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### DLN: 93493076003442

Department of the Treasury

**Return of Organization Exempt From Income Tax** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

OMB No 1545-0047

Open to Public

benefit trust or private foundation) The organization may have to use a copy of this return to satisfy state reporting requirements

Internal Revenue Service Inspection A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011 D Employer identification number B Check if applicable UNIVERSITY OF THE PACIFIC 94-1156266 Address change Doing Business As Name change E Telephone number ☐ Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite (209) 946-7372 3601 Pacific Avenue Terminated **G** Gross receipts \$ 874,030,606 City or town, state or country, and ZIP + 4 Stockton, CA 95211 Amended return Application pending Name and address of principal officer **H(a)** Is this a group return for affiliates? Yes No PAMELA A EIBECK PHD PRESIDENT 3601 Pacific Avenue ┌ Yes ┌ No **H(b)** Are all affiliates included? Stockton, CA 95211 If "No," attach a list (see instructions) H(c) Group exemption number ▶ **▽** 501(c)(3) **┌** Tax-exempt status 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527 Website: ► WWW PACIFIC EDU K Form of organization 
✓ Corporation 
☐ Trust 
☐ Association 
☐ Other ► L Year of formation 1851 M State of legal domicile CA Summary Briefly describe the organization's mission or most significant activities TO PROVIDE A SUPERIOR, STUDENT-CENTERED LEARNING EXPERIENCE INTEGRATING LIBERAL ARTS AND PROFESSIONAL EDUCATION AND PREPARING INDIVIDUALS FOR LASTING ACHIEVEMENT AND RESPONSIBLE Activities & Governance LEADERSHIP IN THEIR CAREERS AND COMMUNITIES 2 Check this box 📂 if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . . 29 4 25 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2010 (Part V, line 2a) . 5 5,281 6 Total number of volunteers (estimate if necessary) . . . . 326,624 **7a** Total unrelated business revenue from Part VIII, column (C), line 12 . **b** Net unrelated business taxable income from Form 990-T, line 34 -38,744 **Prior Year Current Year** 54,705,400 Contributions and grants (Part VIII, line 1h) . 55,439,151 Program service revenue (Part VIII, line 2g) . 276,928,025 301,566,219 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 14,230,773 17,195,837 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 7,580,880 6,745,800 11 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 354,178,829 380,213,256 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 54,214,307 61,024,152 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-Expenses 170,762,034 177,673,830 16a Professional fundraising fees (Part IX, column (A), line 11e) . 306,854 211,281 b Total fundraising expenses (Part IX, column (D), line 25)  $\blacktriangleright$  12,135,104 **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 117,511,142 122,730,705 18 342,794,337 361,639,968 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 . 11,384,492 18,573,288 (Assets or | nd Balances | **Beginning of Current End of Year** Year 20 668,868,642 Total assets (Part X, line 16) . . . 630,431,511 21 226,583,799 221,103,729 Total liabilities (Part X, line 26) . . . . . 22 Net assets or fund balances Subtract line 21 from line 20  $\,$ 403,847,712 447,764,913 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. 2012-03-13 Signature of officer Sign Here PATRICK D CAVANAUGH VP FOR BUSINESS AND FINANCE

For Paperwork Reduction Act Notice, see the separate instructions.

Preparer's signature

May the IRS discuss this return with the preparer shown above? (see instructions)  $\dots$  . . . .

Type or print name and title

Print/Type preparer's name

Fırm's name 🕨

Fırm's address

Paid

Preparer

**Use Only** 

Check if self

employed 🕨 🛭

Cat No 11282Y

٠

Firm's EIN

Phone no 🕨

|        | C   |   |  |   | , age <b>-</b>   |
|--------|---|---|--|---|--|
| Par    | Check if Schedule O contain   |   |  |   | <del>/</del>   |
| 1      | Briefly describe the organization's   | mission   |  |   |  |
| EDU    | ROVIDE A SUPERIOR, STUDENT<br>CATION AND PREPARING INDIVI<br>COMMUNITIES  |   |  |   |  |
| _      |   |   |  |   |  |
| 2      | Did the organization undertake any the prior Form 990 or 990-EZ?  |   |  |   | ┌ Yes ┌ No   |
|        | If "Yes," describe these new service  | es on Schedule O  |  |   |  |
| 3      | Did the organization cease conductservices?   |   |  |   | ┌ Yes ┌ No   |
|        | If "Yes," describe these changes o  | n Schedule O  |  |   |  |
| 4      | Describe the exempt purpose achi<br>Section 501(c)(3) and 501(c)(4) of<br>allocations to others, the total exp  | organizations and sectio  | n 4947(a)(1) trusts a  | are required to report the am   |  |
| 4a     | (Code ) (Expense  | es \$ 178,395,132   | ıncludıng grants of \$   | ) (Revenue \$   | )  |
|        | INSTRUCTION, DEPARTMENTAL AND ACA HIGHER EDUCATION UNDERGRADUATE, CALIFORNIA CAMPUSES THE UNIVERSITY LIBERAL ARTS COLLEGE, OFFERING A BR INCLUDING THE COLLEGE OF THE PACIF CONSERVATORY OF MUSIC, THE EBERHAPHARMACY AND HEALTH SCIENCES THE SCHOOLS IN THE NATION THE SACRAME | GRADUATE AND PROFESSION ('S MAIN CAMPUS IN STOCKT' OAD ARRAY OF UNDERGRADL IC, THE SCHOOL OF INTERNA ARDT SCHOOL OF BUSINESS, SAN FRANCISCO CAMPUS IS | AL EDUCATION FOR THE U<br>ON COMBINES MANY OF T<br>JATE, GRADUATE AND PRO<br>TIONAL STUDIES, THE SCH<br>THE GLADYS L BENERD SC<br>HOME TO THE ARTHUR A | JNIVERSITY'S APPROXIMATELY 6,50<br>HE ADVANTAGES OF A LARGER UNI<br>DFESSIONAL DEGREE PROGRAMS TO<br>HOOL OF ENGINEERING AND COMP<br>CHOOL OF EDUCATION, AND THE T<br>DUGONI SCHOOL OF DENTISTRY, | O STUDENTS ACROSS THREE VERSITY WITH THOSE OF A SMALL HROUGH SEVEN SCHOOLS, UTER SCIENCE, THE HOMAS J LONG SCHOOL OF ONE OF THE LEADING DENTAL |
| 4b     | (Code ) (Expense  | es \$ 84,808,232  | including grants of \$   | 61,024,152 ) (Revenue \$  | )  |
|        | STUDENT SERVICES, SCHOLARSHIPS ANI<br>AND SUPPORT OF THE UNIVERSITY'S API<br>AN ONGOING COMMITMENT TO PUT A QU<br>CAL GRANTS FOR STUDENTS WHO QUAL<br>CLASSES THEY NEED TO GRADUATE ON  | D FINANCIAL AID INCLUDES<br>PROXIMATELY 6,500 STUDENT<br>JALITY EDUCATION WITHIN R<br>IFY THE UNIVERSITY'S FOUR                                       | EXPENDITURES FOR ALL F<br>IS THE UNIVERSITY'S NAT<br>EACH, PROVIDING A WIDE  | ORMS OF STUDENT AID AND EXPE<br>TONALLY RECOGNIZED FINANCIAL<br>E RANGE OF SCHOLARSHIPS AND G   | AID PROGRAM DEMONSTRATES<br>RANTS, INCLUDING MATCHING  |
| <br>4с | (Code ) (Expense  | es \$ 42,819,942  | ıncludıng grants of \$   | ) (Revenue \$   | )  |
|        | RESEARCH INCLUDES EXPENDITURES F<br>RESEARCH TRAINING TO BOTH UNDERG  |   |  | HIGH-QUALITY RESEARCH OUTCOM  | MES WHILE PROVIDING HANDS-ON   |
|        | Other program services (Describ   | pe in Schedule O) <b>See a</b>  | Iso Additional Data fo   | or Description  |  |
|        |   | 45 including grants of  |  | ) (Revenue \$   | )  |
| 4e     | Total program service expenses▶   | \$ 335,725,451  | 1  |   |  |

| Part IV | Checklist | of Red | uired | 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? <i>If "Yes," complete Schedule D, Part II</i>                                | 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   | Yes |          |
| 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-<br>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  |     |     |          |
| а   | Did the organization report an amount for land, buildings, and equipment in Part X, line10? <i>If "Yes," complete Schedule D, Part VI.</i>  | 11a | Yes |          |
| b   | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.  | 11b | Yes |          |
| c   | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.  | 11c |     | No       |
|     | 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 |     | Νο       |
| е   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.  | 11e | Yes |          |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.     | 11f | Yes |          |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "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 |          |
|     | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a | Yes |          |
|     | 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 | Yes | <u> </u> |
| 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 |     | Νo       |
| b   | If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)                  | 20b |     |          |

| Par | t IV Checklist of Required Schedules (continued)  |     |     |    |
|-----|---|-----|-----|----|
| 21  |   | 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 |     | Νο |
| 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 |     | Νο |
| 25a | <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "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  | Yes |    |
| 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  | Yes |    |
| 28  | Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)   |     |     |    |
| а   | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   | 28a | Yes |    |
| b   | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  | 28b | Yes |    |
| 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 | Yes |    |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏  | 29  | Yes |    |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  | 30  | Yes |    |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  | 31  |     | No |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  | 32  |     | Νο |
| 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? <i>If</i> "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  |     | No |
| 35  | Is any related organization a controlled entity within the meaning of section 512(b)(13)?   | 35  |     | Νο |
| а   | 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   |     |     |    |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "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?   | 38  | Yes |    |

| Form 990 ( | 2010)   |
|------------|---|
| Part V     | Statements Regarding Other IRS Filings and Tax Compliance |

| GI I | Check if Schedule O contains a response to any question in this Part V   |     | .୮  |       |
|------|--|-----|-----|-------|
|      |  |     | Yes | No    |
|      | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  |     |     |       |
|      | 1a 1,088   |     |     |       |
| •    | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 5   |     |     |       |
|      | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable  |     |     |       |
|      | gaming (gambling) winnings to prize winners?   | 1c  | Yes |       |
|      | 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   |     |     |       |
| •    | 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)  | 20  | 163 |       |
|      | Did the organization have unrelated business gross income of \$1,000 or more during the  |     |     |       |
|      | year?  | 3a  | Yes |       |
|      | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O   | 3b  | Yes |       |
|      | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial |     |     |       |
|      | account)?  | 4a  | Yes |       |
| )    | If "Yes," enter the name of the foreign country 🏴 AU   |     |     |       |
|      | See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  |     |     |       |
|      | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a  |     | Νο    |
|      | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   |     |     | No    |
|      |  | 5b  |     | 110   |
|      | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | 5c  |     |       |
|      | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the   | 6a  |     | Νo    |
|      | organization solicit any contributions that were not tax deductible?   |     |     |       |
| )    | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  | 6b  |     |       |
|      | Organizations that may receive deductible contributions under section 170(c).  |     |     |       |
|      | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and  | 7a  | Yes |       |
|      | services provided to the payor?  |     |     |       |
|      | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b  | Yes |       |
|      | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   | 7c  |     | No    |
|      | If "Yes," indicate the number of Forms 8282 filed during the year 7d   |     |     |       |
|      | D.d.b.,  |     |     |       |
|      | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e  |     | Νo    |
|      | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 7f  |     | Νo    |
|      | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as   |     |     |       |
|      | required?  | 7g  |     |       |
|      | Form 1098-C?   | 7h  |     |       |
|      | 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   |     |       |
|      | Sponsoring organizations maintaining donor advised funds.  |     |     |       |
|      | Did the organization make any taxable distributions under section 4966?  | 9a  |     |       |
|      | Did the organization make a distribution to a donor, donor advisor, or related person?   | 9b  |     |       |
|      | Section 501(c)(7) organizations. Enter   |     |     |       |
|      | Initiation fees and capital contributions included on Part VIII, line 12   10a   |     |     |       |
|      | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club   |     |     |       |
|      | facilities  Cartier FO1(a)(12) approximations Fotors   |     |     |       |
|      | Section 501(c)(12) organizations. Enter  Grees upcome from members or chareholders   |     |     |       |
|      | Gross income from members or shareholders  |     |     |       |
| •    | against amounts due or received from them )  |     |     |       |
|      | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 12a |     |       |
|      | If "Yes," enter the amount of tax-exempt interest received or accrued during the   |     |     |       |
|      | year 12b   |     |     |       |
|      | Section 501(c)(29) qualified nonprofit health insurance issuers.   |     |     |       |
| 1    | Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O                                     | 13a |     |       |
|      | 1.2.2.2.2.2.2.3.3.4.2.2.2.3.3.3.4.3.4.2.2.4.3.4.4.3.4.4.2.3.4.2.4.2  |     |     |       |
|      | Enter the amount of receives the organization is required to mountain by the states  |     |     |       |
| ,    | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  |     |     |       |
|      | Enter the amount of reserves on hand   |     |     |       |
|      | Lisc   |     |     | , s.i |
|      | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a |     | No    |
|      | TE YOR DOE IT THOSE A FORM A 411 TO POPORT TROCK DOMMONTO 2 IT "NO " provide an evolunation in Echadule O  |     |     |       |

**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 C |  |  |  |  |  |  | . 🗸 |
|---------------------|--|--|--|--|--|--|-----|
|                     |  |  |  |  |  |  |     |

| Se        | ction A. Governing Body and Management   |     |     |     |  |  |  |  |  |
|-----------|--|-----|-----|-----|--|--|--|--|--|
|           |  |     | Yes | No  |  |  |  |  |  |
|           |  |     |     |     |  |  |  |  |  |
|           |  |     |     |     |  |  |  |  |  |
| 1a        | Enter the number of voting members of the governing body at the end of the tax year  |     |     |     |  |  |  |  |  |
| ь         | Enter the number of voting members included in line 1a, above, who are   |     |     |     |  |  |  |  |  |
| _         | ındependent  |     |     |     |  |  |  |  |  |
| 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?.           |     |     |     |  |  |  |  |  |
| 4         | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   | 4   |     | N o |  |  |  |  |  |
| 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  |     |     | 110 |  |  |  |  |  |
|           | governing body?  | 7a  |     | No  |  |  |  |  |  |
| ь         | 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   |     |     |     |  |  |  |  |  |
| а         | The governing body?  | 8a  | Yes |     |  |  |  |  |  |
| b         | Each committee with authority to act on behalf of the governing body?  | 8b  | Yes |     |  |  |  |  |  |
| 9         | 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at th organization's mailing address? If "Yes," provide the names and addresses in Schedule O                  |     |     |     |  |  |  |  |  |
|           | ction B. Policies (This Section B requests information about policies not required by the Internal   |     |     |     |  |  |  |  |  |
| <u>Re</u> | venue Code.)   | I   |     |     |  |  |  |  |  |
|           |  |     | Yes | No  |  |  |  |  |  |
|           | Does the organization have local chapters, branches, or affiliates?  | 10a |     | No  |  |  |  |  |  |
| Ь         | 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 |     |  |  |  |  |  |
| r         | 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?           |     |     |     |  |  |  |  |  |
| а         | The organization's CEO, Executive Director, or top management official   | 15a | Yes |     |  |  |  |  |  |
| b         | Other officers or key employees of the organization  | 15b | Yes |     |  |  |  |  |  |
|           | 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 |     |     |  |  |  |  |  |
| Se        | ction C. Disclosure  |     |     |     |  |  |  |  |  |
| 17        | List the States with which a copy of this Form 990 is required to be filed▶CA  |     |     |     |  |  |  |  |  |
| 18        | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)  |     |     |     |  |  |  |  |  |

- 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 of 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 Francisco (Renneth M Mullen

3601 Pacific Avenue Stockton, CA 95211

(209) 946-7372

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

### 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 organi | zation nor any re   | <u>elated o</u>                   | rganı                 | zatio   | on c         | ompen                        | sate   | d any current office                         | r, director, or trust                                 | ee  |
|--------------------------------------|---|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| (A)<br>Name and Title                | (B)<br>Average<br>hours   | Posi                              | tion (                | (che    | )            |                              |        | ( <b>D)</b> Reportable compensation from the | (E)<br>Reportable<br>compensation                     | (F) Estimated amount of other compensation      |
|                                      | per week (describe hours for related organizations in Schedule O) | Individual trustee<br>or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | organization (W-<br>2/1099-MISC)             | from related<br>organizations<br>(W- 2/1099-<br>MISC) | from the organization and related organizations |
| See Additional Data Table            |   |                                   |                       |         |              |                              |        |  |   |   |
|                                      |   |                                   |                       |         |              |                              |        |  |   |   |
|                                      |   |                                   |                       |         |              |                              |        |  |   |   |
|                                      |   |                                   |                       |         |              |                              |        |  |   |   |
|                                      |   |                                   |                       |         |              |                              |        |  |   |   |
|                                      |   |                                   |                       |         |              |                              |        |  |   |   |
|                                      |   |                                   |                       |         |              |                              |        |  |   |   |
|                                      |   |                                   |                       |         |              |                              |        |  |   |   |
|                                      |   |                                   |                       |         |              |                              |        |  |   |   |
|                                      |   |                                   |                       |         |              |                              |        |  |   |   |
|                                      |   |                                   |                       |         |              |                              |        |  |   |   |
|                                      |   |                                   |                       |         |              |                              |        |  |   |   |
|                                      |   |                                   |                       |         |              |                              |        |  |   |   |
|                                      |   |                                   |                       |         |              |                              |        |  |   |   |
|                                      |   |                                   |                       |         |              |                              |        |  |   |   |
|                                      |   |                                   |                       |         |              |                              |        |  |   |   |
|                                      |   |                                   |                       |         |              |                              |        |  |   |   |
|                                      |   |                                   |                       |         |              |                              |        |  |   |   |
|                                      |   |                                   |                       |         |              |                              |        |  |   |   |

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

|       | <b>(A)</b><br>Name and Title   | (B)<br>Average<br>hours   |                                   | tion<br>that a        |         |                | 11                           |          | ( <b>D)</b> Reportable compensation from the | <b>(E)</b><br>Reportable<br>compensation<br>from relate | on | (F)<br>Estima<br>amount o                             | ited<br>fother      |
|-------|--|---|-----------------------------------|-----------------------|---------|----------------|------------------------------|----------|--|---|----|---|---------------------|
|       |  | per week (describe hours for related organizations in Schedule O) | Individual trustee<br>or director | Institutional Trustee | Officei | Key employee   | Highest compensated employee | Former   | rrom the<br>organization (W-<br>2/1099-MISC) | organization<br>(W- 2/1099<br>MISC)                     | ns | compens<br>from t<br>organizati<br>relati<br>organiza | :he<br>on and<br>ed |
| See A | dditional Data Table   |   |                                   |                       |         |                |                              |          |  |   |    |   |                     |
|       |  |   |                                   |                       |         |                |                              |          |  |   |    |   |                     |
|       |  |   |                                   |                       |         |                |                              |          |  |   |    |   |                     |
|       |  |   |                                   |                       |         |                |                              |          |  |   |    |   |                     |
|       |  |   |                                   | $\vdash$              |         | $\vdash$       |                              |          |  |   |    |   |                     |
|       |  |   |                                   | -                     |         | -              | -                            |          |  |   |    |   |                     |
|       |  |   |                                   |                       |         |                |                              |          |  |   |    |   |                     |
|       |  |   |                                   |                       |         |                |                              |          |  |   |    |   |                     |
|       |  |   |                                   |                       |         |                |                              |          |  |   |    |   |                     |
|       |  |   |                                   |                       |         |                |                              |          |  |   |    |   |                     |
|       |  |   |                                   |                       |         |                |                              |          |  |   |    |   |                     |
|       |  |   |                                   |                       |         |                |                              |          |  |   |    |   |                     |
| 1b    | Sub-Total  |   |                                   | <del></del>           | ٠.      | <del>' -</del> | ٠                            | <b> </b> |  |   | +  |   |                     |
| c     | Total from continuation sheets   |   |                                   |                       |         |                |                              |          |  |   |    |   |                     |
| d     | Total (add lines 1b and 1c) .  |   |                                   |                       |         |                |                              | Þ        | 7,716,007                                    |   | 0  | 1,0   | 75,854              |
| 2     | Total number of individuals (incl<br>\$100,000 in reportable compen                | _   |                                   |                       |         |                | above                        | ) who    | received more tha                            | n   |    |   |                     |
|       |  |   |                                   |                       |         |                |                              |          |  |   |    | Yes   | No                  |
| 3     | Did the organization list any <b>for</b> on line 1a? <i>If</i> "Yes," complete Sch |   |                                   |                       |         |                |                              |          |  | ated employee   | 3  | Yes   |                     |
| 4     | For any individual listed on line :  |   |                                   |                       |         |                |                              |          |  |   |    |   |                     |

|   | _  |   | Yes | NO |
|---|--|---|-----|----|
| 3 | Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>                                 | 3 | Yes |    |
| 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**

