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Form 990

Department of the

DLN: 93493121004107

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public
 Information about Form 990 and its instructions is at www.irs.gov/form990

Intern	al Revei	nue Servic	re			401,10111111		Inspection
A F	or the	2015 ca	lendar year, or tax year beginni	ng 07-01-2015 , and ending 06-30-2	2016			-
B Ch	eck if ap	oplicable	C Name of organization University of the Pacific			D Emp	loyer id	lentification number
	ldress c	-				94-1	11562	66
	ame cha	-	Doing business as					
In	itial retu nal	nm				E Tolon	hone nu	ımhar
	temina	ated	Number and street (or P O box if r 3601 Pacific Avenue	nail is not delivered to street address) Room	/suite			
An	nended	return				(209	946	-7372
ПАр	plication	n pending	City or town, state or province, cou Stockton, CA 95211	ntry, and ZIP or foreign postal code				- + 002 002 140
								s \$ 883,892,148
			F Name and address of princi Pamela A Eibeck PhD Preside		H(a) Is this a grou	•	
			3601 Pacific Avenue			subordinates No	7	☐ Yes 🗸
			Stockton, CA 95211		н(ь) Are all subor	dinates	Yes No
I la	x-exem	pt status	✓ 501(c)(3)	(insert no) 4947(a)(1) or 527		included?	اما ما	
J W	ebsite	e: ► wwv	v pacıfic edu		H(c)	_		t (see instructions)
				. 🗆) Group exemp (ear of formation :		umber > M State of legal domicile CA
K For	n of org	janization	Corporation Trust Associ	ation Other >	— -ˈ	car or roundation .		Produce of legal doffliche Cr
Pa	rt I	Sum	mary					
	1 Br	iefly des	scribe the organization's missio	n or most significant activities				
				earning experience integrating liberal			ducatio	on and preparing
e e	1118	uiviuuais	s for fasting achievement and re	sponsible leadership in their careers	and com	inumities		
Ĕ								
e E	_							
Ò	2 0	heck th	is box $\blacktriangleright \ $	iscontinued its operations or dispose	ed of more	e than 25% of i	ts net	assets
೨ *ರ] _{2 N}	lumbara	of voting mambars of the govern	ing body (Bart VI, Jino 1a)			۱ ,	1 20
Š			_	ing body (Part VI, line 1a) . . . of the governing body (Part VI, line 1			4	28
<u> </u>			nber of individuals employed in		5	5,260		
Activities & Governance				ecessary)			6	3,200
•				art VIII, column (C), line 12			7a	524,013
				om Form 990-T, line 34			7b	324,013
			The state of the s			Prior Year	1 75	Current Year
	8	Contri	butions and grants (Part VIII, I	ıne 1h)		43,547	.854	27,709,644
ŝ	9		ım service revenue (Part VIII, I	326,411		335,347,771		
ën uë Aë	10	,	,	ne 2g)		37,809		19,862,529
æ	11		·	, lines 5, 6d, 8c, 9c, 10c, and 11e)		10,451	.,038	13,278,896
	12	Totalr	revenue—add lines 8 through 11	(must equal Part VIII, column (A),	line	418,219	941	396,198,840
		12)				+10,213	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	13			t IX, column (A), lines 1-3)		67,027	7,781	71,105,391
	14			IX, column (A), line 4)				0
S 2	15	Salarıe 5–10)		ee benefits (Part IX, column (A), line	!S	191,491	. ,958	200,583,715
Expenses	16a	,		, column (A), line 11e)	. —	5.5	,346	0
kb e	ь		ndraising expenses (Part IX, column (I					
ū	17			lines 11a-11d, 11f-24e)	├─	117,843	3,863	119,702,851
	18			ist equal Part IX, column (A), line 25		376,418		391,391,957
	19			18 from line 12		41,800	-	4,806,883
<u>ک ۵</u>			·			inning of Curren	t Voor	End of Year
anc					Beg	mining of curren	l Teal	
Net Assets or Fund Balances	20	Totala	assets (Part X, line 16)			1,019,839		986,383,062
2 E	21		labilities (Part X, line 26) .			273,717		264,961,898
	22		sets or fund balances Subtract	line 21 from line 20		746,122	,237	721,421,164
	rt III		ature Block	amined this return, including accomp	Nanuna c	chadulas and s	tatomo	unts and to the heat of
				nplete Declaration of preparer (other				
prepa	rer ha	s any kr	nowledge					
		T k				2017 04 20		
Sian		Signa	ature of officer			2017-04-28 Date		
Sign Hero		Konn	eth M Mullen VP For Business & Financ	79				
`	_		or print name and title	.c				
			rınt/Type preparer's name	Preparer's signature	Date	Charle C	PTIN	
Paid	k	L E	va Nitta	Eva Nitta		Check If self-employed	d P012	86320
		_ F	ırm's name 🕒 Emst & Young US LLP			Firm's EIN ▶	34-6565	5596
rie	pare	r ⊢	ırm's address ▶ 560 Mission Street Sui					

San Francisco, CA 94105

. √Yes No

Form	990 (2015)			Page 3
Par	t IV Checklist of Required Schedules			
	7 H		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 🥦	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
	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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🔰	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11 b	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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		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	
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14 b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $\$5,000$ of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Yes

Nο

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Νo

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Yes

Form 990 (2015)

Yes

Yes

Yes

Yes

Yes

Yes

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Nο

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Nο

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1 01111	101111 3 3 0 (2013)								
Par	Part IV Checklist of Required Schedules (continued)								
21	Did the organization report more than $$5,000$ of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1^7 If "Yes," complete Schedule I, Parts I and II	21		No					
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes						
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes						
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000								

as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

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?

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

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 💆 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

b If Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

member of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V		Yes	· No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 94	15	1 65	NO
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b	4		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered			
	by this return	60		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country AU			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
L	organization solicit any contributions that were not tax deductible as charitable contributions?	+-		
ь	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7 b	Yes	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required file Form 8282?	to 7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	. 7e . 7f		No No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899			140
_	required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time			
	during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter			
a b	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 10b	\dashv		
	facilities			
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	\dashv		
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions fo additional information the organization must report on Schedule O	r 13 a		
ь	Enter the amount of reserves the organization is required to maintain by the states	130		
	in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	_		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

orm	990 (2015)					Page
Par	For each "Yes" response to lines 2 through 7b below, and for a "No describe the circumstances, processes, or changes in Schedule O. S.	See in	structions.		Ob belo	w,
S o	Check if Schedule O contains a response or note to any line in this Part VI ction A. Governing Body and Management	<u> </u>	<u> </u>	•	<u> </u>	<u> </u>
36	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	1a	28			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1 b	24			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?		relationship with any	2	Yes	
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co			3		No
4	Did the organization make any significant changes to its governing documents since filed?	the p	rıor Form 990 was • • • •	4		No
5	Did the organization become aware during the year of a significant diversion of the o	rganız	ation's assets? .	5		No
6	Did the organization have members or stockholders?		[6		No
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?			7a		No
b	Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body?			7 b		No
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons ur	dertaken during the			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A,	who c	annot be reached at the			

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

organization's mailing address? If "Yes," provide the names and addresses in Schedule ${\it O}$.

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12 c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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)			
16 a	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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16 b		

СА

Section C. Disclosure

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

18	Section 6104 requires an organization	on to make its Forn	n 1023 (or 1024	If applicable), 990, a	and 990-T (501(c
	(3)s only) available for public inspec	tion Indicate how	you made these	avaılable Check all t	:hat apply

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records ►Kenneth 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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	indradual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2,2033 11.00,	organization and related organizations
See Additional Data Table										
1b Sub-Total				-		>				
c Total from continuation sheetd Total (add lines 1b and 1c) .	•		· ·	٠.	٠.	•		7,711,919	0	1,160,887
2 Total number of individuals (in \$100,000 of reportable comp							e) wh	no received more th	an	

3	Did the organization list any former 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	Yes	

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

compensation from the organization response compensation for the care	Tradit year enamy with or within the organization	JII J Cax y Cai
(A) Name and business address	(B) Description of services	(C) Compensation
	·	
PLANT CONSTRUCTION LP	CONSTRUCTION	1,997,012
300 NEWHALL ST		
SAN FRANCISCO, CA 941241498		
ELLUCIAN COMPANY LP	TECHNOLOGY	922,728
4 COUNTRY VIEW RD		
MALVERN, PA 193551408		
DELFINO MADDEN O'MALLEY COYLE & KOEWLER	LEGAL	630,291
500 CAPITOL MALL SUITE 1550		
SACRAMENTO, CA 958144740		
BRI INVESTORS	PROPERTY MANAGEMENT	587,465
477C MARCHUNICE, 470		
1776 MARCH LN Ste 170		
STOCKTON, CA 952076421		
FES SURFACING LLC	SPORT SURFACING	549,089
2020 FIFEDCTONE DEWY CHITE 000 140		
2020 FIELDSTONE PKWY SUITE 900 148		
FRANKLIN, TN 370694369		
Total number of independent contractors (including but not limited to the	ose listed above) who received more than	1

Yes

Form 99	0 (20	015)						Page S
Part V	1111	Statement o	f Revenue					
		Check If Schedi	ule O contains a respor	ise or note to any li	ne in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s s	1a	Federated cam	paigns 1a					
Grants	b	Membership du	es 1b	0				
5 6	С	Fundraising eve	ents 1 c	633,006				
ifts. ar A	d	Related organiz	zations 1d	0				
Contributions, Giffs, Grants and Other Similar Amounts	e	Government grant	s (contributions) 1e	11,604,208				
ons Si	l f	All other contribution	ons, gifts, grants, and 1f	15,472,430		-		
ber her		sımılar amounts no	ot included above					
	g	1a-1f \$	ons included in lines	4,284,999				
Contained	h	Total. Add lines	s 1a-1f		27,709,644			
				Business Code				
E PE	2a	Tuition		900099	296,695,194	296,695,194	0	(
Program Service Revenue	b	Dental Clinic		900099	13,633,210	13,633,210	0	(
<u>ا</u> رد	С	Auxiliary		541800	25,019,367	25,019,367	0	(
Ser	d							
an	e	^ II -+b				_		
rogi	f		am service revenue		0	0	0	
<u> </u>	g		s 2a-2f		335,347,771			
	3		ome (including dividend ar amounts)	ds, interest,	9,135,837	О	О	9,135,83
	4	Income from inves	stment of tax-exempt bond p	oroceeds ►	0	0	0	(
	5	Royalties		•	0	0	0	(
	6a	Gross rents	(ı) Real 6,223,906	(II) Personal 0				
	Ja		·					
	b	Less rental expenses	51,338	0				
	С	Rental income or (loss)	6,172,568	0				
	d	Net rental inco			6,172,568	0	58,550	6,114,018
	7a	Gross amount	(ı) Securities	(II) O ther				
	74	from sales of assets other than inventory	0	495,567,053				
	b	Less cost or other basis and	0	484,840,361				
	c	sales expenses Gain or (loss)	0	10,726,692				
	d	Net gain or (los	ss)		10,726,692	0	О	10,726,692
Other Revenue	8a	¥	luding ,006 s reported on line 1c)					
ier			а	384,550				
₽	b		penses b	567,217	-182,667		0	-182,667
	9a	Gross income f	(loss) from fundraising of from gaming activities ne 19	events >	-102,007		0	-102,00
	 	loca direct	penses b	0				
			(loss) from gaming activ		o	0	О	(
				•				
	IUa	Gross sales of returns and allo						
			а	3,124,028				
	ь		oods sold b	2,234,392	200 535	020.000	50.636	,
	С	Net income or ((loss) from sales of inve	Business Code	889,636	830,000	59,636	(
	11a		s veneung	812930	527,060	527,060	0	(
	b	Advertising & F	Facility Rental	900099	405,827	0	405,827	(
	С	Other		900099	5,466,472	5,466,472	0	(
	d	A II other reven	ue		0	0	0	(
	e	Total. Add lines	s 11a-11d		6,399,359			
	12	Total revenue.	See Instructions	•	396,198,840	342,171,303	524,013	25,793,880
	i			J	550,150,040	J72,1/1,JUJ	J24,U13	20,190,000

