## DLN: 93493131022791

OMB No. 1545-0047

2019

# Form **990**

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

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

 $\blacktriangleright$  Go to  $\underline{\textit{www.irs.gov/Form990}}$  for instructions and the latest information.

Open to Public Inspection

A F	or the	e <b>2019</b> ca	alendar vear, or tax vear begin	ning 07-01-2019 , and ending 06-	-30-2020				
		pplicable:	C Name of organization	<u> </u>			D Employer i	dentif	ication number
		change	University of the Pacific				94-115626	56	
	me cha	-	Doing business as						
_	tial ret	urn n/terminated	being basiness as						
		return		ail is not delivered to street address) Room/	'suite		E Telephone n	umber	
□ Ар	plicatio	on pending	3601 Pacific Avenue				(209) 946	-7372	
			City or town, state or province, coun Stockton, CA 95211	try, and ZIP or foreign postal code					
			Stockton, CA 93211				<b>G</b> Gross recei	ots \$ 1,	,267,575,551
			<b>F</b> Name and address of principal Christopher Callahan President	officer:	H(a)	Is this	a group retur	n for	
			3601 Pacific Avenue				linates?		□Yes ☑No
			Stockton, CA 95211		⊢ н(ь)	include	subordinates ed?		☐ Yes ☐No
<b>I</b> Ta∶	x-exen	npt status:	<b>☑</b> 501(c)(3) □ 501(c)( ) <b>◄</b> (	insert no.) $\square$ 4947(a)(1) or $\square$ 527			" attach a list	•	•
J W	ebsit	e: > ww	w.pacific.edu		H(c)	Group	exemption nu	ımber	<b>&gt;</b>
					I Vasa	- E E	10F1 M	C+-+-	
<b>K</b> Forr	n of or	ganization:	Corporation Trust Assoc	ciation L Other >	L Year (	or rorma	tion: 1851 <b>M</b>	State	of legal domicile: CA
Pa	art I	Sumi	mary						
			scribe the organization's mission or	most significant activities:					
	т	Γο provide	a superior, student-centered lear	ning experience integrating liberal arts	and profe	essional	education an	d prep	paring individuals for
၁၄	<u> </u>	asting acr	nievement and responsible leaders	nip in their careers and communities.					
<u> </u>									
Ę.	-								
Governance				continued its operations or disposed of			of its net asse		1
<u>.</u> خ			•	g body (Part VI, line 1a)				3	24
Activities &			, -	the governing body (Part VI, line 1b)			1	4	23
<u> </u>			, ,	endar year 2019 (Part V, line 2a) .			•	5	5,229
Ş	6	Total nun	nber of volunteers (estimate if nec	essary)			•	6	
•	7a	Total unre	elated business revenue from Part	VIII, column (C), line 12				7a	-236,727
	b	Net unrel	ated business taxable income from	Form 990-T, line 39			1	7b	0
						Pric	r Year		Current Year
<u>a</u> i	8	Contribut	ions and grants (Part VIII, line 1h)				48,083,074	1	27,733,585
Ravenue	9	Program	service revenue (Part VIII, line 2g)				382,172,944	<b>‡</b>	375,870,089
λċ	10	Investme	nt income (Part VIII, column (A), li	nes 3, 4, and 7d )			19,901,322	2	14,093,489
_	11	Other rev	venue (Part VIII, column (A), lines 5	5, 6d, 8c, 9c, 10c, and 11e)			15,531,018	3	42,662,577
	12	Total reve	enue—add lines 8 through 11 (mus	st equal Part VIII, column (A), line 12)			465,688,358	3	460,359,740
	13	Grants ar	nd similar amounts paid (Part IX, co	olumn (A), lines 1–3 )			94,239,754	1	98,831,974
	14	Benefits p	oaid to or for members (Part IX, co	lumn (A), line 4)					(
83	15	Salaries,	other compensation, employee be	nefits (Part IX, column (A), lines 5-10)			223,293,318	3	209,919,711
Expenses	16a	Professio	nal fundraising fees (Part IX, colun	nn (A), line 11e)					(
e d	Ь	Total fundr	raising expenses (Part IX, column (D), li	ne 25) ▶9,557,173					
ū	17	Other exp	oenses (Part IX, column (A), lines 1	.1a-11d, 11f-24e)			114,134,808	3	107,749,219
	18	Total exp	enses. Add lines 13–17 (must equ	al Part IX, column (A), line 25)			431,667,880		416,500,904
	19	Revenue	less expenses. Subtract line 18 fro	m line 12			34,020,478	3	43,858,836
<u>8</u> δ					Beg	inning o	of Current Year	r	End of Year
Net Assets or Fund Balances					<u> </u>			_	
Ass Ba	l		ets (Part X, line 16)		<u> </u>	:	1,111,047,237	+	1,134,390,428
E E			ilities (Part X, line 26)				289,944,325	+	277,485,670
			s or fund balances. Subtract line 2	1 from line 20			821,102,912	2	856,904,758
	rt II		ature Block						
				ned this return, including accompanyir Declaration of preparer (other than of					
any k	nowle	edge.	· · · · · · · · · · · · · · · · · · ·						
		*****	*			2021	05-11		
Sign		Signatu	ure of officer			Date			
Here		Konnot	h M Mullon VP For Rucinoss & Financo						
_			th M Mullen VP For Business & Finance r print name and title						
		<b>'</b>	rint/Type preparer's name	Preparer's signature	Date		PTI		
Paid	ł							634378	3
	a pare	er 🗐	irm's name Frnst & Young US LLP	•			's EIN ► 34-65	65596	
	On	ь. Ь	innale addings • 4005 Fee 11 B 2 B	1600		<del> </del>	/0==: =		
J J G	<b>V</b> 11	ا و.	irm's address ► 4365 Executive Dr Suite	. 1000		Phor	ne no. (858) 535	-/200	
			San Diego, CA 92121						
Mav t	he IR:	S discuss	this return with the preparer show	n above? (see instructions)				<b>√</b> γ	∕es □No

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Pa	rt III	Statement	of Program Se	rvice Accomplis	hments		
		Check if Sched	lule O contains a r	esponse or note to a	any line in this Part III .		🗹
1	Briefly	describe the o	rganization's missi	on:			
				ng experience integ ir careers and comn		professional education and prepar	ing individuals for lasting
2		-	, ,	, ,	vices during the year w	hich were not listed on	✓ Yes □ No
							¥ Yes ∟ No
3		•	se new services or		changes in how it condu	iete any program	
,	service	es?			· · · · · ·		☐ Yes 🗹 No
4	Section	n 501(c)(3) and	d 501(c)(4) organi:		to report the amount of	largest program services, as me of grants and allocations to other	
4a	(Code:	ditional Data	) (Expenses \$	210,881,641	including grants of \$	) (Revenue \$	382,656,683 )
4b	(Code: See Add	ditional Data	) (Expenses \$	146,417,561	including grants of \$	98,831,974 ) (Revenue \$	417,711 )
4c	(Code: See Add	ditional Data	) (Expenses \$	16,083,191	including grants of \$	) (Revenue \$	28,789,617 )
	(Code:		) (Expenses \$		including grants of \$	) (Revenue \$	)
				CTIVITIES SPECIFICALI ADUATE AND GRADUAT		E HIGH-QUALITY RESEARCH OUTCOME	S WHILE PROVIDING HANDS-
4d			es (Describe in Sc	,			
	(Exper			including grants of		) (Revenue \$	)
4e	Total	program serv	ice expenses 🟲 👚	385,861,9	26		

Par	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 🔁	1	Yes	
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? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D,Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> 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. 2	11a	Yes	
	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 2	11b	Yes	
	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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		No
	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	
	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	
14a	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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part III</i>	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
		-		0 (2010)

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Pai	Checklist of Required Schedules (continued)			
			Yes	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	
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? <i>If "Yes," complete Schedule J</i>	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
c	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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	<b>28</b> c		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
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	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		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	· ;		<u> </u>
1 2	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   572		Yes	No
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
-	(gambling) winnings to prize winners?	1c	Yes	

	Statements Berneling Other IDC Filings and Ton Compliance (continued)			Page 5
	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
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	
3a	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	
_	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country: ►AU	4a	Yes	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
a h	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	14a		No
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> .	14a 14b		140
	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?	15 16		No No
	If "Yes," complete Form 4720, Schedule O.			

-orm	990 (2019)			Page <b>6</b>
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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	" respo	onse to l	lines 🔽
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 24			ı
	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.			ı
b	Enter the number of voting members included in line 1a, above, who are independent  1b 23			ı
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	$\vdash$		No
4	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
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		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 by the following:			
a	The governing body?	8a	Yes	ı
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	<u></u>	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?		-	
14		13	Yes	
4 =	Did the organization have a written document retention and destruction policy?	13	Yes Yes	
15	Did the organization have a written document retention and destruction policy?	$\vdash$		
	Did the process for determining compensation of the following persons include a review and approval by independent	$\vdash$		
a	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?	14	Yes	
a	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	14 15a	Yes Yes	
a b 16a	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	14 15a	Yes Yes	No
a b 16a	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	14 15a 15b	Yes Yes	No
a b 16a b	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	14 15a 15b	Yes Yes	No
a b 16a b	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	14 15a 15b	Yes Yes	No
a b 16a b	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	14 15a 15b	Yes Yes	No
a b 16a b	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	14 15a 15b	Yes Yes	No
a b 16a b Se 17	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	14 15a 15b	Yes Yes	No
a b 16a b Se 17	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	14 15a 15b	Yes Yes	No

<ul> <li>List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.</li> <li>Isist all of the organization's current key employees, if any. See instructions for definition of "key employee."</li> <li>List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations.</li> <li>List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations.</li> <li>List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$100,000 of reportable compensation from the organizations.</li> <li>Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.</li> <li>(A)  Name and title          (B)  Average hours per week (list any hours per week (list any hours per week (list any hours below dotted line)          (C)  Name and title          (D)  Reportable compensation from the organization and any officer and a director/trustee)          (D)  Reportable compensation from the organization of the organization of the organization should be organization from the organization from t</li></ul>	Form 990 (2019)											Pag	ge <b>7</b>
As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear.  ■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0 - in columns (D), (E), and (F) if no compensation was paid.  ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee."  ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations.  ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations for the order in which to list the persons above.  ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ (B)  Name and title  ■ (C)  Position (do not check more than spendal properties of the organization of other organization of the organization o			Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	yees,		
La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear.  List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.  List all of the organization's furrent key employees, if no. See instructions for definition of "key employee."  List all of the organization's furrent key employees, if any. See instructions for definition of "key employee."  List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 from the organization and any related organizations.  List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organization and any related organization or any current officer, director, or trustee.  (A)  Name and title  A Reportable compensation from the organization or any related organization or any new powers of the organization or any new powers or trustees or trustees that received, in the capacity as a former director, or trustee.  (B)  A Reportable compensation or trustee of the organization or trustee.  (C)  (B)  A Reportable compensation or from the organization or end to the compensation organization organizat	Check if Schedule O contains a	response or no	te to an	y line	in t	his	Part VI	١.				. [	
■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.  ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee."  ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.  ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.  ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization for the order in which to list the persons above.  □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ (A)	Section A. Officers, Directors, Tru	istees, Key E	mploy	ees,	an	d H	lighe	st C	Compensated En	nployees			
■ List all of the organization's current key employees, if any. See instructions for definition of "key employee."  ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.  ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations.  ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.  ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization. See instructions for the order in which to list the persons above.  □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line)  ■ Check this box if neither the organization below dotted line)  ■ Check this box if neither the organization or any related organization of from the organization of from the organization of the compensation from the organization and related organizations below dotted line)  ■ Check this box if neither the organization or any related organization organization organization organization organization organization organization	year.		•						, ,		-	n's ta	Κ
List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.      ● List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.      ● List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organization and any related organization.      ● List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization.      ● List all of the organization than \$10,000 of reportable compensation from the organization nor any related organization and any related organization compensated any current officer, director, or trustee.	of compensation. Enter -0- in columns (D), (	E), and (F) if no	compe	nsati	on w	/as	oaid.		.,				
who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.  ■ List all of the organization from the organization and any related organizations.  ■ List all of the organization from the organization and any related organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.  ■ List all of the organization's <b>former directors or trustees</b> that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organizations.  ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization nor any related organization nor any related organization nor any related organization nor any neither the organization nor any nei													
■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.  Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  (A)  Name and title  (B)  Average hours per week (list any hours below dotted line)  (C)  (D)  (E)  Reportable compensation from the organization (do not check more than one box, unless person is both an officer and a director/trustee)  (C)  (D)  (E)  Reportable compensation from the organization (W-2/1099-MISC)  (W-2/1099-MISC)  MISC)  MISC)  (F)  Estimated amount of other compensation from the organization and related organizations organizations.													
Average hours per week (list any hours for related organizations) below dotted line)    Continue to the person of the order in which to list the persons above.    Continue to the order in which to list the persons above.	of reportable compensation from the organiz	ation and any re	elated o	rgani	zatio	ons.			. ,	·	·		
(A) Name and title  (B) Average hours per week (list any hours for related organizations below dotted line)  (B) Average hours per week (list any hours for related organizations below dotted line)  (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)  (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)  (B) Average hours per week (list any hours for related organization (W-2/1099-MISC)  (B) Reportable compensation from the organizations (W-2/1099-MISC)  (W-2/1099-MISC)  MISC)  (F) Estimated amount of other compensation from the organization and related organizations organizations	organization, more than \$10,000 of reportab	le compensatio	n from t								Э		
Name and title  Average hours per week (list any hours for related organizations below dotted line)  Name and title  Average hours per week (list any hours for related organizations below dotted line)  Position (do not check more than one box, unless person is both an officer and a director/trustee)  Officer	Check this box if neither the organizatio	n nor any relate	d organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.			
it steed		Average hours per week (list any hours	than o is b	ne bo oth a direct	o no ox, u n of or/t	t che inles ficer	s pers	on	Reportable compensation from the organization	Reportable compensation from related organizations	Estir amount compe fror	nated of oth nsation the	n
See Additional Data Table		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		` '	rel	ated	
	See Additional Data Table												
													—
													—

