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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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
PACIFIC UNIVERSITY

Doing Business As

Number and street (or P O box if mail is not delivered to street address)
2043 COLLEGE WAY

Room/suite

City or town, state or country, and ZIP + 4
FOREST GROVE, OR 97116

D Employer identification number
93-0386892

E Telephone number
(503) 352-2819

G Gross receipts $ 123,460,318

F Name and address of principal officer
DR LESLEY HALLICK
2043 College Way
Forest Grove, OR 97116

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW PACIFICU EDU

K Form of organization ☐ Corporation ☐ Trust ☐ Association ☑ Other ▶ SCHOOL

L Year of formation 1849

M State of legal domicile OR

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO PROVIDE EDUCATIONAL SERVICES TO ATTENDING STUDENTS

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	37
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	34
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	2,614
6	Total number of volunteers (estimate if necessary)	**6**	437
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	389,113
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	54,594

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	5,373,403	3,617,179
9	Program service revenue (Part VIII, line 2g)	97,361,413	105,882,266
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,060,089	5,695,067
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	-144,970
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	104,794,905	115,049,542
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	18,618,292	22,275,527
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	49,351,181	52,950,566
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶3,760,824		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	29,621,396	33,019,290
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	97,590,869	108,245,383
19	Revenue less expenses Subtract line 18 from line 12	7,204,036	6,804,159
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	209,001,911	218,974,639
21	Total liabilities (Part X, line 26)	107,829,425	107,714,168
22	Net assets or fund balances Subtract line 21 from line 20	101,172,486	111,260,471

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer — Date: 2012-05-09

Lesley M Hallick President
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
ROBISON Sue	ROBISON Sue		☐	

Firm's name ▶ KPMG LLP — Firm's EIN ▶

Firm's address ▶ 801 Second Avenue Suite 900
Seattle, WA 98104

Phone no ▶ (206) 913-4000

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

PACIFIC UNIVERSITY HAD ITS ORIGIN IN A MEETING OF THE ASSOCIATION OF CONGREGATIONAL AND PRESBYTERIAN BRETHREN HELD AT OREGON CITY, OREGON, ON SEPTEMBER 21, 1848 FOR THE PURPOSE OF ESTABLISHING A SEMINARY OF LEARNING FOR THE INSTRUCTION OF PERSONS OF BOTH SEXES IN SCIENCE AND LITERATURE PACIFIC UNIVERSITY IS ONE OF THE OLDEST CHARTERED INSTITUTIONS OF HIGHER EDUCATION IN THE WEST ITS HISTORICAL AND GROWING TIES TO COLLEGES AND BUSINESSES IN EAST ASIA, ESPECIALLY JAPAN, ENSURE ITS CONTINUING POSITION AS A PIONEERING INSTITUTION INTO THE 21ST CENTURY PACIFIC UNIVERSITY'S PRIMARY EXEMPT PURPOSE IS PROVIDING EDUCATIONAL SERVICES TO ATTENDING STUDENTS

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 31,092,413 including grants of $) (Revenue $ 92,484,712)

INSTRUCTION - ACADEMIC DEPARTMENTS PROVIDE EDUCATIONAL SERVICES TO ATTENDING STUDENTS

4b (Code) (Expenses $ 22,275,527 including grants of $ 22,275,527) (Revenue $)

GRANTS AND SCHOLARSHIPS - THE UNIVERSITY PROVIDES MONETARY SUPPORT THROUGH GRANTS, SCHOLARSHIPS, AND FINANCIAL AID TO QUALIFIED STUDENTS

4c (Code) (Expenses $ 24,555,047 including grants of $) (Revenue $ 10,459,827)

OTHER STUDENT SUPPORT SERVICES - DORM, CAFETERIA AND ACTIVITIES ARE PROVIDED TO STUDENTS TO ENHANCE THE ACADEMIC SOCIAL ENVIRONMENT AT THE UNIVERSITY

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses $ 3,057,012 including grants of $) (Revenue $ 2,581,445)

4e Total program service expenses ▶ $ 80,979,999

Part IV 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 instruction)?	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 where 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? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, 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 term, permanent,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, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII 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		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *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 assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17	Yes	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States 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, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25*	**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) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
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)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
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? *If "Yes," complete Schedule N, Part II*	**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**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	**35**		No
a	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* ☐ **Yes** ☑ **No**			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	252		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	2,614		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	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
c	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?		6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	Yes	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	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	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	Yes	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	1		
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	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		14b		

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section 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	1a	37		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	34		
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?		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Does the organization have members or stockholders?		6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		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	
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

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a 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	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ OR

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☑ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

ALLIE LOSLI
2043 COLLEGE WAY
FOREST GROVE, OR 97116
(503) 352-2819

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

Check if Schedule O contains a response to any question in this Part VII . . . . . .☐

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees 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, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ 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 (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								1,849,219	0	264,657

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 52

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
KPMG LLP 1300 SW 5th Ave STE 3800 PORTLAND, OR 972015644	ACCOUNTING SERVICES	133,495

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 1

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns . . 1a					
	b Membership dues 1b					
	c Fundraising events 1c	234,346				
	d Related organizations . . . 1d					
	e Government grants (contributions) 1e	1,389,126				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	1,993,707				
	g Noncash contributions included in lines 1a-1f $	122,017				
	h **Total.** Add lines 1a-1f . . . . . ▶		3,617,179			
Program Service Revenue		Business Code				
	2a EDUCATIONAL & EXTRACURICULAR PROGRAMS	611600	92,484,712	92,484,712		
	b CLINICAL SERVICES	621400	2,581,445	2,581,445		
	c AUXILLARY SERVICES	532000	10,816,109	10,459,827	356,282	
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . . ▶		105,882,266			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		3,446,427		32,831	3,413,596
	4 Income from investment of tax-exempt bond proceeds . . ▶		0			
	5 Royalties . . . . . ▶		0			
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) . . . . . ▶					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	10,312,871	40,040			
	b Less cost or other basis and sales expenses	8,047,435	56,836			
	c Gain or (loss)	2,265,436	-16,796			
	d Net gain or (loss) . . . . . ▶		2,248,640			2,248,640
Other Revenue	8a Gross income from fundraising events (not including $ 234,346 of contributions reported on line 1c) See Part IV, line 18 . . . a	161,535				
	b Less direct expenses . . . b	306,505				
	c Net income or (loss) from fundraising events . . ▶		-144,970			-144,970
	9a Gross income from gaming activities See Part IV, line 19 . a					
	b Less direct expenses . . . . . b					
	c Net income or (loss) from gaming activities . . . ▶		0			
	10a Gross sales of inventory, less returns and allowances . a					
	b Less cost of goods sold . . b					
	c Net income or (loss) from sales of inventory . . ▶		0			
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d . . . . . ▶		0			
	12 **Total revenue.** See Instructions . . . ▶		115,049,542	105,525,984	389,113	5,517,266