Part IX Statement of Functional Expenses

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

			/B)	(c)	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22	71,105,391	71,105,391		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	8,872,803	5,992,289	2,198,844	681,670
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	270,632	233,582	37,050	
7	Other salaries and wages	141,832,129	129,430,015	6,186,835	6,215,279
8	Pension plan accruals and contributions (include section 401(k)				
	and 403(b) employer contributions)	12,326,563	11,303,659	507,607	515,297
9	Other employee benefits	25,970,608	22,923,743	1,657,419	1,389,446
10	Payroll taxes	11,310,980	10,167,070	608,788	535,122
11	Fees for services (non-employees)	11,310,300	10,107,070	000,700	333,122
а	Management				
b	Legal	2,108,364		2,108,364	
c	Accounting	477,901		477,901	
d	Lobbying	,		,	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	1,857,718		1,857,718	
g	Other (If line 11g amount exceeds 10% of line 25, column (A)				
_	amount, list line 11g expenses on Schedule O)	19,885,111	18,144,357	656,833	1,083,921
12	Advertising and promotion	2,128,549	1,907,487	15,405	205,657
13	Office expenses	23,547,049	22,877,228	332,125	337,696
14	Information technology	8,664,619	7,836,166	464,851	363,602
15	Royalties				
16	Occupancy	7,945,345	7,088,124	393,917	463,304
17	Travel	4,723,881	4,156,611	187,537	379,733
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	7,746,153	6,896,336	849,817	
21	Payments to affiliates	22.647.055	20.452.452	3 404 555	
22 23	Depreciation, depletion, and amortization	22,647,855	20,163,199 1,297,274	2,484,656	72.222
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	1,430,902	1,297,274	60,296	73,332
а	Hospitality Student Room/Board	5,980,519	5,980,519		
b	Catering & Other Hospitality	4,204,731	3,634,034	166,406	404,291
c	Bldg/Grounds Repair/Maint	1,573,292	1,438,267	63,798	71,227
d	Athletic Activities	3,107,301	3,107,301		
e	All other expenses	1,673,561	1,594,319	58,826	20,416
25	Total functional expenses. Add lines 1 through 24e	391,391,957	357,276,971	21,374,993	12,739,993
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or note to an	y line in	this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			922,539	1	1,315,874
	2	Savings and temporary cash investments			5,159,566	2	10,249,846
	3	Pledges and grants receivable, net			22,185,081	3	19,826,020
	4	Accounts receivable, net			5,346,445	4	5,339,045
	5	Loans and other receivables from current and former of trustees, key employees, and highest compensated e II of Schedule L	,	,			
	6	Loans and other receivables from other disqualified pe	ersons (as defined under	200,325	5	0
Assets		section 4958(f)(1)), persons described in section 49 contributing employers and sponsoring organizations voluntary employees' beneficiary organizations (see I Part II of Schedule L	58(c)(3) of section)(B), and on 501(c)(9)			
SS					0	6	
ď	7	Notes and loans receivable, net			33,042,857	7	31,590,009
	8	Inventories for sale or use			2,927,625	8	3,178,254
	9	Prepaid expenses and deferred charges			3,140,193	9	3,160,617
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	587,197,905			
	ь	Less accumulated depreciation	10b	219,253,776	380,890,889	10 c	367,944,129
	11	Investments—publicly traded securities			493,992,384	11	471,129,799
	12	Investments—other securities See Part IV, line 11			68,171,890	12	68,935,621
	13	Investments—program-related See Part IV, line 11			0	13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			3,859,479	15	3,713,848
	16	Total assets. Add lines 1 through 15 (must equal line			1,019,839,273	16	986,383,062
	17	Accounts payable and accrued expenses			23,797,083	17	24,718,848
	18	Grants payable			312,796	18	167,990
	19	Deferred revenue			12,992,874	19	14,620,781
	20	Tax-exempt bond liabilities			156,808,208	20	145,981,103
S	21	Escrow or custodial account liability Complete Part I				21	
oilities	22	Loans and other payables to current and former office key employees, highest compensated employees, and	l disqua	lified			
Liab		persons Complete Part II of Schedule L			47,000,000	22	16.070.000
_	23	Secured mortgages and notes payable to unrelated th	·		17,809,263	23	16,070,299
	24	Unsecured notes and loans payable to unrelated third				24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24) Complete Part X of Schedule D	:5 (0 (8)	ated tillid parties,			
					61,996,812	25	63,402,877
	26	Total liabilities.Add lines 17 through 25			273,717,036	26	264,961,898
ces		Organizations that follow SFAS 117 (ASC 958), check lines 27 through 29, and lines 33 and 34.	here ▶	 and complete			
<u>lan</u>	27	Unrestricted net assets			351,427,665	27	343,124,148
ထိ	28	Temporarily restricted net assets			97,300,846	28	68,505,191
п	29	Permanently restricted net assets			297,393,726	29	309,791,825
Net Assets or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, check	here ▶ and			
:	30					30	
5 S e	31	Paid-in or capital surplus, or land, building or equipme	nt fund			31	
Ă	32	Retained earnings, endowment, accumulated income,	or other	funds		32	
Se	33	Total net assets or fund balances			746,122,237	33	721,421,164
	34	Total liabilities and net assets/fund balances	_		1,019,839,273	34	986,383,062

396,198,840

391,391,957

746,122,237

-27,630,819

4,806,883

XI Reconcilliation of Net A	ssets
-----------------------------	-------

	Check if Schedule O contains a response or note to any line in this Part XI							. [<u>√</u>
1	Total revenue (must equal Part VIII, column (A), line 12)								

Investment expenses .

column (B))

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Prior period adjustments .

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

n (A), line 12) Total expenses (must equal Part IX, column (A), line 25)

Revenue less expenses Subtract line 2 from line 1

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . Net unrealized gains (losses) on investments

Donated services and use of facilities .

Other changes in net assets or fund balances (explain in Schedule O) .

Part XIII Financial Statements and Reporting

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990

If the organization changed its method of accounting from a prior year or checked "Other," explain in

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in

Cash ✓ Accrual Other

Both consolidated and separate basis

Both consolidated and separate basis

8 9 10

1

2

3

4

5

6

7

-1,877,137 721,421,164

Yes

Yes

Yes

Yes

2a

2b

2c

3a

3b

No

Νo

Additional Data

Software ID: 15000238

Software Version: 2015v3.0 **EIN:** 94-1156266

Name: University of the Pacific

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

(Code) (Expenses \$ 12,857,322 including grants of \$ 0) (Revenue \$ 0)
RESEARCH INCLUDES EXPENDITURES FOR ACTIVITIES SPECIFICALLY DESIGNED TO PRODUCE HIGH-QUALITY RESEARCH
OUTCOMES WHILE PROVIDING HANDS-ON RESEARCH TRAINING TO BOTH UNDERGRADUATE AND GRADUATE STUDENTS

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Empl Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F) Position (do not check Name Average Reportable Reportable Estimated and Title hours per more than one box, compensation compensation amount of week (list unless person is both an from the from related other officer and a any hours organization organizations compensation director/trustee) (W- 2/1099-(W-2/1099for related from the MISC) MISC) organizations organization Highest compensated employee Individual trustee Ē below and related Institutional Trustee dotted line) organizations employee Fibeck 50 0 Pamela Х 547,592 0 100,996 Χ 0 0 President Fleming Richard 150 Board 0 Х Х 0 0 Member. 0 0 Treasurer, Committee Chair Huber Kevin 150 Board Member -Χ Χ 0 0 Vice Chair, 0 0 Committee Chair Janssen Kathleen 150 Board 0 0 0 Χ Χ Member -Chair. 0 0 Committee Chair Spears Janet 10.0 0 0 0 Board Χ Χ Member, 0 0 Secretary Ferns Noel 10 0 Board 0 Χ 0 0 Member, 0 0 Committee Chair Flores Armando 100 0 0 0 Board Χ Member, 0 0 Committee Chair Gustafson Clark 100 0 0 0 Board Χ Member, 0 0 Commitee Chair Miller Diane 10.0 Board X 0 0 0 Member, 0 0 Committee Chair Nelson Frednc 100 0 Board Χ 0 0 Member -0 0 Committee Chair

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Emplo Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F) Name and Average Position (do not check Reportable Reportable Estimated Title hours per more than one box. compensation compensation amount of unless person is both an from the week (list from related other any hours officer and a organization organizations compensation for related director/trustee) (W-2/1099-(W-2/1099from the MISC) MISC) organizations organization Q#5些 Xe. Highest compensated Former or director emplovee Individual trustee below and related Institutional Trust⊷⊷ dotted line) organizations employee 5.0 Allen Norman Х 0 0 Board Member 0 0 5 0 Al-Saleh Fawzı Х 0 0 Board Member 0 0 Berbenan 5 0 Ronald Х 0 0 0 0 Board Member Berolzheimer 5 0 Charles Χ 0 0 0 0 Board Member 5.0 Bowman Kirk Х 0 Board Member 0 0 50 Chan Virginia Х 0 0 Board Member 0 0 5 0 Dreyfuss Evan Х 0 0 Board Member 0 0 Hayashı 5 0 Randy Χ 0 0 Board Member Hernandez 5 0 Jose 0 0 Χ 0 0 Board Member 5 0 Hoch Andrea Х Board Member

0.0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Emplo Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F) Name and Position (do not check Reportable Average Reportable Estimated Title hours per more than one box, compensation compensation amount of week (list unless person is both an from the from related other any hours officer and a organizations compensation organization for related director/trustee) (W-2/1099-(W-2/1099from the organizations MISC) MISC) organization Officer Ke) Former or director Highest compensated employee Individual trustee below Institutional and related dotted line) organizations employee Trustee 5 0 Kurtin Eve Х 0 Board Member 0 0 5 0 Mair lames Χ 0 Board Member 0 0 McShane 5 0 Kathleen Χ 0 0.0 Board Member 5 0 Mitchell Gary Х 0 Board Member 0.0 Philibosian 5 0 Dianne 0 Χ 0 0 Board Member 5 0 Ruhl Barry 0 Χ Board Member 0.0 5 0 Shalvey Don Х 0 Board Member 0 0 Stirlina 50 Susanne Х 0 0.0 Board Member Atterbury 50 0 George Х 328,105 64,14 VP. 0 0 Development Day Patrick 50 0 208,487 45.90 VP. Student 0.0 Life

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Emplo Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F) Name and Average Position (do not check Reportable Reportable Estimated Title hours per more than one box, compensation compensation amount of week (list unless person is both an from the from related other officer and a any hours organization organizations compensation director/trustee) (W-2/1099-(W-2/1099for related from the MISC) MISC) organizations organization Officer employee Highest compensated Key employee Individual trustee below Institutional and related OFFICE OF I dotted line) organizations Trustee Lackey Mary 50 0 Lou Χ 237,867 52,72 VP and Sec to 0 0 Bd of Regents Mullen 50 0 Kenneth 0 63,80 Х 364,055 VP, Business & 0 0 Finance Pallavicini 50 0 Mana Х 408,358 0 49,91 0.0 Provost Sprecher Art 50 0 VP for Х 115,369 15,04 Technology 0 0 and CIO (incoming) Beck Lynn 50 0 Dean, School 182,689 35,24 of Education Х 0 (outgoing) and 0 0 Interm Dean, ⊔brary Ebbers Daniel 50 0 Intenm Dean, Χ 106,896 0 29,86 Conservatory 0 0 of Music Femilio Patrick 50 0 Dean, Dugoni Χ 442,821 33,16 School of 0 0 Dentistry (outgoing) Fraden Rena 50 0 270,379 0 41,06 Х Dean, College 0 0 of the Pacific Gale Lewis 50 0 Dean, Χ 230,954 42.25 Eberhardt 0 0 School of Business Howell Steven 50 0 Dean, 303,863 44,96 Engineering & 0 0 Computer Science