\$100,000 in compensation from the organization -75

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)<br>Compensation |
|---|---|---------------------|
| DOWNEY BRAND ATTORNEYS LLP<br>621 CAPITOL MALL 18TH FLOOR<br>SACRAMENTO, CA 95814         | LEGAL                                     | 376,391             |
| JJD PROPS LTD DBA JJD STKN ADVENTURE LLC<br>1776 W MARCH LN STE 170<br>STOCKTON, CA 95207 | PROPERTY MANAGEMENT                       | 335,084             |
| KPMG LLP DEPT 0922 PO BOX 120001 DALLAS, TX 75312   | ACCOUNTING                                | 315,400             |
| MILLER LAW GROUP LLC 111 SUTTER ST SUITE 700 SAN FRANCISCO, CA 94104                      | LEGAL                                     | 314,243             |
| PFAU ARCHITECTURE LTD 98 JACK LONDON ALLEY SAN FRANCISCO, CA 94107                        | ARCHITECTURAL                             | 263,681             |
| 2 Total number of independent contractors (including but not limited to the               | nose listed above) who received more than |                     |

| 10   Federated comparigns   1a   b   b   b   b   b   b   b   b   b  | Form 99      | •   | •                                      |                    |               |             |                                  | Pag                   | e <b>9</b> |
|---|--------------|-----|--|--------------------|---------------|-------------|----------------------------------|-----------------------|------------|
| Description     |              |     |  |                    |               |             | Related or<br>exempt<br>function | Unrelated<br>business | 1          |
| Business Code   9000999   700,083,1192   700,083,  | ng si        |     |  |                    |               |             |                                  |                       |            |
| Business Code   99,0000   700,085,1192   200,085,129   2  | E            | Ь   | Membership dues                        | . 1b               |               |             |                                  |                       |            |
| 2   | E            | c   | Fundraising events                     | 1c                 |               |             |                                  |                       |            |
| Business Code   | <u>, te</u>  | d   | Related organizations                  | . 1d               |               |             |                                  |                       |            |
| Business Code   | ŒΙ           | e   | Government grants (contributions)      | 1e                 | 44,085,019    |             |                                  |                       |            |
| Business Code   | \$ <u>15</u> | •   | All other contributions, gifts, grants | s. and 16          | 10.620.381    |             |                                  |                       |            |
| 2   | Ę            | _   | sımılar amounts not ıncluded abov      | e                  |               |             |                                  |                       |            |
| Business Code   900000  | ž            | g   | Noncash contributions included in l    | ines 1a-1f \$      | 603,894       |             |                                  |                       |            |
| Description   Securities   Se  | - T          | h   | Total. Add lines 1a-1f                 |                    |               | 54,705,400  |                                  |                       |            |
| 1   10   10   10   10   10   10   10  | e e          |     |  |                    | Business Code |             |                                  |                       |            |
|   | ELIC<br>E    | 2a  | THITTION                               |                    | 000000        | 260 695 102 | 260 695 103                      |                       |            |
| 1   10   10   10   10   10   10   10  | <u> </u>     | ь   |  |                    |               |             |                                  |                       |            |
| g   total. Add lines 2-a-21   | u<br>ပြ      | c   |  |                    |               |             |                                  |                       |            |
| g   total. Add lines 2-a-21   | 존  <br>한     | d   |  |                    |               |             |                                  |                       |            |
| 1   10   10   10   10   10   10   10  | P            | e   |  | <del></del>        |               |             |                                  |                       |            |
| g   fotal. Add lines 2 = 2 = 2   .  | <u> </u>     | f   | All other program service re           | venue              |               |             | 0                                | 0                     |            |
| 3 Investment income (including dividends, interest and other similar amounts)   | Š            |     | T-1-1 Add I.m. 2- 26                   | _                  |               |             |                                  |                       |            |
| and other similar amounts)  |              |     |  |                    |               | 301,566,219 |                                  |                       |            |
| 4 Income from investment of tax-exempt bond proceeds . ▶ 0  |              | ,   | ·                                      |                    | -             | 6,802,771   |                                  |                       | 6,802,7    |
| Ga Gross Rents  |              | 4   | ,                                      |                    |               |             |                                  |                       |            |
| (i) Real (ii) Personal 632(29   5   5   5   5   5   5   5   5   5   |              |     | Royalties                              |                    |               | 0           |                                  |                       |            |
| Description     |              |     |  |                    | (II) Personal |             |                                  |                       |            |
| expenses c Retail anome or (loss) d Net rental income or (loss)   |              | 6a  | Gross Rents                            | 832,129            |               |             |                                  |                       |            |
| C   Rental income or (closs)   787,429   85,659     d   Net rental income or (loss)   |              | Ь   |  | 44,700             |               |             |                                  |                       |            |
| Material income or (loss)     |              | c   | Rental income                          | 787,429            | 0             |             |                                  |                       |            |
| (i) Securities  |              | d   | · ·                                    | <u> </u>           |               | 787,429     |                                  | 85,659                | 701,7      |
| To Gross amount from sales of assets other than inventory by Less cost or other bases and sales expenses c Gam or (loss) 0 10,393,066 d 10,393,066 d Net gain or (loss) 0 10,39 | ŀ            |     |  |                    | (II) O ther   | •           |                                  |                       |            |
| b Less cost or other basis and sales expenses c Gam or (loss) 0 10,393,066  d Net gain or (loss) 0 10,393,066  8a Gross income from fundraising events (not including \$ 271,435 of contributions reported on line 1c) See Part IV, line 18   |              | 7a  | from sales of assets other             |                    |               |             |                                  |                       |            |
| sales expenses  |              | b   | •                                      |                    | 490,639,934   |             |                                  |                       |            |
| c Gam or (loss)       0       10,393,066         d Net gain or (loss)   |              | _   |  |                    |               |             |                                  |                       |            |
| 8a Gross income from fundraising events (not including \$ 271,435 of contributions reported on line 1c) See Part IV, line 18  |              | c   | •                                      | 0                  | 10,393,066    |             |                                  |                       |            |
| 8a Gross income from fundraising events (not including \$   |              | d   | Net gain or (loss)                     |                    | •             | 10,393,066  |                                  |                       | 10,393,0   |
| (not including \$ 271,435 of contributions reported on line 1c) See Part IV, line 18 a 249,871  b Less direct expenses b 392,000 c Net income or (loss) from fundraising events . ▶ -142,129  9a Gross income from gaming activities See Part IV, line 19 . a b Less direct expenses b c c Net income or (loss) from gaming activities ▶ 0  10a Gross sales of inventory, less returns and allowances . a 3,668,099 b Less cost of goods sold . b 2,740,716 c Net income or (loss) from sales of inventory . ▶ 927,383 892,456 34,927  Miscellaneous Revenue Business Code  11a ADVERTISING & FACILITY 900099 206,038 206,038  ENTAL 900099 4,378,365 4,378,36                            | ŀ            | 8a  | Gross income from fundraisi            | ng events          |               |             |                                  |                       | 10,333,    |
| c Net income or (loss) from fundraising events . ▶       -142,129         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 3,668,099       3,668,099         b Less cost of goods sold b 2,740,716       927,383       892,456       34,927         Miscellaneous Revenue       Business Code       927,383       892,456       34,927         Ina ADVERTISING & FACILITY RENTAL b PARKING       900099       206,038       206,038       206,038         c OTHER 900099       4,378,365       4,378,365       4,378,365       4,378,365       4,378,365         d All other revenue  |              |     | (not including                         | 3                  |               |             |                                  |                       |            |
| c Net income or (loss) from fundraising events  |              |     | ·                                      | line 1c)           |               |             |                                  |                       |            |
| c Net income or (loss) from fundraising events  |              |     |  |                    |               |             |                                  |                       |            |
| c Net income or (loss) from fundraising events  |              |     |  | а                  | 249,871       |             |                                  |                       |            |
| 9a Gross income from gaming activities See Part IV, line 19 . a       b         b Less direct expenses  |              |     |  |                    | 392,000       | 440.400     |                                  |                       |            |
| b Less direct expenses       b       0         c Net income or (loss) from gaming activities       b       0         10a Gross sales of inventory, less returns and allowances       3,668,099       2         b Less cost of goods sold       b       2,740,716       927,383       892,456       34,927         Miscellaneous Revenue       Business Code       900099       206,038  | •            |     |  |                    |               | -142,129    |                                  |                       | -142,1     |
| c Net income or (loss) from gaming activities   |              |     |  |                    |               |             |                                  |                       |            |
| 10a Gross sales of inventory, less returns and allowances .       a       3,668,099         b Less cost of goods sold b       2,740,716       927,383       892,456       34,927         Miscellaneous Revenue       Business Code       900099       206,038       206,038       206,038         11a A DVERTISING & FACILITY RENTAL       900099       206,038       206,038       206,038       206,038       4,378,365       4,378,365       4,378,365       4,378,365       4,378,365       4,378,365       4,378,365       4,378,365       4,378,365       4,378,317       5,173,117       5,17  |              |     | •                                      |                    | ь             | 0           |                                  |                       |            |
| Teturns and allowances   Second State   Second S   | ŀ            |     |  |                    |               |             |                                  |                       |            |
| b Less cost of goods sold b       2,740,716         c Net income or (loss) from sales of inventory □       927,383       892,456       34,927         Miscellaneous Revenue       Business Code       206,038       206,038       206,038         11a ADVERTISING & FACILITY RENTAL       900099       206,038       206,038       206,038         b PARKING       812930       588,714       588,7   |              |     |  |                    |               |             |                                  |                       |            |
| c Net Income or (loss) from sales of Inventory .       927,383       892,456       34,927         Miscellaneous Revenue       Business Code       206,038         11a A DVERTISING & FACILITY RENTAL       900099       206,038       206,038         b PARKING       812930       588,714       588,714         c OTHER       900099       4,378,365       4,378,365         d All other revenue       0       0       0         e Total. Add lines 11a-11d  |              | _   |  |                    |               |             |                                  |                       |            |
| Miscellaneous Revenue   Business Code   206,038   206,  |              |     |  |                    | 2,740,716     | 017 202     | 802.454                          | 24 027                | ,          |
| 11a A DVERTISING & FACILITY       900099       206,038       206,038         RENTAL       812930       588,714       588,714         b PARKING       900099       4,378,365       4,378,365         d All other revenue       0       0       0         e Total. Add lines 11a-11d       5,173,117       5,173,117  | }            | С   |  | nes of inventory F | Rusinass Coda | 921,383     | 032,430                          | 34,927                | -          |
| RENTAL       812930       588,714       588,714         b PARKING       900099       4,378,365       4,378,365         d All other revenue       0       0       0         e Total. Add lines 11a-11d       5,173,117       5,173,117   |              | 11: |  |                    |               | 206,038     |                                  | 206,038               |            |
| b PARKING       812930       588,714       588,714         c OTHER       900099       4,378,365       4,378,365         d All other revenue       0       0       0         e Total. Add lines 11a-11d       5,173,117       5,173,117  |              |     |  |                    |               |             |                                  |                       |            |
| d All other revenue   |              | ь   |  |                    | 812930        | 588,714     | 588,714                          |                       |            |
| e Total. Add lines 11a-11d  |              | c   | OTHER                                  |                    | 900099        | 4,378,365   | 4,378,365                        |                       |            |
| 5,173,117   |              | d   | All other revenue                      |                    |               | 0           | 0                                | 0                     |            |
| l <del> </del>  |              | е   | • <b>Total.</b> Add lines 11a-11d      |                    |               | 5,173,117   |                                  |                       |            |
| <b>12 Total revenue.</b> See Instructions   |              | 12  | Total revenue. See Instructi           | ions 🕨             | }             |             |                                  |                       |            |

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

| A  | Section $501(c)(3)$ and $501(c)(4)$ organizations must lother organizations must complete column (A) but are not required to   |                       |   | (D).                                |  |
|----|--|-----------------------|---|-------------------------------------|--|
|    | ot include amounts reported on lines 6b,<br>b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | <b>(B)</b><br>Program service<br>expenses | (C) Management and general expenses | ( <b>D)</b><br>Fundraising<br>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<br>U S See Part IV, line 22  | 61,024,152            | 61,024,152                                |                                     |  |
| 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   | 8,791,859             | 5,797,756                                 | 2,180,651                           | 813,452                                |
| 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   | 128,418,313           | 118,516,935                               | 5,223,271                           | 4,678,107                              |
| 8  | Pension plan contributions (include section 401(k) and section 403(b) employer contributions)  | 11,757,792            | 10,817,889                                | 543,353                             | 396,550                                |
| 9  | Other employee benefits  | 18,024,913            | 16,162,129                                | 1,119,630                           | 743,154                                |
| 10 | Payroll taxes  | 10,680,953            | 9,653,530                                 | 570,205                             | 457,218                                |
| а  | Fees for services (non-employees) Management   | 0                     |   |                                     |  |
| b  | Legal  | 1,124,088             | 916,366                                   | 159,902                             | 47,820                                 |
| c  | Accounting   | 465,293               | 413,612                                   | 27,480                              | 24,201                                 |
| d  | Lobbying   | 118,918               |   | 118,918                             |  |
| е  | Professional fundraising services See Part IV, line 17   | 211,281               |   |                                     | 211,281                                |
| f  | Investment management fees   | 909,721               | 806,650                                   | 54,805                              | 48,266                                 |
| g  | Other  | 28,252,372            | 27,167,001                                | 638,311                             | 447,060                                |
| 12 | Advertising and promotion  | 1,867,556             | 1,590,144                                 | 132,989                             | 144,423                                |
| 13 | Office expenses  | 29,604,560            | 27,571,246                                | 508,328                             | 1,524,986                              |
| 14 | Information technology   | 5,733,441             | 5,205,928                                 | 296,805                             | 230,708                                |
| 15 | Royalties  | 0                     |   |                                     |  |
| 16 | Occupancy  | 8,453,725             | 7,629,009                                 | 352,665                             | 472,051                                |
| 17 | Travel   | 5,500,324             | 4,904,958                                 | 319,845                             | 275,521                                |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials   | 0                     |   |                                     | · · · · · · · · · · · · · · · · · · ·  |
| 19 | Conferences, conventions, and meetings   | 0                     |   |                                     |  |
| 20 | Interest   | 6,378,573             | 5,769,889                                 | 323,653                             | 285,031                                |
| 21 | Payments to affiliates   | 0                     | * *                                       |                                     | ·                                      |
| 22 | Depreciation, depletion, and amortization  | 16,031,338            | 14,501,526                                | 813,440                             | 716,372                                |
| 23 | Insurance  | 1,434,350             | 1,306,470                                 | 61,749                              | 66,131                                 |
| 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)                 |                       |   |                                     |  |
| а  | HOSPITALITY STUDENT ROOM/BOARD   | 6,070,097             | 6,042,846                                 | 74                                  | 27,177                                 |
| b  | CATERING & OTHER HOSPITALITY   | 3,395,888             | 2,829,992                                 | 136,050                             | 429,846                                |
| c  | BUILDING/GROUNDS REPAIR/MAINT  | 2,033,756             | 1,858,241                                 | 98,717                              | 76,798                                 |
| d  | ATHLETIC ACTIVITIES  | 2,288,170             | 2,216,912                                 | 70,885                              | 373                                    |
| е  | TUITION/BOARD/FEES PD TO OTHERS  | 1,026,204             | 1,026,204                                 |                                     |  |
| f  | All other expenses   | 2,042,331             | 1,996,066                                 | 27,687                              | 18,578                                 |
| 25 | Total functional expenses. Add lines 1 through 24f   | 361,639,968           | 335,725,451                               | 13,779,413                          | 12,135,104                             |
| 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 | 0                     |   |                                     | rm <b>990</b> (2010)                   |

Part X Balance Sheet (A) (B) Beginning of year End of year 1,336,857 2,535,424 1 19,197,937 2 10.578.766 2 Savings and temporary cash investments . . . . . . . 13,491,172 12,685,634 3 5,641,765 5,324,891 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 399.469 Schedule L . . . 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) **A**ssets 6 30,268,076 30,403,423 4,050,040 8 3,875,370 2,034,372 16,708,217 Prepaid expenses and deferred charges . . . . . . 10a Land, buildings, and equipment cost or other basis Complete 461,742,054 10a Part VI of Schedule D 206, 188, 161 ь Less accumulated depreciation . . . . . 10b 245,508,793 **10c** 255.553.893 262.630,539 11 11 285.723.804 44,292,894 42,895,453 12 Investments—other securities See Part IV, line 11 . . . . . . 12 0 13 13 Investments—program-related See Part IV, line 11 . . 14 14 2,153,736 15 2,009,628 15 16 630,431,511 16 668.868.642 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 25,455,725 17 26,487,523 17 Accounts payable and accrued expenses . 18 1,802,224 18 1,608,096 20.341.727 14.659.320 19 19 122,793,816 20 20 119,591,866 Liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 2.569.566 23 23 1.964.268 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties . . . . 25 53.620.741 25 56.792.656 Other liabilities Complete Part X of Schedule D . . . . . 26 226.583.799 26 221,103,729 **Total liabilities.** Add lines 17 through 25 . . . . Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 Balances through 29, and lines 33 and 34. 27 Unrestricted net assets . . . . 215,968,029 232,221,180 Temporarily restricted net assets . . . . . 62,020,325 28 41,153,849 28 Fund 146,725,834 29 153,523,408 29 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here 🕨 🥅 and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds . . . . . Assets 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds ž 403,847,712 33 447,764,913 33 Total net assets or fund balances . . . . . 34 Total liabilities and net assets/fund balances . . . . . 630.431.511 668.868.642

| Par | 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       |    | 380 2 | 213,256 |
| 2   | Total expenses (must equal Part IX, column (A), line 25)   |         | ,  |       | 39,968  |
| 3   | Revenue less expenses Subtract line 2 from line 1  | 3       |    | 18,5  | 573,288 |
| 4   | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  | 4       |    | 403,8 | 347,712 |
| 5   | Other changes in net assets or fund balances (explain in Schedule O)   | 5       |    | 25,3  | 343,913 |
| 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       |    | 447,7 | 764,913 |
| Par | T XII Financial Statements and Reporting  Check if Schedule O contains a response to any question in this Part XII   |         |    | ୮     |         |
| 1   | Accounting method used to prepare the Form 990   |         |    | Yes   | No      |
| 2a  | Were the organization's financial statements compiled or reviewed by an independent accountant?  |         | 2a |       | Νo      |
| 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 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 its 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 in a separate basis, consolidated basis, or both   | ssued   |    |       |         |
|     | ▼ Separate basis   |         |    |       |         |
| 3a  | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?  | е       | 3a | Yes   |         |
| b   | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits   | equired | 3b | Yes   |         |

**Employer identification number** 

# SCHEDULE A Public

(Form 990 or 990EZ)

Name of the organization

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

UNIVERSITY OF THE PACIFIC 94-1156266 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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 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 ) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) 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) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 10 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 Type I **b** Type II c Type III - Functionally integrated Type III - Other 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) 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No 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)<br>Name of<br>supported<br>organization | (ii)<br>EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see | (iv) Is the organization in col (i) listed in your governing document? |    | (v) Did you notify the organization in col (i) of your support?  Yes No |    | (vi) Is the organization in col (i) organized in the U S ? |    | <b>(vii)</b><br>A mount of<br>support |
|---|-------------|---|--|----|---|----|--|----|---------------------------------------|
|   |             | instructions))  | Yes  | No | Yes   | No | Yes  | No |                                       |
|   |             |   |  |    |   |    |  |    |                                       |
|   |             |   |  |    |   |    |  |    |                                       |
|   |             |   |  |    |   |    |  |    |                                       |
|   |             |   |  |    |   |    |  |    |                                       |
|   |             |   |  |    |   |    |  |    |                                       |
| 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.)

|          | dider rate III. If the  | organización i      | ans to quanty t    | maci die tests      | iisted below, pie    | case complet      | c raic III.    |
|----------|---|---------------------|--------------------|---------------------|----------------------|-------------------|----------------|
| S        | ection A. Public Support  |                     | _                  |                     |                      |                   |                |
| Cale     | endar year (or fiscal year beginning in)                          | (a) 2006            | <b>(b)</b> 2007    | (c) 2008            | ( <b>d)</b> 2009     | (e) 2010          | (f) Total      |
| 1        | Gifts, grants, contributions, and                                 |                     |                    |                     |                      |                   |                |
|          | membership fees received (Do not                                  |                     |                    |                     |                      |                   |                |
|          | ınclude 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                                   |                     |                    |                     |                      |                   |                |
|          | 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                              |                     |                    |                     |                      |                   |                |
| Ü        | line 4  |                     |                    |                     |                      |                   |                |
| S        | ection B. Total Support   | 1                   |                    |                     |                      | I                 |                |
|          | endar year (or fiscal year beginning                              |                     |                    |                     |                      |                   |                |
| Cur      | in) ►   | (a) 2006            | <b>(b)</b> 2007    | <b>(c)</b> 2008     | ( <b>d)</b> 2009     | (e) 2010          | (f) Total      |
| 7        | A mounts from line 4  |                     |                    |                     |                      |                   |                |
| 8        | Gross income from interest,                                       |                     |                    |                     |                      |                   |                |
| 0        | dividends, payments received on                                   |                     |                    |                     |                      |                   |                |
|          | securities loans, rents, royalties                                |                     |                    |                     |                      |                   |                |
|          | and income from similar   |                     |                    |                     |                      |                   |                |
|          | sources   |                     |                    |                     |                      |                   |                |
| 9        | Net income from unrelated   |                     |                    |                     |                      |                   |                |
| -        | business 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                            | es, etc (See inst   | ructions )         |                     |                      | 12                |                |
| 13       | First Five Years If the Form 990 is f                             | or the organization | on's first, second | , third, fourth, or | fifth tax year as a  | 501(c)(3) orga    | nızatıon,      |
|          | check this box and <b>stop here</b>                               | _                   | r                  |                     | •                    | . , . , -         | <b>▶</b> ┌॔    |
|          |   |                     |                    |                     |                      |                   |                |
| S        | ection C. Computation of Pub                                      | lic Support P       | ercentage          |                     |                      |                   |                |
| 14       | Public Support Percentage for 2010                                | (lıne 6 column (    | f) divided by line | 11 column (f))      |                      | 14                |                |
| 15       | Public Support Percentage for 2009                                | Schedule A Par      | rt II line 14      |                     |                      | 15                |                |
|          |   |                     |                    |                     |                      |                   | <del> </del>   |
| 16a      | <b>33 1/3% support test—2010.</b> If the                          |                     |                    |                     | line 14 is 33 1/3%   | or more, chec     |                |
|          | and <b>stop here.</b> The organization qua                        | •                   |                    |                     |                      | 2.2.4.204         | <b>▶</b> [     |
| b        | 33 1/3% support test—2009. If the                                 |                     |                    |                     | oa, and line 15 is : | 1/3% or mor کد    | . <del>-</del> |
| 17-      | box and <b>stop here.</b> The organization                        |                     |                    |                     | 12 16 1C             | handler - 4.4     | ▶              |
| r/a      | 10%-facts-and-circumstances test-                                 |                     |                    |                     |                      |                   | ın.            |
|          | is 10% or more, and if the organization made                      |                     |                    | •                   |                      |                   |                |
|          | in Part IV how the organization mee                               | is the facts and    | circumstances"     | test ine organiz    | acion quanifies as   | a publicly supp   | orted<br>F     |
| <b>L</b> | organization 10%-facts-and-circumstances test-                    | _2000 Ifthe era     | anization did not  | chack a hay an lu   | no 13 165 166 5      | or 17a and line   | F1             |
| ט        | 15 is 10% or more, and if the organ                               |                     |                    |                     |                      |                   |                |
|          | Explain in Part IV how the organizat                              |                     |                    | •                   |                      | <u>-</u>          | clv            |
|          | supported organization  | aon meets the 16    | aces and circuitis | tances test life    | . organization qual  | iiiies as a publi | ETY<br>▶ ¯     |
| 18       | Private Foundation If the organizati                              | on did not check    | a box on line 13   | . 16a. 16b. 17a o   | r 17b. check this    | box and see       | - 1            |
|          | instructions  | a.a not eneck       |                    | , , 0 0 , 7 0 0     | . 2. 2, 511558 61115 |                   | <b>▶</b> □     |

