DLN: 93493129013410

2018

OMB No. 1545-0047

Form **990**

Department of the Treasury

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.

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

Open to Public Inspection

пстпа	Reve	nue Service							
A F	or the	e 2019 c		nning 07-01-2018 $$, and ending 0 $$	6-30-2019				
		pplicable:	C Name of organization University of the Pacific) Employ	er identi	fication number
□ Ad		change	·				94-115	6266	
	tial ret	-	Doing business as						
☐ Fina	al returr	n/terminated							-
		d return	Number and street (or P.O. box if r 3601 Pacific Avenue	mail is not delivered to street address) Roor	n/suite		E Telephor		
□ Ар	olicatio	on pending					(209) 9	46-7372	2
			City or town, state or province, cou Stockton, CA 95211	untry, and ZIP or foreign postal code					
				1. 65				• •	L,118,476,714
			F Name and address of princip Maria Pallavicini PhD Interim Pr		H(a)	Is this a		turn for	
			3601 Pacific Avenue			subordin Are all su		toc	☐Yes ☑No
			Stockton, CA 95211		— H(b)	included?		ies	☐ Yes ☐No
L lax	<-exen	npt status:	✓ 501(c)(3)	I (insert no.) \square 4947(a)(1) or \square 52				•	instructions)
J W	ebsit	e: > ww	w.pacific.edu		H(c)	Group ex	emption	number	•
					1.,,			1.4 c	61 11 11 64
K Forn	n of or	rganization:	Corporation Trust Ass	ociation U Other >	L Year	of formation	ก: 1851	M State	of legal domicile: CA
De	ırt I	Sum	P44 73 P37						
Pa			mary scribe the organization's mission	or most significant activities:					
				arning experience integrating liberal ar	ts and profe	essional e	ducation	and pre	paring individuals fo
မိ	<u>li</u>	asting ach	nievement and responsible leader	ship in their careers and communities					
<u> </u>	_								
e l	-								
် ၁				iscontinued its operations or disposed			its net a	ssets.	
- ಶ	3	Number o	of voting members of the governi	ng body (Part VI, line 1a)				3	24
Activities & Governance	4	Number o	of independent voting members o	of the governing body (Part VI, line 1b)				4	23
₹	5	Total nun	nber of individuals employed in c	alendar year 2018 (Part V, line 2a) .				5	5,338
5	6	Total nun	nber of volunteers (estimate if ne	ecessary)				6	
•	7a	Total unr	elated business revenue from Pa	rt VIII, column (C), line 12				7a	· '
	b	Net unrel	ated business taxable income fro	om Form 990-T, line 34				7b	(
						Prior	Year		Current Year
Qı.	8	Contribut	ions and grants (Part VIII, line 1h)			28,179,	162	48,083,07
Rəvenue	9	Program	service revenue (Part VIII, line 2g	3)		3	359,312,	577	382,172,94
λċ	10	Investme	nt income (Part VIII, column (A),	lines 3, 4, and 7d)			29,332,	172	19,901,32
_	11	Other rev	enue (Part VIII, column (A), lines	5, 6d, 8c, 9c, 10c, and 11e)			14,064,	411	15,531,01
	12	Total reve	enue—add lines 8 through 11 (m	ust equal Part VIII, column (A), line 12)	4	130,888,	322	465,688,35
	13	Grants ar	nd similar amounts paid (Part IX,	column (A), lines 1-3)			84,424,	631	94,239,75
	14	Benefits p	oaid to or for members (Part IX, o	column (A), line 4)					(
83	15	Salaries,	other compensation, employee b	enefits (Part IX, column (A), lines 5-1	0)	2	216,510,	833	223,293,31
Expenses	16 a	Professio	nal fundraising fees (Part IX, colu	umn (A), line 11e)					(
e do	b	Total fundr	raising expenses (Part IX, column (D),	, line 25) ▶10,451,225					
Ω.	17	Other exp	oenses (Part IX, column (A), lines	: 11a-11d, 11f-24e)		1	121,030,	212	114,134,80
	18	Total exp	enses. Add lines 13–17 (must eq	ual Part IX, column (A), line 25)		4	121,965,	676	431,667,88
	19	Revenue	less expenses. Subtract line 18 f	rom line 12			8,922,	646	34,020,47
Se S					Beg	inning of (Current Y	/ear	End of Year
Net Assets or Fund Balances					<u> </u>			44.6	<u> </u>
Ba			ets (Part X, line 16)			<u></u>	085,078,		1,111,047,23
<u> </u>			ilities (Part X, line 26)		·		299,354,		289,944,32
		_	s or fund balances. Subtract line	21 from line 20		7	785,723,	973	821,102,91
	rt II		ature Block	nined this return, including accompany	ing schodu	loc and ct	atomont	s and to	the best of my
				e. Declaration of preparer (other than					
any k	nowle	edge.	·		-				
		*****	*			2020-0	5-08		
Sign		Signati	ure of officer			Date	5 00		
Here		Kannat	th M Mullen VP For Business & Finance						
			r print name and title						
		' P	rint/Type preparer's name	Preparer's signature	Date	1.		PTIN	
Paid	1					Check self-em		P0128632	20
	are	er 📙	irm's name ► Ernst & Young US LLF	,			EIN ► 34	-6565596	
Use		<u> </u>	irmia addraca 🏲 ECO Missian Church C	ita 1600		- DI	(4:=:	004.000	,
J J G	J 11	- ا ر	irm's address ► 560 Mission Street Su			Phone i	no. (415)	894-8000	J
			San Francisco, CA 94	105					
∕lav t	he IR	S discuss	this return with the preparer sho	own above? (see instructions)				✓	Yes 🗌 No

Form	990 (20	018)					Page 2
Pa	rt III	Statement	of Program Ser	vice Accomplis	hments		
		Check if Scheo	lule O contains a re	sponse or note to a	any line in this Part III		🗹
1	Briefly	describe the or	rganization's missio	n:			
			nt-centered learnin e leadership in their			rofessional education and prepa	ring individuals for lasting
2		-	undertake any signii		vices during the year w	hich were not listed on	□Yes ☑No
			se new services on :				Lifes Lino
3		•			changes in how it condu	icts any program	
3		e organizacion c		i make significant	changes in now it condi	acts, any program	□yes ✓No
			se changes on Sche	dule O			□ res ⊡ No
4	Section	n 501(c)(3) and		ations are required	to report the amount of	largest program services, as me of grants and allocations to other	
4a	(Code: See Ad	ditional Data) (Expenses \$	224,796,411	including grants of \$) (Revenue \$	356,444,309)
4b	(Code:	ditional Data) (Expenses \$	143,230,414	including grants of \$	94,239,754) (Revenue \$	566,859)
4c	(Code:	ditional Data) (Expenses \$	18,103,380	including grants of \$) (Revenue \$	33,603,477)
	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
			XPENDITURES FOR AC TO BOTH UNDERGRA			E HIGH-QUALITY RESEARCH OUTCOME	ES WHILE PROVIDING HANDS-
4d			es (Describe in Sch	,			
	(Exper		· · · · · ·	ncluding grants of	1) (Revenue \$)
4e	Total	program serv	ice expenses 🕨	400,190,7	34		

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Par	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Yes	_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?	5		
6	If "Yes," complete Schedule C, Part III 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?			NI -
_	If "Yes," complete Schedule D, Part I	6		No .
	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
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 💆	11b	Yes	
c	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	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No
18	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	18	Yes	
19	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	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	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? If "Yes," complete Schedule I, Parts I and II	21		No
22	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? If "Yes," complete Schedule I, Parts I and III	22	Yes	0 (2018)

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Par	Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	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? If "Yes," complete Schedule L, Part II	26		No
27	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? If "Yes," complete Schedule L, Part III	27	Yes	
28	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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	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? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐿	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	1	No
	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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Par	tV Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V		· ·	✓
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 629		Yes	No

 ${f b}$ Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

1c

Yes

	this return	5,338			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority of financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	Yes	
b	If "Yes," enter the name of the foreign country: ▶AU				
5a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBA Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	۱R). [5a		No
h	Did any tayable party notify the organization that it was or is a party to a prohibited tay shelter transaction?				No

6a

7a

7b

7c

7e

7f

7g

7h

8

9a

9h

12a

13a

14a

14b

15

No

Nο

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7d

10a

10b

11a

11b

12b

13b

Yes

Yes

Yes

Nο

No

No

any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans 5b If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . 5c

6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization

If "Yes," did the organization notify the donor of the value of the goods or services provided?

b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were

Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services

Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file

solicit any contributions that were not tax deductible as charitable contributions? . . .

9a Did the sponsoring organization make any taxable distributions under section 4966? . . .

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

Section 501(c)(29) qualified nonprofit health insurance issuers.

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

b Gross income from other sources (Do not net amounts due or paid to other sources

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.

a Is the organization licensed to issue qualified health plans in more than one state?

b Enter the amount of reserves the organization is required to maintain by the states in

which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O.

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .

If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as

If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form

Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

Organizations that may receive deductible contributions under section 170(c).

d If "Yes," indicate the number of Forms 8282 filed during the year

Sponsoring organizations maintaining donor advised funds.

Section 501(c)(7) organizations. Enter:

11 Section 501(c)(12) organizations. Enter:

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Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a 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	•	onse to	lines
_Se	ection A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year la	24	Yes	No
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	23		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any othe officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervisor of officers, directors or trustees, or key employees to a management company or other person? .	ion 3		No
4	$ \ \text{Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?} .$	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or momembers of the governing body?	re 7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year the following:			1
_	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	- \	No
<u>5e</u>	ection B. Policies (This Section B requests information about policies not required by the Internal Reve	nue Coae	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes	
11a	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	10b	Yes	
11a b	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes	
11a b 12a	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10b 11a 12a		
11a b 12a b	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	10b 11a 12a	Yes	
11a b 12a b	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in	11a 12a 12b	Yes Yes	
11a b 12a b	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	11a 12a 12b 12c	Yes Yes	
11a b 12a b c 13 14	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes	
11a b 12a b c 13 14	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	10b 11a 12a 12b 12c 13 14	Yes Yes Yes	
11a b 12a b c 13 14 15	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	
11a b 12a b c 13 14 15 a b	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	
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11a b 12a b c 13 14 15 a b	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10b 11a 12a 12b 12c 13 14 15a 15b 16a	Yes Yes Yes Yes Yes Yes	
11a b 12a b c 13 14 15 a b 16a b	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	
11a b 12a b c 13 14 15 a b 16a b	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exemptatus with respect to such arrangements?	10b 11a 12a 12b 12c 13 14 15a 15b 16a	Yes Yes Yes Yes Yes Yes	
11a b 12a b c 13 14 15 a b Se	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing th form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	10b 11a 12a 12b 12c 13 14 15a 15b 16a	Yes Yes Yes Yes Yes Yes	
11a b 12a b c 13 14 15 a b Se	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participatin in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exemptatus with respect to such arrangements? Ection C. Disclosure List the States with which a copy of this Form 990 is required to be filed CA Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	10b 11a 12a 12b 12c 13 14 15a 15b 16a	Yes Yes Yes Yes Yes Yes	
11a b 12a b c 13 14 15 a b 16a b Tell 17 18	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Ection C. Disclosure List the States with which a copy of this Form 990 is required to be filed Section 6.104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website U upon request Other (explain in Schedule O)	10b 11a 12a 12b 12c 13 14 15a 15b 16a	Yes Yes Yes Yes Yes Yes	
11a b 12a b c 13 14 15 a b 16a b	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participatin in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exemptatus with respect to such arrangements? Ection C. Disclosure List the States with which a copy of this Form 990 is required to be filed CA Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	10b 11a 12a 12b 12c 13 14 15a 15b 16a	Yes Yes Yes Yes Yes Yes	

Form 990 (2	2018)										Page 7
Part VII	Compensation of Officers and Independent Contra		Truste	es,	Key	En	nploy	ees	, Highest Comp	ensated Employ	ees,
	Check if Schedule O contains a	response or no	te to an	y line	e in t	his	Part VI	١.			🗆
Section	A. Officers, Directors, Tru	istees, Key E	mploy	ees,	, an	d F	lighe	st C	Compensated En	nployees	
1a Completo year.	e this table for all persons require	ed to be listed.	Report	comp	ensa	ition	for th	е са	lendar year ending	with or within the o	rganization's tax
	of the organization's current off ation. Enter -0- in columns (D), (als	or organizations), re	gardless of amount	
	of the organization's current key										
who receive	organization's five current higher d reportable compensation (Box and any related organizations.										1
of reportable	of the organization's former office e compensation from the organiz	ation and any r	elated o	rgani	izatio	ons.					
organization	of the organization's former dire , more than \$10,000 of reportab	le compensatio	n from t	he or	ʻgani	izati	on and	any	y related organization	ons.	e
	in the following order: individua d employees; and former such p		ectors;	instit	utior	nal t	rustee	s; of	ficers; key employe	es; highest	
☐ Check t	his box if neither the organizatio	n nor any relate	ed organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.	_
	(A) Name and Title	(B) Average hours per week (list any hours for related	than o	ne b	ox, u in off tor/t	t che inles ficer rust	and a	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Former Highest compensated employee Key employee			MISC)	related organizations	
See Addition	al Data Table										