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Emplo Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F) Name and Average Position (do not check Reportable Reportable Estimated Title hours per more than one box, compensation compensation amount of week (list unless person is both an from the from related other any hours officer and a organization organizations compensation (W-2/1099-(W-2/1099for related director/trustee) from the organizations MISC) MISC) organization Highest compensated employee individual trustee below Institutional and related 血液のです dotted line) organizations eeyodme Trustee Manılay Bayanı 50 0 0 17,00 Assistant Vice Χ 156,257 President, 0 0 Treasury Mootz Francis 50 0 313,345 62,96 Dean, McGeorge 0 0 School of Law Nadershahi Nader Exec Assoc 50 0 Dean and Assoc Dean Χ 347,901 46,28 for Academic 0 0 Affairs, Interim Dean Dugoni School of Dentistry Ongaro Giulio 50 0 Dean, Х 115,943 0 36,82 Conservatory 0 0 of Music (outgoing) Oppenheimer Phillip 50.0 Х 254,904 0 39,71 Dean, Pharmacy & 0 0 Health Sciences Thompson James Michael 50 0 Х 248,112 0 25,63 Vice Provost for Enrollment 0 0 Management Webster Linda 50 0 Intenm Dean. 138,359 0 33.00 School of 0 0 Education Cox Darren 50 0 Χ 317,202 33,13 Associate 0 0 Professor Indresano A Thomas 50 0 Х 452,314 0 46,29 Professor, 0.0 Chair Oral Surgery Leland Edward 50 0 357,982 46,01 Director of Athletics 0 0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Emplo Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F) Estimated Name and Average Position (do not check Reportable Reportable Title hours per more than one box, compensation compensation amount of week (list unless person is both an from the from related other anv hours officer and a organization organizations compensation for related director/trustee) (W-2/1099-(W-2/1099from the organizations MISC) MISC) organization Office: Former or director individual trustee Ke) Highest compensat Institutional below and related dotted line) organizations employee 50 0 X 370,209 0 46,24 0 0

				ď			
Nattestad Anders	50 0			X	478,804	0	46,229
Professor of Oral Surgery	0 0				,	_	,

Park Chan

Assistant

Professor

Weick Cynthia 20 0

Χ 22,70 163,477 0

Director Powell Scholar 0 0

Program Yarborough

Craig 20 0

Χ 249,675 39.74 Assoc Dean for

0 0

Institutional Advancement

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE A

hospital's name, city, and state

170(b)(1)(A)(iv). (Complete Part II)

described in section 170(b)(1)(A)(vi). (Complete Part II)

(Form 990 or

Internal Revenue Service Name of the organization

University of the Pacific

990EZ)

Part I

✓

1

2

3

Treasury

Department of the

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

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

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.

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization that normally receives a substantial part of its support from a governmental unit or from the general public

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

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

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

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

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

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

A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

OMB No 1545-0047

Open to Public

Inspection

DLN: 93493121004107

Employer identification number

94-1156266

9	İ-	receipts from activitie	es related to it	ts exempt functions—s	subject to certa	ain exceptions	stributions, membership s, and (2) no more than : 511 tax) from businesse	331/3% of its support
10	Г	organization after Jun An organization organ		See section 509(a)(2). ated exclusively to tes			ion 509(a)(4).	
11	Ė	one or more publicly s	upported orga	ınızatıons described in	section 509(a	a)(1) or sectio	unctions of, or to carry o on 509(a)(2) See sectio nd complete lines 11e, 1	n 509(a)(3). Check
а	Г	Type I. A supporting o	organization op n(s) the power	perated, supervised, or to regularly appoint o	r controlled by r elect a major	its supported	organization(s), typical ctors or trustees of the	ly by giving the
b	Γ	Type II. A supporting	organization s pporting orgai	supervised or controlle	d in connectio		ported organization(s), t r manage the supported	
c		Type III functionally is supported organization	integrated. A n(s) (see instr	supporting organization ructions) You must co	mplete Part IV	/, Sections A,	•	
d	Γ		ated The orga	anızatıon generally mu	st satisfy a dis	tribution requ	on with its supported org irrement and an attentiv	
e f	Fata	Check this box if the c integrated, or Type III r the number of support	I non-function	nally integrated suppor	tıng organızatı	on	t is a Type I, Type II, T	ype III functionally
g	Ente	Provide the following i						
Nar	me of s	(i) upported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the orga Isted in your docum	nization governing	(v) A mount of monetary support (see instructions)	(vi) A mount of other support (see instructions)
					Yes	No		
Tota	ıl							
For F	Paperw	ork Reduction Act Not	ice, see the In	nstructions for Form 99	90 or 990EZ.	Cat No 1:		990 or 990-EZ) 2015

Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) ▶ 1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants) 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column Public support. Subtract line 5 from line 4 Section B. Total Support Calendar vear (d)2014 (a)2011 (b)2012 (c)2013 (e)2015 (f)Total (or fiscal year beginning in) Amounts from line 4 Gross income from interest. dividends, payments received on securities loans, rents, royalties and income from similar sources 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 VI) 11 Total support. Add lines 7 through 10 Gross receipts from related activities, etc (see instructions) 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, Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 Public support percentage for 2014 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test-2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶□ 17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ▶□ b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

• •			_															
(Complete only	if you	ı che	cked	the box	on	lıne	9	of	Part	I or	ıf the	e organizatio	n ·	faıled	to q	lualify	under	Part
TT TC 11																		

Se	ction A. Public Support	Trans to quant	y under the tee	to noted below,	picase compi	20 1 410 1117	
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)2015	(f)Total
•	iscal year beginning in)	(-)	(-)	(-)	(=)===	(-)	(1)
1	Gifts, grants, contributions, and membership fees received (Do						
	not include any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to						
	the organization's tax-exempt						
	purpose						
3	Gross receipts from activities						
	that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
•	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	A mounts included on lines 1, 2,						
	and 3 received from disqualified						
	persons						
D	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 Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
Se	ction B. Total Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d) 2014	(e) 2015	(f)Total
-	iscal year beginning in) ►		·	· ,	. ,	· ,	
9 .0a	A mounts from line 6 Gross income from interest,						
.ua	dividends, payments received on	İ					
	securities loans, rents, royalties	İ					
	and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes)	İ					
	from businesses acquired after	İ					
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated	İ					
	business activities not included in line 10b, whether or not the	İ					
	business is regularly carried on						
12	Other income Do not include	İ					
	gain or loss from the sale of capital assets (Explain in Part	ı					
	VI)						
13	Total support. (Add lines 9, 10c,	ı					
14	11, and 12) First five years.If the Form 990 is f	or the organizati	nn's first second	third fourth or f	 	section 501(c)	(3) organization
-	check this box and stop here	or the organization	on 5 m 5 c, 5 c c o m a	, china, rouren, or r	men eax year as a	300000000000000000000000000000000000000	► □
Se	ction C. Computation of Pub	lic Support P	ercentage				
15	Public support percentage for 2015	(line 8, column	(f) divided by line	13, column (f))		15	
16	Public support percentage from 201	14 Schedule A, P	art III, line 15			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge			
17	Investment income percentage for				nn (f))	17	
18	Investment income percentage from	n 2014 Schedule	A, Part III, line	17		18	
	33 1/3% support tests—2015. If the		,		line 15 is more t		nd line 17 is not
	more than 33 1/3%, check this box	=					▶ □
b	33 1/3% support tests—2014. If the						
	18 is not more than 33 1/3%, check	this box and st	op here. The orga	nızatıon qualıfıes	as a publicly sup	ported organiza	tion 🕨
20	Private foundation. If the organizati	on did not check	a box on line 14	, 19a, or 19b, che	eck this box and s	see instructions	▶┌

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and Complete Part V.)

	I, complete Sections A and D, and complete Part V)			
Se	ction A. All Supporting Organizations			
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1	Yes	No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3 c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised	4b		
С	by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4 c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5 b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5 c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
9 a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9 a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9 b		
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9 c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10 b		
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		

Part IV Supporting Organizations (continued)

Sectio	n B.	Type	I Su	pporting	ı Organiz	ations

S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
S	ection D. All Type III Supporting Organizations			
	,, <u> </u>		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2			Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of	2a		
	the organization's supported organization(s) would have been engaged in?			

If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

engaged in these activities but for the organization's involvement

3 Parent of Supported Organizations Answer (a) and (b) below.

each of the supported organizations? Provide details in Part VI

2b

3a

3b

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

Pality Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (co	ontinuea)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomp	plish exempt purposes		
2 A mounts paid to perform activity that directly furthe excess of income from activity	ers exempt purposes of supp	oorted organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 A mounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	quired)		
6 Other distributions (describe in Part VI) See instru			
7 Total annual distributions. Add lines 1 through 6			
7 Total allitual distributions. Add lines 1 tillough 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		····	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
С			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3 j and 4 c			
8 Breakdown of line 7		•	
a			
b			
c Excess from 2013			
d From 2014			
e From 2015			
		01.11.4	(F 000 000 F7) (201 F

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Service

Political Campaign and Lobbying Activities

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

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

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

<u>www.irs.gov/form990</u>.

2015
Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

	me of the organization versity of the Pacific			Employer ider	ntification number
UIII	·			94-1156266	
Par	t I-A Complete if the or	ganization is exempt unde	er section 501(c) or is a section 527	7 organization.
1	Provide a description of the org	ganization's direct and indirect pol	litical campaign act	civities in Part IV	
2	Political expenditures			•	\$
3	Volunteer hours				
Par	t I-B Complete if the or	ganization is exempt unde	er section 501(c)(3).	
1	Enter the amount of any excise	e tax incurred by the organization	under section 4955	5	\$
2	Enter the amount of any excise	e tax incurred by organization man	agers under sectio	n 4955 >	\$
3	If the organization incurred a s	ection 4955 tax, did it file Form 4	720 for this year?		☐ Yes ☐ No
4a	Was a correction made?				□ Yes □ No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt unde	er section 501(c), except section 50)1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for	section 527 exem	pt function activities 🕨	\$
2	Enter the amount of the filing o exempt function activities	rganızatıon's funds contributed to	other organization	s for section 527	\$
3	Total exempt function expendit	tures Add lines 1 and 2 Enter he	re and on Form 112	0-POL, line 17b ►	\$
4	Did the filing organization file F	orm 1120-POL for this year?			Yes No
5	organization made payments f amount of political contribution	nd employer identification number For each organization listed, enter ns received that were promptly and political action committee (PAC)	the amount paid fro d directly delivered	om the filing organization's to a separate political orga	funds Also enter the anization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's 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-
2					
3					
4					
5					
6					
For I	Paperwork Reduction Act Notice, se	 ee the instructions for Form 990 or 9	990-EZ.	 Cat No 50084S Schedule C ((Form 990 or 990-EZ) 2015

P	art II-	A	Complete if the organization is exempt under section $501(c)(3)$ and file under section $501(h)$.	ed Form 5768	(election
	Check	•	if the filing organization belongs to an affiliated group (and list in Part IV each affiliated groexpenses, and share of excess lobbying expenditures)	oup member's name	e, address, EIN,
	Check	•	If the filing organization checked box A and "limited control" provisions apply		
				/=\ E:I:==	/L \ A661:-44