Schedule A (Form 990 or 990-EZ) 2010 Page 3 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 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage

| 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                                |    |  |
|    |  |    |  |
| S  | ection D. Computation of Investment Income Percentage  |    |  |
| 17 | Investment income percentage for <b>2010</b> (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

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

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

| Schedule A (Fo | orm 990 or 990-EZ) 2010   | Pag |
|----------------|---|-----|
| Part IV        | <b>Supplemental Information.</b> Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions). | •   |

| Facts And | Circumstances | Test |
|-----------|---------------|------|
|           |               |      |
|           |               |      |
|           |               |      |
|           |               |      |

Schedule A (Form 990 or 990-EZ) 2010

| orm | 990 Schedule | B. Part 1 - | Contributors | (see instructions) |
|-----|--------------|-------------|--------------|--------------------|

| Form 99    | 00 Schedule B, Part 1 - Contributors (see instructions) |                             |   |
|------------|---|-----------------------------|---|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                       | (c) Aggregate contributions | (d)<br>Type of contribution                               |
| _33_       | CAMPBELL MICHAEL - JEAN & KEN CAMPBELL FOUNDATION       |                             | Person<br>Payroll<br>Noncash                              |
|            | 19 SKYCREST   | \$15,000                    | 모   |
|            | IRVINE, CA 926033624                                    |                             | Г<br>Г  |
|            |   |                             | (Complete Part II if there is a noncash contribution )    |
| _34_       | CAOILI RAY  |                             | Person<br>Payroll<br>Noncash                              |
|            | 1850 JENEVEIN AVENUE                                    | \$                          | <u> </u>  |
|            | SAN BRUNO, CA 940664141                                 |                             | r<br>F  |
|            |   |                             | (Complete Part II if there is a noncash contribution )    |
| 35         | CARDINALE VINCENT                                       |                             | Person<br>Payroll   |
|            |   |                             | Noncash   |
|            | 301 PASADERA COURT                                      | \$ 8,000                    | 다   |
|            | MONTEREY, CA 939407621                                  |                             | F   |
|            |   |                             | (Complete Part II if there is<br>a noncash contribution ) |
| _36_       | CENTRAL VALLEY FUND                                     |                             | Person<br>Payroll   |
|            | 1590 DREW AVENUE STE 110                                |                             | Noncash<br>—  |
|            | DAVIS, CA 956167849                                     | \$ 5,000                    | r<br>L  |
|            |   |                             | (Complete Part II if there is                             |
|            |   |                             | a noncash contribution )  Person                          |
| _37        | CHAMBERS JUDITH   |                             | Payroll   |
|            | 3830 PORTSMOUTH POINT                                   | \$ 5,100                    | Noncash<br> ⊽   |
|            | STOCKTON, CA 952193844                                  |                             | r<br>r  |
|            |   |                             | Complete Part II if there is a noncash contribution )     |
| 38         | CHAN JOHN   |                             | Person  |
|            |   |                             | Payroll<br>Noncash  |
|            | 260 SIERRA DRIVE  | \$                          | ᅜ   |
|            | HILLSBOROUGH, CA 940106935                              |                             | <u> </u>  |
|            |   |                             | (Complete Part II if there is a noncash contribution )    |
| 39         | CHAN JONATHAN   |                             | Person<br>Payroll   |
|            | 4400 400 400 500 500 500 500 500 500 500                |                             | Noncash   |
|            | 4123 MOUNT BALDY ROAD                                   | \$20,000                    | r<br>r  |
|            | CLAREMONT, CA 917111408                                 | _                           | r   |
|            |   |                             | (Complete Part II if there is<br>a noncash contribution ) |
| 40         | CHAN TONY   |                             | Person<br>Payroll   |
|            | 4123 MOUNT BALDY ROAD                                   |                             | Noncash<br>—  |
|            | CLAREMONT, CA 917111408                                 | \$ 508,400                  | r<br>L  |
|            |   |                             | (Committee 2 )   17 (1)                                   |
|            |   |                             | (Complete Part II if there is<br>a noncash contribution ) |

DLN: 93493076003442

## OMB No 1545-0047

## **Political Campaign and Lobbying Activities**

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

Department of the Treasury Internal Revenue Service

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.

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),

- ◆ 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

| If th | , ,, , =  | t have NOT filed Form 5768 (elections, in the source of th |  | •  | •   |
|-------|---|--|--|--|---|
|       | me of the organization                                      | ·  |  | Employer iden  | itification number  |
| UN    | IVERSITY OF THE PACIFIC                                     |  |  | 94-1156266   |   |
| Par   | t I-A Complete if the or                                    | ganization is exempt und   | er section 501(  |  | organization.   |
| 1     | Provide a description of the or                             | ganızatıon's dırect and ındırect po  | litical campaign act   | tivities in Part IV  |   |
| 2     | Political expenditures                                      |  | ,  | <b>-</b>   | \$  |
| 3     | V olunteer hours  |  |  |  | T   |
| Dar   | t I-B Complete if the or                                    | ganization is exempt und   | or coction E01/  | (c)(3)   |   |
| 1     |   | e tax incurred by the organization   |  |  | ¢   |
| 2     |   | e tax incurred by organization ma  |  |  | φ   |
| 3     |   | ection 4955 tax, did it file Form  |  | , , , , , , , , , , , , , , , , , , ,                                      | Yes No  |
| 4а    | Was a correction made?                                      | rection 4555 tax, aid it me forms  | +720 for tills year  |  | 「Yes  |
| ь     | If "Yes," describe in Part IV                               |  |  |  | , 163 , 110   |
|       | <u>'</u>  | ganization is exempt und   | er section 501(  | c) except section 50:  | 1(c)(3).  |
| 1     | <u>-</u>  | ended by the filing organization fo  |  |  | \$  |
| 2     | Enter the amount of the filing o                            | organization's funds contributed to  | o other organization   | s for section 527  |   |
|       | exempt funtion activities                                   |  |  | ▶  | \$  |
| 3     | Total exempt function expendi                               | tures Add lines 1 and 2 Enter he   | ere and on Form 112  | 20-POL, line 17b   | \$ 0  |
| 4     | Did the filing organization file <b>I</b>                   | Form 1120-POL for this year?   |  |  | ☐ Yes ☐ No  |
| 5     | organization made payments amount of political contribution | nd employer identification number<br>For each organization listed, ente<br>ns received that were promptly ar<br>political action committee (PAC)   | r the amount paid front of the paid front of the contraction of the contract o | om the filing organization's t<br>I to a separate political orga           | funds Also enter the<br>inization, such as a  |
|       | (a) Name  | ( <b>b)</b> Address  | (c) EIN  | (d) A mount paid from<br>filing organization's<br>funds If none, enter -0- | (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0 - |
|       |   |  |  |  |   |
|       |   |  |  |  |   |
|       |   |  |  |  |   |
|       |   |  |  |  |   |
|       |   |  |  |  |   |

| Sc         | hedule C (Form 990 or 990-EZ) 2010  |          |                      |                        |              |   | Page <b>2</b>                            |
|------------|---|----------|----------------------|------------------------|--------------|---|--|
| P          | art II-A Complete if the organization under section 501(h)).                                  | is ex    | cempt under          | section 501(c          | )(3) and fi  | led Form 5768                                 |  |
| A<br>B     | Check   If the filing organization belongs to a Check   If the filing organization checked bo |          |                      | " provisions apply     | /            |   |  |
|            | Limits on Lobbying E<br>(The term "expenditures" means a                                      |          |                      | )                      |              | <b>(a)</b> Filing<br>Organization's<br>Totals | <b>(b)</b> Affiliated<br>Group<br>Totals |
| <u>1</u> a | Total lobbying expenditures to influence public o   | pinion   | (grass roots lob     | oyıng)                 |              |   |  |
| b          | Total lobbying expenditures to influence a legisl   | atıve b  | ody (direct lobby    | ıng)                   |              |   |  |
| c          | Total lobbying expenditures (add lines 1a and 1   | b)       |                      |                        |              |   |  |
| d          | Other exempt purpose expenditures   |          |                      |                        |              |   |  |
| е          | Total exempt purpose expenditures (add lines 1  | c and :  | Ld)                  |                        |              |   |  |
| f          | Lobbying nontaxable amount Enter the amount columns   | from th  | e following table    | ın both                |              |   |  |
|            | If the amount on line 1e, column (a) or (b) is:   | The      | lobbying nontaxa     | ble amount is:         |              |   |  |
|            | Not over \$500,000  | 20%      | of the amount on lin | e 1e                   |              |   |  |
|            | Over \$500,000 but not over \$1,000,000   | \$100    | ,000 plus 15% of the | excess over \$500,00   | 0            |   |  |
|            | Over \$1,000,000 but not over \$1,500,000   | \$175    | ,000 plus 10% of the | excess over \$1,000,0  | 000          |   |  |
|            | Over \$1,500,000 but not over \$17,000,000  | \$225    | ,000 plus 5% of the  | excess over \$1,500,00 | 00           |   |  |
|            | Over \$17,000,000   | \$1,00   | 00,000               |                        |              |   |  |
|            | Grassroots nontaxable amount (enter 25% of lir  | ne 1 f)  |                      |                        |              |   |  |
| _          | Subtract line 1g from line 1a If zero or less, ent  | -        |                      |                        |              |   |  |
| i          | Subtract line 1f from line 1c If zero or less, ente   | er - 0 - |                      |                        |              |   |  |
| j          | If there is an amount other than zero on either li<br>section 4911 tax for this year?         | ne 1h d  | or line 11, did the  | organization file F    | orm 4720 rep | orting  | ┌ Yes ┌ No                               |
|            | 4-Year Av<br>(Some organizations that made a<br>columns below. See t                          | secti    | on 501(h) ele        |                        | havè to co   |   | ne five                                  |
|            | Lobbying Exp  | endit    | ures During 4        | l-Year Averag          | jing Period  |   |  |
|            | Calendar year (or fiscal year   |          |                      |                        |              |   |  |

|    | Lobbying Expenditures During 4-Year Averaging Period       |                 |                 |                 |                 |                  |  |  |  |
|----|--|-----------------|-----------------|-----------------|-----------------|------------------|--|--|--|
|    | Calendar year (or fiscal year<br>beginning in)             | <b>(a)</b> 2007 | <b>(b)</b> 2008 | <b>(c)</b> 2009 | <b>(d)</b> 2010 | <b>(e)</b> Total |  |  |  |
| 2a | Lobbying non-taxable amount                                |                 |                 |                 |                 |                  |  |  |  |
| b  | Lobbying ceiling amount<br>(150% of line 2a, column(e))    |                 |                 |                 |                 |                  |  |  |  |
| С  | Total lobbying expenditures                                |                 |                 |                 |                 |                  |  |  |  |
| d  | Grassroots non-taxable amount                              |                 |                 |                 |                 |                  |  |  |  |
| e  | Grassroots ceiling amount<br>(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)             |         | (b)       |  |
|-----|--|-----------------|---------|-----------|--|
|     |  | Yes             | No      | A mount   |  |
| 1   | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of |                 |         |           |  |
| а   | Volunteers?  |                 | No      |           |  |
| b   | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?   |                 | No      |           |  |
| c   | Media advertisements?  |                 | Νo      |           |  |
| d   | Mailings to members, legislators, or the public?   |                 | No      |           |  |
| e   | Publications, or published or broadcast statements?  |                 | Νo      |           |  |
| f   | Grants to other organizations for lobbying purposes?   |                 | Νo      |           |  |
| g   | Direct contact with legislators, their staffs, government officials, or a legislative body?  |                 | Νo      |           |  |
| h   | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  |                 | Νo      |           |  |
| i   | Other activities? If "Yes," describe in Part IV  | Yes             |         | 118,918   |  |
| j   | Total lines 1c through 1i  |                 |         | 118,918   |  |
| 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?   |                 |         |           |  |
| Par | t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).   | 1 <b>501</b> (c | )(5), o | r section |  |

|   |  |   | 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".

| 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).  |    |   |
|---|--|----|---|
| а | 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

Dues, assessments and similar amounts from members

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

| Ident if ier                             | Return Reference | Explanation   |
|--|------------------|---|
| Description of other lobbying activities |                  | THE UNIVERSITY RETAINED COUNSEL FROM CAPITOL HILL PARTNERS TO PROVIDE LOBBYING SERVICES RELATED TO FEDERAL LEGISLATION EFFECTING HIGHER EDUCATION AND UNIVERSITY OPERATIONS CAPITOL HILL PARTNERS WAS PAID \$118,918 DURING THE YEAR FOR SERVICES RENDERED IN ADDITION, THE UNIVERSITY IS A MEMBER OF THE ASSOCIATION OF INDEPENDENT CALIFORNIA COLLEGES AND UNIVERSITIES (AICCU), THE NATIONAL ASSOCIATION OF INDEPENDENT COLLEGES & UNIVERSITIES, THE NATIONAL ASSOCIATION OF COLLEGE AND UNIVERSITY BUSINESS OFFICERS (NACUBO) AND THE ASSOCIATION OF GOVERNING BOARDS (AGB) THESE ORGANIZATIONS LOBBY ON BEHALF OF HIGHER EDUCATION |

1

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493076003442

OMB No 1545-0047

**SCHEDULE D** (Form 990)

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

| Department of the Treasury Internal Revenue Service  Part IV, line 6, 7, 8, 9, 10, 11, or 12.  ► Attach to Form 990. ► See separate instructions. |   |   | Open to Public<br>Inspection  |                    |                        |  |
|---|---|---|---|--------------------|------------------------|--|
|   | me of the organi<br>IVERSITY OF THE PA          |   |   | Employer ide       | ntification number     |  |
| UN.   | TATE OF THE LA                                  | CII 1C  |   | 94-115626          | 5                      |  |
| Pa  |   | izations Maintaining Donor Ac<br>zation answered "Yes" to Form 99   | <b>Ivised Funds or Other Similar Fu</b><br>0, Part IV, line 6.  | unds or Acc        | ounts. Complete if the |  |
|   |   |   | (a) Donor advised funds   | (b) Funds          | s and other accounts   |  |
| 1   | Total number a                                  | t end of year   |   |                    |                        |  |
| 2   |   | ributions to (during year)  |   |                    |                        |  |
| 3   | 55 5 5  | ts from (during year)   |   |                    |                        |  |
| 4   |   | e at end of year  |   |                    |                        |  |
| 5   | funds are the o                                 | rganızatıon's property, subject to the o  | sors in writing that the assets held in don-<br>organization's exclusive legal control?   |                    | ┌ Yes ┌ No             |  |
| 6   | used only for c                                 | - · · · · · · · · · · · · · · · · · · ·   | donor advisors in writing that grant funds<br>efit of the donor or donor advisor, or for ar   | •                  | e Yes No               |  |
| Pa  | rt III Conse                                    | rvation Easements. Complete   | if the organization answered "Yes" to   | o Form 990, F      | Part IV, line 7.       |  |
| 2   | Preservati Protection Preservati Complete lines | conservation easements held by the or<br>on of land for public use (e g , recreation<br>of natural habitat<br>on of open space<br>2a-2d if the organization held a quali<br>ne last day of the tax year | <u> </u>  | ertified historio  | structure              |  |
|   |   |   | [   | Held               | at the End of the Year |  |
| а   | Total number o                                  | f conservation easements  |   | 2a                 |                        |  |
| b   | Total acreage                                   | restricted by conservation easements  |   | 2b                 |                        |  |
| С   |   | servation easements on a certified his  | ` ´   | 2c                 |                        |  |
| d   | Number of cons                                  | servation easements included in (c) ac  | equired after 8/17/06   | 2d                 |                        |  |
| 3   |   | servation easements modified, transfe<br>ar 🛌   | rred, released, extinguished, or terminate  | d by the organı    | zation during          |  |
| 4   | Number of stat                                  | es where property subject to conserva   | ition easement is located ►   |                    |                        |  |
| 5   |   | nization have a written policy regarding<br>the conservation easements it holds?  | the periodic monitoring, inspection, hand   | lling of violatioi | ns, and Yes No         |  |
| 6   | Staff and volun                                 | teer hours devoted to monitoring, insp  | ecting and enforcing conservation easem   | ents during the    | year <b>-</b>          |  |
| 7   | A mount of exp                                  | enses incurred in monitoring, inspectir   | ng, and enforcing conservation easements  | during the yea     | ır ► \$                |  |
| 8   |   | servation easement reported on line 2<br>) and 170(h)(4)(B)(II)?  | (d) above satisfy the requirements of sec   | tion               | ☐ Yes ☐ No             |  |
| 9   | balance sheet,<br>the organizatio               |   | onservation easements in its revenue and<br>he footnote to the organization's financial<br>nents                                      |                    |                        |  |
| Par   | <b>'t IIII Organ</b><br>Comple                  | izations Maintaining Collectio<br>ete ıf the organızatıon answered "  | ns of Art, Historical Treasures, (<br>Yes" to Form 990, Part IV, line 8.  | or Other Sin       | nilar Assets.          |  |
| 1a  | art, historical t                               | reasures, or other similar assets held  | 116, not to report in its revenue stateme<br>for public exhibition, education or researc<br>ancial statements that describes these it | h ın furtheranc    |                        |  |
| b   | historical treas                                |   | 116, to report in its revenue statement a<br>public exhibition, education, or research in   |                    |                        |  |
|   | (i) Revenues II                                 | ncluded in Form 990, Part VIII, line 1  |   | <b>▶</b> \$        |                        |  |
|   | (ii) Assets incl                                | uded in Form 990, Part X  |   | <b>►</b> \$        |                        |  |
| 2   |   | tion received or held works of art, histonts required to be reported under SFAS   | orical treasures, or other similar assets fo<br>S 116 relating to these items   |                    |                        |  |