Form 990 (2018)													Page 8
Part VII Section A. Officers, Direct (A) Name and Title	(B) Average hours per week (list any hours	Position than o	on (do	(C) lo not sox, u	c) ot che unles fficer	neck mo	nore rson	Repo compe froi organiz	(D) portable pensation om the zation (W-	(E) Reportable compensation from related organizations (\)	ר W-	(F) Estima amount o compens from organizati	ated of other sation the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/109	99-MISC)	2/1099-MISC			
See Additional Data Table													
					\prod								
	<u> </u>			<u> </u>	\downarrow		<u> </u>				_		
<u> </u>	<u> </u>			<u> </u>	<u> </u>		+				+		
			<u> </u>	-	_	_	+-	-			+		
	 '			 	\vdash	_	+	-			+		
	<u> </u>	 	 '	+	\vdash	-	+				+		
			+-	+	+	_	+	-		-	+		
1b Sub-Total			<u> </u>	Щ.	<u>. </u>	<u> </u>	<u></u>				士		
c Total from continuation sheets to Pad Total (add lines 1b and 1c)			 			>		7,	,909,775		0		1,114,509
Total number of individuals (including of reportable compensation from the compensation)	but not limited	to those				e) who	rec	eived mo	ore than \$	100,000			
3 Did the organization list any former of line 1a? If "Yes," complete Schedule J			ee, k	ey e	:mpl	oyee,	or hi	ighest cor	mpensate	d employee on	3	Yes Yes	No
For any individual listed on line 1a, is organization and related organizations individual	the sum of repo	ortable o								m the	4	Yes	
5 Did any person listed on line 1a receiv									ition or inc	dividual for	5	165	No
Section B. Independent Contract				_			<u> </u>						
Complete this table for your five higher from the organization. Report comper	nsation for the c									on's tax year.	mpen:		
	(A) and business addre	ess		_	_					(B) scription of services		(C Comper	sation
CAPSTONE DEVELOPMENT PARTNERS 402 OFFICE PARK DR SUITE 199								1	REAL ESTA	ATE DEVELOPMENT		6	,921,412
MOUNTAIN BRK, AL 352232435 ELLUCIAN COMPANY LP									TECHNOLO	ngy		1	,306,030
4 COUNTRY VIEW RD								!					,000,-
MALVERN, PA 193551408 BRI INVESTORS				—	—				PROPERTY	MANAGEMENT			662,642
1776 W MARCH LN SUITE 170 STOCKTON, CA 952076421													
ENKI LLC				_	_		_		CONSULTI	NG			485,051
1111 BERWIND RD WYNNEWOOD, PA 190962319 JIM EPPERSON dba RWE INDUSTRIAL									CONSTRUC	TTON			120 264
PO BOX 806									CONSTRUC	TION			430,264
LINDEN, CA 95236 2 Total number of independent contractor		t not lim	nited !	to th	nose	listed	abo [,]	ve) who r	received m	 nore than \$100,00	00 of		
compensation from the organization > 2	24											Form 99	n (2019)

		(2018)												Page 9
Part \	VIII													
		Check if Schedul	e O contains a	ı respo	onse or note	e to any	(A) revenue	Rela ex fui	(B) ated or tempt nction venue	b	(C) nrelated ousiness revenue	excl tax un	(D) evenue uded from der sections 12 - 514
s	12	Federated campaign	ns	1 a		0		•						
, Grants Amounts	ı	b Membership dues .	[1 b		0								
<u>اء</u> ورز	۱	c Fundraising events		1c	4	63,364								
Gifts, nilar A	۱	d Related organization	ns	1 d		0								
<u>⊒</u>	•	e Government grants (co	ontributions)	1e	11,4	90,510								
tions, Gifts, Grants er Similar Amounts	1	All other contributions, and similar amounts no above		1f	36,1	.29,200								
Contributions, and Other Sim	٩	g Noncash contribution in lines 1a - 1f:\$	ons included	19	,843,643									
Cont		h Total. Add lines 1a-	·1f			>		48,083,074						
a)					E	Business	Code							
Ĭ.	2a	Tuition					900099	339,6	75,316	339,67	75,316		0	0
£ .	b	Dental Clinic					900099	16,1	.30,056	16,13	30,056		0	0
93	С	Auxiliary					541800	26,3	867,572	26,36	57,572		0	0
er vi							2.1300						\top	
Program Service Revenue	d			_										
graf	e f	All other program ser	rvice revenue						0		0		0	0
Š.		Total. Add lines 2a-2			_	382,1	172,944							
		Investment income (ir			interest an	d other			I		1			
		similar amounts) .			interest, an	a ouilei ▶		9,838,689)	()	-325,843		10,164,532
	4	Income from investme	ent of tax-exe	mpt b	ond proceed	ds 🕨	· <u> </u>	C		(0		0
	5	Royalties				<u> </u>)	(0		0
	e-	Gross rents	(i) Real		(ii) Per	sonal	4							
	Оd	Gross rents	6,9	32,468		C								
		Less: rental expenses		78,805		C								
	C	Rental income or (loss)	6,8	53,663		C								
	d	l Net rental income or	r (loss) (i) Securit	ies	 (ii) Ot	▶	<u> </u> 	6,853,663	3	(16,946		6,836,717
	7a	Gross amount from sales of assets other than inventory	.,,	45,071	. ,	C								
		Less: cost or other basis and sales expenses		82,438 62,633		0								
		Gain or (loss) Net gain or (loss)					<u>"</u>	10,062,633	3	(0		10,062,633
Other Revenue		Gross income from fu (not including \$ contributions reporte See Part IV, line 18	undraising eve 463,364 o d on line 1c).	nts		152,041								
Re		Less: direct expenses		b		444,403]							
Je r		: Net income or (loss)			ents	>		-292,362	2			0		-292,362
0	9a	Gross income from g See Part IV, line 19		es. a		0								
	b	Less: direct expenses	s	b		0	1							
	c	Net income or (loss)	from gaming	activit	ies	>	_	C		(0		0
	LOa	Gross sales of invent returns and allowanc				276 572								
	L	Alocal cost of according	old	a b		,482,710	_							
		Less: cost of goods s		_			J	893,862	2	871,206	5	22,656		0
-		Net income or (loss) Miscellaneous		invent	Business							,_,		
	11	a Conferences & Camp				900099	9	1,640,909	•	1,640,909		0		0
	b	Interest Income - Lo	an			900099	9	704,325	5	704,325	5	0		0
	c	Tickets, Event Sales				900099	9	604,194	1	604,194	1	0		0
		All other revenue .						5,126,427	7	4,621,067	7	505,360		0
	е	e Total. Add lines 11a	-11d			>		8,075,855	5					
	12	Total revenue. See	Instructions.			>		465,688,358	3	390,614,645	5	219,119		26,771,520
								. 25,000,000	1	2,3,317,042		217,119	Eorn	1 990 (2018)

Form 990 (2018)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	olumns. All other orga	nizations must comp	lete column (A).	
Check if Schedule O contains a response or note to any	_		` ,	П
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) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		схрепаса	general expenses	
2 Grants and other assistance to domestic individuals. See Part IV, line 22	94,239,754	94,239,754		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	9,024,284	6,273,711	2,370,898	379,675
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	91,908	91,908		
7 Other salaries and wages	162,409,532	152,710,301	3,776,018	5,923,213
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	13,543,359	12,628,675	419,034	495,650
9 Other employee benefits	26,343,134	24,128,843	1,143,116	1,071,175
10 Payroll taxes	11,881,101	10,425,006	1,042,201	413,894
11 Fees for services (non-employees):				
a Management	5,563,078		5,563,078	
b Legal	1,048,248		1,048,248	
c Accounting	533,709		533,709	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	2,440,254		2,440,254	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	11,273,753	10,860,563	201,620	211,570
12 Advertising and promotion	1,927,854	1,760,082	7,968	159,804
13 Office expenses	24,021,514	23,388,393	360,666	272,455
14 Information technology	7,722,174	7,230,060	199,796	292,318
15 Royalties				
16 Occupancy	9,072,661	8,559,874	84,239	428,548
17 Travel	3,718,310	3,352,816	92,149	273,345
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings				
20 Interest	6,888,426	6,505,687	382,739	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	21,069,382	19,898,712	1,170,670	
23 Insurance	2,017,062	1,913,268	16,772	87,022
24 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.)				
a Hospitality Student Room/Board	6,645,518	6,645,518		
h Catavian 9 Other Heavitality	3,842,429	2 276 200	154,244	361,897
b Catering & Other Hospitality	. ,	3,326,288	·	·
c Bldg/Grounds Repair/Maint	1,595,483	1,517,505	14,201	63,777
d Athletic Activities	3,293,735	3,293,735		
e All other expenses	1,461,218	1,440,035	4,301	16,882
25 Total functional expenses. Add lines 1 through 24e	431,667,880	400,190,734	21,025,921	10,451,225
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined				

Check here ► ☐ if following SOP 98-2 (ASC 958-720).

Form	990	(2018)				Page 11
Pa						
		Check if Schedule O contains a response or not	e to any line in this Part IX			🗆
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		-2,052,092	1	-5,082,823
	2	Savings and temporary cash investments	[13,663,431	2	26,818,351
	3	Pledges and grants receivable, net		16,624,315	3	14,392,474
	4	Accounts receivable, net	[9,312,105	4	6,391,892
	5	Loans and other receivables from current and fo trustees, key employees, and highest compensa Part II of Schedule L	ted employees. Complete	0	5	0
S)	6	Loans and other receivables from other disqualif section 4958(f)(1)), persons described in section contributing employers and sponsoring organization voluntary employees' beneficiary organizations (Part II of Schedule L	n 4958(c)(3)(B), and tions of section 501(c)(9) (see instructions) Complete		6	0
ssets	7	Notes and loans receivable, net		30,690,383	7	27,149,482
ASS	8	Inventories for sale or use		3,418,872	8	3,265,713
1	9	Prepaid expenses and deferred charges		2,256,354	9	3,268,793
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 656,004,203			
	b	Less: accumulated depreciation	10b 273,354,345	373,664,251	10c	382,649,858
	11	Investments—publicly traded securities .	530,403,683	11	523,645,191	
	12	Investments—other securities. See Part IV, line	11 [106,282,893	12	127,766,009
			F			

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814.221

1.085.078.416

31,830,493

20.185.493

167,504,543

12,422,356

66.970.878

299.354.443

333.258.945

115,692,948

336,772,080

785,723,973

1,085,078,416

440.680

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782.297 1.111.047.237

32,304,357

20.780.087

161,292,681

64.824.383

289.944.325

340.623.792

114,968,700

365.510.420

821,102,912

1,111,047,237

Form **990** (2018)

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Liabilities 22

Fund Balances

Assets or 30

Net

Investments-program-related. See Part IV, line 11

Total assets.Add lines 1 through 15 (must equal line 34) . .

Escrow or custodial account liability. Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Intangible assets

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons. Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24).

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > \quad \text{and complete lines 30 through 34.}

Capital stock or trust principal, or current funds . . .

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 . .

Grants payable . . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Other assets. See Part IV, line 11 . . .

3a

3b

Yes

Yes (2018)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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.

Audit Act and OMB Circular A-133?

Additional Data

Software ID: 18007697

Software Version: 2018v3.1

Name: University of the Pacific

EIN: 94-1156266

Form 990 (2018)

ANALYTICS OFFERINGS.

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 6,500 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

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 6,500 STUDENTS. THE UNIVERSITY'S FINANCIAL AID PROGRAM DEMONSTRATES AN ONGOING COMMITMENT TO PUT A OUALITY EDUCATION WITHIN REACH, PROVIDING A WIDE RANGE OF SCHOLARSHIPS AND GRANTS, INCLUDING MATCHING CAL GRANTS FOR STUDENTS WHO OUALIFY.

THE UNIVERSITY'S FOUR-YEAR GUARANTEE PROVIDES STUDENTS ASSURANCE THEY WILL BE ABLE TO GET THE CLASSES THEY NEED TO GRADUATE ON TIME.