	Limits on Lobb	box A and "limited control" provisions apply bying Expenditures neans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public	opinion (grass roots		•
b	lobbying) Total lobbying expenditures to influence a legis	slative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and	1b)		
d	Other exempt purpose expenditures			
e	Total exempt purpose expenditures (add lines	1c and 1d)		
f		5		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of I	ine 1f)		
h	Subtract line 1g from line 1a If zero or less, er	nter - 0 -		
i	Subtract line 1f from line 1c If zero or less, en	ter - 0 -		
j	If there is an amount other than zero on either reporting section 4911 tax for this year?	line 1h or line 1i, did the organization file Form 4720		
j		line 1h or line 1i, did the organization file Form 4720	No	

	4-Year Ave (Some organizations that made a so columns below. See th		ection do not	have to com		ne five
	Lobbying Expe	nditures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c)2014	(d)2015	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					
	·	·	·	Sche	dule C (Form 990	or 990-EZ) 2015

DETAILED DESCRIPTION OF THE

ASSOCIATIONS

LOBBYING ACTIVITY

	edule C (Form 990 or 990-EZ) 2015					P	age 3
Pa		ization is exempt under section 501(c)(3) and has I tion under section 501(h)).	TOP				
For e	ach "Ves" response on lines 1a through 1;	below, provide in Part IV a detailed description of the lobbying	(a)	,	(b)	
activ	•	below, provide in Fare IV a detailed description of the lobbying		No	,	A mour	nt
	5		Yes		7		
1		tion attempt to influence foreign, national, state or local fluence public opinion on a legislative matter or referendum,					
	through the use of						
a	Volunteers?			No	4		
Ь		npensation in expenses reported on lines 1c through 1i)?		No	4		
c	Media advertisements?			Νo			
d	Mailings to members, legislators, or th	·		No			
e	Publications, or published or broadcas	-		No	1		
f	Grants to other organizations for lobby			No	1		
g	- · · · · · · · · · · · · · · · · · · ·	affs, government officials, or a legislative body?		No	_		
h		nventions, speeches, lectures, or any similar means?		Νo			
i	Other activities?		Yes				48,01
j	Total Add lines 1c through 1i						48,01
2a		rganization to be not described in section 501(c)(3)?		No	4		
ь	If "Yes," enter the amount of any tax II						
С	· · · · · · · · · · · · · · · · · · ·	ncurred by organization managers under section 4912					
d		tion 4912 tax, did it file Form 4720 for this year?		<u> </u>			
Pa	t III-A Complete if the organ 501(c)(6).	ization is exempt under section 501(c)(4), section !	501(C	(5),	or s	ectio	n
						Yes	No
1		dues received nondeductible by members?		L	1		
2	- · · · · · · · · · · · · · · · · · · ·	se lobbying expenditures of \$2,000 or less?		L	2		
3		er lobbying and political expenditures from the prior year?			3		
Pai		ization is exempt under section 501(c)(4), section !					
	line 3, is answered "Y	r (a) BOTH Part III-A, lines 1 and 2, are answered " es."	No" (JR (b)	Par	t 111	-А,
1	Dues, assessments and similar amour		1				
2	•	and political expenditures (do not include amounts of political					
	expenses for which the section 527(f)	tax was paid).		ļ			
а	Current year		2a				
b	Carryover from last year		2b				
c	Total		2c				
3		6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	does the organization agree to carryov	n line 2c exceeds the amount on line 3, what portion of the excess er to the reasonable estimate of nondeductible lobbying and	4				
_	political expenditure next year?	al expenditures (see instructions)	5	-			
5	Taxable amount of lobbying and politicate Taxable amount of lobbying and politicate Taxable amount of lobbying and politicate Taxable amount of lobbying and politicate Taxable amount of lobbying and politicate Taxable amount of lobbying and politicate Taxable amount of lobbying and politicate Taxable amount of lobbying and politicate Taxable amount of lobbying and politicate Taxable amount of lobbying and politicate Taxable amount of lobbying and politicate Taxable amount of lobbying and politicate Taxable amount of lobbying and politicate Taxable amount of lobbying and politicate Taxable amount of lobbying and politicate Taxable amount of lobbying and politicate Taxable amount of lobbying and politicate Taxable amount of lobbying and politicate Taxable and Indiana and Indian						
	• • • • • • • • • • • • • • • • • • • •						
		-A, line 1, Part l-B, line 4, Part l-C, line 5, Part II-A (affiliated grou lso, complete this part for any additional information	ıp lıst)	, Part I	I-A,I	ınes 1	and
	Return Reference	Explanation					
DET	AILED DESCRIPTION OF THE COL BYING ACTIVITY BUS THE	UNIVERSITY IS A MEMBER OF THE ASSOCIATION OF INDEPE LEGES AND UNIVERSITIES (AICCU), THE NATIONAL ASSOCIA LEGES & UNIVERSITIES, THE NATIONAL ASSOCIATION OF CO INESS OFFICERS (NACUBO) AND THE ASSOCIATION OF GOVE SE ORGANIZATIONS LOBBY ON BEHALF OF HIGHER EDUCATI SCHEDULE C, PART II, LINE 11 PERTAIN TO DUES PAID TO TH	ATION DLLEG ERNIN ON TH	OF IN E AND G BOA HE AMO	DEPE UNI RDS DUNT	NDEN VERSI (AGB)	TY
Sch		OCIATIONS UNIVERSITY IS A MEMBER OF THE ASSOCIATION OF INDEPE	NDEN	T CALI	FORI	NIA	

COLLEGES AND UNIVERSITIES (AICCU), THE NATIONAL ASSOCIATION OF INDEPENDENT

ON SCHEDULE C, PART II, LINE 1I PERTAIN TO DUES PAID TO THE ABOVE NOTED

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 THE AMOUNTS SHOWN efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

SCHEDULE D

(Form 990)

Department of the

Internal Revenue Service

Treasury

Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

DLN: 93493121004107

Open to Public Inspection

	me of the organization versity of the Pacific		E	mployer identification number
Pa	rt I Organizations Maintaining Donor Complete if the organization answere		imilar Fund	4-1156266 s or Accounts.
	complete if the organization unswers	(a) Donor advised funds		(b)Funds and other accounts
1	Total number at end of year	(4) 50000 440004		(2) and and and acres
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor a funds are the organization's property, subject to			dvised Yes No
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?	benefit of the donor or donor adviso	or, or for any of	ther purpose Yes No
Pa	rt III Conservation Easements. Comple	te if the organization answere	d "Yes" on F	orm 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by th	• • • • • • • • • • • • • • • • • • • •	y)	
	Preservation of land for public use (e g , recreducation)	Preser		torically important land area
	Protection of natural habitat	Preser	vation of a cert	rified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	neld a qualified conservation contr	ibution in the f	orm of a conservation
				Held at the End of the Year
а	Total number of conservation easements		2	
Ь	Total acreage restricted by conservation easeme		2	
c	Number of conservation easements on a certified	` '	200	<u>c</u>
d	Number of conservation easements included in (o historic structure listed in the National Register	.) acquired after 8/17/06, and not	2011 a	d
3	Number of conservation easements modified, train	nsferred, released, extinguished, oi	r terminated by	the organization during the
	tax year ▶			
4	Number of states where property subject to cons	ervation easement is located >		
5	Does the organization have a written policy regar violations, and enforcement of the conservation e		ction, handling	of Yes No
6	Staff and volunteer hours devoted to monitoring, year	nspecting, handling of violations, a	and enforcing c	onservation easements during the
	>			
7	A mount of expenses incurred in monitoring, inspective.	ecting, handling of violations, and e	enforcing conse	ervation easements during the year
8	Does each conservation easement reported on III (B)(I) and section $170(h)(4)(B)(II)^{2}$	ne 2(d) above satisfy the requireme	ents of section	170(h)(4)
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation eat III Organizations Maintaining Collect	of the footnote to the organization sements	's financial sta	pense statement, and tements that describes

Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet

- works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- (i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

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

Revenue included on Form 990, Part VIII, line 1

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

Par	t III	Organizations Maintaining	Collections of	Art, His	torica	l Tre	easures, or (Other Similar As	ssets
3		ng the organization's acquisition, acc ection items (check all that apply)	ession, and other r	ecords, ch	neck an	y of th	e following that	are a significant use	e of its
а	✓	Public exhibition		d	Γ	_oan o	or exchange prog	grams	
b	Scholarly research e Other								
c	√	Preservation for future generations							
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII								
5		ring the year, did the organization sol ets to be sold to raise funds rather t							s ✓ No
Pa	rt IV	Escrow and Custodial Arra Complete if the organization Part X, line 21.		on Form	990, P	art IV	/, line 9, or re	ported an amoun	t on Form 990,
1a		he organization an agent, trustee, cu uded on Form 990, Part X?	stodian or other int	ermediary	for con	trıbut	ions or other as:	sets not Yes	;
b	I	f "Yes," explain the arrangement in F	art XIII and compl	ete the fol	lowing t	able		Ame	ount
c	В	seginning balance					10		
d	Д	dditions during the year					1d		
е	С	Distributions during the year					1e		
f	Е	nding balance					1f		
2 a		the organization include an amount	on Form 990, Part >	(, line 21,	for escr	ow or	custodial accou	int liability? Yes	s
b	If" rt V	Yes," explain the arrangement in Par Endowment Funds. Comple							🗆
L C		Endownent Fundsi Compi	(a)Current year	(b) Pno			Two years back	(d)Three years back	(e)Four years back
1a	Вес	Jinning of year balance	390,625,084		6,612,94	_	223,274,000	199,306,000	211,693,000
b	Cor	· · ·	9,514,705		6,748,35	7	109,770,012	5,609,000	2,788,000
c	Net los:	: investment earnings, gains, and ses	-7,845,182	1	3,492,69	7	64,513,344	27,667,000	-7,339,000
d		ints or scholarships	14,213,398	1	3,655,45	1	8,674,469	8,259,000	7,836,000
e		ner expenditures for facilities programs	0			0	0	0	0
f	A dı	ninistrative expenses	2,837,566		2,573,46	8	2,269,938	1,049,000	0
g		of year balance	375,243,643	39	0,625,08	4	386,612,949	223,274,000	199,306,000
2	Pro	vide the estimated percentage of the	current year end b	alance (lın	ie 1g, ci	olumn	(a)) held as		
а	Boa	ird designated or quasi-endowment 🕨	7 %						
b	Per	manent endowment ▶ 79 %							
c		nporarily restricted endowment > epercentages on lines 2a, 2b, and 2c	14 %	/o					
3а	A re	there endowment funds not in the po anization by			that are	held	and administere	d for the	Yes No
	_	unrelated organizations						3a	(i) Yes
	(ii)	related organizations						3a((ii) No
ь 4		Yes" on 3a(II), are the related organi scribe in Part XIII the intended uses							b
Pa	rt VI			_					
		Complete if the organization Description of property	answered 'Yes' to	o Form 9 	90, Pai (a)	rt IV,	line 11a.See	Form 990, Part X Accumulated	, line 10. (d)Book value
		Description of property			st or othe (investme		Cost or other bas (other)		(a)soon raide
	Land			· ·			6,263,1	74	6,263,174
b	Build	ings					452,103,2	198,538,997	253,564,264
c	• Leas	ehold improvements		💳			.52,155,2	122,333,337	255,501,254
		oment		💳			124,758,1	54 20,714,779	104,043,375
	O the								