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2 Grants and other assistance to individuals in the U S See Part IV, line 22	22,275,527	22,275,527		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	1,009,321	288,201	721,120	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	39,036,808	26,580,567	10,630,766	1,825,475
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,068,833	2,059,019	869,923	139,891
9 Other employee benefits	6,876,697	4,613,889	1,949,339	313,469
10 Payroll taxes	2,958,907	1,985,265	838,762	134,880
a Fees for services (non-employees) Management	0			
b Legal	147,910	0	147,910	0
c Accounting	165,209	0	165,209	0
d Lobbying	0			
e Professional fundraising services *See Part IV, line 17*	0			
f Investment management fees	49,675	0	49,675	0
g Other	0			
12 Advertising and promotion	0			
13 Office expenses	2,749,106	1,844,500	779,290	125,316
14 Information technology	0			
15 Royalties	0			
16 Occupancy	3,214,370	2,156,667	911,178	146,525
17 Travel	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	2,122,610	1,424,155	601,697	96,758
20 Interest	3,566,900	2,393,195	1,011,110	162,595
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	4,074,432	2,733,722	1,154,980	185,730
23 Insurance	0			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a ADMIN COSTS	4,815,639	3,231,031	1,365,090	219,518
b EQUIPMENT	2,260,591	1,516,734	640,810	103,047
c CATERING & MEALS SERVICES	2,411,776	2,137,565	202,247	71,964
d INTERSCHOLASTIC ACTIVITIES	1,794,508	1,732,197	53,679	8,632
e UTILITIES	1,522,920	1,021,796	431,703	69,421
f All other expenses	4,123,644	2,985,969	980,072	157,603
25 **Total functional expenses.** Add lines 1 through 24f	108,245,383	80,979,999	23,504,560	3,760,824
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		12,990,527	1	17,535,189
	2	Savings and temporary cash investments		13,582,489	2	1,228,064
	3	Pledges and grants receivable, net		3,885,610	3	3,923,914
	4	Accounts receivable, net		2,031,079	4	1,847,406
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net		7,884,963	7	6,840,701
	8	Inventories for sale or use		354,018	8	288,359
	9	Prepaid expenses and deferred charges		3,190,643	9	3,090,122
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 164,596,641			
	b	Less accumulated depreciation	10b 42,083,166	112,265,210	10c	122,513,475
	11	Investments—publicly traded securities		22,590,439	11	27,517,714
	12	Investments—other securities See Part IV, line 11		6,994,704	12	8,196,830
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		23,232,229	15	25,992,865
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		209,001,911	16	218,974,639
Liabilities	17	Accounts payable and accrued expenses		6,441,350	17	7,365,836
	18	Grants payable			18	
	19	Deferred revenue		4,081,265	19	4,431,667
	20	Tax-exempt bond liabilities		78,553,795	20	77,539,342
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties		6,388,036	24	5,809,581
	25	Other liabilities Complete Part X of Schedule D		12,364,979	25	12,567,742
	26	**Total liabilities.** Add lines 17 through 25		107,829,425	26	107,714,168
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		58,064,874	27	61,586,267
	28	Temporarily restricted net assets		11,268,194	28	14,972,222
	29	Permanently restricted net assets		31,839,418	29	34,701,982
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		101,172,486	33	111,260,471
	34	Total liabilities and net assets/fund balances		209,001,911	34	218,974,639

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	115,049,542
2	Total expenses (must equal Part IX, column (A), line 25)	2	108,245,383
3	Revenue less expenses Subtract line 2 from line 1	3	6,804,159
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	101,172,486
5	Other changes in net assets or fund balances (explain in Schedule O)	5	3,283,826
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	111,260,471

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
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 . .	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
PACIFIC UNIVERSITY

Employer identification number
93-0386892

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☑ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 under section 513						
4 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 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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						
c 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 (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2009 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶☐

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Additional Data

Software ID:
Software Version:
EIN: 93-0386892
Name: PACIFIC UNIVERSITY

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KENNETH C MCGILL TRUSTEE	1 0	X						0	0	0
DR RICHARD MILES TRUSTEE	1 0	X						0	0	0
JOSEPH A RODRIGUEZ TRUSTEE	1 0	X						0	0	0
TIM SCHAUERMANN TRUSTEE	1 0	X						0	0	0
SHERRY H SMITH TRUSTEE	1 0	X						0	0	0
WILLIAM H STOLLER TRUSTEE	1 0	X						0	0	0
MILAN STOYANOV TRUSTEE	1 0	X						0	0	0
TOMMY THAYER TRUSTEE	1 0	X						0	0	0
SHEILA MANUS VORTMAN TRUSTEE	1 0	X						0	0	0
GEORGE W BURLINGHAM TRUSTEE	1 0	X						0	0	0
MINDY CAMERON TRUSTEE	1 0	X						0	0	0
MANUEL CASTANEDA TRUSTEE	1 0	X						0	0	0
PATRICK CH CLARK TRUSTEE	1 0	X						0	0	0
BRIAN B DOHERTY TRUSTEE	1 0	X						0	0	0
MARK FRANDSEN TRUSTEE	1 0	X						0	0	0
REBECCA GRAHAM TRUSTEE	1 0	X						0	0	0
DAVID C HAMILL TRUSTEE	1 0	X						0	0	0
RICHARD E HANSON TRUSTEE	1 0	X						0	0	0
LAWRENCE W HARRIS III TRUSTEE	1 0	X						0	0	0
DR YVONNE KATZ TRUSTEE	1 0	X						0	0	0
JOHN G KING TRUSTEE	1 0	X						0	0	0
DR ERIC KNUTSON TRUSTEE	1 0	X						0	0	0
KIM W LEDBETTER TRUSTEE	1 0	X						0	0	0
KENNETH LEWIS TRUSTEE	1 0	X						0	0	0
DR LORELY FRENCH Professor/Trustee	4 0 0	X						59,240	0	12,013