Part VII Section A. Officers, Direction	tors, Trustees	s, Key I	Empl	oye	es,	and	High	nest Co	mpensa	ated	Emplo	yees (	contii	nued)	Page 8
( <b>A)</b> Name and title	(B) Average hours per week (list any hours for related	than o	ne b	ox, u n off or/tr	ch nles icer		son	Rep comp fro orga	(D) ortable ensation m the nization 2/1099-	ı	Repo compe from organi	E) rtable nsation related zations /1099-		Estima Estima Imount of compen from Irganizat	ated of other sation the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	,	ISC)			SC)		relat organiz	ed
See Additional Data Table										+					
										+					
										+					
										+					
										+					
Lb Sub-Total						<b>▶</b>									
d Total (add lines 1b and 1c)	•					•		8,	279,322			(	)		1,107,508
2 Total number of individuals (including of reportable compensation from the			e liste	ed ab	00V6	e) who	rec	eived mo	ore than	\$100	,000			Yes	N.
Did the organization list any former line 1a? If "Yes," complete Schedule			ee, k				or hi	ghest co	mpensat	ed er	nployee	on	3	Yes	No
For any individual listed on line 1a, is organization and related organization individual											he • •		4	Yes	
5 Did any person listed on line 1a receiservices rendered to the organization									tion or i	ndivi	dual for		5	103	No
Section B. Independent Contract												l			
1 Complete this table for your five high from the organization. Report compe	nsation for the o										tax yea		npens		
	(A) and business addre	ess									(B)			Compe	nsation
CAPSTONE DEVELOPMENT PARTNERS  02 OFFICE PARK DR SUITE 199									REAL ES	IAIEI	DEVELOP	MENI		1	,404,516
OUNTAIN BRK, AL 352232435 ELLUCIAN COMPANY LP									TECHNOI	_OGY				1	,038,732
COUNTRY VIEW RD IALVERN, PA 193551408															
OWNEY BRAND ATTORNEYS LLP 21 Capitol Mall 18th Fl									LEGAL						747,539
acramento, CA 958144731 RI Investors									PROPERT	Y MAI	NAGEMEN	IT			688,688
776 W March Ln Suite 170 tockton, CA 952076421															
CPMG LLP									ACCOUN'	TING/	AUDIT				440,000
Dept 0922 PO Box 120922 Dallas, TX 753120922  2 Total number of independent contracto	rs (including but	not lim	ited t	o the	ose	listed	abov	ve) who i	received	more	than ¢	100.00	0 of		
compensation from the organization				0110				,						Form 00	<b>0</b> (2019)

orm 9 Part		(2019) Statement	of F	Revenue						Page <b>9</b>
					respo	onse or note to any	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	T4 -	Federated campa		. 1	4 - 1	0		revenue	revenue	512 - 514
nts nts		b Membership dues	_	, , , [	1a 1b	0				
irar 10u		c Fundraising even		• <u> </u>	1c	341,961				
S, G An		d Related organiza		Ŀ	1d	0				
Giff ilar		e Government grants		Ļ.	1e	11,254,365				
ns,		F All other contributio		Ļ						
Contributions, Gifts, Grants and Other Similar Amounts	۱,	and similar amounts above n Noncash contributio		L	1f	16,137,259				
		lines 1a - 1f:\$			<b>1</b> g	1,993,212				
<u>ة</u> ك		<b>h Total.</b> Add lines :	1a-1	f	•	>	27,733,585			
						Business Code	242.527.520	242.627.620		
en.	2a	Tuition				900099	342,607,683	342,607,683		
Program Service Revenue	b	Dental Clinic				900099	11,842,564	11,842,564		
vice R	С	Auxiliary				541800	21,419,842	21,419,842		
ım Ser	d									
ogra	е									
₫.	f	All other program	serv	rice revenue.			0	0	0	0
		Total. Add lines 2			•	375,870,089				
		Investment income					0.200.455		517.412	0.005.564
		similar amounts).					8,388,452		·	
		Income from invest Royalties		it or tax-exer		_	<u> </u>			
		itoyanias i i i	Ċ	(i) Rea		(ii) Personal	1			
		Constants								
		Gross rents Less: rental	6a	6,6	03,061	<u>.                                    </u>	0			
	U	expenses	6b		71,234	1	0			
	С	Rental income or (loss)	6с	6.5	31,827	7	0			
	d	Net rental income		'	• •		6,531,827	7	7,242	6,524,585
				(i) Securit	ies	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	7a	810,7	49,798	3	0			
	b	Less: cost or other basis and sales expenses	7b	805,0	44,761		0			
	С	Gain or (loss)	7c	5,7	05,037	7	0			
	d	Net gain or (loss)	•			· · · •	5,705,037	7	0	5,705,037
Other Revenue	8a	Gross income from fu (not including \$ contributions reported	d on	34 <b>1</b> ,961 of						
}e^		See Part IV, line 18			8a	161,727				
er f		Less: direct expen : Net income or (los			8b	298,042		5	C	-136,315
)th		The mediae of (105	,5, 11	om ramaraisi		ents •	1			
	9a	Gross income from See <b>Part</b> IV, line 19			9a	0	_			
		Less: direct expen : Net income or (los			9b	ios			) )	
	٠	. Net income or (los	5) 11	om gaming a	CUVIC	les <b>▶</b>	1		,	
	10a	aGross sales of inve returns and allowa			10a	2,624,542				
	b	Less: cost of good	s so	ld	<b>10</b> b	1,801,774			,	_
	C	Net income or (los Miscellaneo	_		nvent		822,768 T	814,077	8,691	0
	11	• Miscellaneo • Conferences & Ca				Business Code 90009	9 1,057,797	1,057,797	, c	o
	b	Interest Income -	Loa	n		90009	9 609,712	2 609,712	<u>?</u>	0
	c	Tickets, Event Sal	es			90009	9 417,549	417,549	) c	0
		All other revenue					33,359,239	33,094,787	264,452	0
		Total. Add lines 1				•	35,444,297	7		
	12	Total revenue. S	ee ir	istructions .	•	· · · •	460,359,740	411,864,011	-236,727	
										Form <b>990</b> (2019)

Form 990 (2019)				Page <b>10</b>
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must co		_		ımn (A).
Check if Schedule O contains a response or note to an	y line in this Part IX			<u> U</u>
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	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	98,831,974	98,831,974		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
<b>4</b> Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	9,386,858	6,392,213	2,584,325	410,320
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	119,437	119,437		
<b>7</b> Other salaries and wages	151,157,690	141,123,821	4,785,840	5,248,029
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	13,457,261	12,663,857	359,087	434,317
9 Other employee benefits	24,630,110	22,630,816	1,029,993	969,301
<b>10</b> Payroll taxes	11,168,355	10,402,115	371,327	394,913
11 Fees for services (non-employees):				
a Management	5,175,267		5,175,267	
<b>b</b> Legal	752,705		752,705	
c Accounting	453,180		453,180	
<b>d</b> Lobbying			· +	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	2,370,025		2,370,025	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	12,861,852	12,148,015	269,463	444,374
12 Advertising and promotion	2,738,725	2,633,969	7,177	97,579
13 Office expenses	21,352,346	20,892,693	193,004	266,649
14 Information technology	8,129,054	7,623,340	221,461	284,253
15 Royalties	0,123,00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	221,101	
· · · · · · · · · · · · · · · · · · ·	8,661,787	8,081,871	217,887	362,029
<b>16</b> Occupancy	2,113,477	1,917,197	52,968	143,312
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	2,113,477	1,917,197	32,906	143,312
19 Conferences, conventions, and meetings				
20 Interest	6,599,759	6,102,220	497,539	
<u> </u>	0,333,733	0,102,220	457,555	
21 Payments to affiliates	20,720,205	19,158,161	1,562,044	
22 Depreciation, depletion, and amortization	1,427,378	1,370,934	7,069	49,375
<ul> <li>23 Insurance</li> <li>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.)</li> </ul>	1,427,376	1,370,934	7,009	45,373
a Hospitality Student Room/Board	5,178,665	5,178,665		
	, ,			
<b>b</b> Catering & Other Hospitality	3,017,391	2,512,357	125,078	379,956
c Bldg/Grounds Repair/Maint	1,711,250	1,612,636	39,881	58,733
d Athletic Activities	2,736,681	2,736,681		
e All other expenses	1,749,472	1,728,954	6,485	14,033
25 Total functional expenses. Add lines 1 through 24e	416,500,904	385,861,926	21,081,805	9,557,173
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

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18 19

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31

32

33

Liabilities 22

Fund Balances

ō 29

Assets 30 3,268,793

382,649,858

523,645,191

127,766,009

782,297

1,111,047,237

32,304,357

20,780,087

161.292.681

10,510,789

64,824,383

289.944.325

340,623,792

480,479,120

821,102,912

1,111,047,237

232.028

10c

11

12 0 13

14

15

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17

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Page 11

3,597,052

379,619,928

553,791,612

139,477,267

750,373

1,134,390,428

28,420,717

22,413,334

154.345.820

8,538,341

63,736,022

277.485.670

379,329,756

477,575,002

856,904,758

1,134,390,428

Form 990 (2019)

31,436

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

	<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1 Cash-non-interest-bearing	-5,082,823	1	-7,899,46

	1	Cash–non-interest-bearing	-5,082,823	1	-7,899,468
	2	Savings and temporary cash investments	26,818,351	2	15,579,589
	3	Pledges and grants receivable, net	14,392,474	3	12,781,769
	4	Accounts receivable, net	6,391,892	4	9,419,104
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$ ), and persons described in section $4958(c)(3)(B)$ .	0	6	0
S	7	Notes and loans receivable, net	27,149,482	7	24,187,585
ets	8	Inventories for sale or use	3,265,713	8	3,085,617

672.053.850

292,433,922

10a

10b

# Prepaid expenses and deferred charges . 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 11 Investments—publicly traded securities . 12 Investments—other securities. See Part IV, line 11 . 13 Investments-program-related. See Part IV, line 11

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

Accounts payable and accrued expenses

Tax-exempt bond liabilities . .

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

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

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

Organizations that follow FASB ASC 958, check here ▶

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

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 

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

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

Retained earnings, endowment, accumulated income, or other funds

Intangible assets .

Grants payable .

Deferred revenue . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions

complete lines 29 through 33.

Total net assets or fund balances

3a

3b

Yes

Yes (2019)

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:** 19010655

**Software Version:** 2019v5.0 **EIN:** 94-1156266

Name: University of the Pacific

Form 990 (2019)

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

PROGRAMS, GRADUATE PROGRAMS AND THE SCHOOL OF HEALTH SCIENCES.

INSTRUCTION, DEPARTMENTAL AND ACADEMIC SUPPORT: INCLUDES THE SALARIES, BENEFITS, SUPPLIES AND DEPARTMENTAL SUPPORT NECESSARY TO DELIVER HIGHER EDUCATION SERVICES FOR THE UNIVERSITY'S APPROXIMATELY 6,400 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 VARIOUS SCHOOLS, INCLUDING THE COLLEGE OF THE PACIFIC, THE SCHOOL OF ENGINEERING AND COMPUTER SCIENCE, THE CONSERVATORY OF MUSIC, THE EBERHARDT SCHOOL OF BUSINESS, BENERD COLLEGE, AND THE THOMAS J. LONG SCHOOL OF PHARMACY. 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

### 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 6,400 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.

#### Form 990, Part III, Line 4c: AUXILIARY ACTIVITIES: INCLUDES SERVICES THAT SUPPORT EDUCATIONAL ACTIVITIES, INCLUDING CAMPUS BOOKSTORES, FITNESS CENTER, DINING SERVICES, RESIDENTIAL LIFE AND HOUSING.