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

367,944,129

(a) Description of security or catego (including name of security)	ory	(b)Book value	(c)Method of valuation Cost or end-of-year market
1)Financial derivatives			cost of cha of year market
2)Closely-held equity interests 3)Other			
A) Hedge Funds & Private Equity		63,290,102	F
B) Real and Personal Property		3,576,815	F
C) U S Equities		398,980	F
D) Assets Held by Other Trustees		1,669,724	F
otal. (Column (b) must equal Form 990, Part X, col (B) line 12) art VIII Investments—Program Related.	•	68,935,621	
Complete if the organization answer (a) Description of investment	red 'Yes' on Form 990,	Part IV, line 11c. _{See}	Form 990, Part X, line 13. (c) Method of valuation Cost or end-of-year market v
_			
	.		
Part IX Other Assets. Complete if the organiza		rm 990, Part IV, line 1:	
Part IX Other Assets. Complete if the organiza	ation answered 'Yes' on Fo	rm 990, Part IV, line 1:	1d See Form 990, Part X, line 1:
Part IX Other Assets. Complete if the organiza		rm 990, Part IV, line 1:	
Part IX Other Assets. Complete if the organiza		rm 990, Part IV, line 1:	
Part IX Other Assets. Complete if the organiza		rm 990, Part IV, line 1:	
Part IX Other Assets. Complete if the organiza		rm 990, Part IV, line 1:	
Part IX Other Assets. Complete if the organiza		rm 990, Part IV, line 1	
Part IX Other Assets. Complete if the organiza		rm 990, Part IV, line 1:	
Part IX Other Assets. Complete if the organiza		rm 990, Part IV, line 1:	
Part IX Other Assets. Complete if the organiza		rm 990, Part IV, line 1:	
Other Assets. Complete If the organiza (a) De	scription	rm 990, Part IV, line 1	
otal. (Column (b) must equal Form 990, Part X, col (B) Integrate X Other Assets. Complete if the organization (a) De	ne 15)		(b) Book value
otal. (Column (b) must equal Form 990, Part X, col (B) Irr Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25.	ne 15)		(b) Book value
otal. (Column (b) must equal Form 990, Part X, col (B) Irr Part X Other Liabilities. Complete if the o See Form 990, Part X, line 25. (a) Description of liability	ne 15)		(b) Book value
Other Assets. Complete if the organization (a) De otal. (Column (b) must equal Form 990, Part X, col (B) lin Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. (a) Description of liability ederal income taxes	ne 15)		(b) Book value
Other Assets. Complete if the organization (a) De (a) De (a) De (b) De (b) De (c) De (ne 15)		(b) Book value
cotal. (Column (b) must equal Form 990, Part X, col (B) Interest Other Liabilities. Complete if the one See Form 990, Part X, line 25. (a) Description of liability A part X Unitrust Reserves Complete if the one See Form 990, Part X, line 25. Complete if the one See Form 990, Part X, line 25. Complete if the one See Form 990, Part X, line 25. Complete if the one See Form 990, Part X, line 25. Complete if the organization of liability	(b) Book value		(b) Book value
Other Assets. Complete if the organiza (a) De otal. (Column (b) must equal Form 990, Part X, col (B) lin Part X Other Liabilities. Complete if the o See Form 990, Part X, line 25. (a) Description of liability ederal income taxes nnuity & Unitrust Reserves elf Insurance Reserves sset Retirement Obligation	(b) Book value 9,348,78: 11,382,43: 8,140,57:		(b) Book value
Other Assets. Complete if the organiza (a) De otal. (Column (b) must equal Form 990, Part X, col (B) Inf Part X Other Liabilities. Complete if the o See Form 990, Part X, line 25. (a) Description of liability ederal income taxes nnuity & Unitrust Reserves elf Insurance Reserves sset Retirement Obligation apital Lease Obligations	(b) Book value 9,348,78: 11,382,43: 8,140,57: 1,663,60:		(b) Book value
Other Assets. Complete if the organiza (a) De otal. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the o See Form 990, Part X, line 25. (a) Description of liability ederal income taxes nnuity & Unitrust Reserves elf Insurance Reserves sset Retirement Obligation apital Lease Obligations ederal Student Loan Program	(b) Book value 9,348,783 11,382,433 8,140,573 1,663,609 31,176,699		(b) Book value
Cotal. (Column (b) must equal Form 990, Part X, col (B) Internal Description of Itability Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. (a) Description of Itability ederal income taxes Innuity & Unitrust Reserves elf Insurance Reserves asset Retirement Obligation capital Lease Obligations ederal Student Loan Program	(b) Book value 9,348,78: 11,382,43: 8,140,57: 1,663,60:		(b) Book value
Fotal. (Column (b) must equal Form 990, Part X, col (B) Interest Other Liabilities. Complete if the o	(b) Book value 9,348,783 11,382,433 8,140,573 1,663,609 31,176,699		(b) Book value
Cotal. (Column (b) must equal Form 990, Part X, col (B) Irr Part X Other Liabilities. Complete if the o See Form 990, Part X, line 25. (a) Description of liability Gederal income taxes Annuity & Unitrust Reserves Gelf Insurance Reserves Asset Retirement Obligation Capital Lease Obligations Gederal Student Loan Program	(b) Book value 9,348,783 11,382,433 8,140,573 1,663,609 31,176,699	2	(b) Book value

Sched	ule D (Form 990) 2015		Page 4
Par		per R	eturn
1	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements	1	331,595,174
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12	-	331,333,175
² a	Net unrealized gains (losses) on investments 2a -27,630,819		
a b	Donated services and use of facilities		
C	' ' '		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	-27,630,819
3	Subtract line 2e from line 1	3	359,225,993
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
с	Add lines 4a and 4b	4c	36,972,847
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	396,198,840
	XII Reconciliation of Expenses per Audited Financial Statements With Expense	s per	<u> </u>
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	322,520,958
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		1
а	Donated services and use of facilities		1
b	Prior year adjustments		1
c	Other losses		1
d	Other (Describe in Part XIII) 2d 0		1
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	322,520,958
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		1
b	Other (Describe in Part XIII)		1
c	Add lines 4a and 4b	4c	68,870,999
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	391,391,957
Pari	XIII Supplemental Information		
Prov	ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2 V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part t		de any additional

Return Reference	Explanation
Schedule D, Part III, Line 4 Collections of art - description of collections	The University's Holt-Atherton Special Collections department houses the University library's non-circulating rare and unique research materials. The mission of Special Collections is to collect, preserve, and provide access to manuscript collections, a specialized book collection, and the university archives for students and faculty of the University of the Pacific and the general public. The majority of what the Special Collections Department oversees is the following: John Muir Papers the world's largest repository of Muir documents, -Moscone Papers: personal letters, political correspondence, draft speeches, and video interviews that bear witness to one of the most transformational eras in California politics, - Brubeck archives: a unique accumulation of materials representing the creative life of one of jazz's most renowned practitioners, - Western Americana primarily comprised of manuscripts and specialized books, emphasizing California history, - Japanese-American Internment documents - focused on the internment relocation experience with an emphasis on San Joaquin County, -University Archives - historic records generated by administration, faculty, staff and students of Pacific. In October 2013, the estate of the late Robert and Jeannette Powell endowed a \$125MM gift to the University. This bequest included approximately 18 works of art from the Powell's personal collection. The items are intended to be held for visual display throughout the University's three campuses.
	Schedule D (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE E**

DLN: 93493121004107

OMB No 1545-0047

Open to Public **Inspection**

Schools

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

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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

Name of the organization **Employer identification number** University of the Pacific 94-1156266 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 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 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? Yes 4a 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? Yes 4c d Copies of all material used by the organization or on its behalf to solicit contributions? Yes 4d 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 Nο **5**c c Employment of faculty or administrative staff? Νo d Scholarships or other financial assistance? 54 Νo e Educational policies? Νo 5e f Use of facilities? Νo g Athletic programs? 5g Νo 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? Yes 6a 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 Yes

Page 2

Schedule E (Form 990 or 990-EZ) (2015)

Schedule E (Form 990 or 990EZ) (2015)

Return Reference	Explanation
Schedule E, Part I, Line 3 RACIALLY NONDISCRIMINATORY POLICY	New spaper media displays include statement of racial nondiscriminatory policy of the University in the solicitation of students
O L LL E D (LL O() ENIANGIAL AID OD	D

Schedule E, Part I, Line 6(a) FINANCIAL AID OR ASSISTANCE FROM A GOV ERNMENT During the tax year ending on 06/30/2016, the University received support from various federal and state governmental agencies totaling \$11,604,208

efile GRAPHIC print - DO NOT PROCESS			As Filed Dat	:a -		DLN: 93493121004107				
	EDULE F St	atement of	Activities C	Outside the Unit	ed States	OMB No 1545-0047				
` Departn	part of the Treasury		Part IV, line 1 ▶ Attach to	if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. le F (Form 990) and its instructions is at www.urs.gov/form990.						
	of the organization sity of the Pacific					yer identification number				
Par				ne United States.	L	30200				
i	For grantmakers. Does the	grantees' eligibi			_	=				
2	For grantmakers. Describe assistance outside the Uni	the grants or assistance? Yes No ers. Describe in Part V the organization's procedures for monitoring the use of its grants and other tside the United States egion (The following Part I, line 3 table can be duplicated if additional space is needed.)								
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed program service, specific type service(s) in re	describe for and investments of in region				
	See Add'l Data		region	region)						
20.	Sub-total	1	. 14			43,307,49				
b	Total from continuation sheet to Part I		0							
	Totals (add lines 3a and 3b) perwork Reduction Act Notice,		. 14 s for Form 990.	Cat	No 50082W	43,307,493 Schedule F (Form 990) 2015				

rganization	section and EIN (if applicable)	(3)	grant	cash grant	cash disbursement	of non-cash assistance	of non-cash assistance	valuation (book, FMV, appraisal, other)

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as

tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶

Schedule F (Form 990) 2015

Schedule F (Form 990) 2015

Page 2

t IIII Grants and Ot Part III can be	ther Assistance duplicated if addit	to Individuals	Outside the Unit	ted States. Complete	ıf the organızatıon a	nswered "Yes" to Form	990, Part IV, line 16
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

√ Yes 8621)

Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the

organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships

▽ (see Instructions for Form 8865) Yes

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, do not file with Form 990) Yes Nο

Nο

method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III
(accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete
this part to provide any additional information (see instructions).

990 Schedule F. Supplemental Information

Return Reference	Explanation
Schedule F, Part I, Line 3(f) GENERAL INFORMATION ON ACTIVITIES OUTSIDE THE UNITED STATES	THE AMOUNTS LISTED IN COLUMN (F) FOR THE UNIVERSITY'S INVESTMENTS IN CENTRAL AMERICAN/CARI BBEAN REFER TO THE FAIR MARKET VALUE OF INVESTMENTS FOR THAT PARTICULAR REGION, NOT SOLELY THE EXPENDITURES FOR THE FISCAL TAX YEAR ENDED 6/30/16, AS REQUIRED BY THE IRS

Additional Data

Sub-Saharan Africa

and Greenland)

Europe (Including Iceland

Software ID: 15000238

Software Version: 2015v3.0

EIN: 94-1156266

Name: University of the Pacific

ATHLETIC TEAM

INSTITUTIONAL

TRAVEL

SOFTWARE

40,996

5,657

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

0

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	_
Central America and the Caribbean	0	0	Investments		43,088,365

6 Program Services

Program Services

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities (e) If activity listed in (f) Total expenditures offices in the employees or conducted in region (by (d) is a program service. for region type) (i.e., fundraising, describe specific type of agents in region service(s) in region region program services. grants to recipients located in the region) Europe (Including Iceland Program Services MARKETING 6,542 and Greenland) South Asia Program Services MARKETING 750

Program Services

PROFESSIONAL

SERVICES

200

North America (Canada &

Mexico only)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities (e) If activity listed in (f) Total expenditures offices in the employees or conducted in region (by (d) is a program for region type) (i e , fundraising, service, describe agents in region specific type of service region program services. grants to recipients (s) in region located in the region) Europe (Including Iceland Program Services RESEARCH 1,850 and Greenland) Central America and the Program Services ISTUDY ABROAD 12,920 Caribbean

Program Services

ISTUDY ABROAD

30,484

East Asia and the Pacific

(a) Region (b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (d) Activities offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, service, describe agents in region specific type of service region program services. grants to recipients (s) in region located in the region) Europe (Including Iceland Program Services ISTUDY ABROAD 114,729 and Greenland)

lProgram Services

ISTUDY ABROAD

5,000

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

Sub-Saharan Africa

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

Form 990-EZ filers are not required to complete this part.