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
NATHAN GILPIN Student Trustee	1 0	X						2,533	0	0
DR LESLEY HALLICK PRESIDENT/TRUSTEE	40 0	X		X				551,558	0	32,397
GARY PACARRO TRUSTEE	1 0	X						0	0	0
Julie Berglund Baker TRUSTEE	1 0	X						0	0	0
EVONA M BRIM TRUSTEE	1 0	X						0	0	0
DR MARY FARRELL PROFESSOR\TRUSTEE	40 0	X						85,366	0	12,780
NANCY M PHILLIPS TRUSTEE	1 0	X						0	0	0
LISA WHUI WEN WANG STUDENT TRUSTEE	1 0	X						0	0	0
GERALD C YOSHIDA TRUSTEE	1 0	X						0	0	0
DR GEORGE J BROWN TRUSTEE	1 0	X						0	0	0
LISA HARGIS TRUSTEE	1 0	X						0	0	0
GENE ZURBRUGG TRUSTEE	1 0	X						0	0	0
JOHN MILLER VP ACADEMIC AFFAIRS	40 0			X				167,278	0	39,258
MICHAEL MALLERY VP FINANCE & ADMINISTRATION	40 0			X				141,198	0	36,696
JAMES SHEEDY DIR OF OPTOMETRIC RESEARCH	40 0					X		184,744	0	21,613
PHILIP AKERS VP UNIVERSITY RELATIONS	40 0					X		191,543	0	40,298
JENNIFER SMYTHE DEAN OPTOMETRY	40 0					X		163,496	0	27,854
SUSAN STEIN DEAN PHARMACY	40 0					X		161,114	0	22,380
KENNETH EAKLAND ASSOCIATE DEAN/OPTOMETRY	40 0					X		141,149	0	19,368

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 3,057,012 including grants of $) (Revenue $ 2,581,445)

CLINICS-PART OF CURRICULUM

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

If the organization answered "Yes," to 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," to 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," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

Name of the organization	Employer identification number
PACIFIC UNIVERSITY	93-0386892

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ☐ if the filing organization belongs to an affiliated group

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		78,340
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			78,340
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
PACIFIC UNIVERSITY

Employer identification number
93-0386892

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

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

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	30,601,967	25,570,959	26,588,734		
b Contributions	839,549	3,903,626	3,513,711		
c Investment earnings or losses	5,190,726	2,326,380	-3,346,086		
d Grants or scholarships	627,812	633,447			
e Other expenditures for facilities and programs	579,065	565,521	1,185,400		
f Administrative expenses					
g End of year balance	35,425,365	30,601,997	25,570,959		

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 37 880 %
- b Permanent endowment ▶ 46 950 %
- c Term endowment ▶ 15 170 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		No

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		6,259,138		6,259,138
b Buildings		135,678,447	27,378,827	108,299,620
c Leasehold improvements				
d Equipment		14,739,418	11,243,635	3,495,783
e Other		7,919,638	3,460,704	4,458,934
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				122,513,475

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DEPOSITS WITH BOND TRUSTEE	6,896,686
(2) FUNDS HELD IN TRUST BY OTHERS	19,096,179
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	25,992,865

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
FACULTY CONTRACTS PAYABLE	2,649,342
REFUNDABLE DEPOSITS	723,242
CAPITAL LEASE OBLIGATION	191,676
ASSET RETIREMENT OBLIGATION	1,302,808
EMPLOYMENT BENEFITS	671,700
US GOVERNMENT GRANTS REFUNDABLE	7,028,974
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	12,567,742

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	115,049,542
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	108,245,383
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	6,804,159
4	Net unrealized gains (losses) on investments	4	5,530,493
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-789,799
9	Total adjustments (net) Add lines 4 - 8	9	4,740,694
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	11,544,853

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	96,364,347
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	3,848,564		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	1,681,928		
e	Add lines **2a** through **2d**			2e	5,530,492
3	Subtract line **2e** from line **1**			3	90,833,855
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	24,215,687		
c	Add lines **4a** and **4b**			4c	24,215,687
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	115,049,542

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	86,276,362
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	306,505		
e	Add lines **2a** through **2d**			2e	306,505
3	Subtract line **2e** from line **1**			3	85,969,857
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	22,275,526		
c	Add lines **4a** and **4b**			4c	22,275,526
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	108,245,383

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
OTHER ADJUSTMENTS	SCHEDULE D, PART XI, LINE 8	CHANGE IN DISTRIBUTION (930,759) ACTUARIAL ADJUSTMENTS (587,473) PARTNERSHIP INCOME 728,433 TOTAL ADJUSTMENT (789,799)
OTHER ADJUSTMENTS - REVENUE	Schedule D, Part XII, Line 4b	Change in Distribution 930,759 Scholarships - Reclass 22,275,527 Actuarial Adjustments 587,473 Partnership K-1 Gain 728,433 Direct Fund Raising Expense - Reclass (306,505) TOTAL ADJUSTMENT 24,215,687
OTHER ADJUSTMENTS - EXPENSES	SCHEDULE D, PART XIII, LINE 4B	Scholarships - Reclass 22,275,526
ENDOWMENT FUNDS	PART V, LINE 4	The endowment funds are used to help the University plan beyond the current year The fund grows each year through additional gifts and successful investing The endowment primarily provides funding for scholarships, professorships and other school programs each year
FIN 48 FOOTNOTE	PART X LINE 2	THE INTERNAL REVENUE SERVICE HAS RECOGNIZED THE UNIVERSITY AS EXEMPT FROM TAX UNDER THE PROVISIONS OF SECTION 501(c)(3) OF THE INTERNAL REVENUE CODE EXCEPT TO THE EXTENT OF UNRELATED BUSINESS INCOME UNDER SECTIONS 511 THROUGH 515 MANAGEMENT BELIEVES THAT UNRELATED BUSINESS INCOME TAX, IF ANY, IS IMMATERIAL, AND THEREFORE, NO TAX PROVISION HAS BEEN MADE THE UNIVERSITY ACCOUNTS FOR INCOME TAXES IN ACCORDANCE WITH FASB ASC NO 740-10, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES - AN INTERPRETATION OF FASB STATEMENT 109 WHICH CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTERPRISE'S FINANCIAL STATEMENTS AND PRESCRIBES A THRESHOLD OF MORE LIKELY THAN NOT FOR RECOGNITION OF TAX BENEFITS OF UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN ASC 740-10 ALSO PROVIDES RELATED GUIDANCE ON MEASUREMENT, DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, AND DISCLOSURE
OTHER ADJUSTMENTS -REVENUE ON BOOKS NOT RETURN	Part XII Line 2d	Split Interest Agreements 816,813 Quasi Endowment Fund 865,115 Total Line 2d Adjustments 1,681,928
Other Adjustments Expense on Books not Return	Part XIII Line 2d	Direct Fundraising Expense - Reclass 306,505

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SCHEDULE E (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
PACIFIC UNIVERSITY

Employer identification number
93-0386892

Part I

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	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?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II	3	Yes	
4	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 basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Part II			
5	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
e	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	Other extracurricular activities?	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?	6a	Yes	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		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	7	Yes	

Part II Supplemental Information

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also complete this part to provide any other additional information (see instructions)

