DLN: 93493115002138

2016

Open to Public

OMB No 1545-0047

Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private ▶ 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 qov/form990

nterna	l Revenu	ie Service							Inspection
A F	or the	2016 ca		ginning 07-01-2016 , and end	ling 06-30)-2017			
	ck if app		C Name of organization University of the Pacific				D Employ	er identi	fication number
	dress cha me chan	-	,				94-115	6266	
□ Ini	tıal retur	_	Doing business as						
Fin Detur	ıa l m/termir	nated	Noveles and storet (so D.O. less	£	\	4.	E Telephor	ne numbei	 r
□ Am	nended r	eturn	3601 Pacific Avenue	if mail is not delivered to street address)) Room/sui	te	(209) 9	46-7372)
□ Ар	plication	pending		country, and ZIP or foreign postal code				10 7372	•
			Stockton, CA 95211				G Gross re	ceipts \$ 1	.,232,804,976
			F Name and address of princ			H(a) Is t	this a group re	turn for	
			Pamela A Eibeck PhD Preside 3601 Pacific Avenue	nt			ordinates?		□Yes ☑No
			Stockton, CA 95211				e all subordinat luded?	tes	☐ Yes ☐No
Ta:	x-exemp	t status	✓ 501(c)(3) □ 501(c)()	◀ (insert no)	□ 527		No," attach a	•	•
W	ebsite:	• wwv	w pacıfıc edu			H(c) Gro	oup exemption	number	• ▶
_						I Year of fo	rmation 1851	M State	of legal domicile CA
∢ Forr	n of orga	anızatıon	✓ Corporation ☐ Trust ☐ A	ssociation LI Other >		E rear or to	illiadon 1031	- State	or legal dofficile CA
Pa	rt I	Sumi	mary						
			cribe the organization's missio						
21				learning experience integrating libe dership in their careers and commu		nd professio	onal education	and pre	paring individuals fo
ž		sting acri	nevernent and responsible lead	ership in their careers and commu	illices				
<u> </u>	—								
<u> </u>	-								
3				discontinued its operations or disp				ssets	25
Activities & Governance	1		-	rning body (Part VI, line 1a)				4	23
ě	l		•	s of the governing body (Part VI, li i calendar year 2016 (Part V, line 2	•			5	5,280
	1		. ,	, , , , ,	•		•	6	5,280
AC	l		·	necessary)				-	474 211
	l			Part VIII, column (C), line 12			•	7a 7b	474,211
	D IV	et unrei	ated business taxable income i	from Form 990-T, line 34			· Prior Year	/B	Current Year
	, .	ontribut	ions and grants (Part VIII, line	16)			27,709,	644	39,895,562
Ē.	l		- '	· 2g)	•		335,347,		342,845,012
Ravenua	l	-	•	A), lines 3, 4, and 7d)			19,862,		26,416,686
ď	l			nes 5, 6d, 8c, 9c, 10c, and 11e)	•		13,278,	-	15,392,089
	l			must equal Part VIII, column (A),	line 12)		396,198,		424,549,349
				X, column (A), lines 1–3)			71,105,		74,401,707
	l			(, column (A), line 4)			, _ / _ 0 0 / .	-	, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,
۲۵	l	•	· ·	e benefits (Part IX, column (A), line			200,583,	715	211,249,738
S	l			olumn (A), line 11e)			200,303,	7 - 3	211,215,750
Expenses	1		aising expenses (Part IX, column (D		•				
ă	1			nes 11a–11d, 11f–24e)			119,702,	851	117,416,053
	l	•		equal Part IX, column (A), line 25)			391,391,	_	403,067,498
	l	•	·	3 from line 12			4,806,	-+	21,481,85
χ φ δ						Beginni	ng of Current Y		End of Year
Net Assets or Fund Balances									
Bal	l		ets (Part X, line 16)				986,383,	_	1,067,228,653
	1		ılıtıes (Part X, line 26)		• •		264,961,		302,225,294
			s or fund balances Subtract lir	ne 21 from line 20	•		721,421,	164	765,003,359
	rt II		ature Block	amined this return, including accor	mnanving	schedules :	and statement	s and to	the hest of my
				ete Declaration of preparer (other					
any k	nowled	ge							
	- 1	k .				-	2018-04-25		
Sign		Signatu	ure of officer				Date		_
Here		Kennet	h M Mullen VP For Business & Finan	ire					
			r print name and title						
			rınt/Type preparer's name	Preparer's signature	Di	ate		PTIN	
Paid	t	E	va Nitta	Eva Nitta			Check L If self-employed	P0128632	0
	- parer	. Fi	rm's name 🕨 Ernst & Young US L	LP	'		Fırm's EIN ▶ 34-	-6565596	
	Only	1	irm's address ► 560 Mission Street	Suite 1600			Phone no (415)	894-8000	
			San Francisco, CA	94105					
VI 3 V +	ho IDC	dicence	this return with the preparer s	hown shove? (see instructions)		L			Ves DNo

Form	990 (20	016)					Page 2
Par	t III	Statement	of Program Ser	vice Accomplis	hments		
		Check If Sched	dule O contains a re	esponse or note to a	any line in this Part III		🗹
1	Briefly	describe the o	rganızatıon's mıssıd	on			
				ng experience integ ir careers and comr		rofessional education and prepar	ing individuals for lasting
2		3	, ,		vices during the year w	hich were not listed on	□ Yes ☑ No
	'						∟ Yes ⊻ No
_		•	se new services on		-b		
3		-	- -	or make significant	changes in how it condi	acts, any program	□ Yes V No
		es?					⊔ Yes ⊻ No
		'	se changes on Sch				
4	Section	n 501(c)(3) and	d 501(c)(4) organiz		to report the amount of	largest program services, as me of grants and allocations to other	
4a	(Code) (Expenses \$	213,060,445	including grants of \$) (Revenue \$	320,006,366)
	See Ad	ditional Data					
4b	(Code) (Expenses \$	103,604,529	ıncludıng grants of \$	74,401,707) (Revenue \$	590,684)
	See Ad	ditional Data					
4c	(Code) (Expenses \$	31,850,550	ıncludıng grants of \$) (Revenue \$	30,859,067)
	See Ad	ditional Data					
	(Code) (Expenses \$	14,019,761	ıncludıng grants of \$) (Revenue \$)
				CTIVITIES SPECIFICAL ADUATE AND GRADUAT		HIGH-QUALITY RESEARCH OUTCOME	S WHILE PROVIDING HANDS-
4d	Other	program servic	es (Describe in Sch	nedule O)			
	(Eyper	nses \$	14,019,761	including grants of	\$) (Revenue \$)
	(Lxpc)	+			•	, ,	•

Section 501(c)(3) organizations.

or X as applicable

Page 3

No

Nο

No

Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆 . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

Did the organization receive or hold a conservation easement, including easements to preserve open space,

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🥞

total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets?

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

assessments, or similar amounts as defined in Revenue Procedure 98-19?

Yes

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 4 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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R

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11a

11b

11c

11d

11e

11f

12a

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14a

14b

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Yes

Yes

Yes

Yes

Yes

Yes

Yes

Form **990** (2016)

Yes

Nο No Yes Yes

Nο Yes Yes

Nο Nο No No No No Nο

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Yes

Form 990 (2016)

Yes

Yes

Yes

Yes

Yes

Nο

Nο

Nο

Nο

Nο

No

Nο

Page 4

	, ,			
Par	t IV Checklist of Required Schedules (continued)			
-			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
Ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	27	Yes	

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

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

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

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

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

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

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

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

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

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . 🔀

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

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

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)?

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

instructions for applicable filing thresholds, conditions, and exceptions)

orm	990 (2016)			Page 5
Par	t 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
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 936			
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 2			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	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			
L		2b	Yes	
D	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)	20	103	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
Ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority 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)			
5a	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?			No
		5b		110
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
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	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
3	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. 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		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
,	against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
ь	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	a		
		i		
С	Enter the amount of reserves on hand			
	Enter the amount of reserves on hand	14a		No

orm	n 990 (2016)			Page 6
Par	Tt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	•	nse to li	_
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		✓
Se	ection A. Governing Body and Management		V	N.
1a	Enter the number of voting members of the governing body at the end of the tax year	25	Yes	No
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	• Enter the number of voting members included in line 1a, above, who are independent 1b	24		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any officer, director, trustee, or key employee?	other 2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct super of officers, directors or trustees, or key employees to a management company or other person? .	ervision 3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	7 4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	. 6		No
7a	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or members of the governing body?	more 7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, persons other than the governing body?	or 7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year the following	ar by		
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	. 8b	Yes	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	. 9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenue Code		
10-	Did the annual transfer based shoutens have the an efficience?	10-	Yes	No
	a Did the organization have local chapters, branches, or affiliates?	ates,		No_
11a	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	- 1 1		
_	form?	. 11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	42		
	a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris conflicts?	12b	Yes	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	. 13	Yes	
14	Did the organization have a written document retention and destruction policy?	-	Yes	
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
Ь	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)			
	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 partici in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's ex status with respect to such arrangements?	empt		
6.	ection C. Disclosure	16b		
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	CA Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s	only)		
	available for public inspection. Indicate how you made these available. Check all that apply			
	✓ Own website ☐ Another's website ✓ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inter- policy, and financial statements available to the public during the tax year	est		
20	State the name, address, and telephone number of the person who possesses the organization's books and recor Kenneth M Mullen 3601 Pacific Avenue Stockton, CA 95211 (209) 946-7372	ds		

Form 990 (2	016)										Page 7
Part VII	Compensation of Officers and Independent Contra		Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	ees,
	Check if Schedule O contains a	response or no	te to an	y line	ın t	:hıs I	Part VI	Ι.			🗆
Section	A. Officers, Directors, Tru										
year .	this table for all persons require								,		•
	of the organization's current off ition Enter -0- in columns (D), (als o	or organizations), re	gardless of amount	
List all c	of the organization's current key	employees, if a	any See	≘ ınst	ructi	ions	for de	fınıtı	ion of "key employe	e "	
who received	organization's five current highed reportable compensation (Box and any related organizations										
	of the organization's former office e compensation from the organiz						pensat	ed e	employees who rece	ived more than \$10	0,000
	of the organization's former dire , more than \$10,000 of reportab										9
	in the following order individual demployees, and former such p		ectors, i	ınstıtı	utior	nal tı	rustees	s, of	ficers, key employe	es, highest	
☐ Check t	his box if neither the organizatio	n nor any relate	ed organ	iizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee	
	(A) Name and Title	(B) Average hours per week (list any hours for related	(C) Position (do not check m than one box, unless per is both an officer and director/trustee)					on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated employee	Former	,	`MISC)	related organizations
See Additiona	al Data Table										

	for related							2/1099-MISC)	(14/ 3/1000	organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former		(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table										
					_					Form 990 (2016)