DLN: 93493121004107

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

organization entered more than \$15,000 on Form 990-EZ, line 6a
Attach to Form 990 or Form 990-EZ
Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization University of the Pacific

Department of the Treasury

Internal Revenue Service

Part I

Employer identification number
94-1156266

1	Indicate whether the organization raised funds through any of the following activities Check all that apply								
a Mail solicitations e Sol						of non-government grants			
b	Internet and email so	licitations			f Solicitation of government grants				
c	Phone solicitations				g Special fundi	raising events			
d	In-person solicitation	าร							
2a b	or key employees listed i services?	n Form 990, Part V est paid individuals	II) or ent	ity in coni es (fundra	nection with profession	officers, directors, trustees onal fundraising	′es No fundraiser is		
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont contrib	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization		
			Yes	No					
Tota	ıl			•					
	List all states in which the registration or licensing					ns or has been notified it is			

Part II	Fundraising	Events
	i ullulaisilly	FACILLE

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

		(a) Event #1	(b) Event #2	(c)Other events	(d)
		Orange & Black Ball (event type)	Advancing Women's Leadership (event type)	(total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	291,921 173,930 117,991	265,720 228,912 36,808	459,915 230,164 229,751	
	4 Cash prizes	2,000 79,055	0	71,979	2,000
ses	6 Rent/facility costs	99	4,152	63,624 66,422	67,875 131,221
ed Expenses	8 Entertainment	2,800	58,771	704	62,275
Direct	10 Direct expense summary Add lines 4			>	567,217 -182,667
Pa	Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on F	Form 990, Part IV, line	19, or reported mor	e than \$15,000 on
Revenue	1 Gross revenue	(a)Bıngo	(b)Pull tabs/Instant bingo/progressive bingo	(c)O ther gaming	(d) Total gaming (add col (a) through col (c))
Direct Expenses	2 Cash prizes				
	6 Volunteer labor 7 Direct expense summary Add lines 2 8 Net gaming income summary Subtrace	-	•	Yes % No ▶	
9 a b	Enter the state(s) in which the organizat	ion conducts gaming acgaming acgaming activities in eac	tivities h of these states?		Yes No
10 a b	, , ,	censes revoked, suspe	nded or terminated during		Yes No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data Schedule I
(Form 990) | Grants and O
Governments of Complete if the organization

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

Treasury

Internal Revenue Service

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

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

▶ Information about Schedule I (Form 990) and its instructions is at $\underline{www.irs.gov/form990}$.

OMB No 1545-0047

2015

DLN: 93493121004107

Open to Public Inspection

Schedule I (Form 990) 2015

Name of the organization	Employer identificati	Employer identification number					
University of the Pacific						94-1156266	
Part I General Information	n on Grants an	ıd Assistance				<u> </u>	
 Does the organization maintain in the selection criteria used to aw Describe in Part IV the organiza 	ard the grants or a	ssistance?			or the grants or assis	stance, and	√ Yes
Part II Grants and Other Assista that received more than \$				plete if the organization	answered "Yes" on F	form 990, Part IV, line 2:	l, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance

Cat No 50055P

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed

regulations that govern the individual programs

(a)Type of grant or assistance	e (b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance				
(1) _DONOR SPONSORED FINANCIAL	388 AID	7,582,039							
(2) UNIVERSITY SPONSORED FINAN AID	3248 CIAL	63,523,352							
Part IV Supplemental In	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.								
Return Reference Explanation									

Part IV Supplemental	Information. Prov	ride the information i	equired in Part I, line	2, Part III, column (b), and any other	additional information.							
Return Reference	Explanation	planation											
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	Department of Educa to the policies and pr Financial Aid Office to a student's eligibility based programs such	tion as well as the U S ocedures developed an- ises the Free Application for all need based prog nas music, athletics, re	Department of Health and I implemented by the Fir n for Federal Student Air rams In addition, studer gents scholarships and s	d Human Services Univitation Univitation (Inc.) d (FAFSA) as well as a nots are reviewed based of the programs Policies.	ersity scholarships port of the University umber of supporting in academic qualifica is and Procedures er	the State of California and the U S and grants are administered according y's strategic enrollment plan The documents of verification to determine ations and special talents for merit nsure that the determination of aid d in accordance with the rules and							

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Schedule J (Form 990)

Department of the

Internal Revenue Service

Treasury

Compensation Information

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

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

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

DLN: 93493121004107 OMB No 1545-0047

2015

Open to Public Inspection

	ne of the organization ersity of the Pacific			mployer identification	on nur	nber	
01111	sistly of the Facility			94-1156266			
Pa	rt I Questions Regarding Compensation						
						Yes	No
1a	Check the appropriate box(es) if the organization provides 990, Part VII, Section A, line 1a Complete Part III to						
	▼ First-class or charter travel	√	Housing allowance or residence for	personal use			
	▼ Travel for companions		Payments for business use of perso	nal residence			
	Tax idemnification and gross-up payments	✓	Health or social club dues or initiati	on fees			
	Discretionary spending account	✓	Personal services (e g , maid, chaut	feur, chef)			
b	If any of the boxes in line 1a are checked, did the orga reimbursement or provision of all of the expenses desc				1 b	Yes	
2	Did the organization require substantiation prior to reidirectors, trustees, officers, including the CEO/Execut				2	Yes	
3	Indicate which, if any, of the following the filing organizorganization's CEO/Executive Director Check all that used by a related organization to establish compensation	t apply	Do not check any boxes for method	S			
	✓ Compensation committee	✓	Written employment contract				
	✓ Independent compensation consultant	• •	Compensation survey or study				
	Form 990 of other organizations	✓	Approval by the board or compensa	tion committee			
4	During the year, did any person listed on Form 990, Pa or a related organization	art VII	, Section A , line 1a with respect to t	ne filing organization			
а	Receive a severance payment or change-of-control pa	yment	?		4a		Νo
b	Participate in, or receive payment from, a supplementa	al nonq	qualified retirement plan?		4b		Νo
c	Participate in, or receive payment from, an equity-bas	ed con	npensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and prov	ıde the	e applicable amounts for each item in	Part III			
5	Only 501(c)(3), 501(c)(4), and 501(c)(29) organization for persons listed on Form 990, Part VII, Section A, I compensation contingent on the revenues of		•	ny			
а	The organization?				5a		Νo
b	Any related organization?				5b		Νo
6	If "Yes," on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, I compensation contingent on the net earnings of	ıne 1a	, did the organization pay or accrue a	n y			
а	The organization?				6a		Νo
b	Any related organization?				6b		Νo
	If "Yes," on line 6a or 6b, describe in Part III						
7	For persons listed on Form 990, Part VII, Section A, I payments not described in lines 5 and 6? If "Yes," des			n-fixed	7	Yes	
8	Were any amounts reported on Form 990, Part VII, pa subject to the initial contract exception described in R		•				
	in Part III	reguidt	.ioiis sectioii 33 4336-4(a)(3)/ 11 "Y	es, describe	8		Νo
9	If "Yes" on line 8, did the organization also follow the resection 53 $4958\text{-}6(c)$?	rebutta	ible presumption procedure describe	d in Regulations	9		

	my for each noted marriag	ar mast equal the total	amount of Form 3307	rate vii, section ii, iii	с та, аррисавте сотат	im (b) and (b) amount	o for that marriadar
(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-M I	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	• •
	Base	(ii)	(iii)	other deferred	benefits	(B)(ı)-(D)	column(B) reported
	(i) compensation	Bonus & incentive	Other reportable	compensation			as deferred on prior

compensation

Schedule J (Form 990) 2015

See Additional Data Table

Form 990

Schedule J (Form 990) 2015

Page 3

PRESIDENT Schedule J. Part I. Line 1a First-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 class or charter travel ladvance of travel Employees are permitted to use personal airline miles, "points," or other for upgrades, however, the University will not reimburse employees for the value of these upgrades. During the calendar year 2015, there were three exceptions granted to approve first class travel. Two exception were allowed for multiple destinations and the third was for the length of the flight, as it was international. The value of the first class travel was

considered a necessary business expense and therefore, was not included on the employee's W2

Schedule J (Form 990) 2015

COMPENSATION FOR THE

Part III Supplemental Information

Schedule J. Part I. Line 1a Travel for Companion travel is the financial responsibility of the traveler except in cases where the presence of the companion is required for university business reasons and therefore is not included in the individual's W-2 companions The University has three campuses, located in Stockton, Sacramento and San Francisco At the main campus in Stockton and the Sacramento campus, Schedule J. Part I. Line 1a Housing lon-campus housing is provided to the President and Dean, respectively. For Stockton and Sacramento, the housing qualifies for exclusion from employee allowance or residence for personal use

taxable income At the San Francisco Campus, a housing allowance was provided to the Dean in the amount of \$6,200 per month for seven months, which Is treated as taxable compensation. A housing allowance in the amount of \$3,000 per month is provided to the Director of Athletics and is treated as taxable compensation. The Provost received a \$40,000 forgiveness on a housing loan that was included in her W-2 and also within the "other reportable" compensation" column of Schedule J

Schedule J, Part I, Line 1a Health or Some University officers and key employees have University paid memberships in social, golf and country clubs to facilitate business purposes, including donor cultivation, networking and University meetings. Any personal use of such clubs are taxable to the employees and reported as a portion of the social club dues or initiation fees

"other reportable compensation" on Schedule J Part II Column B(III)

President Eibeck's W-2 includes "other reportable compensation" of \$9.854 for the value of all housekeeping services provided by the University at her Schedule J. Part I. Line 1a Personal on-campus residence Housekeeping services for the Sacramento campus home is personally paid by the Dean

services President Pamela Eibeck received a non-fixed payment based on satisfaction of a performance target at the Board of Regents discretion. Vice President