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

Form 990, Part III, Line 4c:

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person amount of other hours per compensation compensation is both an officer and a week (list from the from related compensation director/trustee) organization (Worganizations from the

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Institutional

Trustee

Key employee

Individual trustee or director

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any hours for related
	organizations below dotted line)
Eibeck Pamela	50.0
Duraidant	
President	0.0
Dreyfuss Evan	10.0
Board Member, Treasurer	0.0
Fleming Richard	15.0

and Independent Contractors

Board Member, Vice Chair, Committee Chair

Board Member, Chair, Committee Chair

Board Member, Committee Chair

Board Member, Committee Chair

Fleming Richard

Hoch Andrea

Huber Kevin

Allen Norman

Berberian Ronald

Berolzheimer Charles

Board Member

Chan Virginia

Board Member

Dassenko Paul

Board Member

Board Member, Secretary

2/1099-MISC) Former

1,003,984

0

0

Highest compensated employee

(W- 2/1099-

MISC)

organization and

related

organizations

104,441

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person amount of other hours per compensation compensation is both an officer and a week (list from the from related compensation director/trustee) organizations any hours organization (Wfrom the

Key employee

Individual trustee

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> 0.0 5.0

> 0.0 5.0

0.0 5.0

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Institutional

Highest compensated employee

Former

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	Garry Hours	
	for related organizations below dotted line)	individual trustee or director
Eberhardt Mary-Elizabeth	5.0	
,		Χ
Board Member	0.0	
Flores Armando	5.0	
		Х
Board Member	0.0	
Gleason Bradford	5.0	
		Х

and Independent Contractors

Board Member

Gustafson Clark

Harper Corwin

Board Member

Hayashi Randy Board Member

Kurtin Eve

Board Member

Mitchell Gary

Rishwain Constance

Board Member

Scotland Arthur

Board Member

Board Member, Committee Chair

Board Member, Committee Chair

2/1099-MISC)

(W- 2/1099-

MISC)

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organization and

related

organizations

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person amount of other hours per compensation compensation is both an officer and a week (list from the from related compensation director/trustee) organization (Worganizations from the

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Institutional

Trustee

Key employee

Individual trustee or director

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Highest compensated employee

Former

2/1099-MISC)

0

319,261

105,794

147,128

351,815

399,808

279,005

(W- 2/1099-

MISC)

0

0

0

organization and

related

organizations

0

60,414

460

30,355

73,376

53,981

77,714

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any hours for related
	organizations below dotted line)
Shalvey Don	5.0
Board Member	0.0
Spears Janet	10.0
·	
Board Member, Committee Chair	0.0
Stirling Susanne	10.0

and Independent Contractors

Board Member, Committee Chair

Yu Bo

Board Member

Atterbury George

VP, Development

Interim VP, Student Life

VP, Student Life (outgoing)

VP, Business & Finance

VP, Technology and CIO

Barnett Renee

Day Patrick

Mullen Kenneth

Pallavicini Maria

Sprecher Art

Provost

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person hours per compensation compensation amount of other is both an officer and a week (list from the from related compensation director/trustee) any hours organization (Worganizations from the

Institutional

Trustee

Key employee

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Individual trustee or director

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	for related organizations below dotted line)
Campbell Patricia	50.0
Doop University College	
Dean, University College	0.0
Carroll Timothy	50.0
,	
Dean, Eberhardt School Business	0.0
Fraden Rena	50.0

and Independent Contractors

Dean, College of the Pacific

Dean, Engineering & Computer Science

Assistant Vice President, Treasury

Dean, Dugoni School of Dentistry

Dean, Pharmacy & Health Sciences

Dean, School of Education (outgoing)

Interim Dean, School of Education

Dean, McGeorge School of Law

Howell Steven

Manilay Bayani

Nadershahi Nader

Oppenheimer Phillip

Schwartz Michael

Sheared Vanessa

Webster Linda

Former
Highest compensated employee

2/1099-MISC)

228,970

172,117

253,115

320,259

155,786

423,963

265.208

368,564

180,852

127,822

(W-2/1099-

MISC)

0

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0

organization and

related

organizations

18,015

29,042

39,273

53,566

41,039

48,518

46,020

53,628

17,381

39,484

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person amount of other hours per compensation compensation week (list is both an officer and a from the from related compensation n the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Nattestad Anders

Stoudamire Damon

Park Chan

Gale Lewis

Mootz Francis

Professor of Oral Surgery

Assistant/Associate Professor

Head Coach, Men's Basketball

Professor, Eberhardt School of Business

Professor, McGeorge School of Law

	any hours							organization (W-	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations	
Witte Peter	50.0				x			233,420	0	52,445	
Dean, Conservatory of Music	0.0				^			233,420		32,443	
Davies Julie	50.0					×		337,350	0	19,821	
Professor of Law	0.0					^		337,330		15,021	
Myers John	50.0										
Professor of Law	0.0					X		413,127	0	36,863	
	F0.0			T^{-}					, and the second	, and the second	

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50.0						
			Χ	413,127	0	
0.0						
50.0						
			Χ	436,807	0	
0.0						l

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455,964

546,123

138,093

245,440

34,785

52,898

56,755

40,324

33,911

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СНІ	EDI	ULE A		Public (Charity Statu	s and Pub	olic Supp	ort ⊢	OMB No. 1545-0047
orm 0EZ		or			ganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) c mpt charitable	organization or trust.	I	2018
		he Treasury		► Go to	www.irs.gov/Forms				Open to Public Inspection
me c	of the	i e Service e organiza ne Pacific	tion					Employer identific	<u> </u>
					(1)			94-1156266	
Part e orga					ıs (All organization it is: (For lines 1 thro			See instructions.	
			•		sociation of churches	,	, ,	(A)(i).	
<u> </u>		,		ŕ	1)(A)(ii). (Attach Sch				
	<u> </u>				vice organization descr	,	, ,	iii).	
			esearch organiz	•	ed in conjunction with			-	nter the hospital's
• [An organiza			of a college or univer	rsity owned or op	erated by a gov	ernmental unit descri	bed in section 170
, [A federal, s	tate, or local go	vernment or	governmental unit de	scribed in sectio	n 170(b)(1)(A	ı)(v).	
' [ation that norma 'O(b)(1)(A)(vi)		a substantial part of it Part II.)	s support from a	governmental u	nit or from the gener	al public described in
• [A communi	ty trust describe	d in section	170(b)(1)(A)(vi).	(Complete Part I	[.)		
					escribed in 170(b)(1) ee instructions. Enter				ege or university or
[from activit investment	ies related to its income and unr	éxempt fun elated busin	(1) more than 331/3% ctions—subject to cerl ess taxable income (le mplete Part III.)	tain exceptions, a	and (2) no more	than 331/3% of its su	ipport from gross
[exclusively to test fo	r public safety. S	ee section 509	(a)(4).	
[more public	ly supported or	ganizations c	exclusively for the be lescribed in section 5 the type of supporting	09(a)(1) or sec	tion 509(a)(2)). See section 509(a	
[Type I. A sorganization	supporting organ	ization opera o regularly a	ated, supervised, or co ppoint or elect a majo	ontrolled by its su	upported organiz	zation(s), typically by	
		manageme		ting organiza	ervised or controlled in ation vested in the san and C.				
					supporting organization				ted with, its
[Type III n functionally	on-functionally integrated. The	y integrateo organization	ons). You must com d. A supporting organi n generally must satis t IV, Sections A and	zation operated i fy a distribution i	in connection wit	th its supported orgar	
		Check this	box if the organi	zation receiv	ed a written determing integrated supporting	ation from the If	RS that it is a Ty	pe I, Type II, Type II	I functionally
E						-		<u> </u>	
					pported organization(-	
(ame of supp organizatior		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the orgain your governi		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (se instructions)
						Yes	No		
tal									
	perw	ork Reduc	tion Act Notice	, see the Ir	structions for	Cat. No. 11285	iF \$	Schedule A (Form 9	90 or 990-EZ) 201

Page 2

(b)(1)(A)(ix)	ocked the box o	n line F 7 9 e		f the organization	on failed to quali				
(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			

S	ection A. Public Support						
	Calendar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(6) 2016	(u) 2017	(e) 2018	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grant.")						
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	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).						
6	Public support. Subtract line 5 from						
0	line 4.						
_	ection B. Total Support				l		L
	Calendar year					1	1
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d)2017	(e) 2018	(f)Total
7	Amounts from line 4						
8	Gross income from interest,						
0	dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources.						
9	Net income from unrelated business						
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain or						
10	loss from the sale of capital assets						
	(Explain in Part VI.).						
11	Total support. Add lines 7 through						
	10						
12	Gross receipts from related activities, e	tc. (see instruction	ons)			12	- L
	First five years. If the Form 990 is for						
13		_			•	. , , ,	-
	check this box and stop here					<u> ▶</u>	
	ection C. Computation of Public						
14	Public support percentage for 2018 (line	e 6, column (f) di	vided by line 11, c	olumn (f))		14	
15	Public support percentage for 2017 Sch	edule A, Part II, l	ine 14			15	
16:	33 1/3% support test—2018. If the	organization did r	not check the box	on line 13, and lin	e 14 is 33 1/3% o	r more, check thi	s box
	and stop here. The organization qualif						
L	33 1/3% support test—2017. If the						
L	• •	-					
	box and stop here. The organization	qualifies as a pub	licly supported org	janization	- 12 16 16-		▶ ⊔
17a	10%-facts-and-circumstances test-						
	is 10% or more, and if the organization						
	in Part VI how the organization meets t	ne racts-and-circ	cumstances test.	ine organization (quanties as a publ	iciy supported	_
	organization						▶ 📙
b	10%-facts-and-circumstances test						
	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization	n meets the "facts	s-and-circumstanc	es" test. The orga	nization qualifies	as a publicly	_

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Р	art IIII Support Schedule for	Organization	s Described in	Section 509(a	a)(2)		1 490 2
	(Complete only if you cl					to qualify und	ler Part II. If
	the organization fails to	qualify under t	the tests listed l	pelow, please co	mplete Part II.)		
Se	ection A. Public Support						_
	Calendar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	(or fiscal year beginning in) ► Gifts, grants, contributions, and						
-	membership fees received. (Do not						
	include any "unusual grants.") .						
2	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						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
4	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
6	Total. Add lines 1 through 5						
/a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
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. Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
J	from line 6.)						
Se	ection B. Total Support				•		•
	Calendar year	(2) 2014	(h) 2015	(a) 2016	(d) 2017	(e) 2018	(f) Total
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2016	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and						
	income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30,						
_	1975. Add lines 10a and 10b.						
С 11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
	regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c,						
	11, and 12.)						
14	First five years. If the Form 990 is for	_			,		
	check this box and stop here						▶ ⊔
	ection C. Computation of Public S			1 (6)			
15	Public support percentage for 2018 (lin		•	, , ,		15	
16	Public support percentage from 2017 S	chedule A, Part II	II, line 15			16	
Se	ction D. Computation of Investr						·
17	Investment income percentage for 201	. 8 (line 10c, colur	nn (f) divided by	line 13, column (f))	17	
18	Investment income percentage from 20					18	
19a	331/3% support tests—2018. If the	organization did r	ot check the box	on line 14, and lir	ne 15 is more than	33 1/3%, and lir	ne 17 is not
	more than 33 1/3%, check this box and s	stop here. The or	rganization qualifi	es as a publicly su	ipported organizati	ion	. ▶□
	33 1/3% support tests—2017. If the						
	not more than 33 1/3%, check this box	and stop here.	The organization o	qualifies as a publ	icly supported orga	anization	. ▶□
20	Private foundation. If the organization						►□

(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 Are all of the organization's supported organizations listed by name in the organization's governing documents? 1

If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. Did the organization have any supported organization that does not have an IRS determination of status under section 509

1 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).

2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a 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 Part VI when and how the organization made the determination. 3b

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

3с checked 12a or 12b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations.

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 Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c 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 Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by 5a amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the 5b

organization's organizing document? 5с Substitutions only. Was the substitution the result of an event beyond the organization's control?

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

6 organization's supported organizations? If "Yes," provide detail in Part VI. 6 7

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). Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

7 complete Part I of Schedule L (Form 990 or 990-EZ). 8

8 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 Part VI.

9a 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 Part VI.