Identifier	Return Reference	Explanation
RACIALLY NONDISCRIMINATORY POLICY	SCHEDULE E, LINE 3	DUE TO THE SIZE OF THE SCHOOL, ITS GEOGRAPHICAL LOCATION, AND THE COMMUNITY IT SERVES, THE NON-DISCRIMINATION POLICY AND RACIAL COMPOSITION OF THE STUDENT BODY IS WELL-KNOWN TO ALL SEGMENTS OF THE GENERAL COMMUNITY SERVED AND IS PUBLISHED LOCALLY
FINANCIAL AID OR ASSISTANCE FROM A GOVERNMENTAL AGENCY	SCHEDULE E, LINE 6A	PACIFIC UNIVERSITY RECEIVES FINANCIAL AID OR ASSISTANCE FROM GOVERNMENTAL AGENCIES, INCLUDING US GOVERNMENT GRANTS, LOANS AND OTHER GOVERNMENT GRANTS

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

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2010

Open to Public Inspection

Name of the organization
PACIFIC UNIVERSITY

Employer identification number
93-0386892

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Internet and e-mail solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☑ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☑ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 FUNDRAISING (event type)	(b) Event #2 (event type)	(c) Other Events 0 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	395,881			395,881
	2 Less Charitable contributions	234,346			234,346
	3 Gross income (line 1 minus line 2)	161,535			161,535
Direct Expenses	4 Cash prizes	0			0
	5 Non-cash prizes	29,315			29,315
	6 Rent/facility costs	159,862			159,862
	7 Food and beverages	0			0
	8 Entertainment	39,895			39,895
	9 Other direct expenses	77,433			77,433
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				306,505
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				-144,970

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

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

b If "No," Explain _____

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

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	**13a**	
b An outside facility	**13b**	

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

Name ▶

Address ▶

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

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

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2010

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Name of the organization
PACIFIC UNIVERSITY

Employer identification number
93-0386892

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed. . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations . . . ▶

3 Enter total number of other organizations . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) ACADEMIC AWARDS SCHOLARSHIPS	1544	20,686,874	0	N/A	N/A
(2) ENDOWED SCHOLARSHIPS	146	770,146	0	N/A	N/A
(3) RESTRICTED NAMED SCHOLARSHIPS	535	763,112	0	N/A	N/A
(4) TUITION EXCHANGE WAIVERS	14	21,796	0	N/A	N/A
(5) TUALATIN ACADEMIC WAIVERS	10	33,599	0	N/A	N/A

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
MONITOR PROCESS	SCHEDULE I, PART 1, LINE 2	PACIFIC UNIVERSITY AWARDS FEDERAL AND STATE AID ONLY TO U S CITIZENS AND ELIGIBLE NON-CITIZENS ELIGIBLE NON-CITIZENS ARE DEFINED AS THOSE LIVING IN THE U S FOR "OTHER THAN A TEMPORARY PURPOSE", THEY CAN POSSESS A VARIETY OF DOCUMENTS WHICH DEMONSTRATES THAT STATUS, INCLUDING I-551S, I-151S, AND I-94S WITH CERTAIN STAMPS APPLICANTS WHO FILE A FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA) HAVE THEIR FAFSA DATA MATCHED WITH DATA IN SEVERAL FEDERAL DATABASES, INCLUDING THE SOCIAL SECURITY ADMINISTRATION AND THE DEPARTMENT OF HOMELAND SECURITY WHEN THOSE DATABASE MATCHES ARE NOT SUCCESSFUL, WE OBTAIN DOCUMENTATION FROM THE APPLICANTS TO ENSURE THAT WE ARE AWARDING FEDERAL AND STATE AID ONLY TO ELIGIBLE RECIPIENTS THAT DOCUMENTATION BECOMES PART OF THEIR FINANCIAL AID FILES AND IS RETAINED FOR AT LEAST FIVE YEARS ELIGIBLE NON-CITIZENS MUST ALSO BE OREGON RESIDENTS TO RECEIVE STATE AID INSTITUTIONAL AID ONLY IS AWARDED TO CERTAIN INTERNATIONAL STUDENTS WHO ARE IN THE US SOLELY OR PRIMARILY TO PURSUE POSTSECONDARY EDUCATION ON AN ON-GOING BASIS, STAFF IN FINANCIAL AID AND BUSINESS OFFICE MONITORS THE ACTIVITY OF ALL AWARDING AND DISBURSEMENT ACTIVITY OF AWARDS AND LOANS ON A MONTHLY BASIS AT A MINIMUM ANY DIFFERENCES OR ANOMALIES ARE INVESTIGATED IMMEDIATELY AND, IF NEEDED, CORRECTED

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

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2010

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Name of the organization
PACIFIC UNIVERSITY

Employer identification number
93-0386892

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☑ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		No
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☐ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II 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 in 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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JOHN MILLER	(i)	167,278	0	0	15,000	24,258	206,536	0
	(ii)	0	0	0	0	0	0	0
(2) JAMES SHEEDY	(i)	184,744	0	0	0	21,613	206,357	0
	(ii)	0	0	0	0	0	0	0
(3) PHILIP AKERS	(i)	185,543	0	6,000	15,000	25,298	231,841	0
	(ii)	0	0	0	0	0	0	0
(4) JENNIFER SMYTHE	(i)	163,496	0	0	0	27,854	191,350	0
	(ii)	0	0	0	0	0	0	0
(5) SUSAN STEIN	(i)	161,114	0	0	0	22,380	183,494	0
	(ii)	0	0	0	0	0	0	0
(6) DR LESLEY HALLICK	(i)	348,438	0	203,120	0	32,397	583,955	0
	(ii)	0	0	0	0	0	0	0
(7) MICHAEL MALLERY	(i)	141,198	0	0	15,000	21,696	177,894	0
	(ii)	0	0	0	0	0	0	0
(8) KENNETH EAKLAND	(i)	141,149	0	0	0	19,368	160,517	0
	(ii)	0	0	0	0	0	0	0
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
HOUSING ALLOWANCE	SCHEDULE J, PART I, LINE 1A	THE UNIVERSITY PROVIDES HOUSING ALLOWANCE AND AUTOMOBILE ALLOWANCE TO THE UNIVERSITY PRESIDENT THE AMOUNT IS TAXED AND IS INCLUDED IN THE PRESIDENT'S FORM W-2

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

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2010

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Name of the organization
PACIFIC UNIVERSITY