(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 from the

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organization and related organizations

97,787

55,001

0

0

466,484

0

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

	any hours	(	direct	or/t	ruste	ee)		organization (W-	organizations	
	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)	
Allen Norman	10.0			İ				_		
Board Member, Vice Chair	0.0	X		X				0	(	
Dreyfuss Evan	10.0			\ ,					,	
Board Member, Treasurer	0.0	X		X				0		
Eibeck Pamela	50.0			l,				710.074	,	
President (outgoing)	0.0	X		X				710,974		

0.0

0.0 15.0

0.0 50.0

> 0.0 5.0

0.0

0.0 5.0

5.0

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and Independent Contractors

Hoch Andrea

Huber Kevin

Pallavicini Maria

Berberian Ronald

Berolzheimer Charles

Board Member

Chan Virginia

Board Member

Dassenko Paul

Board Member

Board Member, Secretary

Interim President & Provost

Board Member, Committee Chair

Board Member, Chair, Committee Chair

(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

Institutional

Trustee

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Highest compensated employee

Key employee

Former

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

	0.0 5.0		
	organizations below dotted	Individual trustee or director	
Eberhardt Mary-Elizabeth	10.0		Γ
,		X	ı
Board Member, Committee Chair	0.0		ı
Fathi Nava	5.0		Γ
		Х	ı
Board Member	0.0		
Fleming Richard	10.0		Г
Training radiana	l	V	ı

and Independent Contractors

Board Member, Committee Chair

Board Member, Committee Chair

Board Member, Committee Chair

Flores Armando

Board Member

Gustafson Clark

Harper Corwin

Board Member

Board Member

Kurtin Eve

Milne Anne Board Member

Mitchell Gary

Board Member

Rishwain Constance



2/1099-MISC)

(W- 2/1099-

MISC)

0

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 week (list is both an officer and a from the from related compensation from the

organization and related organizations

0

349,397

122,287

100,903

376,686

131,373

0

0

0

0

0

0

0

0

60,922

16,885

68,142

37,975

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

	any hours		lirect	or/tr		,		organization (W-	organizations	l
	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)	
Shalvey Don	5.0									Ī
Board Member	0.0	Х						0	0	
Spears Janet	10.0									T
Board Member, Committee Chair	0.0	Х						0	0	
Stirling Susanne	10.0							_	_	Ī

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0.0 5.0

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and Independent Contractors

Board Member, Committee Chair

Interim VP, Student Life (outgoing)

Yu Bo

Board Member

Zimmerman Eve

Board Member

Atterbury George

VP, Development

Jacobson Steven

Mullen Kenneth

Petr Carrie

Interim VP, Student Life

VP, Business & Finance

VP, Student Life (incoming)

Barnett Renee

(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) organization (Worganizations from the

Officer

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Χ

Institutional

Trustee

Key employee

Individual trustee or director

50.0

0.0 50.0

0.0 50.0

0.0 50.0

0.0 50.0

0.0 50.0

0.0 50.0

0.0 50.0

. . . . . . . . . . . . . . . . . . .

. . . . . . . . . . . . . . . . . . .

Highest compensated employee

Former

2/1099-MISC)

332,959

241,485

364,128

257,878

316,059

159,319

424.050

267,007

367,777

235,550

(W-2/1099-

MISC)

0

0

0

0

0

organization and

related

organizations

72,164

24,365

56,003

34,720

52,594

40,928

48,377

45,473

48,710

49,653

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

	any hours for related organizations below dotted line)
Sprecher Art	50.0
Vice President Technology & CIO	0.0
Campbell Patricia	50.0
Dean, Benerd College	0.0

and Independent Contractors

Carroll Timothy

Fraden Rena

Howell Steven

Manilay Bayani

Nadershahi Nader

Oppenheimer Phillip

Schwartz Michael

Witte Peter

Dean, Eberhardt School Business

Dean, Engineering & Computer Science

Assistant Vice President, Treasury

Dean, Dugoni School of Dentistry

Dean, Pharmacy & Health Sciences

Dean, Conservatory of Music

Interim Provost & Dean, McGeorge School of Law

Dean, College of the Pacific

(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) any hours organization (Worganizations from the

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

and Independent Contractors

Mootz Francis

Sheared Vanessa

Webster Linda

Professor, McGeorge School of Law

Dean, School of Education (outgoing)

Interim Dean, School of Education (outgoing)

	1 4117 110410	`	411.000	,		,		0/4000 11700)	(W- 2/1099- organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
Boyd Robert	50.0					x		493,636	0	25,892
Professor	0.0					^		133,030	3	23,332
Glassman Paul	50.0									
Director Community Oral Health	0.0					X		559,121	0	21,363
Nattestad Anders	50.0					х		400,977	0	35,026

Director Community Oral Health	0.0			_ ^	333,121	· ·	
Nattestad Anders	50.0	1			400.977	0	
Professor of Oral Surgery	0.0			^	400,977	U	
Park Chan	50.0						
Accistant/Accociato Professor				X	455,225	0	

Nattestad Anders					400,977	n	35,026
Professor of Oral Surgery	0.0			^	400,977		33,020
Park Chan	50.0						
				Х	455,225	0	50,580
Assistant/Associate Professor	0.0						
Stoudamire Damon	50.0						

28,266

40,842

0

	0.0						
Park Chan	50.0						
			X 455,225		0	50,580	
Assistant/Associate Professor	0.0						
Stoudamire Damon	50.0						
				Х	520,494	0	56,282
Head Coach, Men's Basketball	0.0				1		ĺ

Assistant/Associate Professor	0.0			,	,	-	
Stoudamire Damon	50.0						
Head Coach, Men's Basketball	0.0			Х	520,494	0	56,282
Gale Lewis	20.0						

Stoudamire Damon	50.0							
Head Coach, Men's Basketball	0.0			X		520,494	0	56,282
Gale Lewis	20.0							
					Х	147,444	0	39,558

Χ

Χ

Χ

211,164

117,833

149,112

				Ιx		520,494	l o	.
Head Coach, Men's Basketball	0.0					520,131		
Gale Lewis	20.0							
					Ιx	147,444	lo	]
Professor, Eberhardt School of Business	0.0					,		

20.0

0.0 20.0

0.0 20.0

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efile GRAPHIC print - DO NOT		nt - DO NOT PROCESS	DO NOT PROCESS As Filed Data -				DLN: 93493131022791		
SCHEDULE A			Dublic (	Charity Statu	e and Dul	hlic Sunn	ort	OMB No. 1545-0047	
/TE 000			Complete if the or	ganization is a sect 4947(a)(1) nonexe ▶ Attach to Form	ion 501(c)(3) e mpt charitable 990 or Form 99	organization or trust. 00-EZ.	· a section	2019	
		the Treasury	► Go to <u>www.irs</u>	. <u>gov/Form990</u> for i	nstructions and	I the latest info	ormation.	Open to Public Inspection	
Nam	e of th	ne organiza the Pacific	tion				Employer identific	ation number	
		the racine					94-1156266		
	rt I		for Public Charity Statu				See instructions.		
1 1	rganiz		a private foundation because	`	•		(A)(:)		
		•	onvention of churches, or as						
2	<b>✓</b>		scribed in section 170(b)(		,	, ,			
3		·	or a cooperative hospital serv	-			-		
4		A medical r name, city,	esearch organization operate and state:	ed in conjunction with	a hospital descri	ibed in <b>section</b> :	170(b)(1)(A)(iii). E	nter the hospital's	
5		_	ation operated for the benefit (iv). (Complete Part II.)	of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	ped in <b>section 170</b>	
6		A federal, s	tate, or local government or	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	()(v).		
7			ation that normally receives a 'O(b)(1)(A)(vi). (Complete		s support from a	governmental u	init or from the genera	al public described in	
8		A communi	ty trust described in <b>section</b>	170(b)(1)(A)(vi).	(Complete Part I	I.)			
9			ural research organization de rant college of agriculture. Se					ege or university or a	
10		from activit investment	ation that normally receives: ties related to its exempt fun income and unrelated busin See <b>section 509(a)(2).</b> (Co	ctions—subject to cer ess taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	pport from gross	
11		An organiza	ation organized and operated	exclusively to test fo	r public safety. S	See <b>section 509</b>	(a)(4).		
12		more public	ation organized and operated cly supported organizations o through 12d that describes	escribed in section 5	<b>09(a)(1)</b> or sec	ction 509(a)(2	). See <b>section 509(</b> a		
a		<b>Type I.</b> A so	supporting organization opera n(s) the power to regularly a Part IV, Sections A and B.	ated, supervised, or coppoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by		
b		Type II. A manageme	supporting organization sup nt of the supporting organiza plete Part IV, Sections A a	ervised or controlled i Ition vested in the sar					
С		Type III f	unctionally integrated. A sorganization(s) (see instructi	upporting organizatio				ted with, its	
d		Type III n	on-functionally integrated integrated integrated. The organization in You must complete Par	I. A supporting organi generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar		
е			box if the organization receiver or Type III non-functionally			RS that it is a Ty	pe I, Type II, Type II	I functionally	
f	Enter	the number	of supported organizations				<u> </u>		
g			ing information about the su	· · · · · · · · · · · · · · · · · · ·	r '		Γ	T	
	1- 10 above (see				anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
					Yes	No			
Tota		l. P. '	tion Act Notice, see the Ir		Cat. No. 11285		 Schedule A (Form 9	00 000 57\ 0015	

Sch	edule A (Form 990 or 990-EZ) 2019						Page <b>2</b>
P	art II Support Schedule for	Organizations	Described in S	Sections 170(b	)(1)(A)(iv) ar	nd 170(b)(1)(A	(vi)
	(Complete only if you ch						under Part III.
	If the organization failed	to qualify unde	r the tests listed	below, please	complete Part I	II.)	
	ection A. Public Support  Calendar year		I				
	(or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) 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 The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	<b>Total.</b> 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						
	line 4.						
<u>s</u>	ection B. Total Support		T		1	T	
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and						
	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain or						-
	loss from the sale of capital assets						
	(Explain in Part VI.).						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	or the organization	's first, second, th	ird, fourth, or fifth	n tax year as a sec	tion 501(c)(3) org	anization,
	check this box and <b>stop here</b>					▶ [	
S	ection C. Computation of Publi						
14	Public support percentage for 2019 (li	ne 6, column (f) di	vided by line 11,	column (f))		14	-
15	Public support percentage for 2018 Sc	hedule A, Part II,	line 14			15	
16a	<b>33 1/3% support test—2019.</b> If the						
	and <b>stop here.</b> The organization qual	ifies as a publicly s	supported organiza	ation			▶□
b	<b>33 1/3% support test—2018.</b> If th	e organization did	not check a box o	on line 13 or 16a,	and line 15 is 33 i	1/3% or more, chec	k this
	box and <b>stop here.</b> The organization	qualifies as a pub	licly supported or	ganization			▶ 🗆
<b>17</b> a	10%-facts-and-circumstances tes	t— <b>2019.</b> If the org	ganization did not	check a box on lin	ne 13, 16a, or 16b	, and line 14	
	is 10% or more, and if the organization in Part VI how the organization meets	n meets the facts	r-and-circumstanci cumstances" test.	es test, check thi The organization	s box and <b>stop n</b> e qualifies as a publ	e <b>re.</b> Explain icly supported	
	organization			-			►□
h	10%-facts-and-circumstances tes	st— <b>2018.</b> If the o	rganization did no	t check a box on I	ine 13, 16a, 16b,	or 17a, and line	
_	15 is 10% or more, and if the organiz	zation meets the "i	facts-and-circums	tances" test, chec	k this box and <b>sto</b>	p here.	
	Explain in Part VI how the organization			-		• •	. $\Box$
_	supported organization		haven 15 40-4	C- 10b 47 4	76		▶⊔
18	_						. □
	instructions		<u> </u>		- Cabadu	lo A (Form 000 o	▶ ⊔

Р	art III Support Schedule for						
	(Complete only if you cl						er Part II. If
S	the organization fails to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)		
30	Calendar year	( ) 2015	(1) 2016	( ) 2247	(1) 2010	( ) 2010	(O.T.)
	(or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	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						
•	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						
7a	Amounts included on lines 1, 2, and						
<b>L</b>	3 received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6.)						
Se	ection B. Total Support		1	<del></del>			Г
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(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.						
С	Add lines 10a and 10b.						
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						
12	(Explain in Part VI.) <b>Total support.</b> (Add lines 9, 10c,						
13	11, and 12.).						
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>
	check this box and <b>stop here</b>						▶ ⊔
	ection C. Computation of Public S			! (6))		1 1	
15	Public support percentage for 2019 (lin		•			15	
16	Public support percentage from 2018 S	-	<u> </u>			16	
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17	
17 10	Investment income percentage for 201	-		-		17	
18 10-	331/3% support tests—2019. If the		•			18   33 1/3% and lin	e 17 is not
	more than 33 1/3%, check this box and s						
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the						
ט	not more than 33 1/3%, check this box	-			•		_
20	Private foundation. If the organization	-	-				
	ritvate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCHONS	. 📂 📖

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

6

7

8

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,	
	describe the designation. If historic and continuing relationship, explain.	1

Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in 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 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

3с

10b

Schedule A (Form 990 or 990-EZ) 2019

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 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

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported 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 organization's organizing document? 5b

5c 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 organization's supported organizations? If "Yes," provide detail in Part VI. 6

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) .