9b

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 Part VI. 9c

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

answer line 10b below. 10a 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). 10b

Schedule A (Form 990 or 990-EZ) 2018

	leddie A (Point 990 01 990-EZ) 2016		- F	age 3
₽}	Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?	<u> </u>		<u> </u>
а	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?			
	governing body of a supported organization:	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11 c		
S	Section B. Type I Supporting Organizations			
			Yes	No
1	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? 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.	1		
2	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? 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	2		
	organization.	-		ĺ
S	Section C. Type II Supporting Organizations			
			Yes	No
1	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)? 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).	1		
_	Section D. All Type III Supporting Organizations		<u> </u>	
	,,, = === ==,,, ======================		Yes	No
1	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?			
		1		
2	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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
		2		
3	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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
_	Section E. Type III Functionally-Integrated Supporting Organizations		<u> </u>	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct)	ions):		
_	a The organization satisfied the Activities Test. Complete line 2 below.	00		
	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
	a 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? 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.	2a		
	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? 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.	2b		<u> </u>
3	Parent of Supported Organizations. Answer (a) and (b) below.	<u> </u>		<u> </u>
	a 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> .	3a		
	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.</i> the role played by the organization in this regard.	3h		_

Sched	dule A (Form 990 or 990-EZ) 2018			Page 6
Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Chack have if the surrent year is the organization's first as a non-functionally in	toarst.	ad Type III supporting or	raprization (coo

Schedule A (Form 990 or 990-EZ) (2018)

b Applied to 2018 distributable amount
c Remainder. Subtract lines 4a and 4b from 4.
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

a Excess from 2014. **b** Excess from 2015. **c** Excess from 2016.

Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 Excess distributions carryover to 2019. Add lines

See instructions.

d Excess from 2017.e Excess from 2018.

3j and 4c.

8 Breakdown of line 7:

Additional Data

 Software ID:
 18007697

 Software Version:
 2018v3.1

EIN: 94-1156266

Name: University of the Pacific

Schedule A ((Form 990 or 990-EZ) 2018	Page
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part 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, I 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).	ine 1; /

instructions).

Facts And Circumstances Test

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Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

DLN: 93493129013410

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

EZ)

5

SCHEDULE C (Form 990 or 990-

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

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. • Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. • Section 527 organizations: Complete Part I-A only. 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 **Employer identification number** University of the Pacific 94-1156266 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") Political campaign activity expenditures (see instructions) 2 3 Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 ☐ Yes □ No Was a correction made? ☐ Yes ☐ No If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 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....... Did the filing organization file Form 1120-POL for this year? 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 (e) Amount of political filing organization's contributions received funds. If none, enter and promptly and -0-. directly delivered to a separate political organization. If none, enter -0-. 2

Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Page 2

A	Check If the filing organization belongs to a expenses, and share of excess lobby		st in Part IV each a	affiliated group m	ember's name, a	address, EIN,				
В	Check ▶ ☐ if the filing organization checked box	· ,	provisions apply.							
	Limits on Lobbyir (The term "expenditures" mean		a) Filing anization's totals	(b) Affiliated group totals						
 1a	Total lobbying expenditures to influence public opi	inion (grass roots lobbying	g)							
b	Total lobbying expenditures to influence a legislati	ive body (direct lobbying)								
c	Total lobbying expenditures (add lines 1a and 1b)									
d	Other exempt purpose expenditures									
е	Total exempt purpose expenditures (add lines 1c a	and 1d)								
f										
	If the amount on line 1e, column (a) or (b) is	s: The lobbying nontax	able amount is:							
	Not over \$500,000	20% of the amount on line	e 1e.							
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	excess over \$500,00	0.						
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,	000.						
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	00.						
	Over \$17,000,000	\$1,000,000.								
g	Grassroots nontaxable amount (enter 25% of line	1f)								
h	Subtract line 1g from line 1a. If zero or less, enter	r -0								
i	Subtract line 1f from line 1c. If zero or less, enter	-0								
j	If there is an amount other than zero on either line section 4911 tax for this year?					☐ Yes ☐ No				
	(Some organizations that made	Averaging Period Un a section 501(h) ele e the separate instru	ction do not h	ave to comple		five				
	Lobbying Ex	penditures During 4	-Year Averagiı	ng Period	T					
	Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total				
2a	Lobbying nontaxable amount									
b	Lobbying ceiling amount (150% of line 2a, column(e))									
С	Total lobbying expenditures									
d	Grassroots nontaxable amount									

Pa	complete if the organization is exempt under section 501(c)(3) and has NOT from 5768 (election under section 501(h)).	iled			
or 4	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)((b))
	vity.	Yes	No	Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
а	Volunteers?		No		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No		
С	Media advertisements?		No		
d	Mailings to members, legislators, or the public?		No		
e	Publications, or published or broadcast statements?		No		
f	Grants to other organizations for lobbying purposes?		No		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No		
i	Other activities?	Yes			121,258
j	Total. Add lines 1c through 1i				121,258
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
b	If "Yes," enter the amount of any tax incurred under section 4912				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Pai	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).)(5), o	r sectioi		
_	West on the best birth all (000) are seen as the described and the best are a		_	Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		3		<u> </u>
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?				1.62
Pai	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Paranswered "Yes."				:)(6)
1	Dues, assessments and similar amounts from members	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
a	·	2a			
b	,	2b			
_C	Total	2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3			
4	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?	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	5			
	art IV Supplemental Information		<u> </u>		
Pro	ovide 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) structions), and Part II-B, line 1. Also, complete this part for any additional information.	; Part II-	·A, lines 1	and 2 (se	ee
1113	Return Reference Explanation				
DES	edule C, Part II-B, Line 1 DETAILED THE UNIVERSITY IS A MEMBER OF THE ASSOCIATION OF INDEPENDENT CAUNIVERSITIES (AICCU), THE NATIONAL ASSOCIATION OF INDEPENDENT CONTINUED (NAICU), THE NATIONAL ASSOCIATION OF COLLEGE AND UNIVERSITY BUS ASSOCIATION OF GOVERNING BOARDS (AGB), THE GREATER SACRAMENTO SACRAMENTO METRO CHAMBER FOUNDATION. THESE ORGANIZATIONS LO EDUCATION. THE AMOUNTS SHOWN ON SCHEDULE C, PART II, LINE 11 PER	OLLEGES INESS O D ECONO BBY ON I	& UNIVER FFICERS (MIC CHAM BEHALF OF	RSITIES NACUBO IBER ANI F HIGHER	THE
	ABOVE NOTED ASSOCIATIONS.		/ (

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

(Form 990)

Department of the Treasury

As Filed Data -

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990.

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

DLN: 93493129013410 OMB No. 1545-0047

Open to Public Inspection

Intern	al Revenue Service Go to www.irs	.gov/Form990 for the latest information	Inspection	i
	me of the organization versity of the Pacific		Employer identification number	
UIII	reisity of the Pacific		94-1156266	
Pa	ort I Organizations Maintaining Donor Adv		or Accounts.	
	Complete if the organization answered "Y		105	
	Tatal number at and of years	(a) Donor advised funds	(b)Funds and other accounts	
1	Total number at end of year			
2	Aggregate value of contributions to (during year) Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
			1. 16 1	
5	Did the organization inform all donors and donor advis organization's property, subject to the organization's			NI.
6	Did the organization inform all grantees, donors, and	donor advicers in writing that grant funds can		NO
Ü	charitable purposes and not for the benefit of the done	or or donor advisor, or for any other purpose	conferring impermissible	
	private benefit?		☐ Yes ☐	No
Pa	rt III Conservation Easements. Complete if	the organization answered "Yes" on For	m 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the org	janization (check all that apply).		
	\square Preservation of land for public use (e.g., recreati	on or education) \square Preservation of a	n historically important land area	
	Protection of natural habitat	\square 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 fo	orm of a conservation	
	easement on the last day of the tax year.		Held at the End of the Yea	ar
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements .		2b	
C	Number of conservation easements on a certified histo	* *	2c	
d	Number of conservation easements included in (c) acq structure listed in the National Register	uired after 7/25/06, and not on a historic	2d	
3	Number of conservation easements modified, transfer tax year ▶	red, released, extinguished, or terminated by	y the organization during the	
4	Number of states where property subject to conservat	cion easement is located ▶		
5	Does the organization have a written policy regarding and enforcement of the conservation easements it hol			
			∐ Yes ☐ No	
6	Staff and volunteer hours devoted to monitoring, insperience.	ecting, handling of violations, and enforcing o	conservation easements during the yea	r
7	Amount of expenses incurred in monitoring, inspecting \$\blue\$\$	g, handling of violations, and enforcing conse	ervation easements during the year	
_	'		4-0(1)(4)(5)(1)	
8	Does each conservation easement reported on line 2(or and section 170(h)(4)(B)(ii)?	d) above satisfy the requirements of section is		
9	In Part XIII, describe how the organization reports cor balance sheet, and include, if applicable, the text of th the organization's accounting for conservation easeme	ne footnote to the organization's financial stat		
Par	Organizations Maintaining Collection Complete if the organization answered "Y	s of Art, Historical Treasures, or Ot	her Similar Assets.	
1a	If the organization elected, as permitted under SFAS 1 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its final	116 (ASC 958), not to report in its revenue stor public exhibition, education, or research in	furtherance of public service,	
b	If the organization elected, as permitted under SFAS 1 historical treasures, or other similar assets held for pu following amounts relating to these items:	116 (ASC 958), to report in its revenue staterablic exhibition, education, or research in furt	ment and balance sheet works of art, herance of public service, provide the	
	(i) Revenue included on Form 990, Part VIII, line 1		▶\$ 15,083,07	4
	ii)Assets included in Form 990, Part X			_
				-
2	If the organization received or held works of art, histo following amounts required to be reported under SFAS	5 116 (ASC 958) relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1		· 	_
b	Assets included in Form 990, Part X		▶\$	

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 52283D Schedule D (Form 990) 2018

Par	t III	Organizations Ma	aintaining Col	lections of	Art, Histo	rical 1	reas	ures, oi	Other	Similar As	ssets (conti	nued)	
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):												
а	✓	Public exhibition			d		Loar	or excha	ange prog	grams			
b	✓	Scholarly research			е		Othe	er					
С	✓	Preservation for future	e generations										
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?												
Pai	rt IV	Escrow and Cust Complete if the ord X, line 21.			on Form 99	0, Par	t IV, I	ine 9, o	r reporte	ed an amou	ınt on Form		
1 a		e organization an agent ded on Form 990, Part)									Yes	□ N	o
b	T€ "V	es," explain the arrange	ment in Part VIII	and complete	a the followin	a table				Δ	mount		_
c		nning balance				-			1c		mount		_
d	-	tions during the year .							1d				_
e		ibutions during the year							1e				_
f		ng balance							1f				_
		-						'				_	_
2a		he organization include										∐ N	0
		es," explain the arrange											
Pa	rt V	Endowment Fund	ds. Complete if										
	D = min.u	-:		(a)Current	year (b 76,087	Prior ye			ears back	(d)Three yea		our year	
	-	ning of year balance .				423,47			75,243,643	<u> </u>	625,084		612,949
		butions			36,818 94,564		.0,286		15,085,253 51,369,988		514,705 845,182		748,357 492,697
		vestment earnings, gair		· '						<u>'</u>			
		s or scholarships		16,2	84,234	15,49	2,191		14,873,990	14,	213,398	13,	655,451
		expenditures for facilitie	es		0		0		C		0		0
		istrative expenses .		3,4	10,293	3,36	52,184		3,346,547	, 2.	837,566	2.	573,468
		year balance			12,942	452,97		42	23,478,347	· ·	243,643		625,084
_		•											
2		ide the estimated perce d designated or quasi-e	=	7 %	diance (line	ig, con	umm (a	a)) neid a	5.				
a		a designated or quasi-e	73 %	7 /0									
b				0.04									
С		porarily restricted endov	***************************************	0 %	<i>L</i>								
3a		percentages on lines 2a here endowment funds		•		at are l	hald ar	nd admini	istered fo	r the			
Ju		nization by:	not in the posses	SION OF THE OF	gamzacion ci	iat are i	icia ai	ia aaniinii	istered ro	i the		Yes	No
	(i) u	nrelated organizations									3a(i)	Yes	
	• •	related organizations .									3a(ii)		No
		es" on 3a(ii), are the rel	-		•						3b		
4		ribe in Part XIII the inte			s endowmen	t funds.	•						
Pal	rt VI	Land, Buildings, Complete if the org			on Form OC)() Dar	+ T\/	ino 112	Coo Fo	rm 000 Ba	rt V lina 1	`	
	Descr	iption of property	(a) Cost or oth (investme	ner basis ((b) Cost or oth					depreciation		ook valu	e
	Land						263,174						5,263,174
		ngs				493,5	525,994	1		236,554,915		256	5,971,079
		hold improvements											
		ment					177,886			36,799,430			3,378,456
е	Other					11,0	37,149) [11	,037,149