Employer identification number
93-0386892

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	Pacific University	93-0386892	345648CE7	08-01-2005	46,625,000	Construct New HEALTH Campus	X			X		X
B	Pacific University	93-0386892	345648CX5	07-23-2009	35,305,000	Construct New Building		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased	11,557,498			
3	Total proceeds of issue	41,889,709	34,735,307		
4	Gross proceeds in reserve funds	2,258,297	2,324,663		
5	Capitalized interest from proceeds	3,272,095	3,272,095		
6	Proceeds in refunding escrow				
7	Issuance costs from proceeds	579,798	694,706		
8	Credit enhancement from proceeds	1,238,701			
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	26,247,416	28,443,843		
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2007	2011		

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X				
15	Were the bonds issued as part of an advance refunding issue?	X			X				
16	Has the final allocation of proceeds been made?	X			X				
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?	X			X				
b	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X					
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %		0 %				
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %		0 %				
6	Total of lines 4 and 5		0 %		0 %				
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X					

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	X		X					
2	Is the bond issue a variable rate issue?		X		X				
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X				
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?		X		X				
e	Was a hedge terminated?		X		X				
4a	Were gross proceeds invested in a GIC?	X			X				
b	Name of provider	RBC							
c	Term of GIC		3 5						
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X							
5	Were any gross proceeds invested beyond an available temporary period?		X		X				
6	Did the bond issue qualify for an exception to rebate?		X		X				

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation
Sch K Part III Line 3a		Pacific University has food service in the building It is a small kiosk for faculty and staff This service is incidental and supports the organizations activities

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

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PACIFIC UNIVERSITY

Employer identification number
93-0386892

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	14	122,017	AVG MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( )				
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

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

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

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
Number of Contributions	Sch M Part I	The number of contributions reported in Part I is the total number of contributions received

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

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Name of the organization
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Employer identification number
93-0386892

Identifier	Return Reference	Explanation
REVIEW OF FORM 990	FORM 990, PART VI, LINE 11 A & B	A DRAFT OF THE FORM 990 FOR FISCAL YEAR 2010-2011 WILL BE SENT TO EACH MEMBER OF THE BOARD BEFORE FILING THE BOARD HAS DELEGATED THE AUDIT COMMITTEE TO REVIEW THE FORM 990 THE REVIEW PROCESS WILL TAKE PLACE BEFORE THE FORM 990 IS FILED AND WILL INCLUDE PARTIES FROM THE TAX FIRM, THE CONTROLLER, THE VP FOR FINANCE & ADMINISTRATION, AND THE AUDIT COMMITTEE AFTER REVIEW, A COPY OF THE RETURN WILL BE PROVIDED TO EACH BOARD MEMBER, PREFERABLY BY EMAIL TRANSMISSION

Identifier	Return Reference	Explanation
ENFORCEMENT OF WRITTEN CONFLICT OF INTERERST POLICY	FORM 990, PART VI, SECTION B, LINE 12C	THE BOARD OF TRUSTEES CONFLICT OF INTEREST POLICY IS INCLUDED AS ARTICLE 6, SECTION 5 OF THE BYLAWS WHICH GOVERN THE ACTIONS OF THE BOARD OF TRUSTEES OF PACIFIC UNIVERSITY a) TRUSTEES SHALL DISCLOSE TO THE BOARD ANY POSSIBLE CONFLICT OF INTEREST AT THE EARLIEST PRACTICAL TIME A TRUSTEE SHALL BE CONSIDERED TO HAVE A CONFLICT OF INTEREST IF (I) SUCH TRUSTEE HAS EXISTING OR POTENTIAL FINANCIAL OR OTHER INTERESTS WHICH IMPAIR OR MIGHT REASONABLY APPEAR TO IMPAIR SUCH MEMBER'S INDEPENDENT, UNBIASED JUDGMENT IN THE DISCHARGE OF SUCH TRUSTEE'S RESPONSIBILITIES TO THE UNIVERSITY, OR (II) SUCH TRUSTEE IS AWARE THAT A MEMBER OF HIS OR HER FAMILY, OR ANY ORGANIZATION IN WHICH SUCH TRUSTEE (OR MEMBER OF HIS OR HER FAMILY) IS AN OFFICER, DIRECTOR, EMPLOYEE, MEMBER, PARTNER, TRUSTEE OR CONTROLLING STOCKHOLDER, HAS SUCH EXISTING OR POTENTIAL FINANCIAL OR OTHER INTERESTS FOR THE PURPOSES OF THIS PROVISION, A FAMILY MEMBER IS DEFINED AS A SPOUSE, PARENT, SIBLING, CHILD AND ANY OTHER RELATIVE IF RESIDING IN THE SAME HOUSEHOLD AS THE TRUSTEE b) ALL TRUSTEES AND COMMITTEE MEMBERS SHALL REFRAIN FROM CONFLICTS OF INTERESTS, THE PERCEPTION OF CONFLICTS OF INTEREST AND REQUESTING SPECIAL FAVORS HOWEVER, IF CONFLICTS DO OCCUR, TRUSTEES AND COMMITTEE MEMBERS SHOULD DISCLOSE THEIR INTEREST DURING THE TRANSACTION OF BUSINESS AND ABSTAIN FROM VOTING ON ISSUES WHERE A CONFLICT IS PRESENT ANNUALLY, BOARD MEMBERS RECEIVE A COPY OF THE CONFLICT OF INTEREST STATEMENT AND ARE REQUIRED TO COMPLETE A DISCLOSURE STATEMENT THIS STATEMENT IS RETURNED TO THE OFFICE OF THE PRESIDENT AND KEPT ON FILE ADDITIONALLY, UPON DISCOVERY OF A POSSIBLE CONFLICT OF INTEREST OR AT ANY OTHER TIME REQUESTED BY THE COMMITTEE OF TRUSTEES, TRUSTEES MAY BE ASKED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT AND RETURN IT TO THE OFFICE OF THE PRESIDENT THE UNIVERSITY'S INSTITUTIONAL CONFLICT OF INTEREST POLICY FOR ALL EMPLOYEES REQUIRES EMPLOYEES TO DISCLOSE ALL CONFLICTS OF INTEREST WITH THE UNIVERSITY A COPY OF THIS CONFLICT OF INTEREST POLICY IS DELIVERED ELECTRONICALLY TO EMPLOYEES ANNUALLY AND IS INCLUDED AMONG UNIVERSITY INSTITUTIONAL POLICIES POSTED IN THE HUMAN RESOURCES WEB PAGE ONLINE HTTP //WWW PACIFICU EDU/HR/POLICIES/INDEX CFM THIS POLICY PROVIDES THAT A CONFLICT OF INTEREST EXISTS IF AN EMPLOYEE'S ACTIONS, ACTIVITIES, OR PRACTICES ON BEHALF OF THE UNIVERSITY EITHER (A) RESULT IN PREFERENTIAL TREATMENT OR AN IMPROPER GAIN OR ADVANTAGE TO THE EMPLOYEE, THE EMPLOYEE'S FAMILY OR BUSINESS ASSOCIATES, OR (B) HAS A DETRIMENTAL EFFECT ON THE UNIVERSITY'S INTERESTS A CONFLICT OF INTEREST MAY OCCUR WHEN AN EMPLOYEE FAILS TO EXERCISE DUE CARE, SKILL OR JUDGMENT ON BEHALF OF THE UNIVERSITY IN THE PERFORMANCE OF THE EMPLOYEE'S DUTIES BECAUSE OF AN INTEREST INCONSISTENT WITH THE MISSION GOALS OR WORK OF THE UNIVERSITY EMPLOYEES MUST PROVIDE FULL DISCLOSURE OF ALL FACTS AND CIRCUMSTANCES RELATED TO ANY TRANSACTION, CONTRACT OR ACTIVITY IN WHICH THEY ARE INVOLVED, OR MAY BECOME INVOLVED, THAT MIGHT DIRECTLY OR INDIRECTLY CREATE A CONFLICT OF INTEREST WITH THE UNIVERSITY DISCLOSURE SHOULD BE MADE TO THE EMPLOYEE'S IMMEDIATE SUPERVISOR WHO MUST REPORT THE MATTER TO THE VICE-PRESIDENT OF FINANCE AND ADMINISTRATION FAILURE TO DISCLOSE A CONFLICT OF INTEREST SUBJECTS THE EMPLOYEE TO DISCIPLINE UP TO AND INCLUDING TERMINATION OF EMPLOYMENT SECTION 4 10 OF THE UNIVERSITY HANDBOOK GOVERNS FACULTY CONFLICTS OF INTERESTS RELATED TO OUTSIDE CONSULTING OR PARTICIPATION IN COMMERCIAL OR GOVERNMENTAL ENTERPRISES THAT HAVE THE POTENTIAL FOR CREATING A CONFLICT OF INTEREST WITH UNIVERSITY OBLIGATIONS A CONFLICT OF INTEREST DISCLOSURE FORM MUST BE SUBMITTED NO LATER THAN SEPTEMBER 15 ANNUALLY TO A DEPARTMENT CHAIR OR DIRECTOR AND TO THE COLLEGE DEAN BY FACULTY MEMBERS WITH APPOINTMENTS OF 0 5 FTE OR GREATER THE UNIVERSITY RECENTLY ADOPTED A CONSENSUAL RELATIONS POLICY WHICH PROHIBITS EMPLOYEES FROM EXERCISING AUTHORITY OR PROFESSIONAL INFLUENCE OR ACTING IN A SUPERVISORY CAPACITY OVER ANOTHER EMPLOYEE OR STUDENT WITH WHOM ONE HAS A CONSENSUAL INTIMATE, ROMANTIC OR SEXUAL RELATIONSHIP (ACTUAL OR POTENTIAL CONFLICT OF INTEREST) HTTP //WWW PACIFICU EDU/HR/POLICIES/INDEX CFM