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

Page 8

	(A) Name and Title	(B) Average hours per week (list any hours for related	than c	one bo	ox, u an off tor/ti	t che inles ficer	eck moss ss pers r and a tee)	son	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (' 2/1099-MISC	w-	Estima amount o compen- from	ated of other sation the
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1033-1130/	2/1075-11130	,	organizat relat organiza	ed
See ,	Additional Data Table		-	 	\vdash	\vdash	 	\vdash			+		
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1b S	Sub-Total			Н.	<u>ш</u>		 				$\underline{\mathbf{L}}$		
_	Fotal from continuation sheets to Pa Fotal (add lines 1b and 1c)	art VII, Sectio			•		▶		8,209,334		0		1,228,429
2	Total number of individuals (including of reportable compensation from the	but not limited	to thos			bove	e) who	rece		.00,000			-,- ,
	_											Yes	No
3	Did the organization list any former of line 1a? <i>If "Yes," complete Schedule J</i>	J for such individ	dual .	٠	•	•	•	•			3	Yes	
4	For any individual listed on line 1a, is organization and related organization individual									n the	4	Yes	
5	Did any person listed on line 1a receiv services rendered to the organization					,			_	ıvıdual for	5	1	
Se	ection B. Independent Contract	ors.			_								
1	Complete this table for your five higher from the organization Report comper	est compensate nsation for the c	:d indepo calendar	ender year	nt co end	ntra ling	actors with o	that or wit	received more than thin the organizatio	n \$100,000 of cor n's tax year	npen	nsation	
		(A) and business addre		•						(B) cription of services		(C Comper	
CAPST	TONE DEVELOPMENT PARTNERS	The Basings								TE DEVELOPMENT			,400,871
MOUN	OFFICE PARK DR SUITE 199 NTAIN BRK, AL 352232435 CIAN COMPANY LP								TECHNOLO	C)/		1	207 922
4 COL	JNTRY VIEW RD								TECHNOLO	GΥ.		1	,207,822
	ERN, PA 193551408 COAST CONFERENCE								ATHLETICS	CONFERENCE			617,672
	BAYHILL DR SUITE 405 BRUNO, CA 940663043												
	NO MADDEN O'MALLEY COYLE & KOEWLER								LEGAL				606,079
	CAPITOL MALL SUITE 1550 AMENTO, CA 958144740												
BRI IN	NVESTORS								PROPERTY	MANAGEMENT			598,050
STOC	W MARCH LN SUITE 170 KTON, CA 952076421												
າ ⊤	Fotal number of independent contractor	cs (including but	r not lim	uted t	o th	050	listed	ahov	ve) who received m	ore than \$100 00	nn of	1	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

compensation from the organization ▶ 29

Form 9	90 (2016)										Page 9
Part '							_				
	Check if Schedul	e O contains a	a respo	onse or note to any	r line in th (A Total re	١)	Rela exe fun	B) ted or empt ction enue	Unre bus	C) elated iness enue	(D) Revenue excluded from tax under sections 512-514
ν <u>κ</u>	1a Federated campaign	ns	1a	0							
ant	b Membership dues		1 b	0							
Gr. mo	c Fundraising events		1c	464,575							
fts. ir A	d Related organizatio	ns	1d	0							
. Gi nila	e Government grants (co	ontributions)	1e	11,165,013							
Contributions, Giffs, Grants and Other Similar Amounts	f All other contributions, and similar amounts nabove g Noncash contributions.	ot included	1 f	28,265,974							
ontr nd (ın lınes 1a-1f \$			91,769							
C	h Total.Add lines 1a-1	f				895,562					
교				Business		204	740.430	204.74	10.120		
le Ve	b Dental Clinic				900099	<u>·</u>	749,128 137,833	304,74	7,833		0 0
າ G	C Auxiliary				541800		558,051		8,051		0 0
rvic						<u> </u>		·			
35	d —										
Program Service Revenue	f All other program se	rvice revenue					0		0		0 0
Prος	gTotal.Add lines 2a-2f			342,	845,012						
	3 Investment income (ii			nterest and other			1				
	sımılar amounts) . `		•	•	· <u> </u>	8,721,227		0		-49,992	· · · · ·
	4 Income from investme		•		-	(0	ļ	0	
	5 Royalties	(ı) Real		(II) Personal	<u> </u>	(1	0		0	0
	6a Gross rents	(I) Real		(II) Personal	\dashv						
	• • • • • • • • • • • • • • • • • • • •		34,677		0						
	b Less rental expenses		50,286		0						
	c Rental income or (loss)	6,2	84,391		0						
	d Net rental income o	r (loss)	•	· · · •		6,284,39	L	0		6,972	6,277,419
	T. Cross amount	(ı) Securit	ies	(II) Other	4						
	7a Gross amount from sales of assets other than inventory	820,2	67,597	2,910,00	0						
	b Less cost or other basis and sales expenses	·	82,138		0						
	C Gain or (loss)	,	85,459	2,910,00	<u> </u>			_		0	
	d Net gain or (loss) .			•		17,695,459			0		17,695,459
Other Revenue	8a Gross income from form (not including \$	464,575 ed on line 1c)	of	410,073	3						
Re	b Less direct expenses		b	430,711							_
her	c Net income or (loss) 9a Gross income from g			ents 🕨	7	-20,638	3			0	-20,638
ŏ	See Part IV, line 19	· · ·	e 5								
			а	C	_						
	b Less direct expense: c Net income or (loss)		b	0		(C		0	0
	10aGross sales of invent		activit	ies •	7		1				
	returns and allowand		a	2,262,414							
	b Less cost of goods s	sold	b	2,292,492	!					0.5.070	
	C Net income or (loss)		ınvent			-30,078	3	-66,956		36,878	0
	Miscellaneous	Revenue		Business Code 81293		492,575	_	443,990		48,585	0
	11a Parking			01293	Ĭ	732,3/3		743,330		+0,505	
	b Advertising			90009	9	250,092	2	C		250,092	0
	c Weddings & Facility	Rentals		90009	9	101,842	2	C	0 101,842		0
	d All other revenue .					8,313,905	5	8,234,071		79,834	0
	e Total. Add lines 11a			🕨	1			, ,		,	
	12 Total revenue. See	Instructions				9,158,414			+		
				· •		424,549,349	9	351,456,117	'	474,211	32,723,459 Form 990 (2016)
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Form 990 (2016)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	anizations must comp	lete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX			🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2 Grants and other assistance to domestic individuals See Part IV, line 22	74,401,707	74,401,707		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	9,437,760	6,237,972	2,471,644	728,144
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	140,151	140,151		
7 Other salaries and wages	149,628,048	135,854,983	7,432,606	6,340,459
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	13,024,564	11,933,920	541,879	548,765
9 Other employee benefits	27,377,447	24,274,649	1,685,119	1,417,679
10 Payroll taxes	11,641,768	10,351,363	774,005	516,400
11 Fees for services (non-employees)				
a Management	5,456,752		5,456,752	
b Legal	1,613,654		1,613,654	
c Accounting	350,188		350,188	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	2,326,766		2,326,766	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	10,969,281	10,373,795	348,911	246,575
12 Advertising and promotion	2,336,756	2,027,188	25,735	283,833
13 Office expenses	24,109,588	22,988,686	609,066	511,836
14 Information technology	7,598,356	6,900,893	348,264	349,199
15 Royalties				
16 Occupancy	7,695,602	6,884,347	369,218	442,037
17 Travel	4,774,571	4,254,601	183,347	336,623
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings				
20 Interest	6,888,104	6,121,548	766,556	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	24,017,152	21,344,357	2,672,795	
23 Insurance	1,683,502	1,523,649	73,167	86,686
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Hospitality Student Room/Board	5,351,166	5,351,166		
b Catering & Other Hospitality	4,454,523	3,958,320	140,380	355,823
c Bldg/Grounds Repair/Maint	1,657,334	1,521,979	67,375	67,980

4,671,217

1,461,541

403,067,498

d Athletic Activities

e All other expenses

25 Total functional expenses. Add lines 1 through 24e

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)

4,671,217

1,418,794

362,535,285

17,596

28,275,023

25,151

12,257,190

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Page **11**

366,626,646

527.894.360

95.031.383

2.276.920

27.653.760

15,962,845

176,332,943

14.274.919

67.779.666

302,225,294

341.832.045

98,541,740

324.629.574

765,003,359

1.067.228.653

Form **990** (2016)

221,161

1.067.228.653

	Beginning of year		End of year
1 Cash-non-interest-bearing	1,315,	74 1	366,073
2 Savings and temporary cash investments	10,249,	46 2	11,433,879
3 Pledges and grants receivable, net	19,826,	20 3	20,121,490

3	Pledges and grants receivable, net	19,826,020	3	
4	Accounts receivable, net	5,339,045	4	
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.	0	5	
6	Loans and other receivables from other disqualified persons (as defined under			

5,495,458 section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) 6 voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L

0 Notes and loans receivable, net 31.590.009 Inventories for sale or use . 3,178,254

Assets 31.523.687 3,240,189 3.160.617 9 3.218.568 Prepaid expenses and deferred charges . 10a Land, buildings, and equipment cost or other

367,944,129

471.129.799

68.935.621

3.713.848

986,383,062

24,718,848

14,620,781

145,981,103

16.070.299

63,402,877

264,961.898

343.124.148

68.505.191

309.791.825

721,421,164

986.383.062

167,990

10c

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608,911,210 basis Complete Part VI of Schedule D 10a 242.284.564 b Less accumulated depreciation 10b Investments—publicly traded securities .

11 12 Investments—other securities See Part IV, line 11 . 13 Investments—program-related See Part IV, line 11 14 Intangible assets 15 Other assets See Part IV, line 11 .

16 Total assets. Add lines 1 through 15 (must equal line 34) . . 17 Accounts payable and accrued expenses

Tax-exempt bond liabilities

Grants payable . . .

Unrestricted net assets

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Deferred revenue . .

Form 990 (2016)

18

19

20

21

Liabilities 22

Fund Balances

Assets or 30

Net

27

28

29

31

32

33

34

key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . 23 Secured mortgages and notes payable to unrelated third parties 24

Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties,

and other liabilities not included on lines 17-24) Complete Part X of Schedule D

26 Total liabilities. Add lines 17 through 25 .

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

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

Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

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

Retained earnings, endowment, accumulated income, or other funds

Escrow or custodial account liability Complete Part IV of Schedule D

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

9	Other changes in net assets or fund balances (explain in Schedule O)	9	-2,210,080				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		765,003,359			
Par	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990						

☐ Both consolidated and separate basis

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

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

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

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?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

2b

2c

3a

3b

Yes

Yes

Yes

Yes Form 990 (2016)

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

Consolidated basis

consolidated basis, or both ✓ Separate basis

Audit Act and OMB Circular A-133?