Total. Add lines 1a through 1e.(Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Part VII Investments—Other Securities. Complete if the See Form 990, Part X, line 12.	the organization an	swered "Yes" on Form	990, Part IV, line 11b.
(a) Description of security or category (including name of security)	(b) Book value		ethod of valuation: d-of-year market value
(1) Financial derivatives		3335 31 3110	or year market raide
(2) Closely-held equity interests			
(A) Hedge Funds & Private Equity	123,318,38	4	
(B) Real and Personal Property	1,855,84	4	
(C) U.S. Equities	800,00	0	
(D) Assets Held by Other Trustees	1,791,78	1	
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	127,766,00	9	
Part VIII Investments—Program Related.	•		
Complete if the organization answered 'Yes' on (a) Description of investment	Form 990, Part IV,		90, Part X, line 13. ethod of valuation:
	(B) Book valie		d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)	+		
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) Part IX Other Assets. Complete if the organization answere	ed 'Ves' on Form 990	Part IV line 11d See For	m 990 Part V line 15
(a) Description		rare IV, mile IIa. See For	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. Complete if the organization	answered 'Ves' on		. • 11e or 11f
See Form 990, Part X, line 25.		· · · · · · · · · · · · · · · · · · ·	e TIE OF TIF.
1. (a) Description of liability (1) Federal income taxes	(b)	Book value	
Annuity & Unitrust Reserves		10,780,245	
Self Insurance Reserves		9,880,327	
Asset Retirement Obligation		9,387,471	
Capital Lease Obligations Federal Student Loan Program		725,507 32,480,658	
Early Retirement Reserves		1,570,175	
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	<u> </u>	64,824,383	
2. Liability for uncertain tax positions. In Part XIII, provide the text α	of the footnote to the	organization's financial st	——————————————————————————————————————
organization's liability for uncertain tax positions under FIN 48 (ASC	740). Check here if the	ne text of the footnote ha	s been provided in Part XIII 🗹

2

а

b

3

4

b

C

Part XII

5

1

2

C

d

3

4

b

5

Part XIII

See Additional Data Table

Schedule D (Form 990) 2018

Page 4

1,150,628

367,268,953

98,419,405

465,688,358

339,910,837

339,910,837

91,757,043

431,667,880

Schedule D (Form 990) 2018

Add lines 4a and 4b .

Donated services and use of facilities Other (Describe in Part XIII.) Amounts included on Form 990, Part VIII, line 12, but not on line 1:

Donated services and use of facilities . .

Prior year adjustments Other losses

Other (Describe in Part XIII.) . . .

Add lines 2a through 2d .

Return Reference

Subtract line 2e from line 1 .

Net unrealized gains (losses) on investments

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

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.

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Total expenses and losses per audited financial statements

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Add lines **4a** and **4b**

Supplemental Information

2b

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

2c Investment expenses not included on Form 990, Part VIII, line 7b .

2d 4a 4b

> 2a 2b

2c

2d

4a 4b

Explanation

2a

98,419,405 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

1,150,628

0

2e 3 4c

2e

3

4c

5

91.757.043

	Page 5
Information (continued)	
Explanation	

Schedule D (Form 990) 2018

Additional Data

Software ID: 18007697
Software Version: 2018v3.1

EIN: 94-1156266

Name: University of the Pacific

Supplemental Information

Supplemental Information	
Return Reference	Explanation
- other securities 5% or more of	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 INVESTME NTS INCLUDE MARKETABLE ALTERNATIVES AND PRIVATE EQUITY. AT FYE 2019, THESE ASSETS REPRESEN TED APPROXIMATELY 26% OF THE ENDOWMENT.

Return Reference	Explanation
Schedule D, Part III, Line 4 Collections of art - description of collections	The University's Holt-Atherton Special Collections department houses the University librar y'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 o versees is the following: - John Muir Papers: the world's largest repository of Muir docum ents; - Moscone Papers: personal letters, political correspondence, draft speeches, and vi deo interviews that bear witness to one of the most transformational eras in California po litics; - Brubeck archives: a unique accumulation of materials representing the creative I ife 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 approxima tely 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.

Supplemental Information	
Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	The University's endowment funds include quasi-endowed funds established by the board of r egents and permanently restricted endowment funds established by donors. Endowed funds are invested in perpetuity in accordance with the university's investment and spending polici es. Quasi-endowed funds are restricted to various uses as approved by the Board of Regents . Donor-restricted funds include funds invested for purposes of funding student scholarshi ps, investment in plant, and program support.

Supplemental Information	
Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	The University follows financial accounting standards board interpretation (FASB) ASC Subt opic 740-10, Income Taxes - Overall (Formerly known as FASB Interpretation No. 48, Account ing for Uncertainty in income taxes, an interpretation of FASB Statement No. 109). As per the University's financial statement for June 30, 2019, Pacific is tax exempt under Sectio n 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 o n 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.

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XI, Line 4(b) Other revenues in form 990 not in audited financial statements	Unrealized Investment Gains - 7487102 Cost of Goods Sold2482710 Other Changes824740 Financial Aid - 94239753 -

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XII, Line 4(b) Other expenses in form 990 not in audited financial statements	FINANCIAL AID - 94239753 COST OF GOODS SOLD2482710

Sι

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493129013410 OMB No. 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ 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. Open to Public ► Go to www.irs.gov/Form990EZ for the latest instructions. Inspection Department of the Treasury Namel Retherosganization **Employer identification number** University of the Pacific 94-1156266 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, 1 Yes 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 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," Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 4c Yes 4d Yes If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: 5a Nο **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? . 5c Νo **d** Scholarships or other financial assistance? . 5d Νo e Educational policies? . . 5e No f Use of facilities? . . 5f No **g** Athletic programs? 5g Νo 5h No If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. **6a** Does the organization receive any financial aid or assistance from a governmental agency? Yes 6a b Has the organization's right to such aid ever been revoked or suspended? No If you answered "Yes" to either line 6a or line 6b, explain on Part II. 7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II. Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Cat. No. 50085D Schedule E (Form 990 or 990-EZ) (2018)

Schedule E (Form 990 or 990EZ) (2018)					
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				
	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	During the tax year ending on 06/30/2019, the University received support from				

Schedule F (Form 990 or 990-F7) (2018)

ASSISTANCE FROM A GOVERNMENT various federal and state governmental agencies totaling \$11,490,510.

SCHEDULE F	State	ement of A	Activities (Outside the Uni	ited States	OMB No. 1545-0047
(Form 990) Department of the Treasury Internal Revenue Service	► Compl	olete if the organization answered "Yes" to Form 990, Part IV, line 14b, ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information				2018 Open to Public Inspection
Name of the organization					Employer	identification number
University of the Pacific					94-115626	66
Part I General In Form 990, I			Outside the U	Jnited States. Comple	te if the organizati	on answered "Yes" to
other assistance, the to award the grant 2 For grantmakers.	ne grantees' s or assistan . Describe in	eligibility for th	e grants or assis	substantiate the amount stance, and the selection dures for monitoring the	criteria used	· U Yes U No nd other assistance
outside the UnitedActivites per Region.		ng Part I, line 3 t	able can be dupli	cated if additional space is	s 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 (of program service, descripe of service(s) in region	ribe for and investments in region
See Add'l Data						
3a Sub-total b Total from continuation		1	. 56			154,476 100,629,278
	and 3b)	1	. 58			100,783,754

chedule F (Form 990) 2018							Page 3
				ed States. Complete if	f the organization ar	nswered "Yes" to Form S	990, Part IV, line 16.
a) Type of grant or assistance	duplicated if addit (b) Region	(c) Number of recipients	eeded. (d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Sched	dule F (Form 990) 2018		Page 4
Par	t 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; don't file with Form 990)	Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see 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; don't file with Form 990).	✓ Yes	□No

Schedule F (Form	า 990) 2018	Page 5
Pro am me	nounts of investmethod); and Part I	prmation ion required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; ents vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting II, column (c) (estimated number of recipients), as applicable. Also complete this part to provide nation (see instructions).
990 Schedule	F, Supplement	al Information
Return	n Reference	Explanation
Schedule F, Pa	, (,	THE AMOUNTS LISTED IN COLUMN (F) FOR THE UNIVERSITY'S INVESTMENTS IN CENTRAL AMERICAN/CARIBBEAN. EAST ASIA AND THE PACIFIC, AND EUROPE REFER TO THE FAIR MARKET

FOR THE FISCAL TAX YEAR ENDED 6/30/19, AS REQUIRED BY THE IRS.

UNITED STATES

Return Reference Explanation

Schedule F, Part I CONFERENCERELATED EXPENDITURES

INDIRECT EXPENSES ARE NOT TRACKED FOR THESE PROGRAMS AS WE ONLY TRACK
UNIVERSITY FUNDS TRANSFERRED TO FOREIGN COUNTRIES TO SUPPORT THESE
PROGRAMS

990 Schedule F, Supplemental Information

Additional Data

Central America and the

Caribbean

Software ID: 18007697 **Software Version:** 2018v3.1 **EIN:** 94-1156266

Name: University of the Pacific

Research

Form	aan	Schedule	F Part	Γ – Δ.	ctivities	Outside	The	United State	26

(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	Conference	0

1 Program Services

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) East Asia and the Pacific PROFESSIONAL SERVICES 700 4 Program Services East Asia and the Pacific 0 Program Services ISTUDY ABROAD 32,389

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) East Asia and the Pacific 6 Program Services Conference 981 1 |Fundraising East Asia and the Pacific

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the reaion) Europe (Including Iceland and 0 Program Services ADVERTISING 2,880 Greenland) Europe (Including Iceland and 0 | Program Services ALUMNI RELATIONS 682 Greenland)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region agents in fundraising, program describe specific type of region service(s) in region region services, grants to recipients located in the reaion) Europe (Including Iceland and 14 | Program Services STUDY ABROAD 52,268 Greenland) Europe (Including Iceland and 6 | Program Services PROFESSIONAL SERVICES 55,165 Greenland)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the reaion) Europe (Including Iceland and 0 Program Services Student Recruitment 691 Greenland) Europe (Including Iceland and 6 | Program Services Conference Greenland)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) Middle East and North Africa 0 Program Services ISTUDENT RECRUITMENT 3,120 Middle East and North Africa 0 Program Services ISTUDY ABROAD 5,600

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) Middle East and North Africa 3 Fundraising North America (Canada & 3 Program Services PROFESSIONAL SERVICES Mexico only)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) Conference North America (Canada & 11 Program Services Mexico only) Conference South America 2 Program Services

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the reaion) Central America and the 0 Investments 96,355,803 Caribbean Europe (Including Iceland and 0 Investments 3,689,594 Greenland)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of reaion agents in fundraising, program service(s) in region services, grants to reaion recipients located in the reaion) Fast Asia and the Pacific 583,881 0 linvestments

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493129013410 OMB No. 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** 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. Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. **Employer identification number** Name of the organization University of the Pacific 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. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants Internet and email solicitations ☐ Solicitation of government grants Phone solicitations ☐ Special fundraising events ☐ In-person solicitations 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 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 (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col. (i) contributions? Yes No 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.

Sche	dule G (Form 990 or 990-EZ) 2018						Page 3
11	Does the organization conduct ga	ming activities with nonmembers	5?		☐ Yes	Пио	
12	Is the organization a grantor, ber formed to administer charitable g		member of a partnership or other entity		□Yes		
13	Indicate the percentage of gamin	g activity conducted in:					
а	The organization's facility .			13a			%
b	An outside facility			13b			%
14	Enter the name and address of th	e person who prepares the organ	nization's gaming/special events books and r	ecords:			
	Name						
	Address •						
	revenue?		m the organization receives gaming		□Yes	□No	
b	If "Yes," enter the amount of gam amount of gaming revenue retain		anization ▶ \$ and tl 	ne			
С	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:						
а	Is the organization required unde retain the state gaming license?		stributions from the gaming proceeds to		☐Yes	□No	
b	Enter the amount of distributions in the organization's own exempt		Ited to other exempt organizations or spent \$		33		
Pai	t IV Supplemental Inform	nation. Provide the explanat	ions required by Part I, line 2b, column licable. Also provide any additional info				 s.
	Return Reference		Explanation				

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Schedule I

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

DLN: 93493129013410

Open to Public Inspection

nternal Revenue Service							<u> </u>
lame of the organization Iniversity of the Pacific						Employer identifie	ation number
, , , , , , , , , , , , , , , , , , ,						94-1156266	
		and Assistance					
Does the organization main the selection criteria used	ntain records to sub to award the grants	stantiate the amount of or assistance?	the grants or assistance,	the grantees' eligibility	for the grants or assistanc	e, and	☑ Yes ☐ No
2 Describe in Part IV the org	·	-	_				
Part II Grants and Other that received more	Assistance to Don than \$5,000. Part II	nestic Organizations a I can be duplicated if ad	and Domestic Governme ditional space is needed.	ents. Complete if the o	rganization answered "Yes"	on Form 990, Part IV, line	21, for any recipient
(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)							

(Form 990)

Department of the

Treasury

(2)

(3)

(4)

(5)

(6)

(7)

Return Reference

grant funds.