Revenues included in Form 990, Part VIII, line 1

**b** Assets included in Form 990, Part X

| Par | Organizations Maintaining Co  | llections of Art,      | <u>Hist</u> | <u>orical Tre</u>                  | easures, or       | <u>Othe</u> | <u>er Similar As</u>         | sets (co        | ontinued)  |
|-----|---|------------------------|-------------|------------------------------------|-------------------|-------------|------------------------------|-----------------|--|
| 3   | Using the organization's accession and othe items (check all that apply)                        | r records, check any   | of the      | following th                       | at are a signific | cant ı      | ıse of its collect           | ion             |  |
| а   | ▼ Public exhibition   |                        | d           | Loan o                             | r exchange pro    | grams       | i .                          |                 |  |
| b   | Scholarly research  |                        | e           | C Other                            |                   |             |                              |                 |  |
| с   | ✓ Preservation for future generations   |                        |             |                                    |                   |             |                              |                 |  |
| 4   | Provide a description of the organization's co  | ollections and explain | n how       | they further                       | the organization  | n's e       | xempt purpose i              | n               |  |
| 5   | During the year, did the organization solicit of assets to be sold to raise funds rather than t |                        |             |                                    |                   |             |                              | ┌ Yes           | <b>▼</b> No                                      |
| Par | rt IV Escrow and Custodial Arrang<br>Part IV, line 9, or reported an an                         |                        |             |                                    |                   | ed "Y       | es" to Form 9                | 90,             |  |
| 1a  | Is the organization an agent, trustee, custod included on Form 990, Part X?                     | ian or other intermed  | diary fo    | or contributi                      | ons or other as   | sets        | not                          | ☐ Yes           | ┌ No   |
| b   | If "Yes," explain the arrangement in Part XIV   | / and complete the fo  | ollowir     | ng table                           |                   |             | An                           | ount            |  |
| 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 Fo  | orm 990. Part X. line  | 21?         |                                    |                   |             |                              | ☐ Yes           | ┌ No   |
| b   | If "Yes," explain the arrangement in Part XIV   |                        |             |                                    |                   |             |                              | ,               | ,  |
| Pa  | rt V Endowment Funds. Complete  |                        | answ        | rered "Yes                         | " to Form 990     | ), Pa       | rt IV, line 10.              |                 |  |
|     |   | (a)Current Year        | (b)         | Prior Year                         | (c)Two Years Ba   | ack         | (d)Three Years<br>Back       | (e)Four Y       | 'ears Back                                       |
| 1a  | Beginning of year balance   | 178,683,000            |             | 157,302,000                        | 202,978           | ,000        |                              |                 |  |
| b   | Contributions   | 3,082,000              |             | 4,360,000                          | 3,281             | ,000        |                              |                 |  |
| c   | Investment earnings or losses   | 38,012,000             |             | 22,640,000                         | -40,141           | ,000        |                              |                 |  |
| d   | Grants or scholarships  | 8,084,000              |             | 5,619,000                          | 8,816             | ,000        |                              |                 |  |
| e   | Other expenditures for facilities   | 0                      |             |                                    |                   |             |                              |                 |  |
| _   | and programs  | 0                      |             |                                    |                   |             |                              |                 |  |
| f   | Administrative expenses   | -                      |             | 170 (02 000                        | 157 202           | 000         |                              |                 |  |
| g   | End of year balance   | 211,693,000            |             | 178,683,000                        | 157,302           | ,000        |                              |                 |  |
| 2   | Provide the estimated percentage of the yea   |                        | 5           |                                    |                   |             |                              |                 |  |
| а   | Board designated or quasi-endowment 🕨   | 28 170 %               |             |                                    |                   |             |                              |                 |  |
| b   | Permanent endowment ► 71 830 %  |                        |             |                                    |                   |             |                              |                 |  |
| c   | Term endowment 🕨  |                        |             |                                    |                   |             |                              |                 |  |
| 3а  | Are there endowment funds not in the posses organization by                                     | ssion of the organizat | tion th     | at are held                        | and administer    | ed for      | the                          | Yes             | l Na   |
|     | (i) unrelated organizations   |                        |             |                                    |                   | _           | 3a(                          |                 | No   |
|     | (ii) related organizations  |                        |             |                                    |                   |             | 3a(                          |                 | No   |
| ь   | If "Yes" to 3a(II), are the related organization  |                        | on Sc       | hedule R?                          |                   |             | 3I                           |                 | <del>                                     </del> |
| 4   | Describe in Part XIV the intended uses of th  | e organization's endo  | owmer       | nt funds                           |                   |             |                              |                 |  |
| Pai | rt VI Investments—Land, Buildings   | s, and Equipmen        | t. Se       | e Form 99                          | 0, Part X, line   | e 10.       |                              |                 |  |
|     | Description of investment   |                        |             | (a) Cost or oth<br>pasis (investme |                   |             | (c) Accumulated depreciation | ( <b>d</b> ) Bo | ok value   |
| 1a  | Land  |                        |             |                                    | 6,26              | 3,174       |                              |                 | 6,263,174  |
| b   | Buildings   |                        |             |                                    | 327,96            | 3,016       | 146,821,364                  | 18              | 1,141,652  |
| c   | Leasehold improvements  |                        |             |                                    |                   |             |                              |                 | 0  |
| d   | Equipment   |                        | . [         |                                    | 112,30            | 4,785       | 59,366,797                   | 7 5             | 2,937,988  |
| е   | Other   | <u></u>                |             |                                    | 15,21             | 1,079       |                              | 1               | 5,211,079  |

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

255,553,893

| Part VII Investments—Other Securities. See F   | orm 990, Part X, line 12 |                 |                                       |
|--|--------------------------|-----------------|---------------------------------------|
| <ul><li>(a) Description of security or category<br/>(including name of security)</li></ul>   | ( <b>b)</b> Book value   |                 | d of valuation<br>f-year market value |
| (1)Financial derivatives   | 0                        | Cost of ella-of | -year market value                    |
|  | 0                        |                 |                                       |
| (2)Closely-held equity interests (3)O ther   | U                        |                 |                                       |
| (A) SECURITIES - US  | 245,193                  |                 | F                                     |
|  |                          |                 | _                                     |
| (B) HEDGE FUNDS & PRIVATE EQUITY   | 40,724,783               |                 | F                                     |
| (C) ASSETS HELD BY OTHERS  | 1,656,577                |                 | F                                     |
|  |                          |                 | <u> </u>                              |
| (D) REAL PROPERTY  | 268,900                  |                 | F                                     |
|  |                          |                 |                                       |
|  |                          |                 |                                       |
|  |                          |                 |                                       |
|  |                          |                 |                                       |
|  |                          |                 |                                       |
|  |                          |                 |                                       |
|  |                          |                 |                                       |
|  |                          |                 |                                       |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 12)   | 42,895,453               |                 |                                       |
| Part VIII Investments—Program Related. See   | Form 990, Part X, line : | 1               | J - 6 1 1                             |
| (a) Description of investment type   | ( <b>b)</b> Book value   |                 | d of valuation<br>f-year market value |
|  |                          | 2001010114      | y dar market value                    |
|  |                          |                 |                                       |
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|  |                          |                 |                                       |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )  |                          |                 |                                       |
| Part IX Other Assets. See Form 990, Part X, line   | e 15.                    |                 |                                       |
| (a) Descript   |                          |                 | (b) Book value                        |
|  |                          |                 |                                       |
|  |                          |                 |                                       |
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|  |                          |                 |                                       |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line 15  | 5.)                      |                 |                                       |
| Part X Other Liabilities. See Form 990, Part X,  | , line 25.               |                 |                                       |
| 1 (a) Description of Liability   | (b) A mount              |                 |                                       |
| Federal Income Taxes   | 0                        |                 |                                       |
| ASSET RETIREMENT OBLIGATION  | 6,692,734                |                 |                                       |
| FEDERAL STUDENT LOAN PROGRAM   | 28,901,076               |                 |                                       |
| CAPITAL LEASE OBLIGATIONS  | 3,776,725                |                 |                                       |
| EARLY RETIREMENT RESERVES  | 2,280,993                |                 |                                       |
| SELF INSURANCE RESERVES  | 6,048,387                |                 |                                       |
| ANNUITY & UNITRUST RESERVES  | 9,092,741                |                 |                                       |
| ATTION TO THE TRUE TO THE TENT OF THE TENT | 5,032,741                |                 |                                       |
|  |                          |                 |                                       |
|  |                          |                 |                                       |
|  |                          |                 |                                       |
|  |                          |                 |                                       |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )  | 56,792,656               |                 |                                       |
|  | , , 0                    |                 |                                       |

| Jenee       | Tale D (1 01111 330) 2010                    |   |                       |                        |   |                       | raye <del>-</del>                         |
|-------------|--|---|-----------------------|------------------------|---|-----------------------|---|
| Par         | t XII Reconciliation of C                    | Change in Net Assets from Fo  | rm 99                 | 0 to I                 | Financial Stateme   | nts                   | 1   |
| 1           | Total revenue (Form 990, Part                | VIII, column (A), line 12)  |                       |                        |   | 1                     | 380,213,256                               |
| 2           | Total expenses (Form 990, Pa                 | rt IX, column (A), line 25)   |                       |                        |   | 2                     | 361,639,968                               |
| 3           | Excess or (deficit) for the year             | Subtract line 2 from line 1   |                       |                        |   | 3                     | 18,573,288                                |
| 4           | Net unrealized gains (losses) o              | on investments  |                       |                        |   | 4                     |   |
| 5           | Donated services and use of fa               |   |                       |                        |   | 5                     |   |
| 6           | Investment expenses                          |   |                       |                        |   | 6                     |   |
| 7           | Prior period adjustments                     |   |                       |                        |   | 7                     |   |
| 8           | Other (Describe in Part XIV)                 |   |                       |                        |   | 8                     | 25,343,910                                |
| 9           | Total adjustments (net) Add I                | nos 4 - 8   |                       |                        |   | 9                     | 25,343,910                                |
| 10          |  |   |                       |                        |   | 10                    | 43,917,198                                |
|             |  | per financial statements Combine li<br>Revenue per Audited Financia               |                       |                        | ts With Pavanua r   |                       |   |
| 1           |  | er support per audited financial state  |                       |                        |   | 1                     | 317,122,894                               |
| 2           |  | ut not on Form 990, Part VIII, line 12  |                       |                        |   |                       |   |
| a           |  | tments  | 1                     | 2a                     |   |                       |   |
| b           | •  | acilities   | .                     | 2b                     |   |                       |   |
| c           | Recoveries of prior year grant               |   | ·                     | 2c                     |   |                       |   |
| d           | Other (Describe in Part XIV)                 |   |                       | 2d                     | 0   |                       |   |
| e           | Add lines 2a through 2d .                    |   |                       |                        |   | 2e                    | 0   |
| 3           | Subtract line <b>2e</b> from line <b>1</b> . |   |                       |                        |   | 3                     | 317,122,894                               |
| 4           | A mounts included on Form 99                 | 00, Part VIII, line 12, but not on line   | 1                     |                        |   |                       | · · ·                                     |
| а           | Investment expenses not inc                  | luded on Form 990, Part VIII, line 7b   |                       | 4a                     |   |                       |   |
| b           | Other (Describe in Part XIV)                 |   |                       | 4ь                     | 63,090,362  |                       |   |
| c           | Add lines 4a and 4b                          |   |                       |                        |   | 4c                    | 63,090,362                                |
| 5           | Total Revenue Add lines <b>3</b> ar          | ıd <b>4c.</b> (Thıs should equal Form 990, P                                      | art I, lın            | e 12)                  |   | 5                     | 380,213,256                               |
| Part        | XIII Reconciliation of E                     | xpenses per Audited Financ  | ial Sta               | teme                   | nts With Expenses   | per                   | Return                                    |
| 1           | Total expenses and losses pe                 | r audited financial   |                       |                        |   | _                     | 303,356,530                               |
| -           | statements                                   |   |                       |                        |   | 1                     |   |
| 2           | Donated services and use of f                | it not on Form 990, Part IX, line 25  |                       | ۱                      | I   |                       |   |
| a           |  |   |                       | 2a                     |   | -                     |   |
| b           | Prior year adjustments                       |   |                       | 2b                     |   | -                     |   |
| c           | Other losses Other (Describe in Part XIV)    |   | •                     | 2c<br>2d               | 0   | -                     |   |
| d           | Add lines 2a through 2d                      |   |                       |                        | <u> </u>  | 1                     | 0   |
| е<br>3      | Subtract line 2e from line 1 .               |   |                       |                        |   | 2e<br>3               | 303,356,530                               |
| 4           |  | 0, Part IX, line 25, but not on line <b>1</b> :                                   |                       |                        |   |                       | 303,330,330                               |
| a           |  | uded on Form 990, Part VIII, line 7b  |                       | 4a                     | I   |                       |   |
| b           | Other (Describe in Part XIV)                 |   |                       | 4a<br>4b               | 58,283,438  |                       |   |
| c           | Add lines 4a and 4b                          |   | •                     | 40                     | 30,203,430  | 4c                    | 58,283,438                                |
| 5           |  | nd <b>4c.</b> (This should equal Form 990, I                                      | Part I lu             | <br>na 18              |   | 5                     | 361,639,968                               |
|             | t XIV Supplemental In                        |   | art I, III            | 116 10                 | <u>,</u>  |                       | 301,033,300                               |
| Con<br>Part | nplete this part to provide the de           | scriptions required for Part II, lines 3<br>, Part XII, lines 2d and 4b, and Part |                       |                        |   |                       |   |
|             | Ident if ier                                 | Return Reference  |                       |                        | Explanat  | ion                   |   |
| Colle       | ctions of art - description of<br>tions      | Schedule D, Part III, Line 4  | COLL<br>LIBRA<br>RESE | ECTIO<br>ARY'S<br>ARCH | RSITY'S HOLT-ATHER<br>ONS DEPARTMENT HO<br>NON-CIRCULATING R<br>MATERIALS THE MIS<br>ONS IS TO COLLECT, I | USES<br>ARE A<br>SION | THE UNIVERSITY<br>ND UNIQUE<br>OF SPECIAL |

| Ident if ier  | Return Reference   | Explanat ion   |
|---|--|--|
| Collections of art - description of collections   | Schedule D, Part III, Line 4                               | THE UNIVERSITY'S HOLT-ATHERTON SPECIAL COLLECTIONS DEPARTMENT HOUSES THE UNIVERSITY LIBRARY'S NON-CIRCULATING RARE AND UNIQUE RESEARCH MATERIALS THE MISSION OF SPECIAL COLLECTIONS IS TO COLLECT, PRESERVE, AND PROVIDE ACCESS TO MANUSCRIPT COLLECTIONS, A SPECIALIZED BOOK COLLECTION, AND THE UNIVERSITY ARTHURES FOR STUDENTS AND FACULTY OF THE UNIVERSITY OF THE PACIFIC AND THE GENERAL PUBLIC THE BRUBECK COLLECTION UNIVERSITY OF THE PACIFIC ALUMNI DAVE AND IOLA BRUBECK ESTABLISHED THE BRUBECK COLLECTION AND THE BRUBECK INSTITUTE IN CONJUNCTION WITH THEIR ALMA MATER TO PRESERVE, PROMOTE, AND PASS ON THE RICH LEGACY OF JAZZ TO FUTURE GENERATIONS THE BRUBECK COLLECTION IS A UNIQUE ACCUMULATION OF MATERIALS REPRESENTING OVER SEVENTY YEARS IN THE CREATIVE LIFE OF ONE OF JAZZ'S MOST RENO WNED PRACTITIONERS IT INCLUDES, IN ITS 350+LINEAR FEET, A VAST ARRAY OF BUSINESS PAPERS, CORRESPONDENCE, MUSICAL SCORES, PHOTOGRAPHS, AND AUDIO AND VIDEO RECORDINGS JOHN MUIR PAPERS SINCE 1970, HOLT-ATHERTON SPECIAL COLLECTIONS HAS BEEN THE REPOSITORY FOR THE JOHN MUIR PAPERS FOR DIVIN ARE HOUSED AT THE HOLT-ATHERTON SPECIAL COLLECTIONS THE JOHN MUIR PAPERS INCLUDE CORRESPONDENCE, JOURNALS AND SKETCHES, PHOTOGRAPHS, MAPS, MEMORABILIA, SCRAPBOOKS, MANUSCRIPTS, DRAWINGS AND SKETCHES, PHOTOGRAPHS, MAPS, MEMORABILIA, SCRAPBOOKS, AND MISCELLANEOUS PAPERS WESTERN AMERICANA COLLECTIONS THE PRIMARY FOCUS OF THE MANUSCRIPT COLLECTIONS THE PRIMARY FOCUS OF THE MANUSCRIPT COLLECTIONS THE HISTORY OF CALLFORNIA, EMPHASIZING STOCKTON AND THE NORTHERN SAN JOAQUIN VALLEY MORE THAN 400 COLLECTIONS OF JUNIQUE MATERIALS SUPPORT RESEARCH IN A WIDE VARIETY OF DISCIPLINES LETTERS, PHOTOGRAPHS, DIARIES, BOOKS, MAPS, SUSINESS RECORDS, AND OTHER ARCHIVAL RECORDS DOCUMENT TOPICS SUCH AS THE GOLD RUSH AND MINING INDUSTRY, PIONEER EXPERTINGLY OVERLAND JOURNEYS, AGRICULTURE, EDUCATION, BUSINESS, CRIME, RELIGION, LITERATURE, TRANSPORTATION, POLITICS, WATER DEVELOPMENT, THEATER, AND WOMEN'S AND ETHNIC HISTORY FROM THE MID-NINETEENTH THROUGH THE TWENTIETH CENTURY THE GI |
| Intended uses of endowment funds  | Schedule D, Part V, Line 4                                 | PSYCHO  THE UNIVERSITY'S ENDOWMENT FUNDS INCLUDE QUASIENDOWED FUNDS ESTABLISHED BY THE BOARD OF REGENTS AND PERMANENTLY RESTRICTED ENDOWMENT FUNDS ESTABLISHED BY DONORS ENDOWED FUNDS ARE INVESTED IN PERPETUITY IN ACCORDANCE WITH THE UNIVERSITY'S INVESTMENT AND SPENDING POLICIES QUASI-ENDOWED FUNDS ARE RESTRICTED TO VARIOUS USES AS APPROVED BY THE BOARD OF REGENTS DONOR-RESTRICTED FUNDS INCLUDE FUNDS INVESTED FOR PURPOSES OF FUNDING STUDENT SCHOLARSHIPS, INVESTMENT IN PLANT, AND PROGRAM SUPPORT   |
| FIN 48 (ASC 740) footnote   | Schedule D, Part X, Line 2                                 | THE UNIVERSITY FOLLOWS FINANCIAL ACCOUNTING STANDARDS BOARD INTERPRETATION (FASB) ASC SUBTOPIC 740-10, INCOME TAXES - OVERALL (FORMERLY KNOWN AS FASB INTERPRETATION NO 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, AN INTERPRETATION OF FASB STATEMENT NO 109), AND ESTABLISHES FOR ALL ENTITIES, INCLUDING PASS-THROUGH ENTITIES, A MINIMUM THRESHOLD FOR FINANCIAL STATEMENT RECOGNITION OF THE BENEFIT OF POSITIONS TAKEN IN FILING TAX RETURNS (INCLUDING WHETHER AN ENTITY IS TAXABLE IN A PARTICULAR JURISDICTION) AND REQUIRES CERTAIN EXPANDED TAX DISCLOSURES NO SUCH UNCERTAIN TAX POSITIONS EXIST FOR THE UNIVERSITY AS OF JUNE 30, 2011   |
| Other changes in net assets  Other revenues in form 990 not in audited financial statements | Schedule D, Part XI, Line 8  Schedule D, Part XII, Line 4b | UNREALIZED INVESTMENT GAINS - 23763848,<br>ACTUARIAL GAIN ON TRUST & ANNUITY - 1580062,<br>FINANCIAL AID - 61024152, UNREALIZED INVESTMENT<br>GAINS23763848, ACTUARIAL GAIN ON TRUST &   |
| Other expenses in form 990 not in   | Schedule D, Part XIII, Line 4b                             | ANNUITY1580062, INVESTMENT GAINS - 30150836, COST OF GOODS SOLD2740716,  FINANCIAL AID - 61024152, COST OF GOODS SOLD  |
| audited financial statements  |  | 2740716, ROUNDING - 2,   |

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As Filed Data -

DLN: 93493076003442

## OMB No 1545-0047

2010

Open to Public

SCHEDULE E (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service ► 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.

**Schools** 

Name of the organization UNIVERSITY OF THE PACIFIC

Employer identification number

94-1156266 Part I YES NO 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 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 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 Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? 5c Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? N o 5f g Athletic programs? Νo 5g h Other extracurricular activities? 5h Νo 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 Νo 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)

| ldentifier   | Return<br>Reference    | Explanation  |
|--|------------------------|--|
| Financial aid or assistance from a governmental agency | Schedule E,<br>Line 6a | DURING THE TAX YEAR ENDING ON 06/30/2011, THE UNIVERSITY RECEIVED SUPPORT FROM VARIOUS FEDERAL AND STATE GOVERNMENTAL AGENCIES TOTALING \$44,085,019 |

Schedule E (Form 990 or 990-EZ) 2010

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As Filed Data -

DLN: 93493076003442

OMB No 1545-0047

Open to Public **Inspection** 

## **SCHEDULE F** (Form 990)

Department of the Treasury Internal Revenue Service

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

**Statement of Activities Outside the United States** 

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

Employer identification number

| ΝI | VERSITY OF THE PACIFIC   |   |  |   |  |  |  |  |  |  |
|----|--|---|--|---|--|--|--|--|--|--|
|    |  |   |  |   | 94-1156266   |  |  |  |  |  |
| Pa | rt I General Informatio<br>"Yes" to Form 990, Pa   |   |  | the United States. (  | Complete if the organiza   | ation answered   |  |  |  |  |
| 1  | For grantmakers. 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? |   |  |   |  |  |  |  |  |  |
| 2  | <b>For grant makers.</b> Describe in Pa<br>United States   | art V the organi                          | zatıon's procedı   | ires for monitoring the us  | e of grant funds outside th  | е  |  |  |  |  |
| 3  | Activites per Region (Use Part   | V ıf addıtıonal :                         | space is needed  | )   |  |  |  |  |  |  |
|    | (a) Region   | (b) Number of<br>offices in the<br>region | (c) Number of employees or agents in region of independent contractors | (d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total<br>expenditures for<br>region/investments<br>in region |  |  |  |  |
|    | EAST ASIA AND THE PACIFIC  | 0   | 0  | PROGRAM SERVICES  | EXPERIENTIAL<br>EDUCATION IN CHINA   | 237,67   |  |  |  |  |
|    | EUROPE (INCLUDING ICELAND AND GREENLAND)   | 1   | 1  | PROGRAM SERVICES  | STUDY ABROAD   | 296,73   |  |  |  |  |
|    | CENTRAL AMERICA AND THE CARIBBEAN  | 0   | 0  | PROGRAM SERVICES  | STUDY ABROAD   | 52,35  |  |  |  |  |
|    | SOUTH AMERICA  | 0   | 0  | PROGRAM SERVICES  | STUDY ABROAD   | 1,41   |  |  |  |  |
|    | SUB SAHARAN AFRICA   | 0   | 0  | PROGRAM SERVICES  | STUDY ABROAD   | 25   |  |  |  |  |
|    | MIDDLE EAST AND NORTH<br>AFRICA  | 0   | 0  | PROGRAM SERVICES  | PUBLICATION  | 60   |  |  |  |  |
|    | EUROPE (INCLUDING ICELAND AND GREENLAND)   |   |  | PASSIVE<br>INVESTMENTS  |  | 6,642,33   |  |  |  |  |
|    | CENTRAL AMERICA AND THE CARIBBEAN  |   |  | PASSIVE<br>INVESTMENTS  |  | 14,823,49  |  |  |  |  |
|    | CENTRAL AMERICA AND THE CARIBBEAN  | 0   | 0  | FUNDRAISING   |  | 3,01   |  |  |  |  |
|    | NORTH AMERICA (CANADA & MEXICO ONLY)   | 0   | 0  | PROGRAM SERVICES  | COMMENCEMENT<br>SPEAKER  | 4,20   |  |  |  |  |
|    |  |   |  |   |  |  |  |  |  |  |
|    |  |   |  |   |  |  |  |  |  |  |
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|    |  |   |  |   |  |  |  |  |  |  |
| 3a | Sub-total  |   |  |   |  |  |  |  |  |  |