Additional Data

Software ID: 16000421

Software Version: 2016v3.0 **EIN:** 94-1156266

Name: University of the Pacific

Form 990 (2016)

Form 990, Part III, Line 4a:

INSTRUCTION, DEPARTMENTAL AND ACADEMIC SUPPORT INCLUDES THE SALARIES, BENEFITS, SUPPLIES AND DEPARTMENTAL SUPPORT NECESSARY TO DELIVER HIGHER EDUCATION SERVICES FOR THE UNIVERSITY'S APPROXIMATELY 6,100 UNDERGRADUATE, GRADUATE AND PROFESSIONAL STUDENTS ACROSS THREE NORTHERN CALIFORNIA CAMPUSES THE UNIVERSITY'S MAIN CAMPUS IN STOCKTON COMBINES MANY OF THE ADVANTAGES OF A LARGER UNIVERSITY WITH THOSE OF A SMALL LIBERAL ARTS COLLEGE, OFFERING A BROAD ARRAY OF UNDERGRADUATE, GRADUATE AND PROFESSIONAL DEGREE PROGRAMS THROUGH SEVEN SCHOOLS, INCLUDING THE COLLEGE OF THE PACIFIC. THE SCHOOL OF INTERNATIONAL STUDIES, THE SCHOOL OF ENGINEERING AND COMPUTER SCIENCE, THE CONSERVATORY OF MUSIC, THE EBERHARDT SCHOOL OF BUSINESS, THE GLADYS L BENERD SCHOOL OF EDUCATION, AND THE THOMAS J LONG SCHOOL OF PHARMACY AND HEALTH SCIENCES THE SAN FRANCISCO CAMPUS IS HOME TO THE ARTHUR A DUGONI SCHOOL OF DENTISTRY, ONE OF THE LEADING DENTAL SCHOOLS IN THE NATION AND SEVERAL OTHER

NEW ACADEMIC PROGRAMS INCLUDING DATA ANALYTICS, AUDIOLOGY, AND MUSIC THERAPY THE SACRAMENTO CAMPUS IS HOME TO THE MCGEORGE SCHOOL OF LAW AND HAS ALSO EXPANDED TO INCLUDE SEVERAL SPECIALIZED LEGAL DEGREE PROGRAMS, GRADUATE PROGRAMS IN BUSINESS, AND PHYSICIAN'S ASSISTANT AND DATA ANALYTICS OFFERINGS

Form 990, Part III, Line 4b: STUDENT SERVICES, SCHOLARSHIPS AND FINANCIAL AID INCLUDES EXPENDITURES FOR ALL FORMS OF STUDENT AID AND EXPENDITURES FOR THE EDUCATION AND SUPPORT OF THE UNIVERSITY'S APPROXIMATELY 6,100 STUDENTS THE UNIVERSITY'S FINANCIAL AID PROGRAM DEMONSTRATES AN ONGOING COMMITMENT TO PUT A OUALITY EDUCATION WITHIN REACH, PROVIDING A WIDE RANGE OF SCHOLARSHIPS AND GRANTS, INCLUDING MATCHING CAL GRANTS FOR STUDENTS WHO OUALIFY

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

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

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (C) (E) (D) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless person hours per compensation amount of other compensation week (list is both an officer and a from the from related compensation director/trustee) organization (Wany hours organizations from the for related 2/1099-MISC) (W-2/1099organization and Officer Former key employee Highest compensated employee individual trustee or director MISC) related organizations Institutional below dotted organizations line) Trustee 50 0 Eibeck Pamela Χ 567,030 105,135 Χ President 0 0 15 0 Fleming Richard Х Х 0 Board Member, Treasurer, Committee Chair 0 0 10 0 Huber Kevin Х Х Board Member, Vice Chair 0 0 15 0 Janssen Kathleen Х Χ 0 Board Member, Chair, Committee Chair 0 0 10 0 Spears Janet Х Х Board Member, Secretary 0 0 10 0 Allen Norman

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Board Member, Committee Chair

Board Member, Committee Chair

Al-Saleh Fawzı

Board Member

Board Member

Bowman Kırk

Board Member

Berberian Ronald

Berolzheimer Charles

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (C) (E) (D) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless person hours per compensation amount of other compensation week (list is both an officer and a from the from related compensation organization (Wany hours director/trustee) organizations from the for related 2/1099-MISC) (W-2/1099organization and Officer Former Highest compensated employee Individual trustee or director Institutional MISC) organizations related below dotted organizations employee line) Trustee 5 0 Chan Virginia O **Board Member** 0

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Board Member	0 0			
Dreyfuss Evan	5 0			
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Board Member	0 0			
Ferris Noel	5 0			Г
		Х		
Board Member, Committee Chair	0 0			
Flores Armando	5 0			

Flores Armando

Board Member

Board Member

Gustafson Clark

Hayashı Randy

Board Member

Hoch Andrea

Board Member

Board Member

McShane Kathleen

Kurtın Eve

Board Member, Committee Chair

Board Member, Committee Chair

Gleason Bradford

Compensated Employees, and Independent Contractors (C) (E) (D) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless person hours per compensation amount of other compensation week (list is both an officer and a from the from related compensation director/trustee) organization (Wany hours organizations from the for related 2/1099-MISC) (W-2/1099organization and Officer Former key employee Highest compensated employee individual trustee or director Institutional MISC) related organizations below dotted organizations line) Trustee 5 0 Mitchell Gary Х Board Member 0 0 5 0 Philibosian Dianne Х 0 0 Board Member 0 0 5 0 Rishwain Constance Х Board Member 0 0

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367,169

215,767

244,923

385,909

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60,474

46,204

58,984

68,155

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

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Scotland Arthur

Board Member

Board Member

Stirling Susanne

Atterbury George

VP, Development

VP, Student Life

Lackey Mary Lou

Mullen Kenneth

VP, Business & Finance

Day Patrick

Board Member, Committee Chair

VP and Sec to Bd of Regents (Outgoing)

Shalvey Don

Compensated Employees, and Independent Contractors (C) (E) (D) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless person hours per amount of other compensation compensation week (list is both an officer and a from the from related compensation organization (Wany hours director/trustee) organizations from the for related 2/1099-MISC) (W-2/1099organization and Officer Individual trustee or director key employee Highest compensated emploviee Former Institutional MISC) related organizations below dotted organizations line) Trustee 50 0 Pallavicini Maria 411,477 52,140 Drovoct 261,686 51,305 128,538 36,372

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599,482

249,237

234,066

305,710

155,267

322,883

409,801

26,346

37,579

46,926

49,331

36,913

67,372

45,343

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

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Interim Dean, Conservatory of Music	0.0					
Ferrillo Patrick	50 0					
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Dean, Dugoni School of Dentistry (outgoing)	۸,					ĺ

Fraden Rena

Gale Lewis

Howell Steven

Manılay Bayanı

Mootz Francis

Nadershahi Nader

Dean, College of the Pacific

Dean, Eberhardt School of Business

Dean, Engineering & Computer Science

Interim Dean and Dean, Dugoni School of Dentistry

Assistant Vice President, Treasury

Dean, McGeorge School of Law

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Compensated Employees, and Independent Contractors (C) (E) (D) (F) Position (do not check more Reportable Name and Title Average Reportable Estimated than one box, unless person amount of other hours per compensation compensation is both an officer and a from the week (list from related compensation director/trustee) organization (Wany hours organizations from the for related 2/1099-MISC) (W- 2/1099organization and Officer Former Highest compensated Individual trustee or director employee MISC) organizations Institutional related below dotted organizations employee line) Trustee 50 0 Oppenheimer Phillip Χ 258,989 43,169 Dean, Pharmacy & Health Sciences 0 0

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83,397

248,309

132,083

355.811

349,150

364,839

498,596

441,923

194,652

10,412

26,056

36,748

34,600

42,091

46,018

45,253

45,283

41,346

Dean, School of Education (incoming)
Thompson James Michael
Associated Vice President and Vice Provost for Enrollment Management

Interim Dean, School of Education (outgoing)

Sheared Vanessa

Webster Linda

Cox Darren

Associate Professor

Indresano A Thomas

Director of Athletics

Professor of Oral Surgery

Dean, School of Education (on sabbatical)

Nattestad Anders

Assistant Professor

Park Chan

Beck Lynn

Leland Edward

Professor, Chair Oral Surgery

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

Compensated Employees, and Independent Contractors (D) (E) Name and Title Average Position (do not check more Reportable Reportable than one box, unless person hours per compensation compensation is both an officer and a from the wook (list from rolated

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

	any hours	director/trustee)						organization (W-	organizations		
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	<u>0</u> €	key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)		
Weick Cynthia	20 0						~	166 517			

0.0 20 0

00

.......

Yarborough Craig

Senior Development Officer

256,123

(F)

Estimated

amount of other

compensation from the organization and related organizations

44,379

		trustee r	al Trustee	l 1),ee	ompensated				
Weick Cynthia	20 0									
							X	166,517	0	24,495
Director Powell Scholar Program	1 00							The state of the s		

