> Art—Fractional interests . . . . .				
<b>4</b> Books and publications . . . . .	X		528	Market value
<b>5</b> Clothing and household goods . . . . .	X		11,471	Market value
<b>6</b> Cars and other vehicles . . . . .				
<b>7</b> Boats and planes . . . . .				
<b>8</b> Intellectual property . . . . .				
<b>9</b> Securities—Publicly traded . . . . .	X	38	870,259	Market value
<b>10</b> Securities—Closely held stock . . . . .				
<b>11</b> Securities—Partnership, LLC, or trust interests . . . . .				
<b>12</b> Securities—Miscellaneous . . . . .				
<b>13</b> Qualified conservation contribution—Historic structures . . . . .				
<b>14</b> Qualified conservation contribution—Other . . . . .				
<b>15</b> Real estate—Residential . . . . .	X	1	406,496	Market value
<b>16</b> Real estate—Commercial . . . . .				
<b>17</b> Real estate—Other . . . . .				
<b>18</b> Collectibles . . . . .	X	5	3,111	Market value
<b>19</b> Food inventory . . . . .	X	46	13,806	Market value
<b>20</b> Drugs and medical supplies . . . . .	X	8	727,970	Market value
<b>21</b> Taxidermy . . . . .				
<b>22</b> Historical artifacts . . . . .				
<b>23</b> Scientific specimens . . . . .	X	1	858,129	Market value
<b>24</b> Archeological artifacts . . . . .				
<b>25</b> Other ▶ ( Education Items ) . . . . .	X	11	61,335	Market value
<b>26</b> Other ▶ ( _____ ) . . . . .				
<b>27</b> Other ▶ ( _____ ) . . . . .				
<b>28</b> Other ▶ ( _____ ) . . . . .				

**29** Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 1

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

**Part II Supplemental Information.**

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

Return Reference	Explanation
Schedule M, Part I Explanations of reporting method for number of contributions	Securities - Publicly traded - Number of Contributions Scientific specimens - Number of Contributions Drugs and medical supplies - Number of Contributions Real estate - Residential - Number of Contributions Other - Education Items - Number of Contributions Food inventory - Number of Contributions Collectibles - Number of Contributions Art - Works of art - Number of Contributions Clothing and household goods - Number of Contributions Books and publications - Number of Contributions

**SCHEDULE O**  
(Form 990 or 990-EZ)

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

OMB No 1545-0047

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
University of the Pacific

Employer identification number

94-1156266

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part I, Line 6 Total Number of Volunteers	The University is fortunate to benefit from the services of volunteers across its numerous schools, departments, and programs, but the University does not formally track this population

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part III, Line 4d Description of other program services	(Expenses \$ 14,717,463 including grants of \$) RESEARCH INCLUDES EXPENDITURES FOR ACTIVITIES SPECIFICALLY DESIGNED TO PRODUCE HIGH-QUALITY RESEARCH OUTCOMES WHILE PROVIDING HANDS-ON RESEARCH TRAINING TO BOTH UNDERGRADUATE AND GRADUATE STUDENTS

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Line 1a EXECUTIVE COMMITTEE	THE EXECUTIVE COMMITTEE IS EMPOWERED TO ACT FOR THE BOARD BETWEEN REGULAR BOARD MEETINGS ON ALL MATTERS EXCEPT THE FOLLOWING, WHICH SHALL BE RESERVED FOR THE BOARD (I) PRESIDENTIAL SELECTION AND TERMINATION, (II) BOARD MEMBER AND BOARD OFFICER ELECTION, (III) CHANGES IN MISSION AND PURPOSES OF THE INSTITUTION, (IV) AMENDMENTS TO THE ARTICLES OF INCORPORATION AND BYLAWS, (V) INCURRENCE OF CORPORATE INDEBTNESS, (VI) ACQUISITION, SALE AND OTHER DISPOSITION OF REAL ESTATE, EXCEPT THE ACQUISITION, SALE OR OTHER DISPOSITION OF REAL ESTATE WHICH MEETS CERTAIN CONDITIONS SET FORTH IN BOARD POLICY, (VII) ADOPTION OF THE ANNUAL BUDGET, AND (VIII) CONFERRAL OF DEGREES IN ADDITION TO ITS AUTHORITY TO TAKE ACTION ON EMERGENCY MATTERS THAT CANNOT OR SHOULD NOT BE DEFERRED TO THE NEXT SCHEDULED MEETING OF THE BOARD, THE EXECUTIVE COMMITTEE SHALL (I) OVERSEE THE WORK OF THE BOARD COMMITTEES, (II) PERIODICALLY REVIEW THE BYLAWS AND RECOMMEND ANY APPROPRIATE CHANGES TO THE BOARD, AND (III) SUPPORT THE PRESIDENT, AND ANNUALLY EVALUATE HIS OR HER PERFORMANCE, COMPENSATION AND CONDITIONS OF EMPLOYMENT