**b** Total from continuation sheets

c Totals (add lines 3a and 3b)

to Part I

22,062,077

| Part | Part IV, lı   | ne 15, for any  |  |  |  |  | olete if the organizate<br>received more than |  |  |
|------|---|---|--|--|--|--|---|--|--|
|      | <b>a)</b> Name of<br>rganization                      | (b) IRS code<br>section<br>and EIN (if<br>applicable) | (c) Region                                   | (d) Purpose of<br>grant                      | (e) A mount of<br>cash grant               | (f) Manner of<br>cash<br>disbursement      | (g) A mount of<br>of non-cash<br>assistance   | (h) Description<br>of non-cash<br>assistance | (i) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) |
|      |   |   |  |  |  |  |   |  |  |
|      |   |   |  |  |  |  |   |  |  |
|      |   |   |  |  |  |  |   |  |  |
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|      |   |   |  |  |  |  |   |  |  |
|      |   |   |  |  |  |  |   |  |  |
| 2    | Enter total nun<br>tax-exempt by                      | hber of reciple<br>the IRS, or fo                     | ent organizations lis<br>or which the grante | ted above that are i<br>e or counsel has pro | ecognized as chari<br>ovided a section 50: | ties by the foreign of 1(c)(3) equivalency | country, recognized<br>letter                 | <br>as<br>. ▶                                |  |
| 3    | Enter total number of other organizations or entities |   |  |  |  |  |   |  |  |

| Part III | Grants and Ot    | her Assistance to     | Individuals | Outside the Unit | ed States. Complete | ıf the organızatıon a | nswered "Yes" to Form 9 | 990, Part IV, line 16. |
|----------|------------------|-----------------------|-------------|------------------|---------------------|-----------------------|-------------------------|------------------------|
|          | Use Part V if ad | ditional space is ne- | eded.       |                  |                     |                       |                         |                        |
|          |                  |                       |             |                  |                     |                       |                         |                        |

| (a) Type of grant or assistance | ( <b>b)</b> Region | (c) Number of recipients | ( <b>d)</b> A mount of<br>cash grant         | (e) Manner of cash<br>disbursement | (f) A mount of non-cash | (g) Description of non-cash | (h) Method of valuation          |
|---------------------------------|--------------------|--------------------------|--|------------------------------------|-------------------------|-----------------------------|----------------------------------|
|                                 |                    |                          |  |                                    | assistance              | assistance                  | (book, FMV,<br>appraisal, other) |
|                                 |                    |                          | <u> </u>                                     |                                    |                         | 1                           |                                  |
|                                 |                    |                          | <u>.                                    </u> |                                    | !                       |                             |                                  |
|                                 |                    |                          | <u>.                                    </u> |                                    |                         |                             |                                  |
|                                 |                    |                          | <u> </u>                                     |                                    | !                       |                             |                                  |
|                                 |                    |                          | <u> </u>                                     |                                    | !                       |                             |                                  |
|                                 |                    |                          | <u> </u>                                     |                                    | !                       |                             |                                  |
|                                 |                    |                          | <u> </u>                                     |                                    | !                       |                             |                                  |
|                                 |                    |                          |  |                                    |                         |                             |                                  |
|                                 |                    |                          |  |                                    |                         |                             |                                  |
|                                 |                    |                          |  |                                    |                         |                             |                                  |
|                                 |                    |                          |  |                                    |                         |                             |                                  |
|                                 |                    |                          |  |                                    |                         |                             |                                  |
|                                 |                    |                          |  |                                    |                         |                             |                                  |
|                                 |                    |                          |  |                                    |                         |                             |                                  |
|                                 |                    |                          |  |                                    |                         |                             |                                  |
|                                 |                    |                          |  |                                    |                         |                             |                                  |
|                                 |                    |                          | 1  |                                    | !                       |                             |                                  |
|                                 |                    |                          | 1  |                                    | ,                       |                             |                                  |

## Part IV Foreign Forms

| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)   | 굣 | Yes | Г  | _            | Νo |
|---|--|---|-----|----|--------------|----|
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)  | Γ | Yes | F  | <del>-</del> | Νo |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)  | Γ | Yes | F  | <del>,</del> | Νo |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621) | Г | Yes | Į. | <del>-</del> | Νo |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)  | Г | Yes | Į. | <del>-</del> | Νo |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).   | Г | Yes | [· | <del>-</del> | Νo |

Schedule F (Form 990) 2010

Schedule F (Form 990) 2010

Page **5** 

Part V Supplemental Information
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

| ldentifier  | Return<br>Reference   | Explanation   |
|---|-----------------------|---|
| GENERAL INFORMATION ON<br>ACTIVITIES OUTSIDE THE<br>UNITED STATES | SCHEDULE F,<br>PART I | THE AMOUNTS LISTED IN COLUMN (F) FOR PACIFIC'S INVESTMENTS IN EUROPE AND CENTRAL AMERICAN/CARIBBEAN REFER TO THE FAIR MARKET VALUE OF INVESTMENTS FOR THAT PARTICULAR REGION, NOT SOLELY THE EXPENDITURES FOR THE 2010 TAX YEAR, AS REQUIRED BY THE IRS |

| ldentifier   | Return<br>Reference              | Explanation  |
|--|----------------------------------|--|
| PROCEDURE<br>FOR<br>MONITORING<br>USE OF GRANT<br>FUNDS OUTSIDE<br>THE U S | SCHEDULE<br>F, PART I,<br>LINE 2 | UNIVERSITY OF THE PACIFIC'S CAMPUSES ARE LOCATED IN THE MAJOR PORT CITY OF STOCKTON, THE CALIFORNIA CAPITAL OF SACRAMENTO, AND THE WORLD CULTURAL AND BUSINESS CENTER OF SAN FRANCISCO, GIVING THE UNIVERSITY UNIQUE OPPORTUNITIES TO IMPLEMENT PROGRAMS AROUND THE PACIFIC RIM AND ELSEWHERE THE UNIVERSITY'S STRATEGIC INTERNATIONAL PARTNERSHIPS SERVE THREE PURPOSES TO PROVIDE EXPERIENTIAL LEARNING OPPORTUNITIES FOR ITS STUDENTS, TO PROVIDE PUBLIC SERVICE IN DEVELOPING MARKETS AND REGIONS, AND TO PROVIDE INTENSIVE ACADEMIC EXPERIENCES WHERE APPROPRIATE IN FIELDS SUCH AS INTERNATIONAL LAW THE UNIVERSITY ENCOURAGES STUDY ABROAD FOR ITS OWN STUDENTS, AND OFFERS INTENSIVE UNDERGRADUATE AND PROFESSIONAL PROGRAMS FOR INTERNATIONAL STUDENTS ON ALL THREE OF ITS CAMPUSES ALL INTERNATIONAL PROGRAMS AND RELATED FINANCIAL RESOURCES ARE MONITORED CLOSELY BY PROGRAM DIRECTORS AND UNIVERSITY LEADERSHIP, AND REPORTED TO THE CONTROLLER'S OFFICE GOVERNMENT FUNDED GRANTS ARE CLOSELY MONITORED BY THE OFFICE OF SPONSORED PROGRAMS AND GRADUATES STUDIES, AND THE CONTROLLER'S OFFICE ALSO, FEDERALLY FUNDED AWARDS ARE INCORPORATED INTO THE UNIVERSITY'S ANNUAL AUDIT IN COMPLIANCE WITH THE PROVISIONS OF US OMB CIRCULAR A-133 |

Schedule F (Form 990) 2010

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As Filed Data -

DLN: 93493076003442

OMB No 1545-0047

**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. P See separate instructions.

**Open to Public** Inspection

No

Name of the organization UNIVERSITY OF THE PACIFIC **Employer identification number** 

94-1156266

| Part I | Fundraising | a Activities. | Complete if | f the d | organization | answered | "Yes" to | Form 990. | . Part IV. | line 1 | 7. |
|--------|-------------|---------------|-------------|---------|--------------|----------|----------|-----------|------------|--------|----|
|        |             |               |             |         |              |          |          |           |            |        |    |

- Indicate whether the organization raised funds through any of the following activities. Check all that apply
- Mail solicitations e Solicitation of non-government grants
- Solicitation of government grants ▼ Internet and e-mail solicitations
- Special fundraising events Phone solicitations
- ▼ In-person solicitations
- Did the organization have a written or oral agreement with any individual (including officers, directors, trustees

|   | or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  | ~ | Yes | ľ |
|---|---|---|-----|---|
| _ | TEWAS "list the ten highest and individuals or entities (finducious) niverient to great made which the finducio |   |     |   |

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<br>individual<br>or entity (fundraiser)    | (ii) Activity          | (iii) Did<br>fundraiser have<br>custody or<br>control of<br>contributions? |    | (iv) Gross receipts<br>from activity | (v) A mount paid to<br>(or retained by)<br>fundraiser listed in<br>col (i) | (vi) A mount paid to<br>(or retained by)<br>organization |
|--|------------------------|--|----|--------------------------------------|--|--|
|  |                        | Yes  | No |                                      |  |  |
| RUFFALO CODY LLC<br>PO BOX 3018<br>CEDAR RAPIDS, IA 52406          | A LUMNI<br>FUNDRAISING |  | No | 367,192                              | 124,165  | 243,027  |
| HARRIS CONNECT LLC<br>1511 ROUTE 22 STE C-25<br>BREWSTER, NY 10509 | A LUMNI<br>FUNDRAISING |  | No | 163,486                              | 87,116   | 76,370   |
| Total  |                        |  | ٠  | 530,678                              | 211,281  | 319,397  |

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

AK, AZ, CA, CO, HI, UT, WA

| Pai         | t II  | Fundraising Events. Com more than \$15,000 on Form             |  |  |                                     |  |  |  |  |
|-------------|---|--|--|--|-------------------------------------|--|--|--|--|
|             |   |  | (a) Event #1  GOLF TOURNAMENT (event type) | (b) Event #2  ORANGE & BLACK BALL  (event type)  | (c) O ther Events  6 (total number) | (d) Total Events<br>(Add col (a) through<br>col (c)) |  |  |  |
| ЖЛÐ         | 1   | Gross receipts   | 174,734                                    | 147,742  | 198,830                             | 521,306  |  |  |  |
| Revenue     | 2   | Less Charitable contributions                                  | 81,330                                     | 70,427   | 119,678                             | 271,435  |  |  |  |
|             | 3   | Gross income (line 1 minus line 2)                             | 93,404                                     | 77,315   | 79,152                              | 249,871  |  |  |  |
|             | 4   | Cash prizes  | (  | 1,000  | 0                                   | 1,000  |  |  |  |
| s           | 5   | Non-cash prizes  | 7,851                                      | 60,986   | 379                                 | 69,216   |  |  |  |
| Expenses    | 6   | Rent/facility costs  | 78,043                                     | 3 C  | 13,176                              | 91,219   |  |  |  |
|             | 7   | Food and beverages   |  |  |                                     | 0  |  |  |  |
| Direct      | 8   | Entertainment  |  |  |                                     | 0  |  |  |  |
| ₫           | 9   | Other direct expenses .  | 14,767                                     | 161,961  | 53,837                              | 230,565  |  |  |  |
|             | 10  | Direct expense summary Add line                                | es 4 through 9 ın column                   | (d)  | •                                   | 392,000  |  |  |  |
|             | 11  | Net income summary Combine li                                  | nes 3 and 10 ın column (                   | d)   |                                     | -142,129   |  |  |  |
| Par         | t II  | <b>Gaming.</b> Complete if the or \$15,000 on Form 990-EZ, lir |  | "Yes" to Form 990, Pa                            | rt IV, line 19, or repo             | rted more than                                       |  |  |  |
| Revenue     |   |  | (a) Bingo                                  | (b) Pull tabs/Instant<br>bingo/progressive bingo | (c) O ther gaming                   | (d) Total gaming<br>(Add col (a) through<br>col (c)) |  |  |  |
| <u> </u>    | 1   | Gross revenue  |  |  |                                     |  |  |  |  |
|             | 2   | Cash prizes  |  |  |                                     |  |  |  |  |
| penses      | 3   | Non-cash prizes  |  |  |                                     |  |  |  |  |
| Direct Exp  | 4   | Rent/facility costs  |  |  |                                     |  |  |  |  |
| <u>D</u>    | 5   | Other direct expenses  |  |  |                                     |  |  |  |  |
|             | 6   | Volunteer labor  | Γ Yes %<br>Γ No                            | ┌ Yes % ┌ No                                     | ┌ Yes % ┌ No                        |  |  |  |  |
|             | 7   | Direct expense summary Add lines                               | s 2 through 5 in column (                  | d)   | 🕨                                   |  |  |  |  |
|             | 8   | Net gaming income summary Com                                  | bine lines 1 and 7 in colu                 | ımn (d)  | 🕨                                   |  |  |  |  |
| 9<br>a<br>b | 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? |  |  |  |                                     |  |  |  |  |
| 10a<br>b    |   | re any of the organization's gaming l<br>Yes," Explain         |  |  | the tax year?                       | · · Fyes Fno   |  |  |  |

|         | Identifier                       | ReturnReference  | Explanation                            |                                  |
|---------|----------------------------------|--|--|----------------------------------|
|         | instructions.)                   | novide additional illiorniation for                              | responses to question on schedule o    | (366                             |
| Dag     |                                  | activities during the tax year * \$                              | responses to question on Schedule G    | (500                             |
| b       |                                  | required under state law distributed to                          | o other exempt organizations or spent  |                                  |
|         |                                  |  |  | ┌ <sub>Yes</sub> ┌ <sub>No</sub> |
| а       |                                  | er state law to make charitable distribu                         |  | _                                |
| 17      | Mandatory distributions          |  |  |                                  |
|         | Director/officer                 | Employee   | Independent contractor                 |                                  |
|         | Description of services provided | F  |  |                                  |
|         | Description of a success success |  |  |                                  |
|         | Gaming manager compensation      | <b>*</b> \$  |  |                                  |
|         | Name 🟲                           |  |  |                                  |
|         |                                  |  |  |                                  |
| 16      | Gaming manager information       |  |  |                                  |
|         |                                  |  |  |                                  |
|         | A ddress ►                       |  |  |                                  |
|         | Name 🟲                           |  |  |                                  |
| _       | •                                | ,  |  |                                  |
| c       | If "Yes," enter name and address |  |  |                                  |
| b       |                                  | ning revenue received by the organizated by the third party 🟲 \$ | ion 🟲 \$ and the                       |                                  |
|         |                                  |  |  | · Yes No                         |
| 15a     |                                  | ntract with a third party from whom the                          |  |                                  |
|         |                                  |  |  |                                  |
|         | Address 🟲                        |  |  |                                  |
|         |                                  |  |  |                                  |
|         | Name <b>▶</b>                    |  |  |                                  |
|         | records                          |  |  |                                  |
| 14      |                                  |  | tion's gaming/special events books and |                                  |
| ь       |                                  |  | 13b                                    |                                  |
| 13<br>a | Indicate the percentage of gamin |  | 13a                                    |                                  |
| 13      |                                  |  |  | · Yes No                         |
| 12      |                                  | neficiary or trustee of a trust or a mem                         |  |                                  |
| 11      |                                  |  |  | · Fyes Fno                       |
|         |                                  |  |  |                                  |

| Identifier  | ReturnReference | Explanation   |
|---|-----------------|---|
| DISTINGUISHING PAYMENTS FOR<br>PROFESSIONAL FUNDRAISING<br>SERVICES |                 | HARRIS CONNECT LLC (FORMERLY IDC, LTD ) IS A REGISTERED COMMERCIAL FUNDRAISER FOR CHARITABLE PURPOSES IN THE STATE OF CALIFORNIA AND PROVIDES ALUMNI FUNDRAISING SERVICES TO THE UNIVERSITY FINANCIAL REPORTS AND HARRIS CONNECT ACTIVITIES CONDUCTED ON BEHALF OF THE UNIVERSITY ARE FILED ANNUALLY WITH THE CALIFORNIA STATE ATTORNEY GENERAL'S OFFICE IN ACCORDANCE WITH CHARITABLE SOLICITATION REGULATIONS |

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Schedule I

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

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

OMB No 1545-0047

DLN: 93493076003442

Open to Public **Inspection** 

Department of the Treasury Internal Revenue Service

(Form 990)

Name of the organization UNIVERSITY OF THE PACIFIC

Employer identification number

94-1156266

|  | 0                     |                         |                       |                        |                      | 94-1156266               |                      |
|--|-----------------------|-------------------------|-----------------------|------------------------|----------------------|--------------------------|----------------------|
| Part I General Informatio  |                       |                         |                       |                        |                      |                          |                      |
| Does the organization maintain in<br>the selection criteria used to aw |                       |                         |                       |                        |                      |                          | Г Yes Г I            |
| 2 Describe in Part IV the organiza                                     |                       |                         |                       |                        |                      |                          | , , , , ,            |
| Part II Grants and Other As  | ssistance to Go       | vernments and O         | rganizations in the   | United States. Con     | nplete if the orgai  | nızatıon answered "Y     | es" to               |
| Form 990, Part IV, line  | e 21 for any recip    | ient that received r    | nore than \$5,000. Ch | eck this box if no one | recipient receive    | d more than \$5,000      |                      |
| duplicated if additional   | I space is needed     |                         |                       |                        |                      | • 1                      |                      |
| 1 (a) Name and address of  | (b) EIN               | (c) IRC Code            | (d) A mount of cash   | (e) A mount of non-    | (f) Method of        | (g) Description of       | (h) Purpose of grai  |
| organization   | (2) = 1.1             | section                 | grant                 | cash                   | valuation            | non-cash assistance      |                      |
| or government  |                       | ıf applıcable           |                       | assistance             | (book, FMV,          |                          |                      |
|  |                       |                         |                       |                        | appraisal,<br>other) |                          |                      |
|  |                       |                         |                       |                        |                      |                          |                      |
|  |                       |                         |                       |                        |                      |                          |                      |
|  |                       |                         |                       |                        |                      |                          |                      |
|  |                       |                         |                       |                        |                      |                          |                      |
|  |                       |                         |                       |                        |                      | +                        |                      |
|  |                       |                         |                       |                        |                      |                          |                      |
|  |                       |                         |                       |                        |                      |                          |                      |
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|  |                       |                         |                       |                        |                      |                          |                      |
|  |                       |                         |                       |                        |                      |                          |                      |
|  |                       |                         |                       |                        |                      |                          |                      |
|  |                       |                         |                       |                        |                      |                          |                      |
|  |                       |                         |                       |                        |                      |                          |                      |
|  |                       |                         |                       |                        |                      |                          |                      |
|  |                       |                         |                       |                        |                      |                          |                      |
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|  |                       |                         |                       |                        |                      |                          |                      |
|  |                       |                         |                       |                        |                      |                          |                      |
|  |                       |                         |                       |                        |                      |                          |                      |
|  |                       |                         |                       |                        |                      |                          |                      |
|  |                       |                         |                       |                        |                      |                          |                      |
|  |                       |                         |                       |                        |                      |                          |                      |
|  | 1                     | <u> </u>                | 1                     |                        |                      |                          |                      |
| 2 Enter total number of section 50                                     |                       |                         |                       |                        |                      | · · · · · • • <u>• -</u> |                      |
| 3 Enter total number of other orga                                     |                       |                         |                       |                        |                      | <u> </u>                 |                      |
| For Privacy Act and Paperwork Reduction                                | Act Notice, see the I | nstructions for Form 99 | 0.                    | Cat No 50055P          |                      | Schedu                   | le I (Form 990) 2010 |

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>b)</b> Number of recipients | (c)A mount of<br>cash grant | (d)A mount of non-cash assistance | (e)Method of valuation<br>(book,<br>FMV, appraisal, other) | (f)Description of non-cash assistance |
|--|----------------------------------|-----------------------------|-----------------------------------|--|---------------------------------------|
| (1) DONOR SPONSORED FINANCIAL<br>AID     | 230                              | 3,627,105                   | 0                                 | N/A  | N/A                                   |
| (2) UNIVERSITY SPONSORED FINANCIAL AID   | 3652                             | 57,392,997                  | 0                                 | N/A  | N/A                                   |
| (3) PRIVATE GRANT/CONTRACT FINANCIAL AID | 1                                | 4,050                       | 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.

| Ident if ier              | Return Reference           | Explanation  |
|---------------------------|----------------------------|--|
| Procedures for monitoring | Schedule I, Part I, Line 2 | FEDERAL AND STATE PROGRAMS ARE ADMINISTERED ACCORDING TO THE LAWS, RULES, STATUTES, AND          |
| use of grant funds        |                            | REGULATIONS AS ISSUED BY THE STATE OF CALIFORNIA AND THE U.S. DEPARTMENT OF EDUCATION AS WELL AS |
|                           |                            | THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES UNIVERSITY SCHOLARSHIPS AND GRANTS ARE          |
|                           |                            | ADMINISTERED ACCORDING TO THE POLICIES AND PROCEDURES DEVELOPED AND IMPLEMENTED BY THE           |
|                           |                            | FINANCIAL AID OFFICE IN SUPPORT OF THE UNIVERSITY'S STRATEGIC ENROLLMENT PLAN THE FINANCIAL AID  |
|                           |                            | OFFICE USES THE FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA) AS WELL AS A NUMBER OF          |
|                           |                            | SUPPORTING DOCUMENTS OF VERIFICATION TO DETERMINE A STUDENT'S ELIGIBILITY FOR ALL NEED BASED     |
|                           |                            | PROGRAMS IN ADDITION, STUDENTS ARE REVIEWED BASED ON ACADEMIC QUALIFICATIONS AND SPECIAL         |
|                           |                            | TALENTS FOR MERIT BASED PROGRAMS SUCH AS MUSIC, ATHLETICS, REGENTS SCHOLARSHIPS AND SIMILAR      |
|                           |                            | PROGRAMS POLICIES AND PROCEDURES ENSURE THAT THE DETERMINATION OF AID ELIGIBILITY AND THE        |
|                           |                            | SUBSEQUENT DELIVERY OF AID FROM ANY AND ALL PROGRAMS ARE DONE IN A FAIR AND EQUITABLE MANNER     |
|                           |                            | AND IN ACCORDANCE WITH THE RULES AND REGULATIONS THAT GOVERN THE INDIVIDUAL PROGRAMS             |