efile GRAPHIC print - DO N			<u> 1t - DO NOT PROCESS</u>	As Filed Data -			DLN: 9	N: 93493115002138		
SCH	IED	ULE A	Public	Charity Statu	s and Pul	olic Supp	ort	OMB No 1545-0047		
(Fori	n 990			rganization is a sect	ion 501 (c)(3) d	organization o		2016		
990E	Z)			4947(a)(1) nonexe ▶ Attach to Form 9				2010		
		the Treasury	► Information abo	ut Schedule A (Form			uctions is at	Open to Public Inspection		
Name	of th	ue Service ne organiza	tion	<u>www.ms.g</u>	<u>54/10/11/990</u> .		Employer identific	<u> </u>		
nivers	sity or t	the Pacıfıc					94-1156266			
Par			for Public Charity Stat				See instructions.			
	ganız		a private foundation because	•	•		/A\/:\			
1		•	onvention of churches, or as			. ,, ,	(A)(I).			
2	$\overline{\mathbf{V}}$		scribed in section 170(b)(,					
		•	or a cooperative hospital ser	-						
4	Ш		esearch organization operat and state	ed in conjunction with	a nospital descri	ped in section	170(B)(1)(A)(III). E	nter the nospital's		
5			ation operated for the benef (iv). (Complete Part II)	it of a college or univer	sity owned or op	perated by a gov	vernmental unit descri	bed in section 170		
6			tate, or local government o	r governmental unit de	scribed in sectic	on 170(b)(1)(A)(v).			
7			ation that normally receives $(0(b)(1)(A)(vi)$. (Complete		s support from a	governmental (unit or from the gener	al public described in		
8		A communi	ty trust described in sectio	n 170(b)(1)(A)(vi)	(Complete Part I	I)				
9			ural research organization d rant college of agriculture S					ege or university or a		
0		from activit	ation that normally receives ties related to its exempt fui income and unrelated busing ties section 509(a)(2). (Co	nctions—subject to cert ness taxable income (le	ain exceptions,	and (2) no more	than 331/3% of its su	pport from gross		
1		•	ation organized and operate	•	r public safety S	ee section 509	(a)(4).			
.2		more public	ation organized and operate ly supported organizations through 12d that describes	described in section 5	09(a)(1) or sec	ction 509(a)(2). See section 509(a			
a		Type I. A so	supporting organization opei n(s) the power to regularly Part IV, Sections A and B	rated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organı	zation(s), typically by			
b		Type II. A manageme	supporting organization sup nt of the supporting organiz plete Part IV, Sections A	pervised or controlled in ation vested in the san						
С		Type III f	unctionally integrated. A organization(s) (see instruct	supporting organization				ited with, its		
d		functionally	on-functionally integrated integrated The organization You must complete Pa	on generally must satisf	fy a distribution i					
e		Check this	box if the organization recei	ved a written determin	ation from the II	RS that it is a Ty	pe I, Type II, Type II	I functionally		
f	Enter		or Type III non-functionally of supported organizations	micegrated supporting	organization					
g	Provid	de the follow	ing information about the s	upported organization(s)					
(i)Na	ime of	f supported o	rted organization (ii)EIN (iii) Type of organization (st the organization list described on lines 1- 10 above (see instructions)) (iv) Is the organization list your governing docum		ation listed in	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
					Yes	No				
			1							
Γotal		uaule Dadee-	tion Act Notice, see the I	notrustions for	Cat No 11285		 Schedule A (Form 9	00 07 000 57) 3016		

Sch	edule A (Form 990 or 990-EZ) 2016						Page 2
P	art III Support Schedule for	Organizations	Described in S	ections 170(b)(1)(A)(iv) ar	nd 170(b)(1)(A	(vi)
	(Complete only if you ch	ecked the box o	n line 5, 7, 8, o	r 9 of Part I or	if the organization	on failed to quali	
	III. If the organization fa	ails to qualify un	der the tests lis	ted below, plea:	se complete Par	t III.)	
	Section A. Public Support		T	ı			
	Calendar year (or fiscal year beginning in) ▶	(a)2012	(b) 2013	(c)2014	(d)2015	(e) 2016	(f)Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grant ")						
2	Tax revenues levied for the organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from						
_	line 4 Section B. Total Support						
	Calendar year						
	(or fiscal year beginning in) ▶	(a)2012	(b) 2013	(c)2014	(d)2015	(e)2016	(f)Total
7							_
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and						
	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
4.0	business is regularly carried on Other income Do not include gain or						
10	loss from the sale of capital assets						
	(Explain in Part VI)						
11							
12	10 Gross receipts from related activities,	etc (see instruction	l ns)			12	
	First five years. If the Form 990 is for			6			
13		=			•		anization, T
_	check this box and stop here				<u> </u>	P L	
	Section C. Computation of Public	• •		(6))		1	
	Public support percentage for 2016 (lin			column (r))		14	
	Public support percentage for 2015 Sc				44 22	15	
16a	33 1/3% support test—2016. If the				ne 14 is 33 1/3% o	r more, check this	
	and stop here. The organization quali 33 1/3% support test—2015. If th						▶ □
b					and line 15 is 33 i	1/3% of more, chec	_
	box and stop here. The organization a 10%-facts-and-circumstances test				no 12 162 or 16h	and line 14	▶□
1/a	is 10% or more, and if the organizatio						
	in Part VI how the organization meets						
	organization						►□
b	10%-facts-and-circumstances tes	st—2015. If the o	rganization did no	t check a box on I	ine 13, 16a, 16b,	or 17a, and line	
_	15 is 10% or more, and if the organiz	zation meets the "I	facts-and-circums	tances" test, chec	k this box and sto	p here.	
	Explain in Part VI how the organization	on meets the "facts	s-and-circumstanc	es" test. The orga	anization qualifies	as a publicly	
	supported organization						▶□
18	Private foundation. If the organization	on did not check a	box on line 13, 1	6a, 16b, 17a, or 1	17b, check this box	k and see	
	instructions						<u>▶</u> ∐
					Schodu	le A (Form 990 o	r 400_F/\ 7016

P	art III	Support Schedule for						
		(Complete only if you c						er Part II. If
	ation A	the organization fails to	qualify under t	ne tests listed	below, please co	mpiete Part II.)	
56		Public Support alendar year			T			
		year beginning in)	(a)2012	(b) 2013	(c)2014	(d) 2015	(e)2016	(f) Total
1	Gıfts, grar	its, contributions, and						
		rip fees received (Do not y "unusual grants")						
2		eipts from admissions,						
_		se sold or services						
		, or facilities furnished in						
		y that is related to the on's tax-exempt purpose						
	or garnzaci	on a tax exempt purpose						
3		eipts from activities that are						
	not an uni under sect	related trade or business						
4		ues levied for the						
•		on's benefit and either paid						
		nded on its behalf						
5		of services or facilities by a governmental unit to						
		zation without charge						
6	_	l lines 1 through 5						
7a		ncluded on lines 1, 2, and						
	3 received	from disqualified persons						
Ь	Amounts i	ncluded on lines 2 and 3						
		rom other than disqualified						
		at exceed the greater of						
	\$5,000 or 13 for the	1% of the amount on line						
С	Add lines	*						
8	Public su	pport. (Subtract line 7c						
_	from line (
Se		Total Support		Γ	_	-	1	
		alendar year year beginning in) ▶	(a)2012	(b) 2013	(c)2014	(d) 2015	(e)2016	(f)Total
9	•	from line 6						
L0a		ome from interest,						
		, payments received on						
		loans, rents, royalties and						
b		om similar sources I business taxable income						
		ion 511 taxes) from						
		es acquired after June 30,						
	1975	10 110						
C		10a and 10b ne from unrelated business						
11		not included in line 10b,						
		or not the business is						
		carried on						
12		ome Do not include gain or the sale of capital assets						
		n Part VI)						
13		pport. (Add lines 9, 10c,						
	11, and 1	vears. If the Form 990 is fo	r the organization	's first second t	hird fourth or fift	h tay year as a se	ction 501(c)(3) or	ganization
14		•	tile organization	s mst, second, t	illia, iourai, or illi	ii tax year as a se	201011 201(0)(3) 01	yamzation, ▶ □
Se		box and stop here Computation of Public S	Sunnort Perce	ntage				
<u> </u>		port percentage for 2016 (lin			column (f))		15	
16	-	port percentage from 2015 S		•			16	
		Computation of Investi					10	
<u> </u>		nt income percentage for 201			line 13. column (f))	17	
		nt income percentage from 20		.,	13, column (1	"		
18 10-		upport tests—2016. If the			on line 14 and lin	ie 15 is more than	18 33 1/3% and line	a 17 is not
								▶ □
		33 1/3%, check this box and s support tests—2015. If the						
D			_					
20		than 33 1/3%, check this box		-	•			· — <u> </u>
20	Private f	oundation. If the organization	on did not check a	i box on line 14, :	19a, or 19b, check	this box and see	instructions	▶□

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Page 4

8

9a

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2016

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete

1

8

10a

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

the organization had excess business holdings)

organization had an interest? If "Yes," provide detail in Part VI.

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

provide detail in Part VI.

answer line 10b below

Schedule A (Form 990 or 990-EZ) 2016

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

Are all of the organization's supported organizations listed by name in the organization's governing documents? 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	I
to the contract of the contrac		ì

	describe the designation If historic and continuing relationship, explain	1	
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		
	ın section 509(a)(1) or (2)	2	
			ľ

		1	1 '	i
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	·		
	ın section 509(a)(1) or (2)	2		ĺ
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			ĺ
	below	3a		ĺ
h	Did the organization confirm that each supported organization qualified under section $501(c)(4)$ (5) or (6) and satisfied			ĺ

3a	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		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?		

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		
c	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			
4 a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b in Part I, answer (b) and (c) below			

D	the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the		
	determination	3 b	
	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	3с	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 12a or 12b ın Part I, answer (b) and (c) below		
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		

4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you				
	checked 12a or 12b in Part I, answer (b) and (c) below				
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 by or in connection with its supported organizations				
С	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				
	, the foleigh supported organization has used exclusively for section 170(e)(2)(e) purposes	4c			
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				

	(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	
Ь	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its		

6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing		
	organization's supported organizations? If "Yes," provide detail in Part VI.	6	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a		

	organization's supported organizations? If "Yes," provide detail in Part VI.	6		
se	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a			
	substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		

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

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,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

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

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

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

Par	Supporting Organizations (continued)						
			Yes	No			
11	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					
b	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					
Se	ction B. Type I Supporting Organizations						
	ction by Type a 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 Par VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the	t					
	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					
Se	ction C. Type II Supporting Organizations						
	ction c. Type 11 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)	f					
		1					
Se	ction D. All Type III Supporting Organizations						
	// 11 2 2		Yes	No			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	e					
		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)						
_							
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						
<u>Se</u> 1	ction E. Type III Functionally-Integrated Supporting Organizations	<u></u>					
т а	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction and the organization satisfied the Activities Test Complete line 2 below	tions)					
b	The organization is the parent of each of its supported organizations. Complete line 3 below						
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (se	e ınstru	ctions))			
2	Activities Test Answer (a) and (b) below.		Yes	No			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of the activities.	22					
h	substantially all of its activities Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the	2a					
U	organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b					
3	Parent of Supported Organizations Answer (a) and (b) below.						
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a					
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its						
	supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	3b					

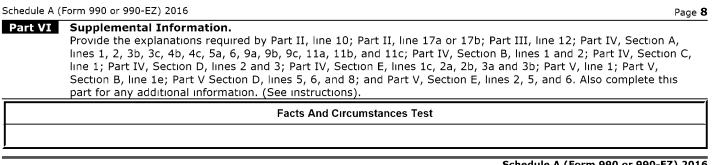
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
	Section B - Minimum Asset Amount		(A) Prior Year	` '
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
_	Average monthly value of securities	1a		
d	Average monthly value of securities	14		
b	Average monthly cash balances	1b		
c	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			

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1 b		
c 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)			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
Net value of non-evempt-use assets (subtract line 4 from line 3)	5		

_	tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1 b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
е	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
	Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	

Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency 6 temporary reduction (see instructions)

Schedule A (Form 990 or 990-EZ) (2016)



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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.

2016

OMB No 1545-0047

DLN: 93493115002138

Open to Public Inspection

EZ) ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at Department of the Treasury www.irs.gov/form990.