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 11b Review of form 990 by governing body	<p>The full Board of Regents of the University annually reviews the IRS 990 prior to filing using the following process - A draft of the return is electronically submitted to the Board Audit Committee for review. The Audit Committee Chair then sends comments and questions to the Associate Vice President for Business and Finance for resolution - The Associate Vice President for Business and Finance summarizes the Audit Committee's questions in writing and submits the explanations and a draft of the return to the full Board for any further comment - Board members send comments and questions to the Audit Committee Chair. The Chair forwards questions to the Associate Vice President for Business and Finance for resolution - The Associate Vice President for Business and Finance summarizes the Board's questions in writing and submits the explanations to the Audit Committee Chair for any further comment - The return is finalized and filed with the IRS.</p>



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	<p>The University regularly and consistently monitors and enforces compliance with its written conflict of interest policy. Each year, all Board of Regents members and key employees identified by the Board's Audit Committee, inclusive of those reported as Board members, officers, key employees, highly compensated employees and former key and/or highly compensated employees in this IRS 990, are required to complete and sign a conflict of interest survey. Surveys are submitted confidentially to the Director of Internal Audit for review. All individuals surveyed are required to sign an annual disclosure of any direct or fiduciary relationships that they (or members of their family) maintain with organizations that do business with the University which could be reasonably construed to affect their independent, unbiased judgment in light of their decision-making authority or responsibility. These individuals ("covered persons") affirm they - Have received a copy of the conflict of interest policy, - Have read and understand the policy, - Agree to comply with the policy and - Have disclosed any direct or indirect financial interest relationship. Any potential conflicts are addressed through further discussion with the respondent and resolved and disclosed as appropriate. If the Director of Internal Audit has reasonable cause to believe a Covered Person has failed to disclose actual or possible conflicts of interests, he or she shall inform the person of the basis for such belief and allow the Covered Person an opportunity to explain the alleged failure to disclose. Covered Persons who have declared or been found to have a conflict of interest must refrain from participation in the consideration of proposed transactions, unless for special reasons the Board or administration requests clarifying information or interpretation. Persons with conflicts may not vote or be present at the time of a vote. If after such notice and opportunity to disclose is provided, the Chair of the Audit Committee determines that a failure to make the required disclosure continues, the matter is referred to the Audit Committee of the Board of Regents, who review the matter and if it is determined that there is a conflict refers the matter to the full board of regents, which takes the necessary action to mitigate the conflict to protect the interest of the University. In addition, the University separately surveys all board members, officers, key employees, highly compensated employees and former key and/or highly compensated employees as part of the annual IRS 990 review process to inform the answers to conflict of interest and governance.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 15a Process to establish compensation of top management official	THE UNIVERSITY'S BOARD OF REGENTS IS RESPONSIBLE FOR REVIEWING THE PERFORMANCE OF THE PRESIDENT AND SETTING THE PRESIDENT'S COMPENSATION UPON THE RECOMMENDATIONS OF THE BOARD'S EXECUTIVE COMMITTEE AND COMPENSATION COMMITTEE EACH YEAR, A COMPENSATION COMMITTEE COMPOSED OF THREE TO FOUR NONEMPLOYEE MEMBERS OF THE BOARD IS FORMED TO STUDY AND MAKE PRESIDENTIAL COMPENSATION RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE IN ACCORDANCE WITH THE BYLAWS (ARTICLE IV), THE EXECUTIVE COMMITTEE CONDUCTS A PERFORMANCE REVIEW OF THE PRESIDENT AND REVIEWS THE RECOMMENDATIONS OF THE COMPENSATION COMMITTEE THE EXECUTIVE COMMITTEE THEN MAKES A RECOMMENDATION TO THE FULL BOARD AS TO THE COMPENSATION PACKAGE FOR THE PRESIDENT THE FULL BOARD, AFTER CONSIDERATION OF THE RECOMMENDATIONS OF THE COMPENSATION COMMITTEE AND EXECUTIVE COMMITTEE, THEN APPROVES AND ADOPTS THE COMPENSATION PACKAGE FOR THE PRESIDENT THE PRESIDENT, AS A MEMBER OF THE BOARD OF REGENTS, IS RECUSED FROM ALL COMPENSATION DISCUSSIONS BY, AND IS NOT INVOLVED IN ANY DECISIONS OF, THE EXECUTIVE COMMITTEE OR THE BOARD THE COMPENSATION COMMITTEE, EXECUTIVE COMMITTEE AND FULL BOARD BASE THEIR RECOMMENDATIONS AND DECISION (AS APPLICABLE) ON THE FOLLOWING CONSULTATIONS WITH AND REPORTS OF INDEPENDENT COMPENSATION CONSULTANTS WORKING AT THE DIRECTION OF THE COMPENSATION COMMITTEE WHICH INCLUDE, AMONG OTHER INFORMATION, STUDIES OF THE ANNUAL SALARIES OF PRESIDENTS OF COMPARABLE INSTITUTIONS AS REPORTED IN THE COMPENSATION SURVEY BY THE ASSOCIATION OF INDEPENDENT CALIFORNIA COLLEGES AND UNIVERSITIES (AICCU) AND STUDIES OF THE ANNUAL SALARIES OF PRESIDENTS OF COMPARABLE INSTITUTIONS AS REPORTED IN THE COMPENSATION SURVEYS BY THE COLLEGE AND UNIVERSITY PERSONNEL ADMINISTRATORS (CUPA) THE COMPENSATION COMMITTEE, EXECUTIVE COMMITTEE AND BOARD OF REGENTS MINUTES DOCUMENT EACH GROUP'S RECOMMENDATION OR APPROVAL OF THE COMPENSATION FOR EACH YEAR