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 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.

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

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

	edule A (101111 330 01 330 E2) 2013			age 3
Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
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?			
		11a		
	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 <b>Part VI</b> .	11c		
S	ection 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 <b>Part VI</b> 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	-		
2	operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization.			
S	ection 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 <b>Part VI</b> how control or management of the	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
S	ection D. All Type III Supporting Organizations			
_			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			
	ocuments in effect on the date of notification, to the extent not previously provided?			
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 <b>Part VI</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b			
•	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.	ſ	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 <b>Part VI identify those supported organizations and explain</b> 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		
ı	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		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
•	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>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard.	3h		

3b

1	Type III Non-Functionally Integrated 509(a)(3) Supporting O			. Part VIV. See		
	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). <b>See</b> instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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 Yea (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				
а	Average monthly value of securities	1a				
b	Average monthly cash balances	<b>1</b> b				
C	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
e	<b>Discount</b> 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6				

	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in <b>Part VI</b> ). See instructions	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
9	Distributable amount for 2019 from Section C, line 6	

_6	Other distributions (describe in <b>Part VI</b> ). See instruction			
7	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to wh details in <b>Part VI</b> ). See instructions			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019

7 Total annual distributions. Add lines 1 through 6.				
o∨ide				
10 Line 8 amount divided by Line 9 amount				
(ii) derdistributions Pre-2019	(iii) Distributable Amount for 2019			
derdistributions	Distributable			
0	vide			

8 Distributions to attentive supported organizations to widetails in <b>Part VI</b> ). See instructions						
9 Distributable amount for 2019 from Section C, line 6	9 Distributable amount for 2019 from Section C, line 6					
10 Line 8 amount divided by Line 9 amount						
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019			
1 Distributable amount for 2019 from Section C, line 6						
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in <b>Part VI</b> ). See instructions.						
<b>3</b> Excess distributions carryover, if any, to 2019:						
a From 2014						
<b>b</b> From 2015						
c From 2016						
<b>d</b> From 2017						

e From 2018. . . . . . f Total of lines 3a through e

instructions)

See instructions.

e Excess from 2019. . . . .

\$

g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a Applied to underdistributions of prior years **b** Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2015. . . . .

**b** Excess from 2016. . . . . c Excess from 2017. . . . . **d** Excess from 2018. . . . .

Schedule A (Form 990 or 990-EZ) (2019)

### **Additional Data**

**Software ID:** 19010655 **Software Version:** 2019v5.0

**EIN:** 94-1156266

Name: University of the Pacific

Schedule A (Form 990 or 990-EZ) 2019

Part VI

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

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).

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

# Political Campaign and Lobbying Activities

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

DLN: 93493131022791

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

EZ)

2

5

SCHEDULE C (Form 990 or 990-

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

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. • Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. • Section 527 organizations: Complete Part I-A only. 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-.

Schedule C (Form 990 or 990-EZ) 2019

Pa	rt II-B		ganization is exempt under section $501(c)(3)$ and has NOT fion under section $501(h)$ .				
	each "Yes" i vity.	response on lines 1a thro	ough 1i below, provide in Part IV a detailed description of the lobbying		a)   No	(b	
1	During th	ne year did the filing org	anization attempt to influence foreign, national, state or local legislation,				
_			e public opinion on a legislative matter or referendum, through the use of:				
а	Voluntee	rs?			No		
b	Paid staff	or management (include	e compensation in expenses reported on lines 1c through 1i)?		No		
С	Media ad	vertisements?			No		
d	Mailings 1	to members, legislators,	or the public?		No		
е	Publicatio	ons, or published or broad	dcast statements?		No		
f	Grants to	other organizations for l	lobbying purposes?		No		
g	Direct co	ntact with legislators, the	eir staffs, government officials, or a legislative body?		No		
h	Rallies, d	emonstrations, seminars	, conventions, speeches, lectures, or any similar means?		No		
i	Other act	ivities?		Yes			105,623
j	Total. Ad	d lines 1c through 1i					105,623
2a	Did the a	ctivities in line 1 cause th	ne 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		•	tax incurred by organization managers under section 4912				
d	If the filir		a section 4912 tax, did it file Form 4720 for this year?				
Pai	rt III-A	<del>-</del>	ganization is exempt under section 501(c)(4), section 501(c)	)(5), o	r secti	on	
		501(c)(6).				Ye	s No
1	Were sub	stantially all (90% or mo	ore) dues received nondeductible by members?		Г	1	
2	Did the o	rganization make only in	-house lobbying expenditures of \$2,000 or less?			2	
3	Did the o	rganization agree to carr	y over lobbying and political expenditures from the prior year?		🗀	3	
Pa	rt III-B		ganization is exempt under section 501(c)(4), section 501(c) OTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part				(c)(6)
		answered "Yes."	on runtill A, mes I and 2, are answered the one (b) runt	^	, iiie 3	,	
1	,		nounts from members	1			
2	expense	s for which the section	pying and political expenditures (do not include amounts of political n 527(f) tax was paid).				
a				2a			
b	-	•		2b			
_C				2c			
3		· ·	ction 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3			
4	the orgar	nization agree to carryove	unt on line 2c exceeds the amount on line 3, what portion of the excess does er to the reasonable estimate of nondeductible lobbying and political				
5	•	•	political expenditures (see instructions)	5			
	art IV	Supplemental Info					
Pro	vide the de	escriptions required for Pa	art l-A, line 1; Part l-B, line 4; Part l-C, line 5; Part II-A (affiliated group list); , complete this part for any additional information.	Part II	-A, lines	1 and 2	(see
		urn Reference	Explanation				
ch			THE UNIVERSITY IS A MEMBER OF THE ASSOCIATION OF INDEPENDENT CAL	TEODNI	IA COLLE	GES ANI	
ES		OF THE LOBBYING	THE UNIVERSITY IS A MEMBER OF THE ASSOCIATION OF INDEPENDENT CAI UNIVERSITIES (AICCU), THE NATIONAL ASSOCIATION OF INDEPENDENT CO (NAICU),THE NATIONAL ASSOCIATION OF COLLEGE AND UNIVERSITY BUSIN ASSOCIATION OF GOVERNING BOARDS (AGB), THE GREATER SACRAMENTO SACRAMENTO METRO CHAMBER FOUNDATION. THESE ORGANIZATIONS LOB	LLEGES NESS OF ECONO	S & UNIV FFICERS OMIC CHA	ERSITIE: (NACUB AMBER A	S O), THE .ND THE

ABOVE NOTED ASSOCIATIONS.

EDUCATION. THE AMOUNTS SHOWN ON SCHEDULE C, PART II, LINE 1I PERTAIN TO DUES PAID TO THE

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

As Filed Data -

DLN: 93493131022791

OMB No. 1545-0047

2019

(Form 990)

**Supplemental Financial Statements** ▶ Complete if the organization answered "Yes," on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

	me of the organization versity of the Pacific		Em	ployer identifica	tion number
Uni	versity of the Pacific		94-	1156266	
Ρā	ert I Organizations Maintaining Donor Advi	sed Funds or Other Similar Funds	or Ac	counts.	
	Complete if the organization answered "Ye	s" on Form 990, Part IV, line 6.  (a) Donor advised funds		(b) Funds and o	than accounts
	Total number at end of year	(a) Donor advised funds		(b) Funds and 0	ther accounts
,	Aggregate value of contributions to (during year)				
	Aggregate value of grants from (during year)				
	Aggregate value at end of year				
5	Did the organization inform all donors and donor adviso organization's property, subject to the organization's ex			funds are the	
<b>,</b>	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	nor advisors in writing that grant funds cal or donor advisor, or for any other purpose	n be us		Yes No
₽a	rt III Conservation Easements.				□ fes □ NO
	Complete if the organization answered "Ye	s" on Form 990, Part IV, line 7.			
-	Purpose(s) of conservation easements held by the organ	nization (check all that apply).			
	Preservation of land for public use (e.g., recreation	n or education) $\qed$ Preservation of a	n histo	rically important la	and area
	Protection of natural habitat	$\square$ Preservation of a	certifie	d historic structu	re
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservation contribution in the fo	orm of		nd of the Year
а	Total number of conservation easements		2a	Tield de the E	ina or the rear
b	Total acreage restricted by conservation easements		2b		
С	Number of conservation easements on a certified historic	c structure included in (a)	2c		
d	Number of conservation easements included in (c) acqui structure listed in the National Register		2d		
:	Number of conservation easements modified, transferre tax year ▶	d, released, extinguished, or terminated by	the or	ganization during	the
ı	Number of states where property subject to conservation	n easement is located ▶			
;	Does the organization have a written policy regarding th		of viol	— ations,	
	and enforcement of the conservation easements it holds	?		☐ Ye	
•	Staff and volunteer hours devoted to monitoring, inspect	ting, handling of violations, and enforcing o	conserv	ation easements	during the year
,	Amount of expenses incurred in monitoring, inspecting,  ▶ \$	handling of violations, and enforcing conse	rvation	easements durin	g the year
3	Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)(ii)?	above satisfy the requirements of section	170(h)	(4)(B)(i)	es 🗆 No
)	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the	footnote to the organization's financial sta			
Эат	the organization's accounting for conservation easemen rt III Organizations Maintaining Collections		her Si	milar Assets	
	Complete if the organization answered "Ye			miai Addetoi	
.a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	public exhibition, education, or research in	furthe		
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publ following amounts relating to these items:				
(	(i) Revenue included on Form 990, Part VIII, line 1			<b>. ▶</b> \$	66,550
	ii)Assets included in Form 990, Part X				-
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS	cal treasures, or other similar assets for fin			
а	Revenue included on Form 990, Part VIII, line 1	- 		. ▶\$	
b	Assets included in Form 990, Part X			. <b>&gt;</b> \$	

Cat. No. 52283D

Sche	edule D	(Form 990) 2019											Page <b>2</b>
Par	t IIII	Organizations M	aintaining Colle	ections of Art, H	Iistori	cal T	reasu	ires, or	Other 9	Similar As	sets (cor	ntinued)	
3		the organization's acq (check all that apply):		and other records,	check	any of	the fo	llowing th	at are a :	significant ι	use of its co	ollection	
а	✓	Public exhibition			d		Loan	or exchai	nge progi	rams			
b	✓	Scholarly research			e		Other	r					
C	✓	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		g the year, did the org s to be sold to raise fur									☐ Yes	<b></b> N	0
Pa	rt IV	Escrow and Cust Complete if the or X, line 21.			m 990	, Part	IV, li	ne 9, or	reporte	d an amou	ınt on For	m 990,	Part
1a		e organization an agent led on Form 990, Part									Yes	□ <b>N</b>	o
b	If "Ye	es," explain the arrange	ement in Part XIII a	and complete the fo	llowina	table:		Γ		Α	mount		_
c		ning balance		•	_				1c				_
d	-	ions during the year .						🗅	1d				_
е		butions during the year						_	1e				_
f		g balance							1f				_
2a	Did th	- ne organization include	an amount on Form	m 990. Part X. line i	21. for	escrow	or cu	ے stodial ac	count lial	bility?	☐ Yes	N	_
b		s," explain the arrange								•	_		•
	art V	Endowment Fun		Check here ii the ca	Срічнічн	011 1142	, been	provided	m rare x				
		Complete if the or		ered "Yes" on For	m 990	, Part							
			_	(a) Current year		rior yea				(d) Three ye			
	-	ing of year balance .		463,312,942	•	452,976			,478,347		.243,643		625,084
		outions	<b>-</b>	11,122,036 2,320,651		13,736			,541,829 ,810,286	<u> </u>	.085,253	· ·	514,705 845,182
		estment earnings, gair	·	17,075,735		16,284			,492,191	·	.873,990		213,398
		or scholarships expenditures for facilities	<u> </u>	17,073,733		10,20-	1,234		,492,191	14,	673,990		213,396
e		ograms	es	0			0		0		0		0
f	Admini	strative expenses .	[	3,880,446		3,410	,293	3	,362,184	3,	346,547	2,	837,566
g	End of	year balance	[	455,799,448		463,312	2,942	452	,976,087	423,	478,347	375,	243,643
2	Provid	Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:											
а	Board	l designated or quasi-e	ndowment 🟲	7 %									
b	Perma	Permanent endowment ► 76 %											
c	Temp	Temporarily restricted endowment ► 17 %											
	The p	The percentages on lines 2a, 2b, and 2c should equal 100%.											
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:					the		Yes	No					
		nrelated organizations				•					3a(i 3a(ii		No
b		elated organizations     . s" on 3a(ii), are the re			n Sche	dule R	? .				3a(11	-	INO
4		ibe in Part XIII the inte					•						
Pa	rt VI	Land, Buildings,											
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10													
	Descri	ption of property	(a) Cost or othe (investment		or other	basis (	other)	(c) Accu	mulated de	epreciation	(d)	Book valu	e 
<b>1</b> a	Land					6,26	53,174						5,263,174
b	Buildin	gs				496,19	99,699		2	49,952,512		246	5,247,187
c	Leaseh	old improvements											
						162 7	10 252	I		42 401 410		124	250 042