SCHEDULE C (Form 990 or 990-

Internal Revenue Service

• Se	ection 501(c)(3) organizations Cor	n Form 990, Part IV, Line 3, or Form nplete Parts I-A and B Do not comple 501(c)(3)) organizations Complete Pa	ete Part I-C	•			s), the	n
• S f the • S • S f the	Section 527 organizations Complete organization answered "Yes" of Section 501(c)(3) organizations that Section 501(c)(3) organizations that	te Part I-A only n Form 990, Part IV, Line 4, or Form t have filed Form 5768 (election unde t have NOT filed Form 5768 (election n Form 990, Part IV, Line 5 (Proxy T	n 990-EZ, Part VI, lir r section 501(h)) Co under section 501(h	ne 47 (Lob omplete Pa	bying Activiti Int II-A Do not Inte Part II-B D	ies), then complete f o not comp	lete Pa	art II-A
	Section 501(c)(4), (5), or (6) organize of the organization	zations Complete Part III			Employer id	entificatio	n nun	nber
Univ	rersity of the Pacific					circircatio		ibei
Part	I-A Complete if the orga	nization is exempt under sect	ion 501(c) or is	a sectio	94-1156266 n 527 o rgai	nization.		
1 2	Provide a description of the organ	nization's direct and indirect political c			*	\$		
3 • E 12	Volunteer hours T-B Complete if the orga	nization is exempt under sect	ion 501(c)(2)					
1		ax incurred by the organization under				<u> </u>		
2	· ·	ax incurred by organization managers			•	→ \$		
3	·	tion 4955 tax, did it file Form 4720 fo				·	Yes	□ No
4a	Was a correction made?						Yes	_
	If "Yes," describe in Part IV					Ш	Yes	∐ No
		nization is exempt under sect	ion 501(c), exce	ept secti	on 501(c)(3	3).		
1	Enter the amount directly expend	led by the filing organization for section	on 527 exempt funct	ion activiti	es 🕨	\$		
2	Enter the amount of the filing org function activities	anization's funds contributed to other	organizations for se	ection 527	exempt •	\$		
3	Total exempt function expenditur	es Add lines 1 and 2 Enter here and	on Form 1120-POL,	line 17b	•	\$		
4	Did the filing organization fileFor	m 1120-POL for this year?				·	Yes	□ No
5	organization made payments For of political contributions received	employer identification number (EIN) reach organization listed, enter the ai that were promptly and directly delivee (PAC) If additional space is neede	mount paid from the ered to a separate p	filing orga olitical org	anızatıon's fund anızatıon, such	hich the fil ds Also en	ing ter the	amount
	(a) Name	(b) Address	(c) EIN	filing	ount paid from organization's If none, enter -0-	contri and direct sep	butions promp ly deliverate p	of political of received otly and vered to a political If none,
2								
3								
1								
5								
5								
or Pa	aperwork Reduction Act Notice, see	the instructions for Form 990 or 990-E2	. Cat	No 500849	Schedule (C (Form 990	or 990)-EZ) 2016

	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxa	ble amount is:					
	Not over \$500,000	20% of the amount on line	1e	<u> </u>				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the e	xcess over \$500,000	†				
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the e	xcess over \$1,000,000	1				
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the ex	cess over \$1,500,000	1				
	Over \$17,000,000	\$1,000,000		1				
g h i j	Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a If zero or less, enter -0 Subtract line 1f from line 1c If zero or less, enter -0 If there is an amount other than zero on either line 1 section 4911 tax for this year? 4-Year Av (Some organizations that made as	, - - Lh or line 11, did the orga 	ler section 501(l	n)	te all of the f	☐ Yes ☐ No		
	columns below. See t							
	Lobbying Expenditures During 4-Year Averaging Period							
	Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total		
2a	Lobbying nontaxable amount							
Ь	Lobbying ceiling amount (150% of line 2a, column(e))							
	Total lobbying expenditures							

Schedule C (Form 990 or 990-EZ) 2016

Grassroots nontaxable amount

Grassroots lobbying expenditures

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

Sche	dule C (Form 990 or 990-EZ) 2016				Р	age 3	
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NOT f Form 5768 (election under section 501(h)).	iled					
For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)			(b)		
activity				,	Amour	nt	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of						
а	Volunteers?		No				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	1			
c	Media advertisements?		No	1			
d	Mailings to members, legislators, or the public?		No				
e	Publications, or published or broadcast statements?		No				
f	Grants to other organizations for lobbying purposes?		No				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No				
i	Other activities?	Yes				49,389	
j	Total Add lines 1c through 1i					49,389	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No				
b	If "Yes," enter the amount of any tax incurred under section 4912			1			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).)(5), o	r sect	ion !	501(c	:)	
					Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?			1			
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2			
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3			
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Par answered "Yes."					:)(6)	
1	Dues, assessments and similar amounts from members	1					
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).						
	Current year	2a					
b	Carryover from last year	2b					
С	Total	2c					
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3					

If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

DESCRIPTION OF THE LOBBYING

ACTIVITY

instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference Explanation

Schedule C, Part II-B, Line 1 DETAILED THE UNIVERSITY IS A MEMBER OF THE ASSOCIATION OF INDEPENDENT CALIFORNIA COLLEGES AND

DESCRIPTION OF THE LOBBYING UNIVERSITIES (AICCU), THE NATIONAL ASSOCIATION OF INDEPENDENT COLLEGES & UNIVERSITIES AND **ACTIVITY** THE NATIONAL ASSOCIATION OF COLLEGE AND UNIVERSITY BUSINESS OFFICERS (NACUBO) THESE

ORGANIZATIONS LOBBY ON BEHALF OF HIGHER EDUCATION THE AMOUNTS SHOWN ON SCHEDULE C,

PART II, LINE 1I PERTAIN TO DUES PAID TO THE ABOVE NOTED ASSOCIATIONS Schedule C, Part II-B, Line 1 DETAILED THE UNIVERSITY IS A MEMBER OF THE ASSOCIATION OF INDEPENDENT CALIFORNIA COLLEGES AND

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

THE NATIONAL ASSOCIATION OF COLLEGE AND UNIVERSITY BUSINESS OFFICERS (NACUBO) THESE

ORGANIZATIONS LOBBY ON BEHALF OF HIGHER EDUCATION THE AMOUNTS SHOWN ON SCHEDULE C, PART II, LINE 1I PERTAIN TO DUES PAID TO THE ABOVE NOTED ASSOCIATIONS Schedule C (Form 990 or 990EZ) 2016 efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

(Form 990)

Department of the Treasury

As Filed Data -

DLN: 93493115002138

Open to Public

OMB No 1545-0047

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

Naı	me of the organization versity of the Pacific	<u></u>	Employer ide	entification	number	
Pa	rt I Organizations Maintaining Donor Complete if the organization answere	Advised Funds or Other Similar Fund	94-1156266 ds or Accounts.			
	Complete if the organization unswere	(a) Donor advised funds	(b)Funds an	d other acco	unts	
L	Total number at end of year	(a) Done, authora rando	(5), and an	<u> </u>		_
2	Aggregate value of contributions to (during year)					_
3	Aggregate value of grants from (during year)					
1	Aggregate value at end of year					—
5	Did the organization inform all donors and donor a funds are the organization's property, subject to t		or advised		res [—] _N (
5	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?				∕es □] N (
Pai	rt II Conservation Easements. Complete	e if the organization answered "Yes" on I	Form 990, Part IV	', line 7.		
L	Purpose(s) of conservation easements held by the	e organization (check all that apply)				
	\square Preservation of land for public use (e g , reci	reation or education) \qed Preservation o	of an historically imp	ortant land a	irea	
	Protection of natural habitat	Preservation o	of a certified historic	structure		
	Preservation of open space					
2	Complete lines 2a through 2d if the organization heasement on the last day of the tax year	neld a qualified conservation contribution in the		ation at the End o	f the Yea	
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easement	cs control of the con	2b			
С	Number of conservation easements on a certified h	` '	2 c			
d	Number of conservation easements included in (c) structure listed in the National Register	•				
3	Number of conservation easements modified, trantax year ▶	sferred, released, extinguished, or terminated	d by the organization	during the		
1	Number of states where property subject to conse	rvation easement is located >	<u></u>			
5	Does the organization have a written policy regard and enforcement of the conservation easements it		ling of violations,	☐ Yes	□ No	
5	Staff and volunteer hours devoted to monitoring,	inspecting, handling of violations, and enforcing	ng conservation ease	ements durin	g the year	г
7	Amount of expenses incurred in monitoring, inspe	cting, handling of violations, and enforcing col	nservation easemen	ts during the	year	
3	Does each conservation easement reported on line and section $170(h)(4)(B)(II)$?	e 2(d) above satisfy the requirements of section	on 170(h)(4)(B)(ı)	☐ Yes	□ No	
9	In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text	of the footnote to the organization's financial :				
ar	the organization's accounting for conservation ease t III Organizations Maintaining Collect Complete if the organization answere	ions of Art, Historical Treasures, or	Other Similar As	ssets.		
La	If the organization elected, as permitted under SF art, historical treasures, or other similar assets he provide, in Part XIII, the text of the footnote to its	AS 116 (ASC 958), not to report in its revenueld for public exhibition, education, or research	n in furtherance of p			
b	If the organization elected, as permitted under SF historical treasures, or other similar assets held for	AS 116 (ASC 958), to report in its revenue sta	atement and balance			
,	following amounts relating to these items		▶ #		65.00	Λ
-	i) Revenue included on Form 990, Part VIII, line 1		* *		65,000	_
(i	i)Assets included in Form 990, Part X		▶ \$	4 - 41	6,482,57	<u>3</u>
2	If the organization received or held works of art, I following amounts required to be reported under S			ae the		
а	Revenue included on Form 990, Part VIII, line 1		> \$			_
b	Assets included in Form 990, Part X		▶ \$			