Schedule I, Part I, Line 2

Procedures for monitoring use of

Schedule I (Form 990) 2018

Page 2

Part III can be duplicated if additional space is needed.

Explanation

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

(c) Amount of

cash grant

11,412,980

82.826.774

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

equitable manner and in accordance with the rules and regulations that govern the individual programs.

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

(d) Amount of

noncash assistance

(e) Method of valuation (book.

FMV, appraisal, other)

(b) Number of

recipients

434

3151

Schedule I (Form 990) 2018

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a - DLN:	9349312	29013	410	
Sch	edule J	Coi	mpensati	ion Information	OMB No.	1545-0	3047	
(For	n 990)	For certain Officers		110				
		► Complete if the orga	nization answ	ated Employees vered "Yes" on Form 990, Part IV, line 23.	2018			
Depar	tment of the Treasury	► Go to <u>www.irs.gov</u>		i to Form 990. instructions and the latest information.	Open	to Pul	blic	
Interna	al Revenue Service				Insp	ectio	n	
	ne of the organiza versity of the Pacific	ation		Employer identi	fication nu	ımber		
	Over att	Barandina Camanasti		94-1156266				
Pa	rt I Questi	ons Regarding Compensati	on			Yes	No	
1a				the following to or for a person listed on Form y relevant information regarding these items.		103		
		s or charter travel	$\overline{\checkmark}$	Housing allowance or residence for personal use			i	
	_	companions		Payments for business use of personal residence			İ	
		nification and gross-up payments	✓	Health or social club dues or initiation fees			İ	
	☐ Discretion	ary spending account	¥	Personal services (e.g., maid, chauffeur, chef)				
b		xes in line 1a are checked, did the all of the expenses described abov		ollow a written policy regarding payment or reimburser iplete Part III to explain	ment 1b	Yes		
2				or allowing expenses incurred by all r, regarding the items checked in line 1a? . .	2	Yes		
	directors, truste	es, officers, including the CEO/Ex	ecutive Director	r, regarding the items checked in line 14?.				
3		if any, of the following the filing o EO/Executive Director. Check all t		ed to establish the compensation of the			İ	
	_	•		CEO/Executive Director, but explain in Part III.			İ	
	✓ Compensa	ation committee	✓	Written employment contract			i	
	_ '	ent compensation consultant	✓	Compensation survey or study			İ	
		of other organizations	$\overline{\mathbf{Z}}$	Approval by the board or compensation committee			İ	
4	During the year related organiza		90, Part VII, Se	ction A, line 1a, with respect to the filing organization o	or a			
а	Receive a sever	ance payment or change-of-contro	ol pavment? .		4a	Yes		
b		r receive payment from, a suppler			4b		No	
c	Participate in, o	r receive payment from, an equity	·-based comper	nsation arrangement?	4c		No	
	If "Yes" to any o	of lines 4a-c, list the persons and p	provide the app	plicable amounts for each item in Part III.				
	Only 501(c)(3), 501(c)(4), and 501(c)(29) c	vraanizatione	must complete lines 5-0				
5			_	the organization pay or accrue any			İ	
		ontingent on the revenues of:						
а	The organization	1?			5a		No	
b					5b		No	
	,	5a or 5b, describe in Part III.						
6		ed on Form 990, Part VII, Section ontingent on the net earnings of:	A, line 1a, did	the organization pay or accrue any				
а	-	1?			6a		No	
b					6b		No	
_	•	6a or 6b, describe in Part III.	A 10 A 10 4 1				1	
7	payments not d	escribed in lines 5 and 6? If "Yes,"	' describe in Pa	the organization provide any nonfixed rt III	7		No	
8	subject to the in	nitial contract exception described	in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," describe · · · · · · · · · · · · · · · · · · ·	8		No	
9	If "Yes" on line	8, did the organization also follow	the rebuttable	presumption procedure described in Regulations section.			No	
For F	Panerwork Redu	iction Act Notice, see the Instr	uctions for Fo	orm 990. Cat. No. 50053T Sched		1 990)	2018	

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

instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other		(E) Total of columns	(F) Compensation in
		(i) Base compensation Bonus & incentive compensation compensation Comp		deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990	
See Additional Data Table								
	\exists							
	\dashv							
	\dashv							
	\dashv			<u> </u>				
	$ \bot $							
	\exists							

Schedule J (Form 990) 2018 Page 3					
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	PLEASE SEE SCHEDULE O FOR THE RESPONSE TO FORM 990, PART VI, SECTION B, LINE 15A				

FOR THE PRESIDENT

Return Reference	Explanation
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 2018 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.

Return Reference	Explanation
Schedule J, Part I, Line 1a Travel for	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
companions	therefore is not included in the individual's W-2.

Return Reference	Explanation
Schedule J, Part I, Line 1a Housing	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
allowance or residence for personal use	President. For the President, the housing qualifies for exclusion from employee taxable income. In addition, a housing allowance in the amount of \$2,500 per month
	was provided to the Interim Vice President of Student Life and is treated as taxable compensation. Housing is not being provided for the new Dean of McGeorge.

aп

Return Reference	Explanation
ocial club dues or initiation fees	The President and Head Coach Women's Basketball has 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).

SOC

Return Reference	Explanation
	President Eibeck's W-2 includes "other reportable compensation" of \$10,150 for the value of all housekeeping services provided by the University at her on-campus residence and \$7,000.00 for 2016 and 2017 professional services that were reported in 2018.

ser

Return Reference	Explanation
Schedule J, Part I, Line 4a Severance or change-of-control payment	Professor of Law Julie Davies at the McGeorge School of Law in Sacramento received a separation payment of \$165,656.

I (Form 990) 2018

Software ID: 18007697 **Software Version:** 2018v3.1

EIN: 94-1156266

Name: University of the Pacific

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

	е J ,	Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees												
(A) Name and Title		(B) Breakdown (i) Base Compensation	of W-2 and/or 1099-MIS	C compensation (iii)	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)						
		(i) base compensation	Bonus & incentive compensation	Other reportable compensation	compensation	3333		reported as deferred on prior Form 990						
Eibeck Pamela	(i)	543,018		460,966	46,000	58,441	1,108,425	0						
President	(ii)	0		0	0	0								
Atterbury George	(i)	306,996	0	12,265	46,000	14,414	379,675	0						
VP, Development	(ii)	0	0	0	0	0	0	0						
Day Patrick	(i)	128,461	0	18,667	25,379	4,976	177,483	0						
VP, Student Life (outgoing)	(ii)	0	0	0	0	0	0	0						
Mullen Kenneth	(i)	338,373	0	13,442	46,000	27,376	425,191	0						
VP, Business & Finance	(ii)	0	0	0	0	0	0	0						
Pallavicini Maria	(i)	363,888	20,000	15,920	46,000	7,981	453,789	0						
Provost	(ii)	0	0	0	0	0	0	0						
Sprecher Art	(i)	260,448	0	18,557	51,617	26,097	356,719	0						
VP, Technology and CIO	(ii)	0	0	0	0	0	0	0						
Campbell Patricia	(i)	219,135	0	9,835	9,308	8,707	246,985	0						
Dean, University College	(ii)	0	0	0	0	0	C	0						
Carroll Timothy	(i)	171,702	0	415	15,577	13,465	201,159	0						
Dean, Eberhardt School Business	(ii)	0	0	0	0	0	C	0						
Fraden Rena	(i)	251,296	0	1,819	25,331	13,942	292,388	0						
Dean, College of the Pacific	(ii)	0	0	0	0	0	0	0						
Howell Steven	(i)	317,919	0	2,340	27,500	26,066	373,825	0						
Dean, Engineering & Computer Science	(ii)	0	0	0	0	0	C	0						
Manilay Bayani	(i)	155,296	0	490	16,174	24,865	196,825	0						
Assistant Vice President, Treasury	(ii)	0	0	0	0	0	0	0						
Nadershahi Nader	(i)	416,263	0	7,700	27,500	21,018	472,481	0						
Dean, Dugoni School of Dentistry	(ii)	0	0	0	0	0	0	0						
Oppenheimer Phillip	(i)	259,981	0	5,227	26,832	19,188	311,228	0						
Dean, Pharmacy & Health Sciences	(ii)	0	0	0	0	0	0	0						
Schwartz Michael	(i)	366,792	0	1,772	27,500	26,128	422,192	0						
Dean, McGeorge School of Law	(ii)	0	0	0	0	0	0	0						
Sheared Vanessa	(i)	104,234	0	76,618	12,237	5,144	198,233	0						
Dean, School of Education	(ii)	0	0	0		0		0						
(outgoing) Webster Linda	(i)	127,504	0	318	13,854	25,630	167,306	0						
Interim Dean, School of	(ii)	0			,									
Education Witte Peter	(i)	232,683	0	737	24,400	28,045	285,865	0						
Dean, Conservatory of	(ii)	0												
Music Davies Julie	(i)	170,674	0	166,676	18,153	1,668	357,171	0						
Professor of Law	(ii)	n		100,070	10,133									
Myers John	(i)	227,922	0	185,205	23,194	13,669	449,990	0						
Professor of Law	(ii)			103,203										
Nattestad Anders	(i)	435,277	0	1,530	27,500	7,285	471,592	0						
Professor of Oral Surgery	(ii)	0												
	Y		0	0	0	0	1	<u>'I</u>						

(A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation in other deferred benefits (B)(i)-(D)column (B) (i) Base Compensation (iii) compensation reported as deferred on Bonus & incentive Other reportable prior Form 990 compensation compensation Park Chan 445.417 10,547 27,500 25,398 508,862 Assistant/Associate Professor Stoudamire Damon 525,404 17,500 3,219 27,500 29,255 602,878 Head Coach, Men's Basketball Gale Lewis 137,665 428 14,592 25,732 178,417 Professor, Eberhardt School (ii) of Business

24,834

9,077

279,351

31,522

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

213.918

Mootz Francis

of Law

Professor, McGeorge School (ii)

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Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047 2018

Open to Public Inspection

DLN: 93493129013410

Department of the Treasury Internal Revenue Service

Schedule K

(Form 990)

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

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

Nam	e of the organization versity of the Pacific		P GO to <u>www.</u>	<u></u>	the latest	illioi illa	itioni.				yer iden 56266	tificatio	n numbe	r	
Pa	rt I Bond Issues														
	(a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued					price		(f) Description of purpose		(g) De	(h) On behalf of issuer			Pool ncing	
										Yes	No	Yes	No	Yes	No
Α	California Educational Facilities Authority	52-1705592	130178TA4	05-28-2009	14,9	34,717	See I	ee Part VI			Х		Х		Х
В	California Educational Facilities Authority	52-1705592	130178J80	01-26-2012	37,9	987,510	See I	Part VI			Х		Х		X
С	California Educational Facilities Authority	52-1705592	00000000	05-12-2014	36,5	500,000	See I	Part VI			Х		Х		Х
D	California Educational Facilities Authority	52-1705592	1301787B6	08-04-2015	75,9	97,350	See I	Part VI			Х		Х		X
Pa	rt II Proceeds				1			Τ		<u> </u>			1		
	0					Α		_	8,135,000	(D		
1	Amount of bonds retired					3,615	· -		18,320,000			7,015,000			
3	Amount of bonds legally defease						0 0			0	75 007 35				
3 4	Total proceeds of issue					14,966	-				,000,	 ' ' ' 			
<u>4</u> 5	Capitalized interest from procee						0		<u>_</u>			<u> </u>			
6	Proceeds in refunding escrows .						0								
7	Issuance costs from proceeds .					205	3,693		759,750	251,79			2 888,09		288 005
8	Credit enhancement from proce					230	0		739,730	251,75			'		0
9	Working capital expenditures fro						0		0			0	0 0		
10	Capital expenditures from proce					14,668	3.069		15,524,175		,208	<u> </u>			
11	Other spent proceeds					2.,000	0		19,974,981		0				
12	Other unspent proceeds						0		0			0			0
13	Year of substantial completion .				20	010		20	14	20			2015		
					Yes	No	,	Yes	No	Yes	No		Yes		No
14	Were the bonds issued as part o	of a current refunding	issue?	•		Х		Х			Х		Х		
15	Were the bonds issued as part o	of an advance refundi	ng issue?			Х			Х		Х				X
16	Has the final allocation of procee	eds been made?			Х			Х		Х			X		
17	Does the organization maintain	adequate books and i	records to support t	the final allocation of	X			Х		X		-	X		
	proceeds?				_ ^			^		^					
P	rt III Private Business Us	e			1		Т	-	, ,						
					Yes	A No	\rightarrow	Yes	No No	Yes	No	+	Yes	D T	No
1	Was the organization a partner financed by tax-exempt bonds?				1.55	×		. 55	X	. 33	X				X

Are there any lease arrangements that may result in private business use of bond-financed

Χ

Χ

Χ

Χ

Schedule K (Form 990) 2018

Yes

Χ

Χ

Χ

Yes

Χ

Schedule K (Form 990) 2018

D

Page 2

Χ

0.03 %

0 %

0.03 %

Χ

Χ

No

Χ

Χ

Χ

Χ

3a

b

d

6

8a

Part IV

b

C

Arbitrage

Are there any management or service contracts that may result in private business use of bond-financed property?
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?

a section 501(c)(3) organization or a state or local government 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)

Does the bond issue meet the private security or payment test? . . .