5,850,725

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

5,850,725

379,619,928

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on	Form 990 Part IV line 1	1h Soo Form 990 1	Part V line 12	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Metho	d of valuation: -year market value	
	ll derivatives				
(3) Other	held equity interests				
	unds & Private Equity	135,243,950			
(B) Real and	l Personal Property	1,855,844			
(C) U.S. Equ	iities	550,500			
(D) Assets H (E)	leld by Other Trustees	1,826,973			
(F)					
(G)					
(H)					
Total. (Colum. Part VIII	n (b) must equal Form 990, Part X, col. (B) line 12.)  Investments—Program Related.	139,477,267			
and VIIII	Complete if the organization answered 'Yes' on	Form 990, Part IV, line 1			
	(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year ma	
(1)				value	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colum	n (b) must equal Form 990, Part X, col.(B) line 13.)		<b>•</b>		
Part IX	<b>Other Assets.</b> Complete if the organization answered 'Yes' on I	Form 990. Part IV. line 1	1d. See Form 990. Par	t X. line 15.	
	(a) Description			(b) Book value	e
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colu	mn (b) must equal Form 990, Part X, col.(B) line 15.)			<b>•</b>	
Part X	Other Liabilities.	Tarres 000 Park IV line 1	1 116 C F	000 Part V line 25	
1.	Complete if the organization answered 'Yes' on I  (a) Description of		ie or iir.See Form	(b) Book	
	income taxes	·		value	
	& Unitrust Reserves			9,892,001	
	rance Reserves stirement Obligation			8,881,325 9,681,465	
	ease Obligations			621,918	
	Student Loan Program			32,799,672	
(7) Early Rei <b>(8)</b>	tirement Reserves			1,859,641	
(9)					
(10)					
	n (b) must equal Form 990, Part X, col.(B) line 25.)			62 726 022	
	or uncertain tax positions. In Part XIII, provide the text	of the footnote to the organi		63,736,022 ments that reports the or	ganization's
	x positions under FIN 48 (ASC 740). Check here if the te				

2

а

b

2

C

d

е 3

b

5

Part XIII

See Additional Data Table

4

Schedule D (Form 990) 2019

Page 4

-8,243,238

348,976,256

111,383,484

460,359,740

319,470,704

319,470,704

97,030,200

416.500.904

Schedule D (Form 990) 2019

2a

2b

4a

4b

2a 2b

2c

2d

4a

4b

Explanation

-8,243,238

111,383,484

97.030.200

0

3

4c

5

2e

3

4c

5

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

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

e

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

Net unrealized gains (losses) on investments . . . .

Donated services and use of facilities . . . .

3 4

b

Add lines **4a** and **4b** . . . . . . C

5 Part XII 1

Donated services and use of facilities . .

Prior year adjustments . . . . .

Other losses . . . . . .

Add lines 2a through 2d .

Return Reference

Subtract line 2e from line 1 .

Other (Describe in Part XIII.) . . .

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:

Other (Describe in Part XIII.) Add lines **4a** and **4b** . . . . . . . . . . . .

Supplemental Information

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

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.

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

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

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

chedule D (Form 990) 2019	Page <b>5</b>
Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2019

## **Additional Data**

Software ID: 19010655
Software Version: 2019v5.0

**EIN:** 94-1156266

Name: University of the Pacific

## **Supplemental Information**

Supplemental Information	
Return Reference	Explanation
,	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 2020, THESE ASSETS REPRESEN TED APPROXIMATELY 29% 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.

upplemental Information	
Return Reference	Explanation
Schedule D, Part XI, Line 4(b) Other revenues in form 990 not n audited financial statements	Financial Aid - 98831974 Investment Losses10707370 Cost of Goods Sold1801774 Gain on Legal Settlement - 26089044 Other Changes1028390

Su

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XII, Line 4(b) Other expenses in form 990 not in audited financial statements	Financial Aid - 98831974 Cost of Goods Sold1801774

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493131022791 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 information. 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) (2019)

chedule E (Form 990 or 990EZ) (2019)			
Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.			
Return Reference	Explanation		
Schedule E, Part I, Line 3 RACIALLY NONDISCRIMINATORY POLICY	Newspaper media displays include statement of racial nondiscriminatory policy of the University in the solicitation of students.		
Schedule E, Part I, Line 6(a) FINANCIAL AID OR ASSISTANCE FROM A GOVERNMENT	During the tax year ending on 06/30/2020, the University received support from various federal and state governmental agencies totaling \$11,254,365.		

Schedule F (Form 990 or 990-F7) (2019)

(Form 990) ► Comp			ement of	Activities (	Outside the Uni	ited S	tates	OMB No. 1545-0047
			olete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15,  ► Attach to Form 990.  ► Go to www.irs.gov/Form990 for instructions and the latest information.				.5, or 16.	2019 Open to Public Inspection
Internal	Revenue Service							
	of the organization rsity of the Pacific						Employer ider	ntification number
	, 						94-1156266	
Par	<b>General Info</b> Form 990, Pa			Outside the U	<b>Jnited States.</b> Comple	te if the	organization a	nswered "Yes" on
		grantees'	eligibility for th	ne grants or assis	substantiate the amount stance, and the selection			☐ Yes ☐ No
	For grantmakers. I outside the United S		Part V the orga	anization's proce	dures for monitoring the	use of it	s grants and ot	her assistance
3	Activites per Region. (	The following	ng Part I, line 3	table can be dupli	cated if additional space is	needed.	)	
(a) Region			<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	program spe	vity listed in (d) is a service, describe ecific type of (s) in the region	(f) Total expenditures for and investments in the region
	See Add'l Data							
b T	Sub-total . Fotal from continuation Part I	sheets to	1	28				92,683,564
-	<b>Fotals</b> (add lines 3a ar			28				92,683,564

Cat. No. 50082W Schedule F (Form 990) 2019

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

	uplicated if addit	(c) Number of		(a) Mannay of as -1-	(f) Amount of	(a) Decembring	(h) Math
ype of grant or assistance	( <b>b)</b> Region	recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other

Sche	dule F (Form 990) 2019		Page <b>4</b>
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)	<b>✓</b> 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	<b>☑</b> 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)	<b>✓</b> 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).	<b>⊻</b> 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)	<b>✓</b> 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).	<b>✓</b> Yes	□No

Schedule F (Form 990) 2019	Page <b>5</b>				
amounts of investme method); and Part II: any additional inform	on required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; nts vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting I, column (c) (estimated number of recipients), as applicable. Also complete this part to provide lation. See instructions.				
90 Schedule F, Supplemental Information					
Return Reference	Explanation				
Schedule F. Part I. Line 3(f) GENERAL	THE AMOUNTS LISTED IN COLUMN (F) FOR THE UNIVERSITY'S INVESTMENTS IN CENTRAL				

INFORMATION ON ACTIVITIES AMERICAN/CARIBBEAN, EAST ASIA AND THE PACIFIC, AND EUROPE REFER TO THE FAIR MARKET VALUE OF **OUTSIDE THE UNITED STATES** INVESTMENTS FOR THAT PARTICULAR REGION, NOT SOLELY THE EXPENDITURES FOR THE FISCAL TAX YEAR

ENDED 6/30/20. AS REQUIRED BY THE IRS.

990 Schedule F, Supplemental Information

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

## **Additional Data**

East Asia and the Pacific

Software ID: 19010655 Software Version: 2019v5.0

**EIN:** 94-1156266

Name: University of the Pacific

PROFESSIONAL SERVICES

Form 990 Schedule F Par	orm 990 Schedule F Part I - Activities Outside The United States								
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region				
Central America and the Caribbean	0	1	Program Services	Professional Services	0				

3 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 0 Program Services ISTUDY ABROAD 16,000 East Asia and the Pacific 3 Program Services Conference 2,863

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 6 Program Services STUDY ABROAD 6,963 Greenland) Europe (Including Iceland and 1 |Program Services PROFESSIONAL SERVICES 8.546 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 6 | Program Services Conference 2,699 Greenland) North America (Canada & 3 |Program Services PROFESSIONAL SERVICES 13,693 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) 1 |Program Services Conference North America (Canada & Mexico only) Conference South America 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 region agents in service(s) in region region services, grants to recipients located in the reaion) Central America and the 0 linvestments 87,272,709 Caribbean Europe (Including Iceland and 0 Investments 4,251,928 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 region) East Asia and the Pacific 1,106,895 0 IInvestments North America (Canada & 2 Program Services ISTUDY ABROAD 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 reaion agents in service(s) in region services, grants to reaion recipients located in the reaion) South Asia 1 Program Services CONFERENCE 1,268

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493131022791 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 10 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. For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 50083H Schedule G (Form 990 or 990-EZ) 2019

		(a)Event #1  Orange and Black	(b) Event #2  Men's Basketball	(c)Other events 5	(d) Total events (add col. (a) through col. (c))
		Ball (event type)	One Bright Night  (event type)	(total number)	col. <b>(c)</b> )
REVEIRIE					
	<b>1</b> Gross receipts	267,828	117,659	118,201	503,68
	2 Less: Contributions	241,368	37,359	63,234	341,96
	3 Gross income (line 1 minus line 2)	26,460	80,300	54,967	161,72
	<b>4</b> Cash prizes	0	0	0	
	<b>5</b> Noncash prizes	60,092	14,809	15,041	89,94
Direct Expenses	<b>6</b> Rent/facility costs	0	0	7,038	7,03
5	<b>7</b> Food and beverages	32,133	34,806	20,069	87,00
5	8 Entertainment	0	0	0	
	9 Other direct expenses	95,847	11,365	6,842	114,0
	<b>10</b> Direct expense summary. Add lines 4 t	through 9 in column (d)			298,04
	<b>11</b> Net income summary. Subtract line 10	from line 3, column (d)			298,0 <sup>2</sup> -136,31
	•	from line 3, column (d)			-136,31
art	11 Net income summary. Subtract line 10  Gaming. Complete if the organizations.	from line 3, column (d)	s" on Form 990, Part I  (b) Pull tabs/Instant bingo/progressive bingo	►  iV, line 19, or reported  (c) Other gaming	-136,33 more than \$15,000 (d) Total gaming (add
Part	11 Net income summary. Subtract line 10  Gaming. Complete if the organism on Form 990-EZ, line 6a.	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		-136,33 more than \$15,000 (d) Total gaming (add
Part	11 Net income summary. Subtract line 10  Gaming. Complete if the organizations.	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		-136,3: more than \$15,000 (d) Total gaming (add
Pari Kevelkie	11 Net income summary. Subtract line 10  III Gaming. Complete if the organ on Form 990-EZ, line 6a.  1 Gross revenue	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		-136,3: more than \$15,000 (d) Total gaming (add
Part Security	11 Net income summary. Subtract line 10  Gaming. Complete if the organ on Form 990-EZ, line 6a.  Gross revenue	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		-136,3: more than \$15,000 (d) Total gaming (add
Alect Expenses Keverkie	11 Net income summary. Subtract line 10  Gaming. Complete if the orgon on Form 990-EZ, line 6a.  Gross revenue	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		-136,31
Pari	11 Net income summary. Subtract line 10  Gaming. Complete if the orgon on Form 990-EZ, line 6a.  Gross revenue	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		-136,33 more than \$15,000 (d) Total gaming (add
Participant Revenue	11 Net income summary. Subtract line 10  Gaming. Complete if the orgon on Form 990-EZ, line 6a.  Gross revenue	from line 3, column (d) anization answered "Ye  (a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	-136,3: more than \$15,000 (d) Total gaming (add
Part Special Common Com	Gaming. Complete if the orgon on Form 990-EZ, line 6a.  Gross revenue	rom line 3, column (d) anization answered "Ye  (a) Bingo  Yes%  No	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	-136,3 more than \$15,000 (d) Total gaming (add
Part Exhauses Keveline	Gaming. Complete if the organ on Form 990-EZ, line 6a.  Gross revenue	rom line 3, column (d) anization answered "Ye  (a) Bingo  Yes	(b) Pull tabs/Instant bingo/progressive bingo  Yes % No	(c) Other gaming  Yes % No	-136,3: more than \$15,000 (d) Total gaming (add
Part Phenos Revenue	Gaming. Complete if the organ on Form 990-EZ, line 6a.  Gross revenue	(a) Bingo  Yes	(b) Pull tabs/Instant bingo/progressive bingo  Yes	(c) Other gaming  Yes % No	-136,3: more than \$15,000 (d) Total gaming (add
a a same	Gaming. Complete if the organization on Form 990-EZ, line 6a.  Gross revenue	rom line 3, column (d) anization answered "Ye  (a) Bingo  Yes %  No  Chrough 5 in column (d) t line 7 from line 1, column aming activities in each of	(b) Pull tabs/Instant bingo/progressive bingo  Yes % No No ties: these states?	(c) Other gaming  Yes % No	-136,3 more than \$15,000  (d) Total gaming (add col.(a) through col.(c)
Part Charles Keverne	Gaming. Complete if the organization on Form 990-EZ, line 6a.  Gross revenue	(a) Bingo  Yes %  No  Chrough 5 in column (d)  t line 7 from line 1, column (d)  aming activities in each of	(b) Pull tabs/Instant bingo/progressive bingo  Yes	(c) Other gaming  Yes % No	-136,3: more than \$15,000  (d) Total gaming (add col.(a) through col.(c)