Page **2**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its contents (check all that apply) a	☑ No
b Scholarly research e Other reservation for future generations 4 Previde a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII 5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	m 990, Part No
C Preservation for future generations 4 Previde a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII 5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	m 990, Part No
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII 5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	m 990, Part
Part XIII 5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on For X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes	m 990, Part
Part IV	m 990, Part
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on For X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes Yes If "Yes," explain the arrangement in Part XIII and complete the following table Amount	□ No
included on Form 990, Part X? Yes Yes Yes Yes Yes If "Yes," explain the arrangement in Part XIII and complete the following table Amount	
Beginning balance d Additions during the year e Distributions during the year f Ending balance Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	□ No
d Additions during the year e Distributions during the year f Ending balance Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Beginning of year balance	□ No
e Distributions during the year f Ending balance Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Tyes b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a)Current year (b)Prior year (c)Two years back (d)Three years back (e) 1a Beginning of year balance	□ No
f Ending balance Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Fart V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a)Current year (b)Prior year (c)Two years back (d)Three years back (e) a 375,243,643 a 390,625,084 a 386,612,949 a 223,274,000 b Contributions	□ No
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Tendowment Funds Check here if the explanation has been provided in Part XIII	□ No
b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a)Current year (b)Prior year (c)Two years back (d)Three years back (e) Three ye	□ No
b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII	
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a)Current year (b)Prior year (c)Two years back (d)Three years back (e) b Contributions 15,085,253 9,514,705 6,748,357 109,770,012 c Net investment earnings, gains, and losses d Grants or scholarships 51,369,988 -7,845,182 13,492,697 64,513,344 d Grants or scholarships 14,873,990 14,213,398 13,655,451 8,674,469 e Other expenditures for facilities and programs 0 0 0 0	
tal Beginning of year balance (a)Current year (b)Prior year (c)Two years back (d)Three years back (e) b Contributions 375,243,643 390,625,084 386,612,949 223,274,000	
1a Beginning of year balance 375,243,643 390,625,084 386,612,949 223,274,000 b Contributions 15,085,253 9,514,705 6,748,357 109,770,012 c Net investment earnings, gains, and losses 51,369,988 -7,845,182 13,492,697 64,513,344 d Grants or scholarships 14,873,990 14,213,398 13,655,451 8,674,469 e Other expenditures for facilities and programs 0 0 0 0 0	Four years back
c Net investment earnings, gains, and losses 51,369,988 -7,845,182 13,492,697 64,513,344 d Grants or scholarships 14,873,990 14,213,398 13,655,451 8,674,469 e Other expenditures for facilities and programs 0 0 0 0	199,306,000
d Grants or scholarships	5,609,000
e Other expenditures for facilities and programs 0 0 0 0	27,667,000
and programs 0 0 0	8,259,000
f Administrative expenses	0
	1,049,000
g End of year balance	223,274,000
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as	
a Board designated or quasi-endowment ► 6 %	
b Permanent endowment ► 74 %	
c Temporarily restricted endowment ► 20 %	
The percentages on lines 2a, 2b, and 2c should equal 100%	
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by	Yes No
(i) unrelated organizations	
(ii) related organizations) No
b If "Yes" on 3a(II), are the related organizations listed as required on Schedule R?	
4 Describe in Part XIII the intended uses of the organization's endowment funds	
Part VI Land, Buildings, and Equipment.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 1 Description of property (a) Cost or other basis (other) (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d)	O. Book value
1a Land 6,263,174	6 262 174
b Buildings 452,613,710 210,863,750	n /n 1 //
	6,263,174
c Leasehold improvements 129,413,151 31,420,814	241,749,960
	241,749,960
e Other	

Part VII	Investments—Other Securities. Complete if the See Form 990, Part X, line 12.			swered 'Yes' on		
	(a) Description of security or category (including name of security)	(1	b) Book value	Cost	(c)Method of v t or end-of-year	
(1)Financial (2)Closely-h	derivatives					
(3)Other	unds & Private Equity		92,144,63	9		
	Personal Property		666,81			
(C) U S Equ			469,00			
	eld by Other Trustees		1,750,92	9		
(D)	-					
(E)						
(F)						
(G)						
(H)						
Total. (Columi Part VIII	n (b) must equal Form 990, Part X, col (B) line 12) Investments—Program Related. Complete if	the o	95,031,38	_	a Form 990 P	art IV line 11c
Pait VIII	See Form 990, Part X, line 13.	uie o				
	(a) Description of investment		(b) Book valu		(c) Method of v t or end-of-year	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9) ————————————————————————————————————						
Part IX	n (b) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organization answered	l 'Yes'		Part IV, line 11d S	See Form 990, P	Part X, line 15
(1)	(a) Description					(b) Book value
(1)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	mn (b) must equal Form 990, Part X, col (B) line 15)					
Part X	Other Liabilities. Complete if the organization a	nswe		orm 990, Part I		
1.	See Form 990, Part X, line 25. (a) Description of liability		(b)	Book value		
(1) Federal II	ncome taxes					
Annuity & Ur	nitrust Reserves			11,545,111		
Self Insurance	ce Reserves			12,558,280		
Asset Retirer	ment Obligation			8,586,101		
Capital Lease				1,440,703		
Federal Stud	ent Loan Program			31,608,686		
Early Retiren	nent Reserves			2,040,785		
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col (B) line 25)	٠ ارع	>	67,779,666	a and attitude of	Abob more and 12
	or uncertain tax positions In Part XIII, provide the text o 's liability for uncertain tax positions under FIN 48 (ASC 7					_

Part XI

2

а

b

c

d

е

3

4

5

1

2

а

b

d

е 3

а

b

c

Part XIII

5

4

b

Part XII

Schedule D (Form 990) 2016

Page 4

24,310,424

319,668,248

104,881,101

424,549,349

330,958,283

330.958.283

72,109,215

403,067,498

Schedule D (Form 990) 2015

Other (Describe in Part XIII) . . Add lines 2a through 2d . . . Subtract line 2e from line 1 .

Other (Describe in Part XIII)

Total expenses and losses per audited financial statements .

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

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

Other (Describe in Part XIII)

Supplemental Information

Add lines 4a and 4b . . .

Donated services and use of facilities .

Prior year adjustments

Other (Describe in Part XIII) .

Add lines 2a through 2d .

Add lines 4a and 4b .

Return Reference

See Additional Data Table

Subtract line 2e from line 1 .

Other losses .

Net unrealized gains (losses) on investments . . . Donated services and use of facilities . Recoveries of prior year grants . . .

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

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

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

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

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

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

2d

4a 4b

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

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

2a

2b

2c

2a

2b

2c

2d

4b

Explanation

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

0 104.881.101 4c Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Λ

0

72.109.215

2e

3

4c

5

24.310.424

2e

3

	Schedule D (Form 990) 2015
Supplemental Information (continued)	Part XIII Supplemental Info
Return Reference Explanation	Return Reference

Schedule D (Form 990) 2016

Additional Data

Software ID: 16000421

Software Version: 2016v3.0 **EIN:** 94-1156266

Name: University of the Pacific

Supplemental Information

Return Reference	Explanation
Schedule D, Part III, Line 4 Collections of art - description of collections	The University's Holt-Atherton Special Collections department houses the University librar y's non-circulating rare and unique research materials. The mission of Special Collections is to collect, preserve, and provide access to manuscript collections, a specialized book collection, and the university archives for students and faculty of the University of the Pacific and the general public. The majority of what the Special Collections Department o versees is the following. John Muir Papers the world's largest repository of Muir docum ents, - Moscone Papers personal letters, political correspondence, draft speeches, and 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 approxima tely 18 works of art from the Powell's personal collection. The items are intended to be held for visual display throughout the University's three campuses.

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

Constituted To Constitute

applemental Information						
Return Reference	Explanation					
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	The University follows financial accounting standards board interpretation (FASB) ASC Subt opic 740-10, Income Taxes - Overall (Formerly known as FASB Interpretation No 48, Account ing for Uncertainty in income taxes, an interpretation of FASB Statement No 109) As per the University's financial statement for June 30, 2017, Pacific is tax exempt under Sectio n 501(c)(3) of the Internal Revenue Code and Section 23701(d) of the Revenue and Taxation Code of the State of California and, generally, is not subject to state or federal taxes o in income However, Pacific remains subject to income taxes on any net income that is derive defirom a trade or business, regularly carried on, and not in furtherance of the purpose for which it was granted exemption. No income tax provision has been recorded as net income, if any, from any unrelated trade or business and, in the opinion of management, is not material to the financial statements taken as a whole					

Supplemental Information

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XI, Line 4(b) Other revenues in form 990 not in audited financial statements	Investment Gains - 33554794 Cost of Goods Sold2292492 Other Changes782908 Financial Aid - 74401707

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XII, Line 4(b) Other expenses in form 990 not in audited financial statements	FINANCIAL AID - 74401707 COST OF GOODS SOLD2292492

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493115002138 OMB No 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶Complete if the organization answered "Yes" on Form 990, EZ) Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. Open to Public ▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Department of the Treasury Namel & the oscanization **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? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 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? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Nο b Admissions policies? 5b Nο c Employment of faculty or administrative staff? 5c Nο d Scholarships or other financial assistance? 5d Nο e Educational policies? 5e Νo f Use of facilities? 5f No g Athletic programs? 5g Nο h Other extracurricular activities? 5h Nο If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes b Has the organization's right to such aid ever been revoked or suspended? 6b No If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule E (Form 990 or 990-EZ) (2016)

chedule E (Form 990 or 990EZ) (2016)	Page 2			
Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also provide any other additional information (see instructions)				
Return Reference	Explanation			
Schedule E, Part I, Line 3 RACIALLY NONDISCRIMINATORY POLICY	Newspaper media displays include statement of racial nondiscriminatory policy of the University in the solicitation of students			
Schedule E, Part I, Line 6(a) FINANCIAL AID OR ASSISTANCE FROM A GOVERNMENT	During the tax year ending on 06/30/2017, the University received support from various federal and state governmental agencies totaling \$11,165,013			

Schedule F (Form 990 or 990-FZ) (2016)

efile GRAPHIC print - DO NOT PROCESS					: 93493115002138	
SCHEDULE F (Form 990) Statement of Activities Outside the United States					OMB No 1545-0047	
► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.						2016
	Open to Public					
						Inspection
Name of the organization University of the Pacific	1				Employer ide	ntification number
Oniversity of the Facilic					94-1156266	
	Information , Part IV, line		s Outside the U	Jnited States. Comple	ete if the organization a	answered "Yes" to
1 For grantmaker	s. Does the or	ganızatıon maı	ntain records to s	substantiate the amount	of its grants and	
•	-	-	he grants or assis	stance, and the selection	criteria used	
to award the gran	nts or assistan	ce?				☐ Yes ☐ No
2 For grantmaker outside the Unite		Part V the org	anızatıon's proce	dures for monitoring the	use of its grants and ot	her assistance
3 Activites per Regio	n (The followir	ng Part I, line 3	table can be dupli	cated 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 in (d) is a program service, describe specific type of service(s) in region	a (f) Total expenditures for and investments in region
(1) See Add'l Data				-		
(2)						
(3)						
(4)						
(5)						
3a Sub-total b Total from continua	tion sheets to		1 80 0 7			77,882,405 0
Part I c Totals (add lines 3	a and 3b)		1 87	,		77,882,405
For Paperwork Reduction	Act Notice, see	the Instruction	ns for Form 990.	Cat	No 50082W Schedu	le F (Form 990) 2016

Part III

(6)

(7) (8) (9) (10) (11) (12)