Schedule J, Part I, Line 7 Non-fixed

 Software ID:
 15000238

 Software Version:
 2015v3.0

 EIN:
 94-1156266

Name: University of the Pacific

Form 990, Schedule J, P	art :							
(A) Name and Title			f W-2 and/or 1099-MI		(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B)
		(i) Base Compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	compensation	55.151165		reported as deferred on prior Form 990
1 Eibeck Pamela President	(1)	486,530	'	'	44,500	56,496	648,588	0
, resident	(11)	0	0	0				0
1Atterbury George	(1)	292,863	2			0	0	
VP, Development		292,803	20,000	15,242	44,500	19,649	392,254	0
	(11)	U	0	0	0	- 0	- 0	0
2 Day Patrick VP, Student Life	(1)	204,176	0	4,311	38,831	7,074	254,392	0
	(11)	0	0	0	0	-		0
3Lackey Mary Lou	(1)	225,346	0	12,521	40,903	11,823	290,593	0
VP and Sec to Bd of Regents	(11)	0	0	0	0			0
4Mullen Kenneth	(1)	327,639	_			0	0	
VP, Business & Finance	(1)	327,039	0	36,416	44,500	19,300	427,855	0
	(11)	U	0	0	0	0	- 0	0
5Pallavıcını Mana Provost	(1)	354,569	0	53,789	44,500	5,410	458,268	0
	(11)	0	0	0	0	-		0
6 Beck Lynn	(1)	181,501	0	1,188	18,871	16,369	217,929	n
Dean, School of Education (outgoing) and Interim Dean,	(11)	0						
Library 7Femilio Patrick		272.25			•	0	0	0
Dean, Dugoni School of Dentistry (outgoing)	(1)	379,091	0	63,730	26,500	6,666	475,987	0
benesely (odegoing)	(11)	0	0	0	0	- 0	- 0	0
8Fraden Rena Dean, College of the Pacific	(1)	243,514	0	26,865	24,575	16,490	311,444	0
, ,	(11)	0	0	0	0	-	-	0
9 Gale Lewis	(1)	229,946	0	1,008	23,869	18,382	273,205	0
Dean, Eberhardt School of Business	(11)				23,005			
-	(,		0	U	U	0	0	U
10Howell Steven Dean, Engineering &	(1)	301,232	0	2,631	26,500	18,466	348,829	0
Computer Science	(11)	0	О	0	0	<u>-</u> 0	- 0	0
11Manılay Bayanı Assıstant Vice President,	(1)	155,914	0	343	15,652	1,352	173,261	0
Treasury	(11)	0	0	0	0			0
12Mootz Francis	(1)	306,482	0	6.963	36 500	0	0	0
Dean, McGeorge School of Law	(11)			6,863	26,500	36,466	376,311	
	(11)		U	U	U	- 0	0	0
13Nadershahi Nader	(1)	344,747	0	3,154	26,500	19,787	394,188	0
Exec Assoc Dean and Assoc Dean for Academic Affairs, Interim Dean Dugoni School	(11)	0	0	0	0	-	-	0
of Dentistry 14Ongaro Giulio	(1)	108,025	_					
Dean, Conservatory of Music (outgoing)		108,023	0	7,918	29,113	7,710	152,766	0
	(11)	U	0	0	0	0	- 0	0
15 Oppenheimer Phillip Dean, Pharmacy & Health	(1)	251,569	0	3,335	25,874	13,838	294,616	0
Sciences	(11)	0	0	0	0	-		0
16Thompson James Michael	(1)	241,228	0	6,884	24,183	1,454	273,749	0
Vice Provost for Enrollment Management	(11)	0		0				0
17Webster Linda		420.00				0	0	
Interm Dean, School of Education	(1)	138,067	0	292	14,811	18,198	171,368	0
	(11)	0	0	0	0	 		0
18 Cox Darren Associate Professor	(1)	316,833	0	369	26,500	6,639	350,341	0
	(11)	0	0	0	0			0
19Indresano A Thomas	(1)	446,182	n	6,132	26,500	0 19,795	498,609	n
Professor, Chair Oral Surgery	(11)	0						
					<u> </u>	0	0	

(B) Breakdown of W-2 and/or 1099-MISC compensation (A) Name and Title (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation in other deferred benefits (B)(I)-(D)column (B) (ii) (iii) reported as deferred compensation Base Bonus & Other on prior Form 990 Compensation reportable incentive compensation compensation 21Leland Edward 276,711 81,271 44,500 1,518 404,000 Director of Athletics $|(\Pi)|$ 1Nattestad Anders (1) 478,001 803 26,500 19,729 525,033 Professor of Oral Surgery 2Park Chan 369,793 416 26,500 19,742 416,451 Assistant Professor [(II) 3Weick Cynthia (1) 162,780 697 16,463 6,246 186,186 Director Powell Scholar Program 4Yarborough Craig

1,811

25,943

13,797

289,415

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

247,864

l(n)

Assoc Dean for Institutional

Advancement

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Supplemental Information on Tax Exempt Bonds

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

▶ Attach to Form 990.

▶ Information about Schedule K (Form 990) and its instructions is at www.irs.qov/form990.

DLN: 93493121004107 OMB No 1545-0047

Open to Public **Inspection**

Internal Revenue Service Name of the organization

Department of the Treasury

Schedule K

(Form 990)

Employer identification number

	of the organization									Em	ployer ic	lentifica	tion nui	nber	
Univ	ersity of the Pacific									94	-11562	66			
Pa	rt I Bond Issues									•					
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Issue	price	(f) Description of purpose			(g) De	efeased	(h) beha ıss	alf of		Pool noing
										Yes	No	Yes	No	Yes	No
A	California Educational Facilities Authority	52-1705592	130178TA4	05-28-2009	14,93	34,717	See P	Part V I			X		X		X
В	California Educational Facilities Authority	52-1705592	130178J80	01-26-2012	37,98	37,510	See P	Part VI			х		Х		Х
c	California Educational Facilities Authority	52-1705592	000000000	05-12-2014	36,500,000 See Part VI						×		Х		Х
D	California Educational Facilities A uthority	52-1705592	1301787B6	08-04-2015	75,99	75,997,350 See Part VI					Х		Х		Х
Pa	rt III Proceeds						<u> </u>								
						A		E			С			D	
1	A mount of bonds retired						0		20,715,000		36,50	0,000		73,	,320,000
2	A mount of bonds legally defea	sed					0		0			0			0
3	Total proceeds of issue					14,966	,762	:	38,011,685		36,50	0,000		75,	,997,350
4	Gross proceeds in reserve fun						0		0			0			0
5	Capitalized interest from proce	eeds					0		1,752,476			0			0
6	Proceeds in refunding escrows						0 19,974,981					0	75,109,25		
7	Issuance costs from proceeds					298	759,750				2 5	1,792	888,095		
8	Credit enhancement from proc	eeds					0 0					0	0		
9	Working capital expenditures f	rom proceeds					0		0			0			0
10	Capital expenditures from prod	ceeds				14,668	,069	:	15,500,000		36,24	8,208			0
11	Other spent proceeds						0		0			0			0
12	Other unspent proceeds						0		0			0			0
13	Year of substantial completion				20	010		20	14		2014			2015	
					Yes	No	•	Yes	No	Yes	ı	No	Yes	;	No
14	Were the bonds issued as part	of a current refundi	ng issue?	•		X		X				Х	Х		
15	Were the bonds issued as part	of an advance refur	nding issue?			Х			Х			x			X
16	Has the final allocation of proc	eeds been made?.			х			X		Х			Х		
17	Does the organization maintai allocation of proceeds?			ort the final	×			x		х			Х		
Pai	t IIII Private Business U														
						A		E			Ç			D	
					Yes	No	<u> </u>	Yes	No	Yes		No	Yes	<u> </u>	No

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 bondΧ

Χ

Х

Χ

Х

Х

		4	Α		D		L	1	U
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business us of bond-financed property?	е	×		x		×	×	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside	de							
prope	counsel to review any management or service contracts relating to the financed erty?							X	
С	Are there any research agreements that may result in private business use of bond-financed property?	×			х		х		×
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outsic counsel to review any research agreements relating to the financed property?	de X							
4	Enter the percentage of financed property used in a private business use by entities other than a section $501(c)(3)$ organization or a state or local government	>	3 23 %		0 35 %		0 35 %		4 62 %
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 %	,	0 16 %
6	Total of lines 4 and 5		3 23 %		0 35 %		0 35 %	,	4 78 %
7	Does the bond issue meet the private security or payment test?		Х		Х		Х		Х
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		х		х		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	x		Х		Х		x	
Par	t IV Arbitrage	•							•
		A		В		С		D	
	Yes	No	Yes	No	Ye	s	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?	X		×			X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		Х	Х			Χ	
b	Exception to rebate?		X				Х		X
С	No rebate due?	X		X			Х		X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X			Х		Χ
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		Х			Х		X
b	Name of provider								
С	Term of hedge					<u> </u>			
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								
		-							

Written Procedures

regulations

D

Yes

				1		1		1		'''	
5a	Were gross proceeds in contract (GIC)?	vested in a guaranteed investment		Х		×		×		Х	
b	Name of provider										
С	Term of GIC										
d	Was the regulatory safe value of the GIC satisfi	e harbor for establishing the fair market ed?									
6	Were any gross proceed period?	ds invested beyond an available temporary		х		×		×		X	
7	Has the organization es the requirements of sec	stablished written procedures to monitor	х		х		×		×		
Pai	t V Procedures T	o Undertake Corrective Action		•							
			A B				С		D		
			Yes	No	Yes	No	Yes	No	Yes	No	
	that violations of federa and corrected through t	stablished written procedures to ensure il tax requirements are timely identified the voluntary closing agreement program if available under applicable regulations?	x		Х		X		X		
Pa	rt VI Supplemen	tal Information. Provide additional inforr	nation for resp	onses to qu	estions on So	chedule K (se	ee instructioi	ns).			
	Return Reference		Explanation								
	dule K, Part III, Line 9	As noted in Schedule K, Part III, Line 9, the Uni ensure post-issuance compliance of its tax-exei									

No

Yes

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

В

No

Yes

No

Yes

Part I, Colic (F) - Descr of Purpose Series 200 (Issue date 28, 2009) Construction John T Chambers Engineering Technology Center, construction data center upgrade of infrastructi improveme Series 201 (Issue date January 26 2012) To refund all of Series 199 2000 bond issuances finance the of the acquisition construction expansion, replacement renovation, improveme and/or equivation of a seven-storic data center construction expansion, replacement renovation, improveme and/or equivation of a seven-storic data fifth Street capitalized interest on portion of the bonds refunded set 1998 and 2 was issued February 2 2012 Series 2014 (Issue date May 1 2014) To off a prior lice credit loan wells Farge Bank and the for the cost acquiring a developing seven-storic building for San Francis Campus at Fifth Street Series 201 (Issue date August 4, 2014) To off a prior lice credit loan wells Farge Bank and the for the cost acquiring a developing seven-storic building for San Francis Campus at Fifth Street Series 201 (Issue date August 4, 2015) To refund all of Series 200 (Issue date August 4, 2015) To refund all of Series 200 (Issue date August 4, 2015) To refund all of Series 200 (Issue date August 4, 2015) To refund all of Series 200 (Issue date August 4, 2015) To refund all of Series 200 (Issue date August 4, 2015) To refund all of Series 200 (Issue date August 4, 2015) To refund all of Series 200 (Issue date August 4, 2015) To refund all of Series 200 (Issue date August 4, 2015) To refund all of Series 200 (Issue date August 4, 2015) To refund all of Series 200 (Issue date August 4, 2015) To refund all of Series 200 (Issue date August 4, 2015) To refund all of Series 200 (Issue date August 4, 2015) To refund all of Series 200 (Issue date August 4, 2015) To refund all of Series 200 (Issue date August 4, 2015) To refund all of Series 200 (Issue date August 4, 2015) To refund all of Series 200 (Issue date August 4, 2015) To refund all of Series 200 (Issue date August 4, 2015) To refund all of Series 200 (Issue date August 4,	property of the second of the

Return Reference	Explanation
Schedule K, Part II, Line 3 Supplemental Information	Part II, line 3, columns A - D - 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

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Transactions with Interested Persons

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ΗĐ	easury	/			
Int	temal	Rev	enue	Sen	/IC
Т	Nam	e of	the	org	an

Schedule L

(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	ions is at	2015					
Name of the organizat	ion		Employer identificat	ion numbe	er		
Offiversity of the racine			94-1156266				
Complete ıf		(section 501(c)(3), section 501(c)(4), and 501(c)(6) "Yes" on Form 990, Part IV, line 25a or 25b, or Fo		e 40b	rrected?		
. (,		organization	transaction	Yes	No		
					<u> </u>		

4958 .														
Enter the														

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person	(b) Relationship with organization	Purpose of	(d) Loan t or from th organizatio	е	(e)O riginal principal amount	(f) Balance due	(g) defa	ult?	(h) Appro by boa commit	ved rd or	(i)Writ agreem	
			То	From			Yes	No	Yes	No	Yes	No
-												
Total		> ¢		1	1							•

Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested (b) Relationship between (c) A mount of assistance (d) Type of assistance (e) Purpose of assistance person interested person and the organization 19,086 TUITION ASSISTANCE EDUCATION

Part IV Business Transactions Involving Interested Persons.