Sche	dule G (Form 990 or 990-EZ) 20	19				F	age <b>3</b>
11	Does the organization conduct	gaming activities with nonmembers	5?		Yes	Пио	
12	Is the organization a grantor, be formed to administer charitable		member of a partnership or other entity		Yes		
13	Indicate the percentage of gam	ing activity conducted in:					
а	The organization's facility .			13a			%
b	An outside facility			13b			%
14	Enter the name and address of	the person who prepares the organ	nization's gaming/special events books and	records:			
	Name •						
	Address >						
15a			m the organization receives gaming		·∏yes	Пио	
b	If "Yes," enter the amount of g	aming revenue received by the orgained by the third party $ ightharpoons$ $ angle$	anization 🕨 \$ and	the			
c	If "Yes," enter name and addre	ss of the third party:					
	Name •						
	Address •						
16	Gaming manager information:						
	Name 🟲						
	Gaming manager compensation	1 ▶ \$	<del></del>				
	Description of services provided	<b>d</b> ▶					
	☐ Director/officer	☐ Employee	☐ Independent contractor				
17	Mandatory distributions:						
а	•		stributions from the gaming proceeds to		□Yes	Пио	
b	Enter the amount of distributio	ns required under state law distribu	ited to other exempt organizations or spen	t	□ 1es		
		pt activities during the tax year 🕨	•				
Pai			ions required by Part I, line 2b, colum licable. Also provide any additional inf				s.
	Return Reference		Explanation				

efile GRAPHIC print - DO NOT PROCESS As Filed Data 
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Schedule I

(Form 990)

Department of the

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

Treasury

## 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

2019

DLN: 93493131022791

Open to Public Inspection

Schedule I (Form 990) 2019

nternal Revenue Service							
lame of the organization Iniversity of the Pacific						Employer identifie	cation number
oniversity of the Facilic						94-1156266	
Part I General Inform	ation on Grants	and Assistance					
<ol> <li>Does the organization mai the selection criteria used</li> </ol>	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 assistand	ce, and	☑ Yes ☐ No
2 Describe in Part IV the org	·	-	_				
Part III Grants and Other	Assistance to Dom	nestic Organizations a	ind 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	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	(g) Description of	(h) Purpose of grant
organization or government	(D) EIN	(if applicable)	grant	cash assistance	(book, FMV, appraisal, other)	noncash assistance	or assistance
1)							
2)							
3)							
4)							
5)							
6)							
7)							
8)							
9)							
10)							
11)							
12)							
<ul><li>Enter total number of sect</li><li>Enter total number of othe</li></ul>		-					

Cat. No. 50055P

(2)

(3)

(4)

(5)

(6)

(7)

Part IV Return Reference

grant funds.

Schedule I, Part I, Line 2

Procedures for monitoring use of

(1) DONOR SPONSORED FINANCIAL AID

(2) UNIVERSITY SPONSORED FINANCIAL AID

Schedule I (Form 990) 2019

(f) Description of noncash assistance

Schedule I (Form 990) 2019

Page 2

Part III can be duplicated if additional space is needed.

Explanation

(b) Number of

recipients

342

3194

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

9,562,491

89.269.483

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

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

(d) Amount of

noncash assistance

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

(e) Method of valuation (book,

FMV, appraisal, other)

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 934	19313	31022	791	
Sch	nedule J	Coi	mpensati	ion Information	10	1B No.	1545-0	0047	
(For	m 990)	For certain Officers		rustees, Key Employees, and Highe	est				
		► Complete if the orga		ited Employees ered "Yes" on Form 990, Part IV, li	ine 23.	2019			
Danar	tment of the Treasury	▶ Go to www.irs.gov.		to Form 990. instructions and the latest informa			to Pul		
•	al Revenue Service	T do to <u>mmm sigor</u>	101			Insp	ectio	n	
	me of the organiza versity of the Pacific	ation		E	mployer identificat	ion nu	ımber		
				9	4-1156266				
Pa	rt I Questi	ons Regarding Compensati	on						
1a				the following to or for a person listed of the following to or for a person listed of the following these			Yes	No	
	✓ First-class	s or charter travel	$\checkmark$	Housing allowance or residence for pe	rsonal use				
	✓ Travel for	companions		Payments for business use of persona	l residence				
	Tax idemi	nification and gross-up payments	lacksquare	Health or social club dues or initiation	fees				
	☐ Discretion	ary spending account	✓	Personal services (e.g., maid, chauffe	ur, chef)				
b				follow a written policy regarding paymove? If "No," complete Part III to explain		1b	Yes		
2				or allowing expenses incurred by all		2	Yes		
	directors, truste	es, officers, including the CEO/Exe	ecutive Director	r, regarding the items checked on Line	la?				
3	organization's C	EO/Executive Director. Check all t	hat apply. Do r	d to establish the compensation of the not check any boxes for methods CEO/Executive Director, but explain in					
	✓ Compens	ation committee	<b>✓</b>	Written employment contract					
	_ '	ent compensation consultant	<b>✓</b>	Compensation survey or study					
	☐ Form 990	of other organizations	$\checkmark$	Approval by the board or compensation	on committee				
4	During the year related organiza		00, Part VII, Se	ction A, line 1a, with respect to the filir	ng organization or a				
а	Receive a sever	ance payment or change-of-contro	ol payment? .			4a	Yes		
b	Participate in, o	r receive payment from, a suppler	nental nonqual	ified retirement plan?		4b		No	
c	•			nsation arrangement?		4c		No	
	If "Yes" to any o	of lines 4a-c, list the persons and p	provide the app	licable amounts for each item in Part I	II.				
	Only 501(c)(3	), 501(c)(4), and 501(c)(29) c	organizations	must complete lines 5-9.					
5	For persons liste		A, line 1a, did	the organization pay or accrue any					
а	The organization	1?				5a		No	
b	Any related orga	anization?				5b		No	
	If "Yes," on line	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.							
7				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," desc		•		N-	
9	If "Yes" on line	8, did the organization also follow	the rebuttable	presumption procedure described in Re	egulations section	9		No_	
For F	Panerwork Redu	ction Act Notice, see the Instr	uctions for Fo	orm 990. Cat. No. 500	D53T Schedule J	(Forn	990)	2019	

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. 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

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.							
<b>Note.</b> The sum of columns (B)(i)-(iii) for each listed individual must equal the total	al amount of	Form 990, Part VII, S	ection A, line 1a, a				
(A) Name and Title	<b>(B)</b> B	reakdown of W-2 and/ compensation			( <b>D)</b> Nontaxable benefits	columns	<b>(F)</b> Compensation in
	(i) Base compensat	e (ii) ion Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table				1			

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 PLEASE SEE SCHEDULE O FOR THE RESPONSE TO FORM 990, PART VI, SECTION B, LINE 15A USED TO ESTABLISH COMPENSATION FOR THE PRESIDENT Schedule J. Part I. Line 1a First-class 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 990 calendar year there was an approved exception granted for 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

provided to the Interim Vice President of Student Life and is treated as taxable compensation. Housing is not being provided for the Dean of McGeorge.

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

value of the first class travel was considered a necessary business expense and therefore, was not included on the W2 for these employees.

or charter travel

companions

services

Schedule J (Form 990) 2019

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

Schedule J, Part I, Line 1a Housing 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 \$1,038.47 was

Schedule J. Part I. Line 1a Health or social 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

Schedule J, Part I, Line 1a Personal

or change-of-control payment

compensation" on Schedule J Part II Column B(iii).

President Eibeck's W-2 includes "other reportable compensation" of \$5,448.87 for the value of all housekeeping services provided by the University at her on-

campus residence, \$375.00 personal usage for university condo, and \$7,000.00 for 2018 and 2019 personal services that were reported in 2019.

Schedule J, Part I, Line 4a Severance

Professor Robert Boyd at the Dugoni School of Dentistry in San Francisco received a separation payment of \$342,871.33, Director of Community Oral Health Paul Glassman received a separation payment of \$391,318.33, and School of Education Outgoing Dean Vanessa Sheared received a separation payment of \$117,833.39.

Schedule 1 (Form 990) 2019

Page 3

**Software ID:** 19010655 **Software Version:** 2019v5.0

**EIN:** 94-1156266

Name: University of the Pacific

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

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title			of W-2 and/or 1099-MIS	·	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1Pallavicini Maria	(i)	428,955	20,000	17,529	47,000	8,001	521,485	0
Interim President & Provost	(ii)	0	0	0	0	0	0	0
<b>1</b> Eibeck Pamela	(i)	281,350	0	429,624	47,000	50,787	808,761	0
President (outgoing)	(ii)	0	0	0	0	0	0	0
2Atterbury George	(i)	308,291	25,000	16,106	47,000	13,922	410,319	0
VP, Development	(ii)	0	0	0	0	0	0	0
3Mullen Kenneth	(i)	360,483	0	16,203	47,000	21,142	444,828	0
VP, Business & Finance	(ii)	0	0	0	0	0	0	0
<b>4</b> Sprecher Art	(i)	288,027	30,000	14,932	47,000	25,164	405,123	0
Vice President Technology & CIO	(ii)	0	0	0	0	0	0	0
<b>5</b> Petr Carrie	(i)	103,503	0	27,870	29,491	8,484	169,348	0
VP, Student Life (incoming)	(ii)	0	0	0	0	0	0	0
<b>6</b> Nadershahi Nader	(i)	415,750	0	8,300	28,000	20,377	472,427	0
Dean, Dugoni School of Dentistry	(ii)	0	0	0	0	0	0	0
<b>7</b> Oppenheimer Phillip	(i)	263,623	0	3,384	26,937	18,536	312,480	0
Dean, Pharmacy & Health Sciences	(ii)	0	0	0	0	0	0	0
8Fraden Rena	(i)	255,960	0	1,918	25,726	8,994	292,598	0
Dean, College of the Pacific	(ii)	0	0	0	0	0	0	
9Howell Steven	(i)	311,616	0	4,443	28,000	24,594	368,653	0
Dean, Engineering & Computer Science	(ii)	0	0	0	0	0	0	0
10Manilay Bayani	(i)	158,825	0	494	16,500	24,428	200,247	0
Assistant Vice President, Treasury	(ii)	0	0	0	0	0	0	0
11Schwartz Michael	(i)	365,844	0	1,933	28,000	20,710	416,487	0
Interim Provost & Dean,	(ii)	0	0	0	0	0	0	
McGeorge School of Law  12Witte Peter	(i)	234,748	0	802	24,546	25,107	285,203	0
Dean, Conservatory of Music	(ii)	0						
13Campbell Patricia	(i)	240,257	0	1,228	24,025	340	265,850	0
Dean, Benerd College	(ii)	0			0		0	
14Carroll Timothy	(i)	317,975	0	46,153	28,000	28,003	420,131	0
Dean, Eberhardt School Business	(ii)	0	0	0	0	0	0	0
15Nattestad Anders	(i)	399,330	0	1,647	28,000	7,026	436,003	0
Professor of Oral Surgery	(ii)	0		,,,,		.,,,,	n	
<b>16</b> Park Chan	(i)	421,190	0	34,035	28,000	22,580	505,805	0
Assistant/Associate Professor	(ii)	0	 	0	n	n	ი	0
17Stoudamire Damon	(i)	507,471	7,500	5,523	28,000	28,282	576,776	0
Head Coach, Men's	(ii)	0			0	۰	n	0
Basketball  18Boyd Robert	(i)	139,872	0	353,764	15,640	10,252	519,528	0
Professor	(ii)	0						
<b>19</b> Glassman Paul	(i)	155,828	0	403,293	16,679	4,684	580,484	0
Director Community Oral	(ii)	0		.52,255		.,,551		
Health	` '			U	U U			1