Identifier	Return Reference	Explanation
COMPENSATION REVIEW PROCESS	FORM 990, PART VI, SECTION B, LINE 15	THE BYLAWS OF PACIFIC UNIVERSITY SPECIFICALLY STATE THAT THE BOARD OF TRUSTEES IS RESPONSIBLE TO APPOINT THE PRESIDENT AND SET APPROPRIATE CONDITIONS OF EMPLOYMENT WHICH INCLUDE COMPENSATION THE BOARD SHALL ESTABLISH THE CONDITIONS OF EMPLOYMENT OF OTHER KEY INSTITUTIONAL OFFICERS WHO SERVE AT THE PLEASURE OF THE PRESIDENT (IN CONSULTATION WITH THE BOARD AS MAY BE APPROPRIATE) A COMMITTEE OF THE BOARD COMPRISED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT OR PROPERTY TRANSACTION WILL BE AUTHORIZED BY THE BOARD TO REVIEW COMPENSATION DATA AND OTHER EMPLOYMENT INFORMATION APPROPRIATE FOR THE POSITION OF THE PRESIDENT IN 2006, THE UNIVERSITY CONTRACTED WITH AN OUTSIDE FIRM TO CONDUCT A BENCHMARKING STUDY IN ORDER TO OBTAIN COMPETITIVE AND RELEVANT COMPENSATION DATA THIS BENCHMARKING STUDY INCLUDED RELEVANT INFORMATION ABOUT PACIFIC UNIVERSITY AND THE RESPONSIBILITIES AND ROLE OF THE PRESIDENT SUCH INFORMATION INCLUDED A JOB DESCRIPTION FOR THE POSITION, PACIFIC'S COMPENSATION PHILOSOPHY, GOALS, ROLES AND RESPONSIBILITIES AND OTHER PERTINENT INFORMATION IN ADDITION, THE FIRM CONDUCTED A COMPREHENSIVE SURVEY OF COMPENSATION PACKAGES OF UNIVERSITY PRESIDENTS THAT INCLUDED 12 TO 15 PEER INSTITUTIONS THE SURVEY ITSELF INCLUDED REQUESTS OF INFORMATION ON BASE COMPENSATION, BONUSES, DEFERRED COMPENSATION, AND RETIREMENT PROGRAMS AND INCLUDED VARIOUS PERQUISITES THE FIRM MONITORED RESPONSES AND ANALYZED THE DATA AND THEN PREPARED A REPORT OF THE RESULTS THIS BENCHMARKING REPORT ALSO INCLUDED RECOMMENDATIONS OF THE RANGE OF PERCENTILES FOR COMPENSATION BASED ON THE PEER GROUP AND INCLUDED RECOMMENDATIONS REGARDING THE STRUCTURE OF THE PACKAGE THIS BENCHMARKING STUDY IS OBTAINED AND RELIED HEAVILY UPON BY MEMBERS OF THE EXECUTIVE COMMITTEE AND A SUMMARY OF THE FINDINGS ARE REPORTED IN THE COMMITTEE MINUTES AND SHARED WITH THE BOARD OF TRUSTEES ONCE A POTENTIAL PRESIDENT IS SELECTED, A SPECIAL MEETING OF THE BOARD OF TRUSTEES IS THEN CONDUCTED TO REVIEW THE PROCESS AND TO VOTE IN FAVOR OF ELECTING THE NEW PRESIDENT DURING THIS PROCESS MINUTES ARE TAKEN AND EACH TRUSTEE PRESENT MUST CALL OUT THEIR VOTE AND THEIR VOTE IS RECORDED IN THE MINUTES LISTING THE INDIVIDUALS WHO ELECTED IN FAVOR THEN AT THE NEXT REGULAR BOARD OF TRUSTEES MEETING A MOTION IS MADE AND MUST BE PASSED APPOINTING THE NEXT PRESIDENT THIS IS FULLY DOCUMENTED IN THE MINUTES OF THE MEETING