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DLN: 93493076003442

OMB No 1545-0047

Schedule J (Form 990)

**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.

Open to Public Inspection

Name of the organization UNIVERSITY OF THE PACIFIC

Department of the Treasury

Internal Revenue Service

**Employer identification number** 

94-1156266

| Pa | rt I Questions Regarding Compensation   |    |     |    |
|----|---|----|-----|----|
|    |   |    | Yes | Νo |
| 1a | Check the appropriate 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   |    |     |    |
|    | ▼ 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  | Yes |    |
| 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  |    |     |    |
| а  | Receive a severance payment or change-of-control payment from the organization or a related organization?   | 4a | Yes |    |
| Ь  | Participate in, or receive payment from, a supplemental nonqualified retirement plan?   | 4b |     | Νo |
| C  | Participate in, or receive payment from, an equity-based compensation arrangement?  | 4c |     | Νo |
|    | 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   |    |     |    |
| а  | The organization?   | 5a |     | Νo |
| b  | Any related organization?   | 5b |     | Νo |
|    | 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   |    |     |    |
| а  | The organization?   | 6a |     | Νo |
| ь  | Any related organization?   | 6b |     | Νo |
|    | 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  |     | Νo |
| 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<br>in Part III  |    |     |    |
|    |   | 8  |     | No |
| 9  | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations<br>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

| <b>(A)</b> Name           | (B) Breakdown of         | f W-2 and/or 1099-MI                      | SC compensation                           | (C) Retirement and             |          | (E) Total of columns |   |
|---------------------------|--------------------------|---|---|--------------------------------|----------|----------------------|---|
|                           | (i) Base<br>compensation | (ii) Bonus &<br>incentive<br>compensation | (iii) Other<br>reportable<br>compensation | other deferred<br>compensation | benefits | (B)(ı)-(D)           | reported in prior<br>Form 990 or<br>Form 990-EZ |
| See Additional Data Table |                          |   |   |                                |          |                      |   |
| (2)                       |                          |   |   |                                |          |                      |   |
| (3)                       |                          |   |   |                                |          |                      |   |
| (4)                       |                          |   |   |                                |          |                      |   |
| (5)                       |                          |   |   |                                |          |                      |   |
| (6)                       |                          |   |   |                                |          |                      |   |
| (7)                       |                          |   |   |                                |          |                      |   |
| (8)                       |                          |   |   |                                |          |                      |   |
| (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

|  | •                              | e information, explanation, or descriptions required for Part 1, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information  |
|--|--------------------------------|--|
| Ident if ier   | Return<br>Reference            | Explanation  |
| First-class or<br>charter travel                         | ,                              | THE UNIVERSITY DOES NOT PAY THE COST OF FIRST CLASS TRAVEL WHILE INDIVIDUALS MAY CHOOSE TO TRAVEL FIRST CLASS, THE UNIVERSITY WILL PAY UP TO THE COST OF COACH OR ECONOMY CLASS TRAVEL ANY EXCEPTIONS TO THIS POLICY REQUIRE THE WRITTEN APPROVAL OF THE PRESIDENT OR VICE PRESIDENT FOR BUSINESS & FINANCE, OBTAINED IN ADVANCE OF TRAVEL EMPLOYEES ARE PERMITTED TO USE PERSONAL AIRLINE MILES, "POINTS," OR OTHER FOR UPGRADES, HOWEVER, THE UNIVERSITY WILL NOT REIMBURSE EMPLOYEES FOR THE VALUE OF THESE UPGRADES  |
| Travel for companions                                    | Schedule J,<br>Part I, Line 1a | COMPANION TRAVEL IS THE FINANCIAL RESPONSIBILITY OF THE TRAVELER EXCEPT IN CASES WHERE THE PRESENCE OF THE COMPANION IS REQUIRED FOR UNIVERSITY BUSINESS REASONS   |
| Tax<br>indemnification<br>and gross-up<br>payments       | 1                              | PRESIDENT EMERITUS DEROSA RECEIVED COMPENSATION TO COVER THE TAXES ASSOCIATED WITH THE RENTAL VALUE OF THE UNIVERSITY<br>OWNED APARTMENT LOCATED IN SAN FRANCISCO WHICH WAS PROVIDED TO PRESIDENT EMERITUS DEROSA FOR THE CONVENIENCE OF THE<br>UNIVERSITY   |
| Housing<br>allowance or<br>residence for<br>personal use |                                | THE UNIVERSITY HAS THREE CAMPUSES, LOCATED IN STOCKTON, SACRAMENTO AND SAN FRANCISCO AT THE MAIN CAMPUSES IN STOCKTON AND THE SACRAMENTO CAMPUS, ON-CAMPUS HOUSING IS PROVIDED TO THE PRESIDENT AND DEAN, RESPECTIVELY FOR STOCKTON AND SACRAMENTO, THE HOUSING QUALIFIES FOR EXCLUSION FROM EMPLOYEE TAXABLE INCOME AT THE SAN FRANCISCO CAMPUS, HOUSING IS PROVIDED FOR THE DEAN AT A UNIVERSITY OWNED APARTMENT A SHORT DISTANCE FROM THE CAMPUS, BUT NOT ON THE UNIVERSITY'S BUSINESS PREMISES THE ESTIMATED MARKET VALUE OF THE APARTMENT, INCLUDING FURNISHINGS AND HOUSEKEEPING, IS \$4,000 PER MONTH, AND THIS AMOUNT WAS PAID TO THE DEAN IN THE FORM OF A HOUSING ALLOWANCE, WHICH IS FULLY TAXABLE AND INCLUDED IN HIS "OTHER REPORTABLE COMPENSATION" COLUMN OF SCHEDULE J AS PART OF DEROSA'S POST-PRESIDENTIAL DUTIES FOR THE UNIVERSITY, HE IS PROVIDED HOUSING IN SAN FRANCISCO AT A UNIVERSITY OWNED APARTMENT THE ESTIMATED MARKET VALUE OF THE APARTMENT, INCLUDING FURNISHINGS AND GENERAL MAINTENANCE, IS \$6,200 PER MONTH, AND THIS AMOUNT WAS PAID TO DEROSA IN THE FORM OF A HOUSING ALLOWANCE, WHICH IS FULLY TAXABLE AND INCLUDED IN HIS "OTHER REPORTABLE COMPENSATION" COLUMN OF SCHEDULE J A HOUSING ALLOWANCE IS PROVIDED TO THE VICE PRESIDENT FOR EXTERNAL RELATIONS AND IS TREATED AS TAXABLE COMPENSATION A HOUSING ALLOWANCE IS PROVIDED TO THE DEAN OF EBHERHARDT SCHOOL OF BUSINESS AND IS TREATED AS TAXABLE COMPENSATION |
| Health or social<br>club dues or<br>initiation fees      | Part I, Line 1a                | SOME UNIVERSITY OFFICERS AND KEY EMPLOYEES HAVE UNIVERSITY PAID MEMBERSHIPS IN SOCIAL, GOLF AND COUNTRY CLUBS TO<br>FACILITATE BUSINESS PURPOSES, INCLUDING DONOR CULTIVATION, NETWORKING AND UNIVERSITY MEETINGS ANY PERSONAL USE OF SUCH<br>CLUBS IS TAXABLE TO THE EMPLOYEES AND REPORTED AS A PORTION OF THE "OTHER REPORTABLE COMPENSATION" ON SCHEDULE J PART II<br>COLUMN B(III)  |
| Personal services  | Part I, Line 1a                | THE "OTHER REPORTABLE COMPENSATION" FOR PRESIDENT EIBECK INCLUDES \$10,345 FOR THE VALUE OF ALL HOUSEKEEPING SERVICES<br>PROVIDED BY THE UNIVERSITY AT HER ON-CAMPUS RESIDENCE HOUSEKEEPING SERVICES FOR THE SACRAMENTO CAMPUS HOME IS<br>PERSONALLY PAID BY THE DEAN  |
| Severance or<br>change-of-control<br>payment             | Part I, Line 4a                | IN ANTICIPATION OF THE RETIREMENT OF PRESIDENT EMERITUS DEROSA ON JUNE 30, 2009, THE UNIVERSITY SOUGHT TO ENSURE A SMOOTH TRANSITION TO NEW LEADERSHIP BY RETAINING OFFICERS AND KEY STAFF THROUGHOUT THE YEAR FOLLOWING THE PRESIDENT'S RETIREMENT THEREFORE, IN APRIL OF 2008, EACH OF THE INDIVIDUALS BELOW RECEIVED RETENTION AGREEMENTS THAT PROVIDED INCENTIVES FOR REMAINING AT THE UNIVERSITY THROUGH JUNE 30, 2010 THESE DEFERRED COMPENSATION BENEFITS VESTED ON JUNE 30, 2010 AND WERE SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE THEREFORE, RETENTION PAYMENTS WERE PAID TO THE FOLLOWING EMPLOYEES PATRICK CAVANAUGH, VICE PRESIDENT \$267,400 PHIL GILBERTSON, PROVOST EMERITUS \$142,000 ELIZABETH GRIEGO, VICE PRESIDENT \$27,105 TED LELAND, VICE PRESIDENT \$38,100 JEAN PURNELL, ASSOCIATE VICE PRESIDENT \$25,740 PRIOR TO THE VESTING DATE, THE EARNINGS ATTRIBUTABLE TO THE RETENTION INCENTIVE PAYMENTS WERE REPORTED AS "OTHER DEFERRED COMPENSATION" IN SCH J, PART II, COL (D), AS SEEN IN THE UNIVERSITY'S PRIOR 990   |

**Software ID:** 10000128 **Software Version:** v2010.1.0 **EIN:** 94-1156266

Name: UNIVERSITY OF THE PACIFIC

| Form 990, Schedule J,         | Part II      | - Officers, Direct | ors, Trustees, Kev                        | y Employees, and            | Highest Compens | sated Employees |                      |  |
|-------------------------------|--------------|--------------------|---|-----------------------------|-----------------|-----------------|----------------------|--|
| (A) Name                      | <del>_</del> |                    | W-2 and/or 1099-MIS                       |                             | (C) Deferred    | (D) Nontaxable  | (E) Total of columns | (F) Compensation                             |
|                               |              | (i) Base           | (ii) Bonus &<br>incentive<br>compensation | (iii) Other<br>compensation | compensation    | benefits        | (B)(ı)-(D)           | reported in prior Form<br>990 or Form 990-EZ |
| FLAHERTY RICHARD              | (ı)<br>(ıı)  | 144,768<br>0       | 0   | 29,827<br>0                 | 17,224<br>0     | 336<br>0        | 192,155<br>0         | 0  |
| EIBECK PAMELA                 | (ı)<br>(ıı)  | 348,736<br>0       | 0   | 99,503                      | 41,000          | 55,339<br>0     | 544,578<br>0         | 0  |
| THOMASON ROBERT               | (ı)<br>(ıı)  | 240,594<br>0       | 42,500                                    | 4,882                       | 24,500          | 10,175          | 322,651              | 0  |
| RINDSKOPF-PARKER<br>ELIZABETH | (I)<br>(II)  | 309,918            | 0   | 14,719                      | 24,500          | 32,004          | 381,141              | 0  |
| OPPENHEIMER<br>PHILLIP        | (ı)<br>(ıı)  | 226,200            | 0   | 1,845                       | 23,273          | 12,456          | 263,774              | 0  |
| NATTESTAD ANDERS              | (I)<br>(II)  | 412,896<br>0       | 0   | 757<br>0                    | 24,500          | 13,907          | 452,060              | 0  |
| LELAND EDWARD                 | (I)<br>(II)  | 249,979<br>0       | 25,000                                    | 86,896<br>0                 | 41,000          | 12,977          | 415,852              | 38,100                                       |
| KRISE THO MAS                 | (I)<br>(II)  | 157,921<br>0       | 0   | 546<br>0                    | 15,997<br>0     | 5,643<br>0      | 180,107              | 0  |
| KING LYNN                     | (1)<br>(11)  | 173,887<br>0       | 0   | 5,767<br>0                  | 30,204          | 12,205          | 222,063              | 0  |
| JAIN RAVINDER                 | (ı)<br>(ıı)  | 244,074<br>0       | 0   | 4,005                       | 24,500          | 12,164          | 284,743              | 0  |
| INDRESANO A<br>THOMAS         | (ı)<br>(ıı)  | 424,899<br>0       | 0   | 3,588                       | 24,500          | 17,431<br>0     | 470,418              | 0  |
| GRIEGO ELIZABETH              | (ı)<br>(ıı)  | 185,856<br>0       | 0   | 39,632                      | 34,073          | 5,788<br>0      |                      | 27,105<br>0                                  |
| GONG JIN                      | (I)<br>(II)  | 160,203<br>0       | 0   | 679<br>0                    | 16,797          | 17,203          |                      | 0  |
| GILBERTSON PHILIP             | (ı)<br>(ıı)  | 137,608            | 0   | 160,025                     | 32,750          | 13,110          | 343,493              | 142,000                                      |
| FERRILLO PATRICK              | (ı)<br>(ıı)  | 344,673<br>0       | 0   | 75,411<br>0                 | 24,500<br>0     | 1 ' 1           |                      | 0  |
| FAIT GLENN                    | (I)<br>(II)  | 203,610            | 0   | 2,803<br>0                  | 20,872          | 6,221<br>0      | 233,506              | 0  |
| DEROSA DONALD                 | (I)<br>(II)  | 265,236<br>0       | 0   | 184,741                     | 24,500          | 17,997<br>0     | 492,474              | 0  |
| CAVANAUGH<br>PATRICK          | (1)<br>(11)  | 265,532<br>0       | 0   | 282,626<br>0                | 41,000          | 13,771<br>0     | 602,929              | 267,400<br>0                                 |
| BREHM LARRY                   | (ı)<br>(ıı)  | 158,833<br>0       | 0   | 2,127<br>0                  | 16,624<br>0     | 10,056<br>0     | 187,640              | 0  |
| BOYD ROBERT                   | (I)<br>(II)  | 270,087<br>0       | 0   | 2,517<br>0                  | 24,500<br>0     | 14,103<br>0     | 311,207<br>0         | 0  |
| LACKEY MARY LOU               | (I)<br>(II)  | 202,000            | 0   | 111,330<br>0                | 38,500<br>0     | 1,200           | 353,030<br>0         | 0  |
| NADERSHAHI NADER              | (I)<br>(II)  | 249,485<br>0       | 0   | 623<br>0                    | 24,500<br>0     | 13,659<br>0     | 288,267<br>0         | 0  |
| YARBOROUGH CRAIG              | (I)<br>(II)  | 233,622<br>0       | 0<br>0                                    | 1,391<br>0                  | 24,125<br>0     | 17,319<br>0     | 276,457<br>0         | 0  |
| WEICK CYNTHIA                 | (I)<br>(II)  | 191,601<br>0       | 0<br>0                                    | 583<br>0                    | 19,160<br>0     | 337<br>0        | 211,681              | 0  |
| BECK LYNN                     | (1)<br>(11)  | 154,727<br>0       | 0   | 864<br>0                    | 15,699<br>0     | 6,023<br>0      | 177,313<br>0         | 0  |
| MANOLAKAS<br>CHRISTINE        | (I)<br>(II)  | 243,542<br>0       | 0   | 1,330                       | 24,500<br>0     | 6,075<br>0      | 275,447<br>0         | 0  |
| JOHNSTON<br>CHRISTOPHER       | (ı)<br>(ıı)  | 125,839<br>0       | 0   | 1,565                       | 21,250          | 7,258<br>0      | 155,912              | 0  |
| PURNELL JEAN                  | (ı)<br>(ıı)  | 169,092<br>0       | 0   | 32,507<br>0                 | 25,863<br>0     |                 |                      | 24,240                                       |

DLN: 93493076003442

Open to Public

**Inspection** 

OMB No 1545-0047

**Schedule K** (Form 990)

## **Supplemental Information on Tax Exempt Bonds**

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

Department of the Treasury Internal Revenue Service Name of the organization

UNIVERSITY OF THE PACIFIC

**Bond Issues** 

Employer identification number

94-1156266

|    | all I Bolla 155ae5                                     |                |              |                 |                   |           |            |             |            |          |       |         |                     |     |                  |
|----|--|----------------|--------------|-----------------|-------------------|-----------|------------|-------------|------------|----------|-------|---------|---------------------|-----|------------------|
|    | (a) Issuer Name  | (b) Issuer EIN | (c) CUSIP #  | (d) Date Issued | (e) Issue         | Price     | (f)        | Description | of Purpose | (g) Defe | eased |         | On<br>alf of<br>uer |     | ) Pool<br>ancing |
|    |  |                |              |                 |                   |           |            |             |            | Yes      | No    | Yes     | No                  | Yes | No               |
| A  | CALIFORNIA EDUCATIONAL<br>FACILITIES AUTHORITY         | 52-1705592     | 130175R46    | 08-12-2004      | 11,70             | 3,853     | SEEF       | PART V      |            |          | x     |         | х                   |     | х                |
| В  | CALIFORNIA EDUCATIONAL<br>FACILITIES AUTHORITY         | 52-1705592     | 130178DT0    | 06-01-2006      | 77,18             | 30,000    | SEE PART V |             |            |          | х     |         | Х                   |     | х                |
| С  | CALIFORNIA EDUCATIONAL<br>FACILITIES AUTHORITY         | 52-1705592     | 130178TA4    | 05-28-2009      | 14,93             | 34,717    | SEE PART V |             |            |          | х     |         | Х                   |     | х                |
| _  |  |                |              |                 |                   |           |            |             |            |          |       |         |                     |     |                  |
|    |  |                |              |                 |                   |           |            |             |            |          |       |         |                     |     |                  |
| Pa | art III Proceeds                                       |                |              |                 | T .               |           |            |             |            |          |       |         | 1                   |     |                  |
| 1  | A mount of bonds retired                               |                | <u> </u>     | Α               | 0                 | l         | 0          | <b>c</b>    |            |          | D     |         |                     |     |                  |
|    | A mount of bonds legally defeas                        | s e d          |              |                 | 0 0               |           |            |             |            | C        |       |         |                     |     |                  |
| 3  | Total proceeds of issue                                |                |              |                 |                   | 11,997,   | 251        |             | 78,477,762 |          | 14,9  | 966,744 |                     |     |                  |
| 4  | Gross proceeds in reserve fund                         | ds             |              |                 |                   |           | 0          |             | 0          |          |       | C       |                     |     |                  |
| 5  | Capitalized interest from proce                        | eeds           |              |                 |                   |           | 0          |             | 0          |          |       | C       |                     |     |                  |
| 6  | Proceeds in refunding escrow                           |                |              |                 |                   |           | 0          | ,           | 53,529,861 |          |       | С       |                     |     |                  |
| 7  | Issuance costs from proceeds                           |                |              |                 | 234,077 1,070,356 |           |            | 2           | 298,693    |          |       |         |                     |     |                  |
| 8  | Credit enhancement from proce                          | eeds           |              |                 | 0 0               |           |            |             | C          |          |       |         |                     |     |                  |
| 9  | Working capital expenditures f                         | rom proceeds   |              |                 | 0 0               |           | 0          |             |            |          |       |         |                     |     |                  |
| 10 | Capital expenditures from proc                         | eeds           |              |                 |                   | 11,763,   | 174        |             | 25,297,563 |          | 14,6  | 568,032 |                     |     |                  |
| 11 | Other spent proceeds                                   |                |              |                 |                   |           | 0          |             | 0          |          |       | С       |                     |     |                  |
| 12 | Other unspent proceeds                                 |                |              |                 |                   |           | 0          |             | 0          |          |       | С       |                     |     |                  |
| 13 | Year of substantial completion                         |                |              |                 | 20                | 80        |            | 20          | 08         | 2        | 2010  |         |                     |     |                  |
|    |  |                |              |                 | Yes               | No        |            | Yes         | No         | Yes      | _     | No      | Yes                 |     | No               |
| 14 | Were the bonds issued as part                          |                |              |                 |                   | X         |            |             | Х          |          |       | Х       |                     |     |                  |
| 15 | Were the bonds issued as part                          |                | nding issue? |                 |                   | Х         |            | X           |            |          |       | Х       |                     |     |                  |
| 16 | Has the final allocation of proc                       |                | Х            |                 |                   | Х         |            | Χ           |            |          |       |         |                     |     |                  |
| 17 | Does the organization maintair allocation of proceeds? | ort the final  | х            |                 |                   | Х         |            | Х           |            |          |       |         |                     |     |                  |
| Pa | art III Private Business Use                           |                |              |                 |                   |           |            |             |            |          |       |         |                     |     |                  |
|    |  |                |              |                 | <u></u>           | A<br>  N- |            | Y           | 5<br>N-    | V        | C     | NI-     | V                   | D   | NI -             |