Complete if the organiza	tion answered "Yes" on F	orm 990, Part IV, lin	e 28a, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) AMANDA LELAND	Family Member of Edward Leland, Officer	•	SEE SUPPLEMENTAL INFORMATION		No
(2) BRIAN WEICK	FAMILY MEMBER OF CYNTHIA WEICK, A FORMER KEY EMPLOYEE	119,696	SEE SUPPLEMENTAL INFORMATION		No
(3) BRUBECK COMMONS LLC	O WNED BY RONALD BERBERIAN AND BARRY RUHL, REGENTS		SEE SUPPLEMENTAL INFORMATION		No
(4) FATEHM NADERSHAHI	FAMILY MEMBER OF NADER NADERSHAHI, A KEY EMPLOYEE		SEE SUPPLEMENTAL INFORMATION		No
(5) JESSICA EBBERS	FAMILY MEMBER OF DANIEL EBBERS, A KEY EMPLOYEE	,	SEE SUPPLEMENTAL INFORMATION		No
(6) LETICIA CORONA	FAMILY MEMBER OF JOSE HERNANDEZ, A REGENT	37,050	SEE SUPPLEMENTAL INFORMATION		No
(7) LETICIA SAUCEDO	FAMILY MEMBER OF FRANCIS MOOTZ, A KEY EMPLOYEE	15,000	SEE SUPPLEMENTAL INFORMATION		No
(8) NAVID KNIGHT	FAMILY MEMBER OF NADER NADERSHAHI, A KEY EMPLOYEE	•	SEE SUPPLEMENTAL INFORMATION		No
				1	

Part V Supplemental Information

Schedule L, Part III GRANTS OR ASSISTANCE BENEFTING

INTERESTED PERSONS

Provide additional informa	Provide additional information for responses to questions on Schedule L (see instructions)			
Return Reference	Explanation			
Schedule L, Part IV BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	EDWARD LELAND, DIRECTOR OF ATHLETICS, AN OFFICER, IS RELATED TO AMANDA LELAND, HIS DAUGHTER, WHO IS ALSO AN EMPLOYEE AT THE UNIVERSITY THE AMOUNT SHOWN REPRESENTS IRS FORM W-2 BOX 5 WAGES FOR CALENDAR YEAR 2015 FOR AMANDA LELAND CYNTHIA WEICK, DIRECTOR OF POWELL SCHOLARS PROGRAM, A FORMER KEY EMPLOYEE, IS RELATED TO BRIAN WEICK, HER HUSBAND, WHO IS ALSO AN EMPLOYEE AT THE UNIVERSITY THE AMOUNT SHOWN REPRESENTS IRS FORM W-2 BOX 5 WAGES FOR CALENDAR YEAR 2015 FOR BRIAN WEICK RONALD BERBERIAN AND BARRY RUHL, BOARD MEMBERS, OWN BRUBECK COMMONS LLC, WHO WAS PAID FOR OFF CAMPUS HOUSING PROVIDED TO THE UNIVERSITY'S STUDENTS THE AMOUNT SHOWN REPRESENTS ALL PAYMENTS MADE IN FISCAL YEAR 2016 NADER NADERSHAHI, DEAN DUGONI SCHOOL OF DENTISTRY, KEY EMPLOYEE, IS RELATED TO FATEHM N NADERSHAHI, HIS WIFE, WHO IS ALSO AN EMPLOYEE AT THE UNIVERSITY THE AMOUNT SHOWN REPRESENTS IRS FORM W-2 BOX 5 WAGES FOR CALENDAR YEAR 2015 FOR FATEHM N NADERSHAHI DANIEL EBBERS, INTERIM DEAN OF THE CONSERVATORY OF MUSIC, A KEY EMPLOYEE IS RELATED TO JESSISCA EBBERS, HIS WIFE, WHO IS ALSO AN EMPLOYEE AT THE UNIVERSITY THE AMOUNT SHOWN REPRESENTS IRS FORM W-2 BOX 5 WAGES FOR CALENDAR YEAR 2015 FOR LETICIA CORONA, HIS SISTER, WHO IS AN EMPLOYEE AT THE UNIVERSITY THE AMOUNT SHOWN REPRESENTS IRS FORM W-2 BOX 5 WAGES FOR CALENDAR YEAR 2015 FOR LETICIA CORONA, HIS SISTER, WHO IS AN EMPLOYEE AT THE UNIVERSITY THE AMOUNT SHOWN REPRESENTS IRS FORM W-2 BOX 5 WAGES FOR CALENDAR YEAR 2015 FOR LETICIA SAUCEDO, HIS WIFE, WHO IS ALSO AN EMPLOYEE AT THE UNIVERSITY THE AMOUNT SHOWN REPRESENTS IRS FORM W-2 BOX 5 WAGES FOR CALENDAR YEAR 2015 FOR LETICIA SAUCEDO NADER NADER SHOWN SHORT SHOWN REPRESENTS IRS FORM W-2 BOX 5 WAGES FOR CALENDAR YEAR 2015 FOR LETICIA SAUCEDO NADER NADER NADER SHOWN SHOPLES AT THE UNIVERSITY THE AMOUNT SHOWN REPRESENTS IRS FORM W-2 BOX 5 WAGES FOR CALENDAR YEAR 2015 FOR LETICIA SAUCEDO NADER NADER SHOWN SHOWN SEPRESENTS IRS FORM W-2 BOX 5 WAGES FOR CALENDAR YEAR 2015 FOR LETICIA SAUCEDO NADER NADER SHOWN SEPRESENTS IRS FORM W-2 BOX 5 WAGES			
Schedule L, Part II LOANS TO AND/OR FROM INTERESTED PERSONS	THE HOME LOAN PROVIDED TO THE PROVOST IS FOR A TERM OF 30 YEARS WITH A THEN MARKET INTEREST RATE OF 4% THE LOAN BALANCE OF \$40,000 WAS FORGIVEN AND LOAN PAID IN FULL DURING THE UNIVERSITY'S TAX YEAR			

THE IDENTITY OF THE STUDENTS

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

FINANCIAL ASSISTANCE INSTEAD, THE UNIVERSITY MUST GROUP EACH TYPE OF ASSISTANCE PROVIDED TO INTERESTED PERSONS THIS IS DONE IN ORDER TO PROTECT

INTERESTED PERSONS WHO RECEIVED SCHOLARSHIPS, FELLOWSHIPS, AND SIMILAR

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Noncash Contributions

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

► Attach to Form 990.

(Form 990)

Department of the

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

DLN: 93493121004107 OMB No 1545-0047

2015

Open to Public

nterr	nal Revenue Service					ح سب		
	e of the organization				Employer identificat	tion nu	mber	
nive	rsity of the Pacific				94-1156266			
Pa	rt I Types of Property				94-1130200			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(a)	(b)	(c)	(d	I)		
		Check If applicable	Number of contributions or items contributed	Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of d noncash contrib	etermı	_	ıts
1	Art—Works of art	Х	3	1,002	2 Market value			
2	Art—Historical treasures .			·				
3	Art—Fractional interests							
4	Books and publications	Х		6,484	1 Market value			
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	18	402,590	Market value			
10	Securities—Closely held stock \cdot							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .	Х	4	2,910,000	Market value			
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory	X	2	60	Market value			
20	Drugs and medical supplies .	X	11	712,896	Market value			
21	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts				<u> </u>			
	O ther ► (cation Equipment)	X	11	242,643	Market value			
	Other ► (X	5	9.324	1 Market value			
	Cards & Baskets)	'	_					
27	O ther ▶ ()							
28	O ther ▶ ()							
29	Number of Forms 8283 received for which the organization comple				29			
30a	During the year, did the organiza	ition receiv	e by contribution any prope	erty reported in Part I, lines	s 1 through 28, that		Yes	No
	it must hold for at least three ye	ars from th	e date of the initial contribu	ition, and which is not requ	ired to be used			
	for exempt purposes for the enti	re holding p	period?			30a		No
b	If "Yes," describe the arrangeme	ent in Part 1	II					
31	Does the organization have a gif	t acceptano	ce policy that requires the r	eview of any non-standard	l contributions?	31	Yes	
32a	Does the organization hire or us contributions?		•	to solicit, process, or sell	noncash	32a		l No
	If "Yes," describe in Part II	an amount	in column (c) for a type of	property for which column	(a) is checked			
33	If the organization did not report	an amount	: in column (c) for a type of	property for which column	(a) is checked,			

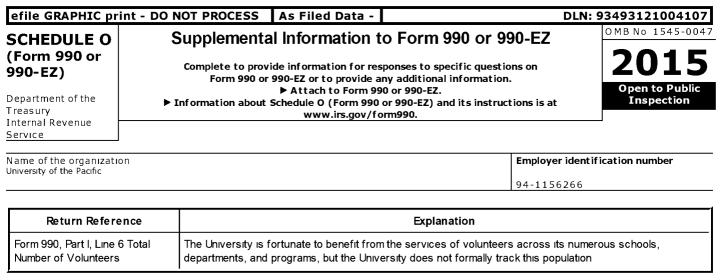
describe in Part II

Schedule M (Form 990) (2015)

Page 2

Schedule M (Form 990) (2015)

Return Reference	Explanation
Schedule M, Part I Explanations of	Art - Works of art - Number of Contributions Books and publications - Number of Contributions
reporting method for number of	Securities - Publicly traded - Number of Contributions Real estate - Residential - Number of
contributions	Contributions Food inventory - Number of Contributions Drugs and medical supplies - Number of



Return Reference	Explanation
Form 990, Part III, Line 4d	(Expenses \$ 12,857,322 including grants of \$ 0)(Revenue \$ 0) RESEARCH INCLUDES EXPENDITURES FOR
Description of other	ACTIVITIES SPECIFICALLY DESIGNED TO PRODUCE HIGH-QUALITY RESEARCH OUTCOMES WHILE PROVIDING
program services	HANDS-ON RESEARCH TRAINING TO BOTH UNDERGRADUATE AND GRADUATE STUDENTS

Return Reference	Explanation
Form 990, Part IV, Line 11b Investments - other securities 5% or more of total assets	Alternative investments are the majority of the "other" securities. The endow ment has a 32% target to alternatives which is primarily non-publicly traded securities. These investments include marketable alternatives and private equity. At fye 2016, these assets represented approximately 18% of the endow ment.

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

Return Reference	Explanation
Form 990, Part VI, Line 2 Family/business relationships amongst	RONALD BERBERIAN - Business relationship, BARRY RUHL -
interested persons	Business relationship

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

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

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

Form 990, Part VI, Line 15b Process to establish compensation of other employees The Board of Regents is responsible for establishing the conditions of employment for other key institutional officers w ho 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 review is 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 responsibilities of the school or division, using market information from AICCU, CUPA, and other sources relevant to the responsibilities of the school or division key employee position. Performance review is, along with any merit and equity salary adjustments, were completed during the fiscal year ended 6/30/16	Return Reference	Explanation	l
	Line 15b Process to establish compensation of other employees	w ho 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 review is the most recent annual compensation surveys prepared by the Association of California Colleges and Universities (AICCU) and the College and University Personnel Administrators (CUPA) in order to establish comparable rates of pay for similarly-sized private doctoral institutions. Compensation for other key employees is established by the Provost or Vice President with oversight responsibility for the related school or division, using market information from AICCU, CUPA, and other sources relevant to the responsibilities of the school or division key employee position. Performance reviews, along with any	

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

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

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or	ACTUARIAL GAIN (LOSS) ON TRUST & ANNUITY AND OTHER CHANGES
fund balances	1876139, ROUNDING998,