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

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

Enter the percentage of financed property used in a private business use by entities other than

Penalty in Lieu of Arbitrage Rebate? . . . If "No" to line 1, did the following apply?...

Exception to rebate?

If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed Is the bond issue a variable rate issue?

Was the hedge superintegrated?

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

business use of other outside Are there any research agreements that may result in private business use of bond-financed 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?

В

No

Х

Χ

0 %

0.2 %

0.2 %

Yes

Χ

Χ

Χ

Х

Yes

Χ

No

Χ

Χ

Χ

Χ

Χ

Α

Nο

Χ

0 %

0 %

0 %

В

Yes

Χ

Χ

Χ

Yes

Χ

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Χ

Α

No

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Yes

Χ

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No

Χ

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0 %

0.4 %

0.4 %

Χ

Χ

Yes

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No

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Χ

Х

C

Χ

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

through the voluntary closing agreement program if self-remediation is not available under applicable regulations.

Χ

Yes

Nο

Yes

Χ

No

Explanation

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

Yes

Χ

Page 3

Х

Nο

D

Nο

Yes

Schedule K (Form 990) 2018

period?

Part V

Part VI

Procedures

Term of GIC

the GIC satisfied?

requirements of section 148? . . .

Return Reference

Schedule K. Part III, Line 9 Written

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

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

Return Reference	Explanation
Schedule K, Part I, Column (f) Supplemental Information	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 fourstory residence halls on the Stockton campus.

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

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

ef	file GRAPHIC print - DO NO	T PROCESS As	Filed Data -								DLN: 9349	31290	13410			
	te: To capture the full cont	ent of this docum	ient, please sele	ct landscape mode	(11" x 8.	5") whei	n printing.									
	chedule K	Su	n Tax-F	xemp	Bonds				OMB No. 1		7					
(Form 990) Supplemental Information on Tax-Exempt Bonds ▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions,											2018					
_				 and any additional Attach to Form 99 		in Part V	Ι.				Open to					
Inte	partment of the Treasury ernal Revenue Service			irs.gov/Form990 for		nformatio	n.				Inspe					
	ne of the organization iversity of the Pacific								Emplo	yer iden	tification num	ber				
	•								94-11	56266						
P	art I Bond Issues	T (1)		T (D 5)			(6) 5		1, , -			1 (1)				
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	orice	(†) Descri	otion of purpos	se (g) De	efeased	(h) On behalf of		Pool ncing			
											issuer					
_	California Municipal Finance	20-1563466	13048TC84	10-26-2016	26.7	04,279 SE	T DADT \/I		Yes	No X	Yes No	Yes	No X			
Α	California Municipal Finance Authority	20-1363466	130481084	10-26-2016	36,7	04,2/9 36	E PART VI			^	^		^			
P	art II Proceeds															
						4		В	C	:		D				
1	Amount of bonds retired															
2	Amount of bonds legally defea															
3	Total proceeds of issue					36,763,843										
4	Gross proceeds in reserve fund															
5	Capitalized interest from proce				2,196,307											
6	Proceeds in refunding escrows															
7	Issuance costs from proceeds					477,3:	LO									
8	Credit enhancement from proc															
9	Working capital expenditures f															
10						33,131,59	93									
11						34,02										
12						924,60	05									
13	Year of substantial completion			• •		18										
	Were the bonds issued as part	-6	- i2		Yes	No	Yes	No	Yes	No	Yes	+	No			
14						Х										
15						Х										
16						Х										
17	Does the organization maintain proceeds?				Х											
P	art Ⅲ Private Business U															
						Δ		В				D				
1	Was the organization a partne financed by tax-exempt bonds				Yes	No X	Yes	No	Yes	No	Yes	+	No			
2		ents that may result in	private business use	e of bond-financed		Х										
For	r Paperwork Reduction Act Not				Car	t. No. 5019	3F	•		S	chedule K (F	orm 99	0) 2018			

b

d

6

8a

Part IV

b

C

Arbitrage

Page **2**

D

D

Schedule K (Form 990) 2018

No

Yes

Yes

В

No

Yes

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Nο

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Χ

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0 %

В

No

Yes

Χ

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Yes

Χ

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No

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Yes

Х

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No

Yes

C

No

Yes

counsel to review any management or service contracts relating to the financed property?

Are there any research agreements that may result in private business use of bond-financed

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

Enter the percentage of financed property used in a private business use by entities other than

counsel to review any research agreements relating to the financed property?

Does the bond issue meet the private security or payment test? . . .

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

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12

Has the organization established written procedures to ensure that all nongualified bonds of

Penalty in Lieu of Arbitrage Rebate? . . .

If "No" to line 1, did the following apply? . . .

Rebate not due yet?

Exception to rebate?

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Were gross proceeds invested in a guaranteed investment contract

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

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

the GIC satisfied?

requirements of section 148? . . .

Schedule K (Form 990) 2018

(GIC)?

period?

Part VI

No

Yes

Χ

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

No

Yes

No

Yes

Yes

No

No

Yes

Nο

Page 3

No

No

D

Yes

Schedule K (Form 990) 2018

Yes

	C print - DO	NOT PROCES	55 A	s Filed Data -					DL	N: 93	4931	290134
Schedule L Form 990 or 990	-EZ) ▶ Com	plete if the org	anizatio	ions with li	s" on Form 9	90, Part IV, li	nes 25	ia, 2	5b, 26		1B No.	1545-004
		27, 28a		r 28c, or Form 99 ttach to Form 996			ю.				20	18
		⊳ Go t		irs.gov/Form990			۱.				21	110
epartment of the Trea ternal Revenue Servi										•		to Public pection
Name of the orga University of the Pa							Em	ploy	er ide	ntifica	tion r	umber
oniversity of the ru	icinic						94-	1156	266			
				501(c)(3), section						401		
		nization answere ualified person		on Form 990, Part (b) Relationship be					t V, III escript		(d) Correcte
1 (4,	, italiie of also	damied person	'		organization	mica person an	<u> </u>	•	nsacti			es N
							+					
							+					
Complete if the organization answer		,	sted Persons. Id "Yes" on Form 990-EZ, Part V, line 38, rt X, line 5, 6, or 22						\$	or if the organization (i)Written agreement?		
Com repo (a) Name of	nplete if the or orted an amou (b) Relations	ganization answent on Form 990, hip (c) Purpose	ered "Yes Part X, li (d) Lo	" on Form 990-EZ ne 5, 6, or 22 an to or from the rganization?	(e)Original principal	8a, or Form 99 (f) Balance due	(g) 1 defau	In lt?	(h Approv boar comm	ved by d or littee?	(i) Written greement?
Com repo (a) Name of	nplete if the or orted an amou (b) Relations	ganization answent on Form 990, hip (c) Purpose	Part X, li	" on Form 990-EZ ne 5, 6, or 22 an to or from the	(e)Original principal	(f)Balance	(g) 1 defau	[n	(i Approv boar	ved by	(i) Written
Com repo (a) Name of	nplete if the or orted an amou (b) Relations	ganization answent on Form 990, hip (c) Purpose	ered "Yes Part X, li (d) Lo	" on Form 990-EZ ne 5, 6, or 22 an to or from the rganization?	(e)Original principal	(f)Balance	(g) 1 defau	In lt?	(h Approv boar comm	ved by d or littee?	(i) Written greement?
Com repo (a) Name of	nplete if the or orted an amou (b) Relations	ganization answent on Form 990, hip (c) Purpose	ered "Yes Part X, li (d) Lo	" on Form 990-EZ ne 5, 6, or 22 an to or from the rganization?	(e)Original principal	(f)Balance	(g) 1 defau	In lt?	(h Approv boar comm	ved by d or littee?	(i) Written greement?
Com repo (a) Name of	nplete if the or orted an amou (b) Relations	ganization answent on Form 990, hip (c) Purpose	ered "Yes Part X, li (d) Lo	" on Form 990-EZ ne 5, 6, or 22 an to or from the rganization?	(e)Original principal	(f)Balance	(g) 1 defau	In lt?	(h Approv boar comm	ved by d or littee?	(i) Written greement?
Com repo (a) Name of	nplete if the or orted an amou (b) Relations	ganization answent on Form 990, hip (c) Purpose	ered "Yes Part X, li (d) Lo	" on Form 990-EZ ne 5, 6, or 22 an to or from the rganization?	(e)Original principal	(f)Balance	(g) 1 defau	In lt?	(h Approv boar comm	ved by d or littee?	(i) Written greement?
Con repo (a) Name of nterested person	nplete if the or orted an amou (b) Relations	ganization answent on Form 990, hip (c) Purpose	ered "Yes Part X, li (d) Lo	" on Form 990-EZ ne 5, 6, or 22 on to or from the rganization?	(e)Original principal amount	(f)Balance	(g) 1 defau	In lt?	(h Approv boar comm	ved by d or littee?	(i) Written greement?
Con repo (a) Name of nterested person	nplete if the or orted an amou (b) Relations	ganization answent on Form 990, hip (c) Purpose	ered "Yes Part X, li (d) Lo	" on Form 990-EZ ne 5, 6, or 22 on to or from the rganization?	(e)Original principal	(f)Balance	(g) 1 defau	In lt?	(h Approv boar comm	ved by d or littee?	(i) Written greement?
Con report (a) Name of oterested person otal .	nplete if the or orted an amou (b) Relations with organiza	ganization answert on Form 990, hip (c) Purpose of loan	ered "Yes Part X, li (d) Lo o To	r" on Form 990-EZ ne 5, 6, or 22 on to or from the rganization? From From Leterested Perso	(e)Original principal amount	(f)Balance due	(g) 1 defau	In lt?	(h Approv boar comm	ved by d or littee?	(i) Written greement?
Conrepo (a) Name of other of other	nplete if the or orted an amou (b) Relations with organiza	ganization answert on Form 990, hip (c) Purpose of loan	ered "Yes Part X, li (d) Lo o To To	r' on Form 990-EZ ne 5, 6, or 22 ran to or from the rganization? From From terested Perso "Yes" on Form 9	(e)Original principal amount	(f)Balance due	(g) defau	No	(HApprovious boar comm	ved by d or ittee?	Yes	i) Written greement?
Conrepo (a) Name of otherested person otal .	nplete if the or orted an amou (b) Relations with organiza	tance Beneficing anization answers to n Form 990, hip (c) Purpose of loan anization are to be Relationshi interested personal part of the total part of the	ered "Yes Part X, li (d) Lo o To To	r' on Form 990-EZ ne 5, 6, or 22 ran to or from the rganization? From From terested Perso "Yes" on Form 9	(e)Original principal amount **State of the image of the	(f)Balance due	(g) defau	No	(HApprovious boar comm	ved by d or ittee?	Yes	i)Written greement?
Con report (a) Name of Interested person Total .	nplete if the or orted an amou (b) Relations with organiza	tance Beneficing anization answers to n Form 990, hip (c) Purpose of loan anization are to be Relationshi interested personal part of the total part of the	ered "Yes Part X, li (d) Lo o To To	r' on Form 990-EZ ne 5, 6, or 22 ran to or from the rganization? From From terested Perso "Yes" on Form 9	(e)Original principal amount **State of the image of the	(f)Balance due	(g) defau	No	(HApprovious boar comm	ved by d or ittee?	Yes	i)Written greement?
Conrepo (a) Name of interested person intereste	nplete if the or orted an amou (b) Relations with organiza	tance Beneficing anization answers to n Form 990, hip (c) Purpose of loan anization are to be Relationshi interested personal part of the total part of the	ered "Yes Part X, li (d) Lo o To To	r' on Form 990-EZ ne 5, 6, or 22 ran to or from the rganization? From From terested Perso "Yes" on Form 9	(e)Original principal amount **State of the image of the	(f)Balance due	(g) I defau	No	(HApprovious boar comm	ved by d or ittee?	Yes	i)Written greement?