(13) $\overline{(14)}$ (15) (16)

(17) (18) Page 3

Schedule F (Form 990) 2016

Part III can be duplicated if additional space is needed.								
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)	
(1)								

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

(2) (3) (4)

(5)

Sched	dule F (Form 990) 2016		Page 4
Par	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	✓ Yes	□No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)	✓ Yes	□No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	✓ Yes	□No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	✓ Yes	□No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713)	✓ Yes	□No

hedule F (Form 990) 2016 Page 5						
Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting 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).						
Return Reference	Explanation					

Additional Data

(a) Region

Central America and the

Central America and the

Carıbbean

Caribbean

Software ID: 16000421 **Software Version:** 2016v3.0

EIN: 94-1156266

Name: University of the Pacific

PROFESSIONAL SERVICES

RESEARCH

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

0

0

(a) Negon	offices in the region	employees or agents in region	in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	is a program service, describe specific type of service(s) in region	for region
Central America and the Caribbean	0	0	Investments		77,699,981

3 Program Services

3 Program Services

(b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) Central America and the ISTUDY ABROAD 15.455 15 Program Services Carıbbean East Asia and the Pacific FUNDRAISING 1 Program Services East Asia and the Pacific 11 Program Services PROFESSIONAL SERVICES 3,000

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures ın region (by type) (i e , offices in the employees or is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) Fast Asia and the Pacific 2 Program Services IRESEARCH East Asia and the Pacific 0 Program Services ISTUDY ABROAD 48,000 Europe (Including Iceland and 0 Program Services **ADVERTISING** 20,380 Greenland)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region services, grants to service(s) in region region recipients located in the region) Europe (Including Iceland and 13 Program Services PROFESSIONAL SERVICES 4.700 Greenland) Europe (Including Iceland and 2 | Program Services RESEARCH 566 Greenland) Europe (Including Iceland and 15 Program Services ISTUDY ABROAD 90.323 Greenland)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) Europe (Including Iceland and 3 Program Services TEAM TRAVEL Greenland) Middle East and North Africa CONFERENCE 1 Program Services Middle East and North Africa Program Services PROFESSIONAL SERVICES

Form 990 Schedule F Part I - Activities Outside The United States (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures (a) Region offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region services, grants to service(s) in region region recipients located in the region) North America (Canada & 6 Program Services CONFERENCE Mexico only) North America (Canada & Program Services PROFESSIONAL SERVICES Mexico only) North America (Canada & 1 Program Services ISTUDY ABROAD Mexico only)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or ın region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) Russia and Neighboring States 1 |Program Services PROFESSIONAL SERVICES South America 2 Program Services ISTUDY ABROAD South Asia 2 Program Services PROFESSIONAL SERVICES

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

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493115002138 OMB No 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990 **Employer identification number** Name of the organization University of the Pacific 94-1156266 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations ☐ Special fundraising events ☐ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to ındıvıdual fundraiser have from activity (or retained by) (or retained by) or entity (fundraiser) custody or fundraiser listed in organization control of col (i) contributions? Yes No 8 10 Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Cat No 50083H

Schedule G (Form 990 or 990-EZ) 2016

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

	gross receipts greater than \$!		(h) [#2	(a)Othan avanta	(1)	
		(a)Event #1 ORANGE & BLACK	(b) Event #2 KIDS IN THE	(c)Other events	(d) Total events (add col (a) through	
Revenue		BALL (event type)	KLINIC (event type)	(total number)	col (c))	
œ						
	1 Gross receipts	314,840	205,656	354,152	874,648	
	2 Less Contributions	129,153	130,094	205,328	464,575	
	line 2)	185,687	75,562	148,824	410,073	
	4 Cash prizes	0	0	0	0	
Se.	5 Noncash prizes	77,119	32,896	88,721	198,736	
Expenses	6 Rent/facility costs	40	34,633	20,876	55,549	
찣	7 Food and beverages	29,640	30,829		74,266	
Direct	8 Entertainment	1,400	0	250	· · · · · · · · · · · · · · · · · · ·	
ā	9 Other direct expenses	83,858	9,884	6,768	· ·	
	10 Direct expense summary Add lines 4 t	430,711				
Pai	11 Net income summary Subtract line 10 till Gaming. Complete if the organization		es" on Form 990. Part I	V. line 19. or reported	-20,638 more than \$15,000	
	on Form 990-EZ, line 6a.	I		I		
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))	
~ —	1 Gross revenue					
ses	2 Cash prizes					
Expenses	3 Noncash prizes					
	4 Rent/facility costs					
Direct	5 Other direct expenses					
	5	☐ Yes %	☐ Yes %	☐ Yes %		
	6 Volunteer labor	□ No	□ No	□ No		
	7 Direct expense summary Add lines 2 t	through 5 in column (d)				
	8 Net gaming income summary Subtrac	t line 7 from line 1. colum	n (d)			
a b						
10a	Were any of the organization's gaming lie	 censes revoked, suspende	d or terminated during the	 e tax year [?]	 ☐ Yes ☐ No	

sche	dule G (Form 990 or 990-EZ) 2016					F	age			
L1	Does the organization conduct gaming	activities with nonmembers	s?		☐ Yes	□No				
L 2	Is the organization a grantor, beneficial formed to administer charitable gamin		a member of a partnership or other entity		□Yes	□No				
L3	Indicate the percentage of gaming act	ivity conducted in								
а	The organization's facility			13a						
b	An outside facility			13b						
14	Enter the name and address of the pe	rson who prepares the orga	nization's gaming/special events books and re	ecords						
	Name									
	Address •									
Does the organization have a contract with a third party from whom the organization receives gaming revenue?										
b			ganization ▶ \$ and th	ne						
	amount of gaming revenue retained by	amount of gaming revenue retained by the third party ▶ \$								
С	If "Yes," enter name and address of the third party									
	Name									
	Address ►									
.6	Gaming manager information									
	Name ▶									
	Gaming manager compensation $ hilder$ \$									
	Description of services provided ▶									
	☐ Director/officer	☐ Employee	☐ Independent contractor							
7	Mandatory distributions									
а	Is the organization required under star retain the state gaming license?	te law to make charitable di	stributions from the gaming proceeds to		П.,	П.,				
b	retain the state gaming license? Yes No Enter the amount of distributions required under state law distributed to other exempt organizations or spent									
U	in the organization's own exempt activ									
Par	t IV Supplemental Information	on. Provide the explanat 15c, 16, and 17b, as app	tions required by Part I, line 2b, column dicable. Also complete this part to provide							
	Return Reference		Explanation				_			
			'	ule G (F	orm 990 or	990-F7)	20			

efile GRAPHIC print - DO NOT PROCESS DLN: 93493115002138 As Filed Data OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations,** (Form 990) 2016 Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization **Employer Identification number** University of the Pacific 94-1156266 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ✓ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part III Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (c) IRC section (a) Name and address of (b) EIN (d) Amount of cash (e) Amount of non-(f) Method of valuation (h) Purpose of grant (g) Description of (book, FMV, appraisal, if applicable non-cash assistance organization grant cash or assistance or government assistance other) (1) (3) (5) (6)(7) (8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2016

(6)

Schedule I (Form 990) 2016

(5)

Return Reference

arant funds

Schedule I, Part I, Line 2

Procedures for monitoring use of

Explanation

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

(7)

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

Federal and state programs are administered according to the laws, rules, statutes, and regulations as issued by the State of California and the U.S. Department of Education as well as the U.S. Department of Health and Human Services. University scholarships and grants are administered according to the policies and procedures.

developed and implemented by the Financial Aid Office in support of the University's strategic enrollment plan The Financial Aid Office uses the Free Application for Federal Student Aid (FAFSA) as well as a number of supporting documents of verification to determine a student's eligibility for all need based programs. In addition, students are reviewed based on academic qualifications and special talents for merit based programs such as music, athletics, regents scholarships and similar programs. Policies and Procedures ensure that the determination of aid eligibility and the subsequent delivery of aid from any and all programs are done in a fair and

Schedule I (Form 990) 2016

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.qov/form990.

OMB No 1545-0047

DLN: 93493115002138

2015

Open to Public Inspection

Department of the Treasury Internal Revenue

Schedule J (Form 990)

Name of the organization **Employer identification number** University of the Pacific

			94-115626	6			
Pa	rt I Questions Regarding Compensation						
						Yes	No
la	Check the appropiate box(es) if the organization provides 990, Part VII, Section A, line 1a Complete Part III to		,				
	First-class or charter travel	Ŀ	Housing allowance or residence for personal use	2			
	Travel for companions	Г	Payments for business use of personal residence	e			
	Tax idemnification and gross-up payments	Ľ	Health or social club dues or initiation fees				
	□ Discretionary spending account	Ľ	Personal services (e g , maid, chauffeur, chef)				
b	If any of the boxes in line 1a are checked, did the orga reimbursement or provision of all of the expenses desc				1b	Yes	
2	Did the organization require substantiation prior to reir	nburs	sing or allowing expenses incurred by all				
	directors, trustees, officers, including the CEO/Execut	ive D	Director, regarding the items checked in line 1a?		2	Yes	
3	Indicate which, if any, of the following the filing organiz	ation	used to establish the compensation of the				
	organization's CEO/Executive Director Check all that used by a related organization to establish compensati		•	III			
	Compensation committee	Ŀ	Written employment contract				
	Independent compensation consultant	L.	Compensation survey or study				
	Form 990 of other organizations	Ľ	Approval by the board or compensation commit	tee			
ŀ	During the year, did any person listed on Form 990, Pa or a related organization	rt V I	I, Section A, line 1a with respect to the filing org	anızatıon			
а	Receive a severance payment or change-of-control pa	ymer	nt?		4a	Yes	
b	Participate in, or receive payment from, a supplementa	al nor	qualified retirement plan?		4b		Νo
c	Participate in, or receive payment from, an equity-base	ed co	mpensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provi	ıde tl	ne applicable amounts for each item in Part III				
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizatio	ns m	ust complete lines 5-9.				
5	For persons listed on Form 990, Part VII, Section A, li compensation contingent on the revenues of	ine 1	a, did the organization pay or accrue any				
а	The organization?				5a		Νo
b	Any related organization?				5b		Νo
	If "Yes," on line 5a or 5b, describe in Part III						
5	For persons listed on Form 990, Part VII, Section A, li compensation contingent on the net earnings of	ine 1	a, did the organization pay or accrue any				
а	The organization?				6 a		Νo
b	Any related organization?				6b		Νo
	If "Yes," on line 6a or 6b, describe in Part III						
,	For persons listed on Form 990, Part VII, Section A, li payments not described in lines 5 and 6? If "Yes," des				7	Yes	
3	Were any amounts reported on Form 990, Part VII, par	ıd or	accured pursuant to a contract that was				
	subject to the initial contract exception described in R	egula	ations section 53 4958-4(a)(3)? If "Yes," descri	be			
	ın Part III				8		Νo
)	If "Yes" on line 8, did the organization also follow the r section 53 4958-6(c)?	ebutt	able presumption procedure described in Regulat	:ions	9		