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 15b Process to establish compensation of other employees	The Board of Regents is responsible for establishing the conditions of employment for other key institutional officers who serve under the direction of the President, including the Provost and the vice presidents. The President evaluates and recommends compensation and benefits for each officer. Each year, the President reviews the most recent annual compensation surveys prepared by the Association of California Colleges and Universities (AICCU) and the College and University Personnel Administrators (CUPA) in order to establish comparable rates of pay for similarly-sized private doctoral institutions. Compensation for other key employees is established by the Provost or Vice President with oversight responsibility for the related school or division, using market information from AICCU, CUPA, and other sources relevant to the responsibilities of the school or division key employee position. Performance reviews, along with any merit and equity salary adjustments, were completed during the fiscal year ended 6/30/18.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 19 Required documents available to the public	The University's conflict of interest policies and audited financial statements are posted on its website, <a href="http://www.pacific.edu">www.pacific.edu</a> . The governing documents are not made publicly available except to the extent that they appear as attachments to Forms detailed in response to question number 18, in which case they would be provided upon request to the Office of General Counsel, University of the Pacific, 3601 Pacific Avenue, Stockton, CA 95211. Certain governing documents, including the University's Articles of Incorporation, are on file with the State of California.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A, Line 1a, Column (B) Average Hours Per Week	The University does not track hours worked by Trustees, Officers, Key Employees, and Highest Compensated Employees. Full-time exempt employees of the University are expected to work no less than 40 hours per week. Amounts provided in Part VII are based upon University estimates.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	Other - Total Revenue 2946727, Related or Exempt Function Revenue 2532756, Unrelated Business Revenue 413971, Revenue Excluded from Tax Under Sections 512, 513, or 514 , Parking - Total Revenue 503940, Related or Exempt Function Revenue 429745, Unrelated Business Revenue 74195, Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	ACTUARIAL GAIN (LOSS) ON TRUST & ANNUITY AND OTHER CHANGES - -23831,