(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) FATAMEH NADERSHAHI	FAMILY MEMBER OF NADER NADERSHAHI, A KEY EMPLOYEE	,	SEE SUPPLEMENTAL INFORMATION		No	
(2) NAVID KNIGHT	FAMILY MEMBER OF NADER NADERSHAHI, KEY EMPLOYEE		SEE SUPPLEMENTAL INFORMATION		No	
(3) SUBSTANTIAL CONTRIBUTOR	VENDOR AND CONTRIBUTOR		SEE SUPPLEMENTAL INFORMATION		No	
Part V Supplemental Informat	ion					

Part V		Supple	emental	Inform	atio
		Provide	additional	informat	ion f
	_		_		

on

Return Reference

for responses to questions on Schedule L (see instructions). Explanation

Schedule L, Part IV BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS REPRESENTS IRS FORM W-2 BOX 5 WAGES FOR CALENDAR YEAR 2018 FOR FATAMEH N. NADERSHAHI.

Schedule L. Part IV BUSINESS

TRANSACTIONS INVOLVING

INTERESTED PERSONS

NADER NADERSHAHI, DEAN DUGONI SCHOOL OF DENTISTRY, KEY EMPLOYEE, IS RELATED TO FATAMEH N.

2019.

NADERSHAHI, HIS WIFE, WHO IS ALSO AN EMPLOYEE AT THE UNIVERSITY. THE AMOUNT SHOWN

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 2018 FOR NAVID KNIGHT.

A CONTRIBUTOR PROVIDES DINING SERVICES FOR STUDENTS AND MADE A CONTRIBUTION TO THE

UNIVERSITY. THE AMOUNT SHOWN REPRESENTS ALL PAYMENTS MADE TO THE VENDOR IN FISCAL YEAR

Schedule L (Form 990 or 990-EZ) 2018

DLN: 93493129013410 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2018 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** University of the Pacific 94-1156266 Types of Property (a) (b) (c) (d) Check if Number of contributions or Method of determining Noncash contribution applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Χ 4,752 Market value Art—Historical treasures Art—Fractional interests Χ 261 Market value 4 Books and publications Clothing and household 40,021 Market value Χ goods Cars and other vehicles Boats and planes . . Intellectual property . . Securities-Publicly traded . 3,298,361 Market value 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . **12** Securities—Miscellaneous . 13 Oualified conservation contribution-Historic structures . . . **14** Qualified conservation contribution—Other . 761,306 Market value Real estate—Residential Real estate—Commercial . 17 Real estate-Other . . Collectibles 18 Χ 14,966,322 Market value Χ 28 19 Food inventory . . . 6,014 Market value Χ 10 467,324 Market value 20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts . . . 23 Scientific specimens . . Χ 112,000 Market value 24 Archeological artifacts . . Other ▶ (Χ 187,022 Market value Education items) 26 Other ▶ (Χ 1 260 Market value Tickets) 27 Other ▶ (_ 28 Number of Forms 8283 received by the organization during the tax year for contributions 2 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a 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? 30a No **b** If "Yes," describe the arrangement in Part II. 31 31 Yes Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο **b** If "Yes," describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J Schedule M (Form 990) (2018)

Schedule M (Form 990) (2018)

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN:			93493129013410		
COLLEBIU	F 0 .				OMB No. 1545-0047
SCHEDUL (Form 990 or EZ)	990- Complete to pro	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific question Form 990 or 990-EZ or to provide any additional information		ons on	2018
Department of the T	easury ► Go to <u>ı</u>		n 990 or 990-EZ. <u>90</u> for the latest information.		Open to Public Inspection
Namel Bethero ទិទ្ធ University of the Pa				Employer identi 94-1156266	fication number
990 Schedule	O, Supplemental Information	on			
Return Reference			Explanation		
Form 990, Part I, Line 6 Total Number of Volunteers	The University is fortunate to benefit schools, departments, and program ation.				

Return Reference	Explanation
,	(Expenses \$ 14,060,529 including grants of \$) RESEARCH: INCLUDES EXPENDITURES FOR ACTIVITI ES SPECIFICALLY DESIGNED TO PRODUCE HIGH-QUALITY RESEARCH OUTCOMES WHILE PROVIDING HANDS-O N RESEARCH TRAINING TO BOTH UNDERGRADUATE AND GRADUATE STUDENTS.
program services	

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) PRESIDENTIA L 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) PER IODICALLY 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.

Evalenation

Return Reference	Explanation	
Form 990, Part VI, Line 11b Review of form 990 by governing body	The full Board of Regents of the University annually reviews the IRS 990 prior to filing u sing the following process: - A draft of the return is electronically submitted to the Boa rd 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 writ ing and submits the explanations and a draft of the return to the full Board for any furth er 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 summarizes the Board's que stions in writing and submits the explanations to the Audit Committee Chair for any furthe r comment The return is finalized and filed with the IRS.	

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	The University regularly and consistently monitors and enforces compliance with its writte n conflict of interest policy. Each year, all Board of Regents members and key employees i dentified by the Board's Audit Committee, inclusive of those reported as Board members, of ficers, key employees, highly compensated employees and former key and/or highly compensate ed employees in this IRS 990, are required to complete and sign a conflict of interest sur vey. Surveys are submitted confidentially to the Director of Internal Audit for review. Al I Individuals surveyed are required to sign an annual disclosure of any direct or fiduciar y 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 independ ent, unbiased judgment in light of their decision-making authority or responsibility. Thes e individuals ("covered persons") affirm they: - Have received a copy of the conflict of i nterest 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 d isclosed 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 conside ration of proposed transactions, unless for special reasons the Board or administration re quests 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

Return Reference	Explanation
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 PRES IDENT AND SETTING THE PRESIDENT'S COMPENSATION UPON THE RECOMMENDATIONS OF THE BOARD'S EXE CUTIVE 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 (A RTICLE IV), THE EXECUTIVE COMMITTEE CONDUCTS A PERFORMANCE REVIEW OF THE PRESIDENT AND REV IEWS 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 RECOMMENDATION SOF THE COMPENSATION COMMITTEE AND E XECUTIVE 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 DISCUS SIONS, AND IS NOT INVOLVED IN ANY DECISIONS OF, THE EXECUTIVE COMMITTEE OR THE BOARD. THE COMPENSATION COMMITTEE, EXECUTIVE COMMITTEE, EXECUTIVE COMMITTEE, 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 INCLUING AS REPORTED IN THE COMPENSATION SURVEY BY THE ASSOCIATION OF INDEPENDENT CALIFORMAL COLLEGES AND UNIVERSITIES (AICCU) AND STUDIES OF THE ANNUAL SALARIES OF PRESIDENTS OF COMPARABLE IN STITUTIONS AS REPORTED IN THE COMPENSATION SURVEYS BY THE COLLEGE AND UNIVER SITY 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.

Return Reference	Explanation
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 othe r 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 compens ation surveys prepared by the Association of California Colleges and Universities (AICCU) and the College and University Personnel Administrators (CUPA) in order to establish compa rable rates of pay for similarly-sized private doctoral institutions. Compensation for oth er 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 6/30/19.

Return Reference	Explanation
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, www.pacific.edu. The governing documents are not made publicly available except to the extent that they appear as attachments to Forms detailed in response to ques tion 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 gove rning documents, including the University's Articles of Incorporation, are on file with the State of California.

Return Reference	Explanation
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 Highe st Compensated Employees. Full-time exempt employees of the University are expected to wor k no less than 40 hours per week. Amounts provided in Part VII are based upon University e stimates.

Revenue

Return Reference	Explanation
,	Other - Total Revenue: 5126427, Related or Exempt Function Revenue: 4621067, Unrelated Bus

Part VIII, Line iness Revenue: 505360, Revenue Excluded from Tax Under Sections 512, 513, or 514: 0 Miscellaneous

990 Schedule O, Supplemental Information

Return Explanation

Reference

	ACTUARIAL GAIN (LOSS) ON TRUST & ANNUITY AND OTHER CHANGES - 207833;
Part XI, Line	
9 Other	
changes in	
net assets or	
fund	
balances	

SCHEDULE R
(Form 990)

Related

Department of the Treasury

Internal Revenue Service

Name of the organization

University of the Pacific

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.
 ▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

2018

DLN: 93493129013410OMB No. 1545-0047

Open to Public Inspection

Employer identification number

94-1156266

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (st or foreign countr	ate (d) Total income y)	(e) End-of-year assets	(f) Direct controlling entity			
(1) Tri-City Properties LLC 1776 March Lane Suite 110 Stockton, CA 95211 82-2573286	Real Property Holding	gs CA		0	University of the Pacific		_	
							_	
							-	
							_	
Part II Identification of Related Tax-Exempt Organizations related tax-exempt organizations during the tax year.	Complete if the orga	anization answered	"Yes" on Form 990), Part IV, line 34	because it had one or	more		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section (13) co	g) n 512(b) ontrolled tity?	
						Yes	No	
						+		
For Paperwork Reduction Act Notice, see the Instructions for Form 99		Cat. No. 5013			Schedule R (Forn			

(a) Name, address, and E related organizatio	EIN of on	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Dire- control entit	ct Il ing	(e) Predomina income(rela unrelated excluded fr tax unde sections 51 514)	ted, tota , om r	(f) Share of al income	(g) Share of end-of-year assets	(H Dispropi allocal	tionate tions?	Sche	(i) de V-UBI unt in bo 20 of edule K-1 rm 1065)	x managing partner?		(k Percei owne
										Yes	No			Yes	No	
							+									
												_				
			1 1													
V Identification of Related Orgonomerel								on answ	ered "Yes	" on Fo	orm 9	990, 1	Part IV	, line	34	
		a corporatio	n or trus (c) egal micile	st durir	Direct	(d) controlling		entity S	(f) Share of total income	Share	(g) of end year assets		(Perce	, line h) entage ership		(i ection 13) cor enti
because it had one or more rel (a) Name, address, and EIN of related organization	ated organizations treated as (b) Primary activity	a corporatio L do (state	(c) (c) Legal Imicile or foreign untry)	st durir	Direct o	(d) controlling	(e) Type of C corp, S	entity S	(f) Share of total	Share	(g) of end year		(Perce	h) entage		(i ection 13) cor enti Yes
because it had one or more rel (a) Name, address, and EIN of	ated organizations treated as	a corporatio L do (state	n or tru: (c) .egal micile or foreign	st durir	Direct	(d) controlling	(e) Type of C corp, S	entity S	(f) Share of total	Share	(g) of end year		(Perce	h) entage		enti
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(a) Name, address, and EIN of related organization	ated organizations treated as (b) Primary activity	a corporatio L do (state	(c) (c) Legal Imicile or foreign untry)	st durir	Direct o	(d) controlling	(e) Type of C corp, S	entity S	(f) Share of total	Share	(g) of end year		(Perce	h) entage		enti
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because it had one or more rel (a) Name, address, and EIN of related organization	ated organizations treated as (b) Primary activity	a corporatio L do (state	(c) (c) Legal Imicile or foreign untry)	st durir	Direct o	(d) controlling	(e) Type of C corp, S	entity S	(f) Share of total	Share	(g) of end year		(Perce	h) entage		enti

Pa	Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1 b		No
c	Gift, grant, or capital contribution from related organization(s)	1c		No
d	Loans or loan guarantees to or for related organization(s)	1 d		No
е	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1 g		No
h		1h		No
i	Exchange of assets with related organization(s)	1i		No
	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
0	Sharing of paid employees with related organization(s)	10		No
p	Reimbursement paid to related organization(s) for expenses	1 p		No
q	Reimbursement paid by related organization(s) for expenses	1 q		No
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			
	(a) (b) (c) (d)			
	Name of related organization Transaction Amount involved Method of determining am type (a-s)	ount ir	volved	

Page **3**

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

		<u>_</u>											
(a) Name, address, and EIN of entity	(b) Primary activity		sections 512-		section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets			(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General c managin partner?	?	(k) Percentage ownership
			514)	Yes	No		<u> </u>	Yes	No		Yes	No	ı
										Schedul	e R (Form	1 990	0) 2018

chedule R (Form 990) 2018							
Part VII	Supplemental Info	Supplemental Information					
	Provide additional infor	mation for responses to questions on Schedule R (see instructions).					
Return Reference		Explanation					