Identifier	Return Reference	Explanation
PUBLIC DISCLOSURE	FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS AND PACIFIC UNIVERSITY'S ARTICLES OF INCORPORATION ARE OF RECORD IN THE OFFICE OF THE OREGON SECRETARY OF STATE CURRENT ARTICLES OF INCORPORATION AND BYLAWS FOR THE BOARD OF TRUSTEES ARE AVAILABLE FROM THE OFFICE OF THE PRESIDENT OF THE UNIVERSITY UPON REQUEST THE INSTITUTIONAL CONFLICT OF INTEREST POLICY AND THE CONSENSUAL RELATIONS POLICY ARE SITUATED ON THE INSTITUTION'S HUMAN RESOURCES WEBSITE AT HTTP //WWW PACIFICU EDU/HR/POLICIES/INDEX CFM SECTION 4 10 OF THE UNIVERSITY HANDBOOK IS FOUND ONLINE AT HTTP //WWW PACIFICU EDU/HR/POLICIES/INDEX CFM PDF FINANCIAL STATEMENTS ARE AVAILABLE ON THE INSTITUTION'S BUSINESS OFFICE WEBSITE 2009-2010 FINANCIAL STATEMENTS ARE AVAILABLE AT HTTP //PACIFICU EDU/OFFICES/BO/STAFFFACULTY/INDEX CFM ALL OF THE DOCUMENTS ABOVE ARE ALSO AVAILABLE BY REQUEST

Identifier	Return Reference	Explanation
SIGNIFICANT CHANGES TO BYLAWS	FORM 990, PART VI, LINE 4	THERE WAS ONE BOARD APPROVED REVISION TO THE BY-LAWS IN FY 10/11 THE REVISIONS TOOK PLACE ON DECEMBER 3, 2010 ARTICLE 2 SECTION 5a THE SENTENCE IS UPDATED TO CLARIFY THE TERMINATION OF FACULTY BOARD MEMBERSHIP WHEN EMPLOYMENT TERMINATES "FACULTY TRUSTEE MEMBERSHIP- ON THE BOARD OF TRUSTEES SHALL AUTOMATICALLY TERMINATE IN THE EVEN OF TERMINATION OF EMPLOYMENT WITH THE UNIVERSITY ARTICLE 2 SECTION 5b THIS ITEM WAS CREATED TO CLARIFY THE TERMINATION OF STUDENT TRUSTEES REPRESENTATION ON THE BOARD STUDENT MEMBERSHIP ORDINARILY TERMINATES UPON TERMINATION OF ENROLLMENT IN THE UNIVERSITY IF THE STUDENT TRUSTEE IS AWARDED THEIR DEGREE BEFORE THE TWO-YEAR TRUSTEE TERM ENDS, THE BOARD HAS THE AUTHORITY TO EXTEND THE MEMBERSHIP OF THE STUDENT TRUSTEE UNTIL A REPLACEMENT IS FOUND OR THE TWO-YEAR TERM EXPIRES

Identifier	Return Reference	Explanation
Reconciliation of Net Assets	Part XI Line 5	Net Unrealized Gains 5,530,493 Change in Distribution (930,759) Actuarial Adjustments (587,473) Partnership Income (728,433) Total 3,283,828

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
PACIFIC UNIVERSITY

Employer identification number
93-0386892

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
See Additional Data Table							

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

		Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	**1a**	**No**
b	Gift, grant, or capital contribution to other organization(s)	**1b**	**No**
c	Gift, grant, or capital contribution from other organization(s)	**1c**	
d	Loans or loan guarantees to or for other organization(s)	**1d**	**No**
e	Loans or loan guarantees by other organization(s)	**1e**	**No**
f	Sale of assets to other organization(s)	**1f**	**No**
g	Purchase of assets from other organization(s)	**1g**	**No**
h	Exchange of assets	**1h**	**No**
i	Lease of facilities, equipment, or other assets to other organization(s)	**1i**	**No**
j	Lease of facilities, equipment, or other assets from other organization(s)	**1j**	**No**
k	Performance of services or membership or fundraising solicitations for other organization(s)	**1k**	**No**
l	Performance of services or membership or fundraising solicitations by other organization(s)	**1l**	**No**
m	Sharing of facilities, equipment, mailing lists, or other assets	**1m**	**No**
n	Sharing of paid employees	**1n**	**No**
o	Reimbursement paid to other organization for expenses	**1o**	**No**
p	Reimbursement paid by other organization for expenses	**1p**	**No**
q	Other transfer of cash or property to other organization(s)	**1q**	**No**
r	Other transfer of cash or property from other organization(s)	**1r**	**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 other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 93-0386892
Name: PACIFIC UNIVERSITY

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Percentage ownership
WAINWRIGHT 2000 ANNUITY TRUST 5700 NE 82ND AVE APT 48 VANCOUVER, WA98662 93-1305429	CRAT	OR	NA	TRUST	0	0	60 000 %
TIMOTHY SCHAUERMANN & NANCY CROSS CHARIT 20600 NW QUAIL HOLLOW DR PORTLAND, OR97229 82-6105750	CRUT	OR	NA	TRUST	0	0	100 000 %
NIELSEN CHARITABLE TRUST 5500 E PEAKVIEW AVE APT 1208 CENTENNIAL, CO80121 93-6259612	CRUT	OR	NA	TRUST	0	0	100 000 %
MILAN & JEAN STOYANOV CHARITABLE REMAIND 241 NW HILLTOP RD PORTLAND, OR97210 86-6341685	CRUT	OR	NA	TRUST	0	0	100 000 %
BUMP 2000 CHARITABLE TRUST 315 GILBERT STREET MENLO PARK, CA94025 93-1305430	CRUT	OR	NA	TRUST	0	0	100 000 %
KENNETH C MCGILL CHARITABLE REMAINDER UN 2922 N 33RD ST TACOMA, WA98407 92-6034657	CRUT	OR	NA	TRUST	0	0	100 000 %
CM & EH MCGILL 5 PL CRT 2922 N 33RD ST TACOMA, WA98407 93-1132127	CRUT	OR	NA	TRUST	0	0	100 000 %
THE 1997 BUMP ANNUITY TRUST 1421 ROSEARDEN DR FOREST GROVE, OR97116 91-1852108	CRAT	OR	NA	TRUST	0	0	100 000 %
LARRY G WILLIAMS CRT PO BOX 729 GASTON, OR97119 82-6105812	CRUT	OR	NA	TRUST	0	0	100 000 %
MARGARET RUECKER KNISPEL 2000 CHARITABLE 39951 NW VERBOORT RD FOREST GROVE, OR97116 91-1307768	CRUT	OR	NA	TRUST	0	0	100 000 %
MILTON & RUTH JOHNSON CRUT 12204 N 53RD STREET TAMPA, FL33617 51-0533108	CRUT	OR	NA	TRUST	0	0	100 000 %
AE BRIM CHARITABLE REMAINDER UNITRUST FIRST REPUBLIC TRUST CO 111 PINE SAN FRANCISCO, CA94111 57-4099411	CRUT	OR	NA	TRUST	0	0	75 000 %
GEORGE ROSSMAN TRUST US BANK 111 SW 5TH AVE 6TH FLOOR PORTLAND, OR97204 93-6051550	CHARITABLE TRUST	OR	NA	TRUST	20,840	0	100 000 %
JUDITH SCOTT WALTER TRUST PO BOX 20160 LONG BEACH, CA908013160 95-6007893	CHAR PVT FDN	OR	NA	TRUST	70,586	0	100 000 %
JOSEPH B VANDERVELDEN FOUNDATION 2781 KITTITAS HWY ELLENSBURG, WA98926 93-6286524	CHAR PVT FDN	OR	NA	TRUST	116,484	0	100 000 %
ELISE EILERS ELLIOTT 1993 TRUST 225 BUSH STREET SUITE 500 SAN FRANCISCO, CA94104 01-0679337	REVOCABLE TRUST	OR	NA	TRUST	238,136	0	100 000 %