(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 compensation reported as deferred on Bonus & incentive Other reportable prior Form 990 compensation compensation 21Mootz Francis 210,150 1,014 21,390 6,876 239,430 Professor, McGeorge School (ii) of Law 1Gale Lewis 146,998 446 15,207 24,351 187,002 Professor, Eberhardt School (ii) of Business 2Webster Linda 148,651 461 15,954 24.888 189,954 Interim Dean, School of Education (outgoing)

117,833

117,833

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

3Sheared Vanessa

(outgoing)

Dean, School of Education

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**Supplemental Information on Tax-Exempt Bonds** 

explanations, and any additional information in Part VI.

OMB No. 1545-0047

DLN: 93493131022791

Open to Public

**Employer identification number** 

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions,

▶ Attach to Form 990.

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

Internal Revenue Service Name of the organization University of the Pacific

Department of the Treasury

Schedule K

(Form 990)

94-1156266 Part I **Bond Issues** (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose (g) Defeased (h) On (i) Pool behalf of financing issuer Yes No Yes No Yes No California Educational Facilities 52-1705592 130178TA4 05-28-2009 14,934,717 See Part VI Χ Χ Χ Authority California Educational Facilities 52-1705592 130178J80 01-26-2012 37,987,510 | See Part VI Χ Χ Authority California Educational Facilities 52-1705592 000000000 05-12-2014 36,500,000 | See Part VI Х Χ Χ Authority California Educational Facilities 52-1705592 1301787B6 08-04-2015 75,997,350 | See Part VI Χ Authority **Proceeds** Part  ${
m I\hspace{-.1em}I}$ C D Α В 3,945,000 9,580,000 20,545,000 8,950,000 2 Total proceeds of issue. 3 . . . . . . . . . . . . . . . . . . 14,966,762 38,011,685 36,500,000 75,997,350 4 5 0 1,752,476 6 298,693 759,750 251.792 888,095 8 0

9 0 10 14,668,069 15,524,175 36,248,208 0 11 19,974,981 75,109,255 12 0 13 2010 2014 2014 2015 Yes No Yes Yes No Yes No No Were the bonds issued as part of a current refunding issue of tax-exempt 14 Χ Χ Χ Χ Were the bonds issued as part of an advance refunding issue of taxable 15 Χ Χ Has the final allocation of proceeds been made? . . . . . . . . . . . . . . . . . Χ Χ Χ Χ 16 Does the organization maintain adequate books and records to support the final allocation of 17 Χ Χ Χ Χ **Private Business Use** Part 🎹

	Α		В		С		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		Х		Х		X		Х
Are there any lease arrangements that may result in private business use of bond-financed property?	X		×		×		×	

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

Are there any management or service contracts that may result in private business use of

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

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 management or service contracts relating to the financed property?

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

Private Business Use (Continued)

Penalty in Lieu of Arbitrage Rebate?

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

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

Schedule K (Form 990) 2019

Part III

За

b

C

d

6

8a

Part IV

b

C

Arbitrage

Yes

Χ

Yes

Χ

Schedule K (Form 990) 2019

D

Page 2

No

0.02 %

0.02 %

0.04 %

Χ

Χ

No

Χ

Χ

Χ

Χ

0.2 %

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Yes

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Χ

Х

Х

No

C

No

0 %

0.4 %

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Yes

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No

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Χ

Χ

Χ

Α

Nο

0 %

0 %

0 %

В

Yes

Χ

Χ

Χ

Yes

Χ

Χ

Α

No

Χ

Χ

Χ

Χ

Χ

Yes

Χ

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

Yes

Nο

Yes

Χ

Page 3

Х

Nο

D

Nο

Yes

**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.

Term of GIC . . . . . . . . . .

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

Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . . . . .

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?

requirements of section 148? . . .

Return Reference

Schedule K. Part III, Line 9 Written

Schedule K (Form 990) 2019

(GIC)?

period?

Part V

Part VI

Procedures

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.

Return Reference	Explanation
Total Percentage of financed	While there was private use related to the property financed by the Series 2015 issue, both the amount of private use related to third party use and the amount of private use related to unrelated trade or business activity were below .1%.

DLN: 93493131022791 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No. 1545-0047 Schedule K **Supplemental Information on Tax-Exempt Bonds** (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. Open to Public ▶ Attach to Form 990. Department of the Treasury Internal Revenue Service ▶Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization **Employer identification number** University of the Pacific 94-1156266 Part I **Bond Issues** (b) Issuer EIN (c) CUSIP # (f) Description of purpose (h) On (i) Pool (a) Issuer name (d) Date issued (e) Issue price (q) Defeased behalf of financing issuer Yes No Yes No Yes No California Municipal Finance 20-1563466 13048TC84 10-26-2016 36,704,279 | SEE PART VI Х Χ Authority **Proceeds** Part  ${f I}$ В C D Α 520,000 2 3 36,765,186 5 2,196,307 6 7 477,310 8 9 10 33,131,593 11 34,028 12 925,947 13 2018 Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue of tax-exempt 14 Χ Were the bonds issued as part of an advance refunding issue of taxable 15 Χ Has the final allocation of proceeds been made? . . . . . . . . . . . . . . . . . 16 Χ Does the organization maintain adequate books and records to support the final allocation of 17 Χ Part 🏻 **Private Business Use** Α R C D Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned property Χ Are there any lease arrangements that may result in private business use of bond-financed Cat. No. 50193E Schedule K (Form 990) 2019 For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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

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

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

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

Schedule K (Form 990) 2019

За

Part IV

b

C

Arbitrage

Page 2

D

Schedule K (Form 990) 2019

No

Yes

	Α		В		С		ŗ	D
	Yes	No	Yes	No	Yes	No	Yes	No
Are there any management or service contracts that may result in private business use of bond-financed property?		Х						

	bond initiational property.				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?				
С	Are there any research agreements that may result in private business use of bond-financed property?	Х			
d	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?				

0 %

0 %

0 %

В

No

Yes

C

No

Yes

Χ

Х

Χ

Νo

Χ

Χ

Χ

Χ

Χ

Yes

Х

Schedule K (Form 990) 2019

(GIC)?

period?

Part V

Arbitrage (Continued)

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

Term of GIC . . . . . . . . . .

the GIC satisfied? . . . . . . . . .

requirements of section 148? . . .

	res	NO	res	NO	res
gross proceeds invested in a guaranteed investment contract		Х			

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

No

Yes

No

Yes

Χ

Page 3

No

D

D

No

Yes

Yes

No

Yes

Nο

efile GRAPHI	C print - D	0 NO	T PROCES	S As F	iled Data -					DL	.N: 93	4931	310	22791
Schedule L	Ile L Transactions with Interested Persons						4B No.	1545	-0047					
(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26,							5,	2019						
			27, 28a,		Sc, or Form 99 th to Form 99			10b.				$\mathbf{Z}\mathbf{U}$	<b>/                                    </b>	フ
epartment of the Treaternal Revenue Serv		▶G	o to <u>www.ii</u>		<u>m990</u> for inst			orma	tion.			)pen ( Insp		
Name of the org								En	nplo	yer ide	ntifica			
University of the Pa	ecific								115	6266				
Part I Exce	ss Ronofit	Tran	eactions (	section 501	(c)(3), section !	501(c)(4) and	t section 501/c				s only			
					orm 990, Part									
	) Name of di				Relationship be	tween disqual			(c) [	escript	ion of		) Corı	rected?
					C	organization			tr	ansacti	on	Y	es	No
								_						
<b>3</b> F-+			and have blooming											
	nount of tax		,	•	nanagers or dis		ons during the	year u	naer		¹ \$ ——			
					bursed by the o						\$			
Cor	nplete if the	organi.	From Inter zation answe n Form 990, l	red "Yes" o	n Form 990-EZ,	Part V, line 3	8a, or Form 99	90, Par	t IV,	line 26	; or if	the org	aniza	tion
(a) Name of					to or from the	(e) Original	(f) Balance	(g)	In	(	h)	(i	) Wri	tten
nterested person					nization?	principal	due	defa		Appro	ved by	red by agreement? d or		
						amount					rd or nittee?			
				То	From	-		Yes	No	Yes	No.	Yes		No
					1.0					1.55	1			
otal .						<b>\$</b>								
					ested Perso		line 27							
					es" on Form 9						(-) D.		£:	
(a) Name of inter	restea persoi		Relationship erested perso	n and the	(c) Amount	or assistance	(d) Type o	or assis	stanc	e	(e) Pu	rpose o	T assi	istance
organization (1)		1011		30.014	TUITION ASS	ISTAN	CF	F	DUCAT:	ON				
= <i>i</i>										[-'				
							ĺ							

(c) Amount of

(d) Description of transaction

(e) Sharing

(b) Relationship

KNIGHT.

(a) Name of interested person

Schedule L, Part III GRANTS OR

		between interested person and the organization	transaction		organiz rever	ation's
					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
Part V Supplemental Info		responses to questions on	Schedule L (see instructi	ons).		
Return Reference			Explanati	on		
Schedule L, Part IV BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	NADERS REPRES NADERS TO NAV	SHAHI, HIS W <sup>İ</sup> FE, WHO IS SENTS IRS FORM W-2 BOX SHAHI. NADER NADERSHA ID KNIGHT, HIS BROTHEF	S ALSO AN EMPLOYEE AT S WAGES FOR REPORTIN HI, DEAN DUGONI SCHO R, WHO IS ALSO AN EMPL	RY, KEY EMPLOYEE, IS RELA THE UNIVERSITY. THE AMOU IG 990 CALENDAR YEAR 201 OL OF DENTISTRY, KEY EMPI OYEE AT THE UNIVERSITY. T IG 990 CALENDAR YEAR 201	INT SHOWN 9 FOR FATAMEI LOYEE, IS RELA THE AMOUNT SI	H N. TED

PER THE 990 INSTRUCTIONS, THE UNIVERSITY IS NOT REQUIRED TO IDENTIFY THE INTERESTED PERSONS

DLN: 93493131022791 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶ 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 Part I **Types of Property** (d) (a) (b) (c) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1 Art—Works of art . . . 66,551 Market value 2 Art—Historical treasures Art—Fractional interests Books and publications Clothing and household 4,793 Market value Х goods . . . . . Cars and other vehicles 7 Boats and planes . . Intellectual property . . . Securities—Publicly traded . Χ 31 1,198,372 Market value 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . Securities—Miscellaneous . Qualified conservation contribution—Historic structures . . . . **14** Oualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . 17 Real estate—Other . . Collectibles . . . 18 19 Food inventory . . . Χ 13,532 Market value 20 Drugs and medical supplies . Χ 40,194 Market value 21 Taxidermy . . . . . Historical artifacts . . 22 23 Scientific specimens . . . Archeological artifacts . . X 102,546 Market value Insurance policy & gift Other ▶ ( annuity 567,224 Market value Education Other ▶ ( Items Other ► (\_ 27 28 Other ▶ ( \_\_ Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 1 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 isn't required to be used for exempt 30a Nο **b** If "Yes," describe the arrangement in Part II. 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 Nο **b** If "Yes," describe in Part II. If the organization didn't 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) (2019)

Schedule M (Form 990) (2019)	Page <b>2</b>
	tion. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization umn (b), the number of contributions, the number of items received, or a combination of both. Also y additional information.
Return Reference	Explanation
reporting method for number of contributions	Art - Works of art - Number of Contributions Securities - Publicly traded - Number of Contributions Food inventory - Number of Contributions Drugs and medical supplies - Number of Contributions Other - Insurance policy & gift annuity Number of Contributions Clothing and household goods - Number of Contributions Other - Education Items Number of Contributions
	Schedule M (Form 990) (2019)

efile GRAPH	IC print - DO NOT PROCESS As Filed Data -	DLN	I: 93493131022791
SCHEDUL (Form 990 or EZ)	OMB No. 1545-0047  2019 Open to Public Inspection		
<b>Name</b> l <b>Betherofg</b> University of the Pa	<b>Employer iden</b> 94-1156266	tification number	
Return Reference	e O, Supplemental Information  Explanation		
Form 990, Part I, Line 6 Total Number of Volunteers	The University is fortunate to benefit from the services of volunteers across its num schools, departments, and programs, but the University does not formally track this ation.		