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

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

No

Χ

Yes

No

Х

Χ

Yes

No

Χ

Yes

Yes

Schedule K (Form 990) 2010

Part III Private Business Use (Continued)

| Lie Li | Private Business Use (Continued)   |     |     |     |     |     |     |     |    |
|--------|--|-----|-----|-----|-----|-----|-----|-----|----|
|        |  | -   | \   |     | В   |     | С   |     | D  |
|        | · · · · · · · · · · · · · · · · · · ·  | Yes | No  | Yes | No  | Yes | No  | Yes | No |
| 3a     | Are there any management or service contracts that may result in private business use?   | Х   |     | ×   |     |     | х   |     |    |
| Ь      | Are there any research agreements that may result in private business use of bond-<br>financed property?   | Х   |     | x   |     | X   |     |     |    |
| С      | 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?   | х   |     | x   |     |     | х   |     |    |
| 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 % |     | 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 % |     | 0 % |     |     |    |
| 6      | Total of lines 4 and 5   | 0 % |     |     | 0 % | 0 % |     |     |    |
| 7      | Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?  | х   |     |     |     | х   |     |     |    |

Arbitrage

| Pai | TETV Arbitrage   |     |     |     |    |     |          |     |    |
|-----|--|-----|-----|-----|----|-----|----------|-----|----|
|     |  | Α   |     | В   | 1  | С   |          | D   |    |
|     |  | Yes | No  | Yes | No | Yes | No       | Yes | No |
| 1   | Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and<br>Penalty in Lieu of Arbitrage Rebate, been filed with respect to the<br>bond issue? |     |     |     |    |     |          |     |    |
|     |  |     | X   | X   |    |     | X        |     |    |
| 2   | Is the bond issue a variable rate issue?   |     | Х   |     | Х  |     | Х        |     |    |
| 3a  | Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?   |     |     |     |    |     |          |     |    |
|     |  |     | X   |     | X  |     | X        |     |    |
| ь   | Name of provider   |     |     |     |    |     | <b>-</b> |     | •  |
| С   | Term of hedge  |     | 0 0 |     |    | 0 0 |          |     |    |
| d   | Was the hedge superintegrated?   |     |     |     |    |     |          |     |    |
| e   | Was a hedge terminated?  |     |     |     |    |     |          |     |    |
| 4a  | Were gross proceeds invested in a GIC?   |     | Х   |     | Х  |     | Х        |     |    |
| b   | Name of provider   |     |     |     |    |     |          |     |    |
| С   | Term of GIC  |     | 0 0 |     |    |     | 0 0      |     |    |
| d   | Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?  |     | х   |     | х  |     | х        |     |    |
| 5   | Were any gross proceeds invested beyond an available temporary period?   |     | х   |     | х  |     | х        |     |    |
| 6   | Did the bond issue qualify for an exception to rebate?   |     | Х   |     | х  |     | Х        |     |    |

## Part V Supplemental Information

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

| Ident if ier                | Ret urn<br>Ref erence | Explanation   |
|-----------------------------|-----------------------|---|
|                             | PART V                | PART I, COLUMN (F) - DESCRIPTION OF PURPOSE SERIES 2004 (ISSUE DATE AUGUST 12, 2004) RENOVATION OF STUDENT RESIDENTIAL FACILITIES, FIRE SAFETY UPGRADES SERIES 2006 (ISSUE DATE JUNE 1, 2006) ADVANCE REFUND OF SERIES 2000 AND 2002 BOND ISSUANCES, CONSTRUCTION OF DONALD V DEROSA AND KAREN M DEROSA UNIVERSITY CENTER, CONSTRUCTION OF BIOLOGICAL SCIENCES CENTER, CONSTRUCTION AND EQUIPPING OF OTHER FACILITY ADDITIONS AND RENOVATION, CONSOLIDATION AND EXPANSION OF LAW LIBRARY THE REFUNDED SERIES 2000 BOND WAS ISSUED ON JUNE 6, 2000 THE REFUNDED SERIES 2002 BOND WAS ISSUED ON MAY 8, 2002 SERIES 2009 (ISSUE DATE MAY 28, 2009) CONSTRUCTION OF JOHN T CHAMBERS ENGINEERING TECHNOLOGY CENTER, CONSTRUCTION OF JANSSEN-LAGORIO GYMNASIUM, RELOCATION OF DATA CENTER, UPGRADE OF INFRASTRUCTURE IMPROVEMENTS |
| INFORMATION<br>SUPPLEMENTAL | PART V<br>SCHEDULE K, | PART II, LINE 3, COLUMNS A-C - TOTAL PROCEEDS OF ISSUE PROCEEDS ARE NOT IDENTICAL TO THE ISSUE PRICE LISTED IN PART I COLUMN (E), THE DIFFERENCE IS DUE TO INVESTMENT EARNINGS BEING INCLUDED IN THE "TOTAL PROCEEDS OF ISSUE" AMOUNTS PART III, LINE 7 - POST-ISSUANCE BOND COMPLIANCE THE UNIVERSITY IS IN THE PROCESS OF FORMALIZING ITS PRACTICES AND   |
| INFORMATION                 | PART V                | PROCEDURES TO ENSURE POST-ISSUANCE COMPLIANCE WITH ITS TAX-EXEMPT BOND LIABILITIES  |

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493076003442

**Employer identification number** 

OMB No 1545-0047

Open to Public Inspection

## Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

**Transactions with Interested Persons** ► Complete if the organization answered

"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization UNIVERSITY OF THE PACIFIC

|  |              |                  |                   |                      |                    |           | 4-11562                               |              |               |           |
|--|--------------|------------------|-------------------|----------------------|--------------------|-----------|---------------------------------------|--------------|---------------|-----------|
| Part I Excess Benefit Train Complete if the organizate |              |                  |                   |                      |                    |           |                                       |              | ıne 40b       |           |
| <b>1</b> (a) Name of disq                              | ualıfıed     | nerson           |                   | <b>(b)</b> Desc      |                    | of trops  |                                       |              | (c) C         | orrected? |
| 1 (a) Name of disq                                     | aannea       | person           |                   | (b) Desc             | ription            | or trans  | action                                |              | Yes           | No        |
|  |              |                  |                   |                      |                    |           |                                       |              |               |           |
|  |              |                  |                   |                      |                    |           |                                       |              |               |           |
|  |              |                  |                   |                      |                    |           |                                       |              |               |           |
|  |              |                  |                   |                      |                    |           |                                       |              |               |           |
|  |              |                  |                   |                      |                    |           |                                       |              |               |           |
|  |              |                  |                   |                      |                    |           |                                       |              |               |           |
|  |              |                  |                   |                      |                    |           |                                       |              |               |           |
|  |              |                  |                   |                      |                    |           |                                       |              |               |           |
|  |              |                  |                   |                      |                    |           |                                       |              |               |           |
|  |              |                  |                   |                      |                    |           |                                       |              |               |           |
| 2 Enter the amount of tax impos                        | ed on tl     | he organ         | iization managers | or disqualified pers | ons dur            | ing the y | ear unde                              | r            |               |           |
| section 4958   |              |                  |                   |                      |                    |           | 🟲                                     | · \$ —       |               |           |
| 3 Enter the amount of tax, If any                      | , on line    | 2, abov          | /e, reimbursed by | the organization .   |                    |           | •                                     | • \$ <u></u> |               |           |
| Part II Loans to and/or                                | From         | Intere           | sted Dersons      |                      |                    |           |                                       |              |               |           |
| Complete if the organiz                                |              |                  |                   |                      | . or Fori          | m 990-E   | Z. Part V                             | '. lıne 38   | a             |           |
| · ·  |              | oan to           |                   |                      | ĺ                  |           | (f)                                   |              |               |           |
| (a) Name of interested person and                      | 1            | oan to<br>om the | (c)Original       |                      | (e) In<br>default? |           | Approved<br>by board or<br>committee? |              | (g)Writt      |           |
| purpose  | 1            | zation?          | principal amou    | nt (d)Balance due    |                    |           |                                       |              | agreeme       | nt?       |
|  | To           | From             | 1                 |                      | Yes                | No        | Yes                                   | No           | Yes           | No        |
| (1) MARIA PALLAVICINI HOME                             | 10           | 110111           |                   |                      | 163                | 110       | 165                                   | 140          | res           | 140       |
| LOAN   |              |                  |                   |                      |                    |           |                                       |              |               |           |
|  |              | l x              | 400,0             | 00 399,468           |                    | No        | Yes                                   |              | Yes           |           |
|  |              | <del>  ^</del>   | 100,0             | 333,100              |                    | 110       | 103                                   | +            | 103           |           |
|  |              |                  |                   |                      |                    |           |                                       |              |               |           |
|  |              |                  |                   |                      |                    |           |                                       |              |               |           |
|  | 1            | 1                |                   |                      |                    |           |                                       |              |               |           |
|  |              |                  |                   |                      |                    |           |                                       |              |               |           |
| Total  | <del>'</del> | <del>'</del>     | <b>.</b> .        | \$ 399,468           |                    |           |                                       |              |               |           |
| Part IIII Grants or Assistar                           |              |                  |                   | d Persons.           |                    |           |                                       |              |               |           |
| Complete if the orga                                   |              |                  |                   |                      | /, line 2          | 27        |                                       |              |               |           |
| (a) Name of interested pers                            | on           | (b               | Relationship be   | tween interested per | rson               | (c) \ ~   | ount of a                             | rant or t    | ype of assis  | tanco     |
| (a) Name of interested pers                            | 011          |                  | and the           | organization         |                    | (C)AII    | iouiit oi g                           |              | y pe oi assi: |           |

(1) MERIT SCHOLARSHIPS N/A 6,500 (2) TUITION ASSISTANCE N/A 41,930

## Part IV Business Transactions Involving Interested Persons.

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

| (a) Name of interested person  | (b) Relationship<br>between interested<br>person and the | (c) A mount of<br>transaction | (d) Description of transaction  | (e) Sharing of organization's revenues? |    |
|--------------------------------|--|-------------------------------|---------------------------------|---|----|
|                                | organization   |                               |                                 | Yes                                     | No |
| (1) JOSE HERNANDEZ             | BOARD MEMBER   | 21,345                        | SEE SUPPLEMENTAL<br>INFORMATION |   | Νο |
| (2) ELIZABETH RINDSKOPF-PARKER | KEY EMPLOYEE   | 53,302                        | SEE SUPPLEMENTAL<br>INFORMATION |   | Νο |
| (3) CYNTHIA WEICK              | KEY EMPLOYEE   | 120,866                       | SEE SUPPLEMENTAL<br>INFORMATION |   | Νο |
| (4) DOUGLASS EBERHARDT         | BOARD MEMBER   | 271,880,264                   | SEE SUPPLEMENTAL<br>INFORMATION |   | Νο |
| (5) RANDY HAYASHI              | BOARD MEMBER   | 11,738                        | SEE SUPPLEMENTAL<br>INFORMATION |   | Νο |
|                                |  |                               |                                 |   |    |

#### Part V Supplemental Information

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

| Ident if ier  | Return Reference                           | Explanation  |
|---|--|--|
| BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS      | FORM 990, SCHEDULE L, PART IV              | DOUGLASS EBERHARDT, A BOARD MEMBER, IS AN OFFICER AT A FINANCIAL INSTITUTION WHICH PROVIDES PACIFIC'S GENERAL BANKING SERVICES IN ADDITION, THE BANK'S TRUST DEPARTMENT IS AN INVESTMENT CUSTODIAN THE AMOUNT SHOWN REPRESENTS THE CASH IN BANK AND INVESTMENT ACCOUNTS AS OF YEAR-END CYNTHIA WEICK, DIRECTOR OF PO WELL SCHOLAR PROGRAM, A KEY EMPLOYEE, IS RELATED TO BRIAN WEICK, HER HUSBAND, WHO IS ALSO AN EMPLOYEE AT THE UNIVERSITY'S MAIN CAMPUS IN STOCKTON BRIAN WEICK REPORTS DIRECTLY TO THE DEAN OF ENGINEERING THE AMOUNT SHOWN REPRESENTS IRS FORM W-2 BOX 5 WAGES FOR CALENDAR YEAR 2010 FOR BRIAN WEICK ELIZABETH RINDSKOPF-PARKER, DEAN OF THE PACIFIC MCGEORGE SCHOOL OF LAW, A KEY EMPLOYEE, IS RELATED TO ROBERT PARKER, HER HUSBAND, WHO IS ALSO AN EMPLOYEE AT MCGEORGE ROBERT PARKER REPORTS DIRECTLY TO THE PROVOST THE AMOUNT SHOWN REPRESENTS IRS FORM W-2 BOX 5 WAGES FOR CALENDAR YEAR 2010 FOR ROBERT PARKER DISCHUS TO THE PACIFIC ACORONA, HIS SISTER, WHO IS AN EMPLOYEE AT THE UNIVERSITY'S MAIN CAMPUS IN STOCKTON THE AMOUNT SHOWN REPRESENTS IRS FORM W-2 BOX 5 WAGES FOR CALENDAR YEAR 2010 FOR LETICIA CORONA RANDY HAYASHI, A BOARD MEMBER, IS RELATED TO NINA HAYASHI, HIS WIFE, WHO WAS PAID AS AN INDEPENDENT CONTRACTOR FOR INTERIOR DESIGN SERVICES PROVIDED TO THE UNIVERSITY THE AMOUNT SHOW REPRESENTS THE IRS FORM 1099 REPORTABLE AMOUNT FOR THE UNIVERSITY'S 2011 FISCAL YEAR |
| LOANS TO AND/OR FROM<br>INTERESTED PERSONS              | FORM 990, SCHEDULE L, PART II              | THE HOME LOAN PROVIDED TO THE PROVOST IS FOR A TERM OF 30 YEARS WITH A THEN MARKET INTEREST RATE OF 4% PAYMENTS ON THE LOAN BEGAN IN JUNE 2011, WHICH IS THE FINAL MONTH OF THE UNIVERSITY'S TAX YEAR THE AMOUNT SHOWN IN COLUMN (D) IS THE BALANCE DUE AT THE END OF THE UNIVERSITY'S TAX YEAR  |
| GRANTS OR ASSISTANCE<br>BENEFTING INTERESTED<br>PERSONS | FORM 990, SCHEDULE L, PART III,<br>COL (A) | PER THE 990 INSTRUCTIONS, THE UNIVERSITY IS NOT REQUIRED TO IDENTIFY THE INTERESTED PERSONS WHO RECEIVED SCHOLARSHIPS, FELLOWSHIPS, AND SIMILAR FINANCIAL ASSISTANCE INSTEAD, THE UNIVERSITY MUST GROUP EACH TYPE OF ASSISTANCE PROVIDED TO INTERESTED PERSONS THIS IS DONE IN ORDER TO PROTECT THE IDENTITY OF THE STUDENTS   |
|   |  | Schedule L (Form 990 or 990-EZ) 2010   |

# **NonCash Contributions**

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

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization UNIVERSITY OF THE PACIFIC

Department of the Treasury

**SCHEDULE M** 

(Form 990)

**Employer identification number** 

|      |   |                               |   |   | 94-1156266                                 |      |           |     |
|------|---|-------------------------------|---|---|--|------|-----------|-----|
| Pa   | rt I Types of Property  |                               |   |   |  |      |           |     |
|      |   | (a)<br>Check if<br>applicable | <b>(b)</b> Number of Contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of determining of<br>amounts |      | contribut | ion |
| 1    | Art-Works of art  | Х                             | 1   |   | OPINIONS OF EXP                            | ERTS |           |     |
| 2    | Art—Historical treasures  |                               |   |   |  |      |           |     |
| 3    | Art—Fractional interests  |                               |   |   |  |      |           |     |
| 4    | Books and publications  |                               |   |   |  |      |           |     |
| 5    | Clothing and household  |                               |   |   |  |      |           |     |
| good | _   |                               |   |   |  |      |           |     |
| 6    | Cars and other vehicles .   | Х                             | 1   | 26,500  | OPINIONS OF EXP                            | ERTS |           |     |
| 7    | Boats and planes  |                               |   |   |  |      |           |     |
| 8    | Intellectual property   |                               |   |   |  |      |           |     |
| 9    | Securities—Publicly traded  | Х                             | 20  | 259,809   | MARKET VALUE                               |      |           |     |
| 10   | Securities—Closely held stock   |                               |   |   |  |      |           |     |
| 11   | Securities—Partnership,<br>LLC, or trust interests .                                    |                               |   |   |  |      |           |     |
| 12   | Securities—Miscellaneous  |                               |   |   |  |      |           |     |
| 13   | Q ualified 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  | Х                             | 5   | 284,035   | MARKET VALUE                               |      |           |     |
| 21   | Taxidermy   |                               |   |   |  |      |           |     |
| 22   | Historical artifacts  |                               |   |   |  |      |           |     |
| 23   | Scientific specimens  |                               |   |   |  |      |           |     |
| 24   | Archeological artifacts .   |                               |   |   |  |      |           |     |
| 25   | Other ► (FIXED BOND)  | Х                             | 1   | 10,144  | MARKET VALUE                               |      |           |     |
|      | COMPUTER  |                               |   |   |  |      |           |     |
| 26   | Other $\blacktriangleright$ ( EQUIPMENT )   | Х                             | 3   | 14,906  | MARKET VALUE                               |      |           |     |
| 27   | O ther ▶()  |                               |   |   |  |      |           |     |
| 28   | Other ► ()  |                               |   |   |  |      |           |     |
| 29   | Number of Forms 8283 received b   | -                             | =   |   | 30   |      |           | ^   |
|      | for which the organization complete   | ed Form 8                     | 3283, Part IV, Donee Ackn                               | owledgement   | 29   |      | ı i       | 0   |
|      |   |                               |   |   |  |      | Yes       | No  |
| 30a  | During the year, did the organization   |                               |   |   |  |      |           |     |
|      | must hold for at least three years f  |                               |   | on, and which is not require  | d to be used                               |      |           |     |
|      | for exempt purposes for the entire  | holding p                     | eriod?  |   |  | 30a  |           | No  |
|      | If "Yes," describe the arrangement  |                               |   |   |  |      |           |     |
| 31   | Does the organization have a gift a   | cceptano                      | ce policy that requires the r                           | eview of any non-standard   | contributions?                             | 31   | Yes       |     |
| 32a  | Does the organization hire or use t   |                               |   | to solicit, process, or sell  | non-cash                                   | 32a  |           | No  |
|      | If "Yes," describe in Part II If the organization did not report re describe in Part II | venues ı                      | n column (c) for a type of p                            | roperty for which column (a   | ) is checked,                              |      |           |     |

Page 2

#### 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

Schedule M (Form 990) 2010

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493076003442

OMB No 1545-0047

2010

Open to Public Inspection

### 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.

Name of the organization UNIVERSITY OF THE PACIFIC

Employer identification number

94-1156266

| ldentifier                 | Return<br>Reference         | Explanation   |
|----------------------------|-----------------------------|---|
| TOTAL NUMBER OF VOLUNTEERS | FORM 990, PART<br>I, LINE 6 | THE UNIVERSITY IS FORTUNATE TO BENEFIT FROM THE SERVICES OF VOLUNTEERS ACROSS ITS NUMEROUS SCHOOLS, DEPARTMENTS, AND PROGRAMS, BUT THE UNIVERSITY DOES NOT FORMALLY TRACK THIS POPULATION |

| ldentifier                            | Return<br>Reference            | Explanation   |
|---------------------------------------|--------------------------------|---|
| Description of other program services | Form 990, Part III,<br>Line 4d | AUXILIARY ACTIVITIES INCLUDES SERVICES THAT SUPPORT EDUCATIONAL ACTIVITIES AND ATHLETICS ACTIVITIES, INCLUDING CAMPUS BOOKSTORES, FITNESS CENTER, DINING SERVICES, RESIDENTIAL LIFE AND HOUSING |

| ldentifier                                    | Return<br>Reference                             | Explanation  |
|---|---|--|
| Review of<br>form 990 by<br>governing<br>body | Form 990,<br>Part VI,<br>Section B,<br>Line 11b | THE FULL BOARD OF REGENTS OF THE UNIVERSITY ANNUALLY REVIEWS THE IRS 990 PRIOR TO FILING USING THE FOLLOWING PROCESS REVISED BY THE BOARD AUDIT COMMITTEE IN OCTOBER OF 2011 - A DRAFT OF THE RETURN IS ELECTRONICALLY SUBMITTED TO THE BOARD AUDIT COMMITTEE FOR REVIEW THE AUDIT COMMITTEE CHAIR THEN SENDS COMMENTS AND QUESTIONS TO THE CONTROLLER FOR RESOLUTION - THE CONTROLLER SUMMARIZES THE AUDIT COMMITTEE'S QUESTIONS IN WRITING AND SUBMITS THE EXPLANATIONS AND A DRAFT OF THE RETURN TO THE FULL BOARD FOR ANY FURTHER COMMENT - BOARD MEMBERS SEND COMMENTS AND QUESTIONS TO THE AUDIT COMMITTEE CHAIR THE CHAIR FORWARDS QUESTIONS TO THE CONTROLLER FOR RESOLUTION - THE CONTROLLER SUMMARIZES THE BOARD'S QUESTIONS IN WRITING AND SUBMITS THE EXPLANATIONS TO THE AUDIT COMMITTEE CHAIR FOR ANY FURTHER COMMENT - THE RETURN IS FINALIZED AND FILED WITH THE IRS |