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Form **4797**

Department of the Treasury
Internal Revenue Service (99)

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

▶ Attach to your tax return. ▶ See separate instructions.

OMB No 1545-0184

2010

Attachment Sequence No **27**

Name(s) shown on return
PACIFIC UNIVERSITY

Identifying number
93-0386892

1	Enter the gross proceeds from sales or exchanges reported to you for 2010 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions)	**1**	

Part I **Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year** (see instructions)

2 (a) Description of property	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
2 See Additional Data Table						

3	Gain, if any, from Form 4684, line 42	**3**	
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37	**4**	
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824	**5**	
6	Gain, if any, from line 32, from other than casualty or theft	**6**	
7	Combine lines 2 through 6 Enter the gain or (loss) here and on the appropriate line as follows	**7**	-16,796
	Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9 Skip lines 8, 9, 11, and 12 below		
	Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9 If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below		
8	Nonrecaptured net section 1231 losses from prior years (see instructions)	**8**	
9	Subtract line 8 from line 7 If zero or less, enter -0- If line 9 is zero, enter the gain from line 7 on line 12 below If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions)	**9**	

Part II **Ordinary Gains and Losses** (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less)

11	Loss, if any, from line 7	**11**	(16,796)
12	Gain, if any, from line 7 or amount from line 8, if applicable	**12**	
13	Gain, if any, from line 31	**13**	
14	Net gain or (loss) from Form 4684, lines 34 and 41a	**14**	
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	**15**	
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	**16**	
17	Combine lines 10 through 16	**17**	-16,796
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below For individual returns, complete lines a and b below		
a	If the loss on line 11 includes a loss from Form 4684, line 38, column (b)(ii), enter that part of the loss here Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23 Identify as from "Form 4797, line 18a " See instructions	**18a**	
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a Enter here and on Form 1040, line 14	**18b**	

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property	(b) Date acquired(mo , day, yr)	(c) Date sold (mo , day, yr)
A		
B		
C		
D		

These columns relate to the properties on lines 19A through 19D ▶		Property A	Property B	Property C	Property D
20 Gross sales price (**Note:** *See line 1 before completing*) . .	20				
21 Cost or other basis plus expense of sale . . .	21				
22 Depreciation (or depletion) allowed or allowable	22				
23 Adjusted basis Subtract line 22 from line 21 . .	23				
24 Total gain Subtract line 23 from line 20 . . .	24				
25 If section 1245 property:					
a Depreciation allowed or allowable from line 22	25a				
b Enter the **smaller** of line 24 or 25a	25b				
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291					
a Additional depreciation after 1975 (see instructions) . . .	26a				
b Applicable percentage multiplied by the **smaller** of line 24 or line 26a (see instructions)	26b				
c Subtract line 26a from line 24 If residential rental property **or** line 24 is not more than line 26a, skip lines 26d and 26e	26c				
d Additional depreciation after 1969 and before 1976 . . .	26d				
e Enter the **smaller** of line 26c or 26d	26e				
f Sections 291 amount (corporations only) . . .	26f				
g Add lines 26b, 26e, and 26f	26g				
27 If section 1252 property: Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership)					
a Soil, water, and land clearing expenses	27a				
b Line 27a multiplied by applicable percentage (see instructions) .	27b				
c Enter the **smaller** of line 24 or 27b	27c				
28 If section 1254 property:					
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion (see instructions)	28a				
b Enter the **smaller** of line 24 or 28a	28b				
29 If section 1255 property:					
a Applicable percentage of payments excluded from income under section 126 (see instructions) . .	29a				
b Enter the **smaller** of line 24 or 29a (see instructions) . .	29b				

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b Enter here and on line 13 . .	31	
32	Subtract line 31 from line 30 Enter the portion from casualty or theft on Form 4684, line 36 Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

			(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years . . .	33		
34	Recomputed depreciation (see instructions)	34		
35	Recapture amount Subtract line 34 from line 33 See the instructions for where to report . . .	35		

Additional Data

Software ID:
Software Version:
EIN: 93-0386892
Name: PACIFIC UNIVERSITY

Form 4797, Part I, Line 2 - Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year:

(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) for entire year. Subtract (f) from the sum of (d) and (e)
TREADMILL	07- 19- 2002	2011-05-23	0	4,000	4,520	-520
IVY SYSTEM UPGRADE	09- 05- 2002	2011-05-06	0	35,617	41,075	-5,458
CPU KEYBOARD	08- 02- 2005	2011-05-06	0	1,268	2,200	-932
CONTENT ENGINE	05- 02- 2003	2010-10-19	40	5,076	5,076	40
CPU KEYBOARD	08- 02- 2005	2011-05-06		634	1,100	-466
CHROMA METER	04- 26- 2006	2011-05-06		6,740	13,399	-6,659
OPTOMETRY TABLE	07- 01- 2004	2010-10-20	20,000	31,503	49,950	1,553
STRATUS	08- 02- 2005	2010-10-20	20,000	26,511	50,795	-4,284
POWEREDGE COMPUTER	10- 29- 2001	2011-05-06		1,397	1,467	-70