990 Schedule O, Supplemental Information

Return

# Reference Form 990, Part III, Line The new School of Health Sciences (SHS) was built on Pacific's long standing reputation fo r educating health care professionals. Programs at the SHS include: Athletic Training, Aud

Explanation

2 New program services iology, Clinical Nutrition, Nursing, Physical Therapy, Physician Assistant, Occupational T herapy, Speech-Language Pathology, and Social Work. While some of these programs previously y existed and others are new, all of them are designed to prepare students to meet the hea lith care demands of our community upon graduation.

Return Reference	Explanation
Form 990, Part III, Line 4d Description of other program services	(Expenses \$ 12,479,533 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.

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.

Return

Reference	
Form 990,	The full Board of Regents of the University annually reviews the IRS 990 prior to filing u
Part VI, Line	sing the following process: - A draft of the return is electronically submitted to the Boa
11b Review	rd Audit Committee for review. The Audit Committee Chair then sends comments and questions
of form 990	to the Associate Vice President for Business and Finance for resolution The Associate
by governing	Vice President for Business and Finance summarizes the Audit Committee's questions in writ
body	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 for reso

lution. - 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.

**Explanation** 

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. All 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 disclosed as appropriate. If the Director of Internal Audit has reasonable cause to believe a Covered Person has failed to disclose actual or possible conflicts of interests, he or she shall inform the person of the basis for such belief and allow the Covered Person an opportunity to explain the alleged failure to disclose. Covered Persons who have declared or been found to have a conflict of interest must refrain from participation in the consideration of proposed transactions, unless for special reasons the Board or administration requests clarifying information or interpretation. Persons with conflicts may not vote or be present at the time of a vote. If after such notice and opportunity to disclose is provided, the Chair of the Audit Committee determines that a

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 HUMAN RESOURCES COMMITTEE. THE HUMAN RESOURCES COMMITTEE IS APPOINTED BY THE BOARD TO PROVIDE OVERSIGHT OF EXECUTIVE COMPENSATION; REVIEW UNIVERSITY COMPENSATI ON PLANS THAT GUIDE THE COMPENSATION OF UNIVERSITY EMPLOYEES; AND PROVIDE INSIGHT, OVERSIG HT AND FORESIGHT IN MATTERS OF TALENT AND CULTURE. THE HUMAN RESOURCES COMMITTEE PROVIDES A RECOMMENDATION TO THE EXECUTIVE COMMITTEE ON A COMPENSATION PACKAGE FOR THE PRESIDENT TH AT IS APPROPRIATELY COMPETITIVE IN LIGHT OF BENCHMARK DATA AND THE PRESIDENT'S PERFORMANCE .EACH YEAR, THE HUMAN RESOURCES COMMITTEE COMPOSED OF THREE TO FOUR NONEMPLOYEE MEMBERS O F THE BOARD IS FORMED TO STUDY AND MAKE PRESIDENTIAL COMPENSATION RECOMMENDATIONS TO THE E XECUTIVE COMMITTEE. IN ACCORDANCE WITH THE BYLAWS (ARTICLE IV), THE EXECUTIVE COMMITTEE CO NDUCTS A PERFORMANCE REVIEW OF THE PRESIDENT AND REVIEWS THE RECOMMENDATIONS OF THE HUMAN RESOURCES COMMITTEE. THE EXECUTIVE COMMITTEE THEN MAKES A RECOMMENDATION TO THE FULL BOARD AS TO THE COMPENSATION PACKAGE FOR THE PRESIDENT. THE FULL BOARD, AFTER CONSIDERATION OF THE RECOMMENDATIONS OF THE HUMAN RESOURCES COMMITTEE, THE NAPPROVE S AND ADOPTS THE COMPENSATION PACKAGE FOR THE PRESIDENT. THE FULL BOARD, AFTER CONSIDERATION OF THE RECOMMENDATIONS OF THE HUMAN RESOURCES COMMITTEE, THEN APPROVE S AND ADOPTS THE COMPENSATION PACKAGE FOR THE PRESIDENT. THE PRESIDENT, AS A MEMBER OF THE BOARD OF REGENTS, IS RECUSED FROM ALL COMPENSATION DISCUSSIONS, AND IS NOT INVOLVED IN AN Y DECISIONS OF, THE EXECUTIVE COMMITTEE OR THE BOARD. THE HUMAN RESOURCES COMMITTEE, EXECUTIVE COMMITTEE, EXECUTIVE COMMITTEE, SECUTIVE COMMITTEE, AND DECISION (AS APPLICABLE) ON THE FOLLOWING: CONSULTANTS WORKING AND THE PRESIDENTS OF INDEPENDENT COMPENSATION CONSULTANTS WORKING AND THE DIRECTION OF THE HUMAN RESOURCES COMMITTEE WITH THE PRESIDENT OF COMPARABLE IN

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, THE VICE PRESIDENTS AND OTHER KEY EMPLOYEES. WORKING THROUGH ITS HUMAN RESOURCES COMMITTEE, THE BOARD REVIEWS UNIVERSITY COMPENSATION OF LAND THAT GUIDE THE COMPENSATION OF UNIVERSITY EMPLOYEES. THE HUMAN RESOURCES COMMITTEE PROVIDES OVERSIGHT OF EXECUTIVE COMPENSATION BY RECOMMENDING TO THE BOARD WHICH SENIOR UNIVERSITY OFFICERS AND OTHER KEY EMPLOY EES OTHER THAN THE PRESIDENT SHOULD BE SUBJECT TO THE BOARD'S REVIEW AND THEN THE COMMITTE E ENSURES THAT THE SALARY RANGES FOR THESE POSITIONS, AND THE PROCEDURES USED BY THE UNIVE RSITY IN DETERMINING THEIR COMPENSATION, MEET APPLICABLE TAX, ACCOUNTING, AND LEGAL REQUIR EMENTS AND ENABLE THE UNIVERSITY TO RECRUIT AND RETAIN SUPERIOR TALENT IN THESE POSITIONS. THE HUMAN RESOURCES COMMITTEE FURTHER DIRECTS THE UNIVERSITY IN THE RETENTION OF A QUALIF IED INDEPENDENT COMPENSATION CONSULTANT TO PROVIDE COMPARATIVE MARKET INFORMATION ON COMPENSATION AND BENEFITS FOR THE PRESIDENT AND OTHER KEY EMPLOYEES, AND TO ADVISE THE COMMITTE E ON COMPENSATION TRENDS AND REGULATORY COMPLIANCE ISSUES. THE HUMAN RESOURCES COMMITTEE REVIEWS AND PROVIDES GUIDANCE TO THE PRESIDENT REGARDING COMPENSATION PHILOSOPHIES AND PLAN S THAT GUIDE THE COMPENSATION OF UNIVERSITY EMPLOYEES EACH YEAR, THE PRESIDENT REVIEWS THE MOST RECENT REPORT BY THE UNIVERSITY'S INDEPENDENT COMPENSATION CONSULTANT, ALONG WITH, A S APPROPRIATE, ANNUAL COMPENSATION SURVEYS PREPARED BY THE ASSOCIATION OF CALIFORNIA COLLE GES AND UNIVERSITIES (AICCU) AND THE COLLEGE AND UNIVERSITY PERSONNEL ADMINISTRATORS (CUPA), IN ORDER TO ESTABLISH COMPARABLE RATES OF PAY FOR SIMILARLY-SIZED PRIVATE DOCTORAL INSTITUTIONS. COMPENSATION FOR OTHER KEY EMPLOYEES IS ESTABLISHED BY THE PROVOST OR VICE PRESIDENT WITH OVERSIGN RESPONSIBILITY FOR THE RELATED SCHOOL OR DIVISION, USING THE ABOVE SOU RESS ALONG WITH OTHER SOURCES RELEVANT TO THE RESPONSI

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.

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous	
Revenue	

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	ACTUARIAL GAIN (LOSS) ON TRUST & ANNUITY AND OTHER CHANGES - 184244;

Return Reference	Explanation
Form 990, Part VIII, Line 1e Government Grants (Contributions)	On April 9, 2020, the Secretary of Education, Betsy DeVos, announced the availability of C ARES Act funding for emergency financial aid grants to students of University of the Pacific (and other colleges and universities nationwide). The federal government passed legislation called the Coronavirus Aid, Relief and Economic Security (CARES) Act. The bill builds upon earlier versions of the CARES Act and is intended to be a third round of federal government support in the wake of the COVID-19 public health crisis and associated economic fallout. The bill includes funding for emergency grants for eligible students. ED announced that University of the Pacific is eligible for \$2,582,435 to be used to make individual a wards to students for their emergency expenses that resulted from campus disruption that o ccurred after March 27, 2020, due to the COVID-19 pandemic. University of the Pacific has

expended the full amount of the CARES Act Institutional Aid funding of \$2,582,435.

SCHEDULE R
(Form 990)

As Filed Data Related

University of the Pacific

Part I

#### **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 www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

DLN: 93493131022791

Open to Public Inspection

**Employer identification number** 

94-1156266

Department of the Treasury
Internal Revenue Service

Name of the organization

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(b) (c) (d) (e) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity (1) Tri-City Properties LLC CA Real Property Holdings 0 874,460 University of the Pacific 1776 March Lane Suite 110 Stockton, CA 95211 82-2573286 Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (c) (b) (d) (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) (13) controlled entity entity? Yes No For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y Schedule R (Form 990) 2019

(a)  Name, address, and EIN of related organization			(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predomin income(relate unrelate excluded f tax unde sections 5 514)	ated, total inco d, rom er	(g) Share of end-of-year assets	Disprop alloca	tions?	(i) Code V-U amount in 20 of Schedule I (Form 106	Ger pox ma pa (-1 (5)	rtner?	( <b>k</b> ) Percenta ownersh
								Yes	No		Ye	s No	
												+	
												+	
												+	
												_	
because it had one or more rel	ated organizations treated as	a corporation	on or tru		ne tax yea	r.		s" on F		990, Part			(i)
		a corporation		st during th			(f) Share of tota income	l Share	(g) e of end- year assets	-of- Pe	IV, lin	e s	(i) Section 512 13) contro entity?
because it had one or more rel  (a)  Name, address, and EIN of	ated organizations treated as (b)	a corporation	(c) Legal omicile or foreign	st during th	(d)	(e) Type of entity (C corp, S corp,	(f) Share of tota	l Share	(g) e of end- year	-of- Pe	(h)	e s	13) contro
because it had one or more rel  (a)  Name, address, and EIN of related organization	ated organizations treated as  (b)  Primary activity	a corporation	(c) Legal omicile or foreign ountry)	st during th	(d)	(e) Type of entity (C corp, S corp,	(f) Share of tota	l Share	(g) e of end- year	-of- Pe	(h)	e s	13) contro entity? Yes N
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Page **3** 

art V	Transactions with R	elated Organizations.	Complete if the organization answered	res on Form 990,	Part IV, line 34, 35b, or 36.	
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	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
<b>1</b> 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)	<b>1</b> 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)	<b>1</b> d		No
е	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g		<b>1</b> g		No
h	Purchase of assets from related organization(s)	1h		No
	Exchange of assets with related organization(s)	1i		No
j	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
ı	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
р	Reimbursement paid to related organization(s) for expenses	<b>1</b> p		No
q	Reimbursement paid by related organization(s) for expenses	<b>1</b> 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)	<b>1</b> s		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) Name of related organization  (b) Transaction type (a-s)  (c) Amount involved Method of determining an	nount i	nvolved	

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.

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	Ar	(e) e all partners section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	te	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	<b>(j)</b> General ( managin partner	or g ?	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
	1		1							Schedul	e R (Forn	199	0) 2019

Schedule R (Form 990) 2019			Page <b>5</b>
Part VII	Supplemental Info	mental Information	
	Provide additional information for responses to questions on Schedule R. (see instructions).		
Return Reference		Explanation	