| ldentifier      | Return<br>Reference                             | Explanation  |
|-----------------|---|--|
| interest policy | Form 990,<br>Part VI,<br>Section B,<br>Line 12c | THE UNIVERSITY REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH ITS WRITTEN CONFLICT OF INTEREST POLICY EACH YEAR, ALL BOARD OF REGENTS MEMBERS AND KEY EMPLOYEES IDENTIFIED BY THE BOARD'S AUDIT COMMITTEE, INCLUSIVE OF THOSE REPORTED AS BOARD MEMBERS, OFFICERS, KEY EMPLOYEES, HIGHLY COMPENSATED EMPLOYEES AND FORMER KEY AND/OR HIGHLY COMPENSATED EMPLOYEES AND FORMER KEY AND/OR HIGHLY COMPENSATED EMPLOYEES AND FORMER KEY AND/OR HIGHLY COMPENSATED EMPLOYEES AND SIGN A CONFLICT OF INTEREST SURVEY SURVEY SARE SUBMITTED CONFIDENTIALLY TO THE DIRECTOR OF INTERNAL AUDIT FOR REVIEW ALL INDIVIDUALS SURVEYED ARE REQUIRED TO SIGN AN ANNUAL DISCLOSURE OF ANY DIRECT OR FIDUCIARY RELATIONSHIPS THAT THEY (OR MEMBERS OF THEIR FAMILY) MAINTAIN WITH ORGANIZATIONS THAT DO BUSINESS WITH THE UNIVERSITY WHICH COULD BE REASONABLY CONSTRUED TO AFFECT THEIR INDEPENDENT, UNBIASED JUDGMENT IN LIGHT OF THEIR DECISION-MAKING AUTHORITY OR RESPONSIBILITY THESE INDIVIDUALS ("COVERED PERSONS") AFFIRM THEY - HAVE RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, - HAVE READ AND UNDERSTAND THE POLICY, - AGREE TO COMPLY WITH THE POLICY AND - HAVE DISCLOSED ANY DIRECT OR INDIRECT FINANCIAL INTEREST RELATIONSHIP ANY POTENTIAL CONFLICTS ARE ADDRESSED THROUGH FURTHER DISCUSSION WITH THE RESPONDENT AND RESOLVED AND DISCLOSED AS APPROPRIATE IF THE DIRECTOR OF INTERNAL AUDIT HAS REASONABLE CAUSE TO BELIEVE A COVERED PERSON HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTERESTS, HE OR SHE SHALL INFORM THE PERSON OF THE BASIS FOR SUCH BELIEF AND ALLOW THE COVERED PERSON AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE COVERED PERSONS WHO HAVE DECLARED OR BEEN FOUND TO HAVE A CONFLICT OF INTEREST MUST REFRAIN FROM PARTICIPATION IN THE CONSIDERATION OF PROPOSED TRANSACTIONS, UNLESS FOR SPECIAL REASONS THE BOARD OR ADMINISTRATION REQUESTS CLARIFY ING INFORMATION OR INTERPERTATION PERSONS WITH CONFLICTS MAY NOT VOTE OR BE PRESENT AT THE TIME OF A VOTE IF AFTER SUCH NOTICE AND OPPORTUNITY TO DISCLOSE IS PROVIDED, THE CHAIR OF |

| ldentifier  | Return<br>Reference                             | Explanation  |
|---|---|--|
| Process used to establish compensation of top management official | Form 990,<br>Part VI,<br>Section B,<br>Line 15a | THE UNIVERSITY'S BOARD OF REGENTS IS RESPONSIBLE FOR SETTING THE PRESIDENT'S COMPENSATION EACH YEAR, THE BOARD'S EXECUTIVE COMMITTEE APPOINTS A COMPENSATION COMMITTEE COMPOSED OF THREE TO FOUR NON-EMPLOYEE MEMBERS OF THE BOARD TO STUDY AND MAKE PRESIDENTIAL COMPENSATION RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE IN ACCORDANCE WITH THE BY LAWS (ARTICLE XIV), THE EXECUTIVE COMMITTEE IN TURN REVIEWS THE RECOMMENDATIONS, AND APPROVES THE COMPENSATION PACKAGE FOR THE PRESIDENT THE COMPENSATION COMMITTEE BASES ITS RECOMMENDATIONS ON THE FOLLOWING CONSULTATIONS WITH INDEPENDENT COMPENSATION CONSULTANTS, STUDIES OF THE ANNUAL SALARIES OF PRESIDENTS OF COMPARABLE INSTITUTIONS AS REPORTED IN THE COMPENSATION SURVEY BY THE ASSOCIATION OF INDEPENDENT CALIFORNIA COLLEGES AND UNIVERSITIES (AICCU), AND STUDIES OF THE ANNUAL SALARIES OF PRESIDENTS OF COMPARABLE INSTITUTIONS AS REPORTED IN THE COMPENSATION SURVEYS BY THE COLLEGE AND UNIVERSITY PERSONNEL ADMINISTRATORS (CUPA) THE EXECUTIVE COMMITTEE MINUTES DOCUMENT THE APPROVAL OF THE COMPENSATION FOR EACH YEAR |

| ldentifier   | Return<br>Reference                             | Explanation   |
|--|---|---|
| Process used to<br>establish<br>compensation of<br>other officers/key<br>employees | Form 990,<br>Part VI,<br>Section B,<br>Line 15b | THE BOARD OF REGENTS IS RESPONSIBLE FOR ESTABLISHING THE CONDITIONS OF EMPLOYMENT FOR OTHER KEY INSTITUTIONAL OFFICERS WHO SERVE UNDER THE DIRECTION OF THE PRESIDENT, INCLUDING THE PROVOST AND THE VICE PRESIDENTS THE PRESIDENT EVALUATES AND RECOMMENDS COMPENSATION AND BENEFITS FOR EACH OFFICER EACH YEAR, THE PRESIDENT REVIEWS THE MOST RECENT ANNUAL COMPENSATION SURVEYS PREPARED BY THE ASSOCIATION OF CALIFORNIA COLLEGES AND UNIVERSITIES (AICCU) AND THE COLLEGE AND UNIVERSITY PERSONNEL ADMINISTRATORS (CUPA) IN ORDER TO ESTABLISH COMPARABLE RATES OF PAY FOR SIMILARLY-SIZED PRIVATE DOCTORAL INSTITUTIONS COMPENSATION FOR OTHER KEY EMPLOYEES IS ESTABLISHED BY THE PROVOST OR VICE PRESIDENT WITH OVERSIGHT RESPONSIBILITY FOR THE RELATED SCHOOL OR DIVISION, USING MARKET INFORMATION FROM AICCU, CUPA, AND OTHER SOURCES RELEVANT TO THE RESPONSIBILITIES OF THE SCHOOL OR DIVISION KEY EMPLOYEE POSITION |

| ldentifier           | Return Reference                         | Explanation  |
|----------------------|--|--|
| Public<br>Disclosure | Form 990, Part VI,<br>Section C, Line 19 | THE UNIVERSITY MAKES ITS BY LAWS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC THROUGH POSTING ON THE UNIVERSITY'S WEBSITE |

| ldentifier                   | Return Reference                                | Explanation  |
|------------------------------|---|--|
| AVERAGE<br>HOURS PER<br>WEEK | FORM 990, PART VII,<br>SECTION A,<br>COLUMN (B) | THE UNIVERSITY DOES NOT TRACK HOURS WORKED BY TRUSTEES, OFFICERS, KEY EMPLOYEES, AND HIGHEST COMPENSATED EMPLOYEES FULL-TIME EXEMPT EMPLOYEES OF THE UNIVERSITY ARE EXPECTED TO WORK NO LESS THAN 40 HOURS PER WEEK AMOUNTS PROVIDED IN PART VII ARE BASED UPON UNIVERSITY ESTIMATES |

| ldentifier | Return<br>Reference                                | Explanation  |
|------------|--|--|
| "POSITION" | FORM 990,<br>PART VII,<br>SECTION A,<br>COLUMN (C) | DONALD V DEROSA'S POSITION IS LISTED AS "FORMER" BECAUSE HE WAS PREVIOUSLY LISTED ON THE 990 AS AN "OFFICER" DURING HIS TENURE AS UNIVERSITY PRESIDENT PHILIP GILBERTSON'S POSITION IS LISTED AS "FORMER" BECAUSE HE WAS PREVIOUSLY LISTED ON THE 990 AS AN "OFFICER" DURING HIS TENURE AS PROVOST PATRICK FERRILLO IS LISTED AS BOTH AN "OFFICER" AND "KEY EMPLOYEE" BECAUSE HE HELD TWO POSITIONS AT THE UNIVERSITY DURING BOTH CY2010 AND THE UNIVERSITY'S TAX YEAR FOR THE SECOND HALF OF CY2010, FERRILLO WAS ALSO THE INTERIM-PROVOST JEAN PURNELL'S POSITION IS LISTED AS "FORMER" BECAUSE SHE WAS PREVIOUSLY LISTED ON THE 990 AS A "KEY EMPLOYEE" |

| ldentifier                 | Return Reference | Explanation  |
|----------------------------|------------------|--|
| REPORTABLE<br>COMPENSATION | VII, SECTION A,  | PROVOST MARIA PALLAVICINI HAS NO REPORTABLE COMPENSATION LISTED BECAUSE HER EMPLOYMENT WITH THE UNIVERSITY BEGAN IN FEBRUARY 2011, WHICH WAS AFTER THE CALENDAR YEAR (2010) THAT FALLS WITHIN THE UNIVERSITY'S TAX YEAR (2011) HAD ENDED REPORTABLE COMPENSATION IS BASED ON THE CALENDAR YEAR |

| Identifier Return Reference                  |                              | Explanation  |  |  |  |  |  |  |
|--|------------------------------|--|--|--|--|--|--|--|
| Other changes in net assets or fund balances | Form 990, Part XI,<br>Line 5 | UNREALIZED INVESTMENT GAINS - 23763848, ACTUARIAL GAIN ON TRUST & ANNUITY - 1580062, ROUNDING - 3, |  |  |  |  |  |  |

**Software ID:** 10000128 **Software Version:** v2010.1.0

**EIN:** 94-1156266

Name: UNIVERSITY OF THE PACIFIC

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

| Compensated Employees, and Independent Contractors           |                         |  |                       |         |              |                     |                             |  |                                       |  |
|--|-------------------------|--|-----------------------|---------|--------------|---------------------|-----------------------------|--|---------------------------------------|--|
| (A)<br>Name and Title  | (B)<br>Average<br>hours | verage Position (check all Reporta<br>ours that apply) compens |                       |         |              |                     | (D) Reportable compensation | <b>(E)</b><br>Reportable<br>compensation<br>from related | (F) Estimated amount of other         |  |
|  | week                    | individual trustee<br>or director                              | Institutional Trustee | Officei | Key employee | Highest compensated | Former                      | organization (W-<br>2/1099-MISC)                         | organizations<br>(W- 2/1099-<br>MISC) | compensation<br>from the<br>organization and<br>related<br>organizations |
| FLAHERTY RICHARD DEAN, EBERHARDT SCHOOL OF BUSINESS          | 50                      |  |                       |         | х            |                     |                             | 174,595  | 0                                     | 17,560   |
| USHIJIMA NICK<br>BOARD MEMBER                                | 5                       | Х  |                       |         |              |                     |                             | 0  | 0                                     | 0  |
| SAWDON LORI<br>BOARD MEMBER, COMMITTEE CHAIR                 | 10                      | Х  |                       |         |              |                     |                             | 0  | 0                                     | 0  |
| SANDERS ELIZABETH BOARD MEMBER                               | 5                       | Х  |                       |         |              |                     |                             | 0  | 0                                     | 0  |
| RUHL BARRY<br>BOARD MEMBER                                   | 5                       | Х  |                       |         |              |                     |                             | 0  | 0                                     | 0  |
| ROBB WALTER<br>BOARD MEMBER                                  | 5                       | Х  |                       |         |              |                     |                             | 0  | 0                                     | 0  |
| REDMOND RONALD BOARD MEMBER, COMMITTEE CHAIR POWELL JEANETTE | 10                      | Х  |                       |         |              |                     |                             | 0  | 0                                     | 0  |
| BOARD MEMBER PHILIBOSIAN DIANE                               | 5                       | Х  |                       |         |              |                     |                             | 0  | 0                                     | 0  |
| BOARD MEMBER NELSON FREDERIC                                 | 5                       | Х  |                       |         |              |                     |                             | 0  | 0                                     | 0  |
| BOARD MEMBER MOYER HAYNE                                     | 5                       | X  |                       |         |              |                     |                             | 0  | 0                                     | 0  |
| BOARD MEMBER, COMMITTEE CHAIR MILLER DIANE                   | 10                      | Х  |                       |         |              |                     |                             | 0  | 0                                     |  |
| BOARD MEMBER MAIR JAMES                                      | 5                       | Х  |                       |         |              |                     |                             | 0  | 0                                     |  |
| BOARD MEMBER, COMMITTEE CHAIR LEER STEVEN                    | 10                      |  |                       |         |              |                     |                             | 0  |                                       |  |
| BOARD MEMBER<br>LEASURE LARRY                                | 5                       | X  |                       |         |              |                     |                             | 0  | 0                                     | 0  |
| BOARD MEMBER, COMMITTEE CHAIR JANSSEN KATHLEEN               | 10                      | X  |                       |         |              |                     |                             | 0  | 0                                     | 0  |
| BOARD MEMBER - VICE CHAIR<br>HERNANDEZ JOSE                  | 15                      | X  |                       | Х       |              |                     |                             | 0  | 0                                     | 0  |
| BOARD MEMBER ENGLAND MORRISON                                | 5                       | X  |                       | ,,      |              |                     |                             | 0  | 0                                     | 0  |
| BOARD MEMBER - SECRETARY CORKERN ROBERT                      | 15                      | X  |                       | X       |              |                     |                             | 0  | 0                                     | 0  |
| BOARD MEMBER, COMMITTEE CHAIR CORDES RON                     | 10                      | X  |                       |         |              |                     |                             | 0  | 0                                     |  |
| BOARD MEMBER, COMMITTEE CHAIR CHAN TONY                      | 10                      | X  |                       |         |              |                     |                             | 0  | 0                                     | 0  |
| BOARD MEMBER<br>CALLAHAN CONNIE                              | 5                       | X  |                       |         |              |                     |                             | 0  | 0                                     |  |
| BOARD MEMBER, COMMITTEE CHAIR<br>KOFF HOWARD                 | 10                      | X  |                       | V       |              |                     |                             | 0  | 0                                     |  |
| BOARD MEMBER - TREASURER<br>ABELSON SIGMUND                  | 15                      | X  |                       | Х       |              |                     |                             | 0  | 0                                     | 0  |
| BOARD MEMBER ZUCKERMAN TOM                                   | 5                       | X  |                       | _       |              |                     |                             | 0  | 0                                     | 0  |
| BOARD MEMBER - CHAIR   | 15                      | X  |                       | X       |              |                     |                             |  | 0                                     | 0  |

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

| Compensated Employees, and Independent Contractors                     |                          |   |                       |         |              |                              |        |  |   |  |  |
|--|--------------------------|---|-----------------------|---------|--------------|------------------------------|--------|--|---|--|--|
| (A)<br>Name and Title  | (B)<br>A verage<br>hours | (C)<br>Position (check all<br>that apply) |                       |         |              |                              |        | (D)<br>Reportable<br>compensation            | <b>(E)</b><br>Reportable<br>compensation              | (F)<br>Estimated<br>amount of other                                      |  |
|  | per<br>week              | Individual trustee<br>or director         | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | from the<br>organization (W-<br>2/1099-MISC) | from related<br>organizations<br>(W- 2/1099-<br>MISC) | compensation<br>from the<br>organization and<br>related<br>organizations |  |
| EIBECK PAMELA<br>PRESIDENT   | 50                       | Х   |                       | Х       |              |                              |        | 448,239                                      | 0   | 96,339   |  |
| THOMASON ROBERT HEAD COACH, MEN'S BASKETBALL                           | 50                       |   |                       |         |              | х                            |        | 287,976                                      | 0   | 34,675   |  |
| RINDSKOPF-PARKER ELIZABETH<br>DEAN, MCGEORGE SCHOOL OF LAW             | 50                       |   |                       |         | х            |                              |        | 324,637                                      | 0   | 56,504   |  |
| OPPENHEIMER PHILLIP<br>DEAN, PHARMACY & HEALTH<br>SCIENCES             | 50                       |   |                       |         | x            |                              |        | 228,045                                      | 0   | 35,729   |  |
| NATTESTAD ANDERS<br>PROFESSOR OF ORAL SURGERY                          | 50                       |   |                       |         |              | х                            |        | 413,653                                      | 0   | 38,407   |  |
| LELAND EDWARD<br>VP, EXTERNAL RELATIONS                                | 50                       |   |                       | Х       |              |                              |        | 361,875                                      | 0   | 53,977   |  |
| KRISE THOMAS<br>DEAN, COLLEGE OF THE PACIFIC                           | 50                       |   |                       |         | x            |                              |        | 158,467                                      | 0   | 21,640   |  |
| KING LYNN<br>DIRECTOR, ATHLETICS                                       | 50                       |   |                       |         | х            |                              |        | 179,654                                      | 0   | 42,409   |  |
| JAIN RAVINDER<br>DEAN, ENGINEERING & COMPUTER<br>SCIENCE               | 50                       |   |                       |         | х            |                              |        | 248,079                                      | 0   | 36,664   |  |
| INDRESANO A THOMAS<br>PROFESSOR, CHAIR ORAL SURGERY                    | 50                       |   |                       |         |              | ×                            |        | 428,487                                      | 0   | 41,931   |  |
| GRIEGO ELIZABETH<br>VP, STUDENT LIFE                                   | 50                       |   |                       | Х       |              |                              |        | 225,488                                      | 0   | 39,861   |  |
| GONG JIN<br>DEAN, RESEARCH & GRADUATE<br>STUDIES                       | 50                       |   |                       |         | х            |                              |        | 160,882                                      | 0   | 34,000   |  |
| GILBERTSON PHILIP<br>PROVOST EMERITUS                                  | 0                        |   |                       |         |              |                              | х      | 297,633                                      | 0   | 45,860   |  |
| FERRILLO PATRICK<br>DEAN, DUGONI SCHOOL OF<br>DENTISTRY                | 50                       |   |                       |         | х            |                              |        | 420,084                                      | 0   | 30,959   |  |
| FAIT GLENN<br>ASSOCIATE DEAN & SPECIAL<br>COUNSEL, MCGEORGE            | 50                       |   |                       |         | x            |                              |        | 206,413                                      | 0   | 27,093   |  |
| DEROSA DONALD<br>PRESIDENT EMERITUS                                    | 0                        |   |                       |         |              |                              | х      | 449,977                                      | 0   | 42,497   |  |
| CAVANAUGH PATRICK<br>VP, BUSINESS & FINANCE                            | 50                       |   |                       | Х       |              |                              |        | 548,158                                      | 0   | 54,771   |  |
| BREHM LARRY<br>ASSOC VP & CHIEF INVEST OFFICER                         | 50                       |   |                       |         | x            |                              |        | 160,960                                      | 0   | 26,680   |  |
| BOYD ROBERT<br>PROFESSOR, CHAIR ORTHODONTICS                           | 50                       |   |                       |         |              | Х                            |        | 272,604                                      | 0   | 38,603   |  |
| EBERHARDT DOUGLASS<br>BOARD MEMBER                                     | 5                        | Х   |                       |         |              |                              |        | 0  | 0   | 0  |  |
| HAYASHI RANDY<br>BOARD MEMBER  | 5                        | Х   |                       |         |              |                              |        | 0  | 0   | 0  |  |
| PALLAVICINI MARIA<br>PROVOST   | 50                       |   |                       | Х       |              |                              |        | 0  | 0   | 0  |  |
| LACKEY MARY LOU<br>VP AND SEC TO BD OF REGENTS                         | 50                       |   |                       | Х       |              |                              |        | 313,330                                      | 0   | 39,700   |  |
| NADERSHAHI NADER<br>EXEC ASSOC DEAN/ASSOC DEAN<br>FOR ACADEMIC AFFAIRS | 50                       |   |                       |         | x            |                              |        | 250,108                                      | 0   | 38,159   |  |
| YARBOROUGH CRAIG<br>ASSOC DEAN FOR INSTITUTIONAL<br>ADVANCEMENT        | 50                       |   |                       |         | ×            |                              |        | 235,013                                      | 0   | 41,444   |  |

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

| (A)<br>Name and Title  | (B)<br>Average<br>hours | (C) Position (check all that apply) |                       |         |              |                              |        | ( <b>D)</b><br>Reportable<br>compensation    | <b>(E)</b><br>Reportable<br>compensation              | <b>(F)</b><br>Estimated<br>amount of other                               |
|--|-------------------------|-------------------------------------|-----------------------|---------|--------------|------------------------------|--------|--|---|--|
|  | per<br>week             | Individual trustee<br>or director   | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | from the<br>organization (W-<br>2/1099-MISC) | from related<br>organizations<br>(W- 2/1099-<br>MISC) | compensation<br>from the<br>organization and<br>related<br>organizations |
| WEICK CYNTHIA<br>DIRECTOR OF POWELL SCHOLAR<br>PROGRAM & INTERIM DEAN SCHOOL<br>OF INT'L STUDIES | 50                      |                                     |                       |         | х            |                              |        | 192,184                                      | 0   | 19,497   |
| BECK LYNN<br>DEAN, SCHOOL OF EDUCATION   | 50                      |                                     |                       |         | х            |                              |        | 155,591                                      | 0   | 21,722   |
| MANOLAKAS CHRISTINE<br>PROFESSOR OF LAW  | 50                      |                                     |                       |         |              | Х                            |        | 244,872                                      | 0   | 30,575   |
| JOHNSTON CHRISTOPHER<br>VP, DEVELOPMENT  | 50                      |                                     |                       | х       |              |                              |        | 127,404                                      | 0   | 28,508   |
| PURNELL JEAN<br>ASSOCIATE VICE PRESIDENT   | 50                      |                                     |                       |         |              |                              | Х      | 201,599                                      | 0   | 40,090   |

| Form 990, Part III - 4 Program Service Accomplishments (See the Instructions) |                                 |  |  |  |  |  |  |  |  |
|---|---------------------------------|--|--|--|--|--|--|--|--|
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| T   | ue \$ ) ETICS ACTIVITIES, ESING |  |  |  |  |  |  |  |  |