(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation i
	Base	(ii)	(iii)	other deferred	benefits	(B)(ı)-(D)	column(B) reported
	(i) compensation	Bonus & incentive	Other reportable	compensation			as deferred on prio
	(i) compensation	compensation	compensation				Form 990

Schedule J (Form 990) 2015

See Additional Data Table

Schedule J (Form 990) 2015

rage 9						
Part III Supplemental Information						
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information						
Return Reference	Explanation					

Schedule 1 (Form 990) 2015

Schedule J (Form 990) 2015

Additional Data

Software ID: 16000421 Software Version: 2016v3.0

EIN: 94-1156266 Name: University of the Pacific

PLEASE SEE SCHEDULE O FOR THE RESPONSE TO FORM 990, PART VI, SECTION B, LINE 15A

Explanation

Part III, Supplemental Information

Return Reference

USED TO ESTABLISH

PRESIDENT

COMPENSATION FOR THE

Schedule J. Part I. Line 3 METHODS

i dit 111, Supplemental 11110	Illution
Return Reference	Explanation
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 advance of travel. Employees are permitted to use personal airline miles, "points," or other for upgrades, however, the University will not reimburse employees for the value of these upgrades. During the calendar year 2016 there were three exceptions granted to approve first class travel. One exception was allowed due to injuries the employee had, to allow for more comfort

Part III. Supplemental Information

during the flight. The other two were approved per the employee's contract. The value of the first class travel was considered a necessary business expense and therefore, was not included on the employee's W2

Part III, Supplemental Information Return Reference Explanation Schedule J. Part I. Line 1a Travel | Companion travel is the financial responsibility of the traveler except in cases where the presence of the companion is required for luniversity business reasons and therefore is not included in the individual's W-2 for companions

Return Reference Explanation

The University has three campuses, located in Stockton, Sacramento and San Francisco. At the main campus in Stockton and the

Part III, Supplemental Information

Schedule J, Part I, Line 1a Housing allowance or residence for personal use

Schedule J, Part I, Line 1a Housing allowance or residence for personal use

Schedule J, Part I, Line 1a Housing Sacramento campus, on-campus housing is provided to the President and Dean, respectively For Stockton and Sacramento, the 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

rait III, Supplemental Information					
Return Reference	Explanation				
Schedule J, Part I, Line 1a Health	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 or social club dues or initiation and reported as a portion of the "other reportable compensation" on Schedule J Part II Column B(III) fees

Dark III Considerated Information

Part III, Supplemental Information Return Reference Explanation President Eibeck's W-2 includes "other reportable compensation" of \$10,642 for the value of all housekeeping services provided by the

Schedule J. Part I. Line 1a University at her on-campus residence. Housekeeping services for the Sacramento campus home is personally paid by the Dean Personal services

Part III, Supplemental Information			
Return Reference	Explanation		

Schedule J. Part I. Line 4a Severance or change-of-control

Dean Ferrillo at the Dugoni School of Dentistry in San Francisco received a separation payment of \$383.602 pavment

Part III, Supplemental Information									
Return Reference	Explanation								
Schedule J, Part I, Line 7 Non-	President Pamela Eibeck received a non-fixed payment based on satisfaction of a performance target at the Board of Regents discretion								

Vice President for Development George Atterbury received a non-fixed payment based on satisfaction of performance. Vice President for fixed payments Technology and CIO Art Sprecher received a non-fixed payment based on satisfaction of contract requirement

Form 990, Schedule J, Pa	art 1	II - Officers, Direc	ctors, Trustees, Ko	ey Employees, and	d Highest Compen	sated Employees	;	
(A) Name and Title			f W-2 and/or 1099-MIS		(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B)
		(i) Base	(ii) Bonus &	(iii) Other	compensation	bellettes		reported as deferred on prior Form 990
		Compensation	incentive compensation	reportable compensation				on phor Form 330
1 Eibeck Pamela President	(1)	518,828	25,000	23,202	44,500	60,635	672,165	0
	(11)	0	0	0	0	-		0
1Atterbury George	(1)	299,951	55,000	12,218	44,500	15,974	427,643	0
VP, Development	(11)	0						
			0	0		0	0	
2 Day Patrick VP, Student Life	(1)	207,595	0	8,172	39,458	6,746	261,971	0
	(11)	0	0	0	0	-	-	0
3Lackey Mary Lou	(1)	213,096	0	31,827	41,866	17,118	303,907	0
VP and Sec to Bd of Regents (Outgoing)	(11)	0	0	0	0			0
4Mullen Kenneth	(1)	222457				0	0	
VP, Business & Finance	(1)	333,157	0	52,752	44,500	23,655	454,064	0
	(11)	0	0	0	0	-0	0	0
5Pallavicini Maria Provost	(1)	357,689	0	53,788	44,500	7,640	463,617	0
	(11)	0	0	0	0			0
6Sprecher Art	(1)	233,293	30,000	0.202	20.002	0	0	0
VP for Technology and CIO	(11)	233,293	20,000	8,393	30,092	21,213	312,991	
	(11)	U	0	0	0	0	- 0	0
7 Ebbers Daniel Intenm Dean, Conservatory	(1)	128,353	0	185	13,820	22,552	164,910	0
of Music	(11)	0	0	0	0			0
8Femilo Patrick	(1)	210,809	0	388,673	21,344	5,002	625,828	0
Dean, Dugoni School of Dentistry (outgoing)	(II)			300,073	21,344	3,002	023,828	
	(")	0	0	0	0	0	0	0
9 Fraden Rena Dean, College of the Pacific	(1)	247,505	0	1,732	24,933	12,646	286,816	0
	(11)	0	0	0	0	-		0
10Gale Lewis	(1)	233,386	0	680	24,193	22,733	280,992	
Dean, Eberhardt School of Business	(II)	0						
			0	0		0	0	
11Howell Steven Dean, Engineering &	(1)	303,044	0	2,666	26,500	22,831	355,041	0
Computer Science	(11)	0	О	0	0	- 0	-	0
12Manilay Bayani	(1)	154,620	0	647	15,917	20,996	192,180	0
Assistant Vice President, Treasury	(11)	0			0			
13Mootz Francis		245.265	-		_	0	0	
Dean, McGeorge School of Law	(1)	315,365	0	7,518	26,500	40,872	390,255	0
	(11)	0	0	0	0	- 0		0
14Nadershahi Nader Intenm Dean and Dean,	(1)	403,054	0	6,747	26,500	18,843	455,144	0
Dugoni School of Dentistry	(11)	0	0	0	0			0
15Oppenheimer Phillip	(1)	255,588	-	5.55	222=	0	0	
Dean, Pharmacy & Health Sciences		233,300		3,401	26,275	16,894	302,158	
	(11)	U	0	0	0	0	O	0
16Thompson James Michael	(1)	245,167	0	3,142	24,597	1,459	274,365	0
Associated Vice President and Vice Provost for Enrollment	(11)	0	0	0	0			0
Management 17Webster Linda	(1)	131,775	0	308	14,187	22,561	168,831	0
Intenm Dean, School of Education (outgoing)	(11)	0		308	14,187	22,361	100,031	
			0	0	0	0	0	0
18 Cox Darren Associate Professor	(1)	355,426	0	385	26,500	8,100	390,411	0
	(11)	0	0	0	0			0
19Indresano A Thomas	(1)	344,468	n	4,682	26,500	15,591	391,241	n
Professor, Chair Oral Surgery	(11)	· ∩					351,241	
	\ <i>'</i>			U	U	0	0	

other deferred benefits (B)(I)-(D)(i) (ii) (iii) compensation Other Base Bonus & Compensation incentive reportable

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

(B) Breakdown of W-2 and/or 1099-MISC compensation

-5,552

165,806

254,268

(11)

(1)

(11)

(A) Name and Title

3Beck Lynn

4Weick Cynthia

5Yarborough Craig

Program

Dean, School of Education (on sabbatical)

Director Powell Scholar

Senior Development Officer

			compensation	compensation				
21 Leland Edward Director of Athletics	(1)	279,775	0	85,064	44,500	1,518	410,857	
								-
	[(11)]	0	ol	0	0	_	_	

Director of Athletics	''	2,3,,,3	U	85,064	44,500	1,518	410,857	i .
	(11)	0	0	0	0			
					-	0	0	
1Nattestad Anders	(1)	497,776	0	820	26.500	18.753	543.849	

(C) Retirement and

20,091

16,792

26,480

(D) Nontaxable

21,255

7,703

17,899

(E) Total of columns

235,998

191,012

300,502

(F) Compensation in

column (B)

reported as deferred

on prior Form 990

	`		Ů	O	0	0	0	
1Nattestad Anders Professor of Oral Surgery	(1)	497,776	0	820	26,500	18,753	543,849	
	(11)	0	0	0	0	-	_ 	

1Nattestad Anders Professor of Oral Surgery	(1)		0	820	26,500	18,753	543,849	
	(11)	0	0	0	0		-	
						0	0	
2 Park Chan Assistant Professor	(1)	441,482	ľ	441	26,500	'		
	(11)	0	0	0	0			

200,204

711

1,855

efi	le GRAPHIC print - DO NO	T PROCESS	As Filed Data -									DLN: 9	93493	11500	2138	
	hedule K orm 990)		the organization ans	Information of the second seco	990, Part information	IV, line	24a. Pro		scriptions,		OMB No 1545-0047 2016					
	ortment of the Treasury rnal Revenue Service	▶Informa	tion about Schedule I	► Attach to Form 99 K (Form 990) and its		s is at w	vww.irs	aov/for	m990.				en to P			
Nam	e of the organization versity of the Pacific	P 21110111112	tion about senedate i	K (101111 330) and KS	moti decion	3 13 dt <u>41</u>	••••	<u></u>		-	yer iden 56266					
P	art I Bond Issues									77 11	30200					
(a) Issuer name		(b) Issuer EIN	(b) Issuer EIN (c) CUSIP # (d) Date issued			(e) Issue price		(f) Description of purpose			(g) Defeased		On alf of uer		Pool ncing	
										Yes	No	Yes	No	Yes	No	
A	California Educational Facilities Authority	52-1705592	130178TA4	05-28-2009	14,9	934,717	See Par	t VI			X		X		X	
В	California Educational Facilities Authority	52-1705592	130178J80	01-26-2012	37,9	987,510	See Par	t VI			Х		×		Х	
c	California Educational Facilities Authority	52-1705592	000000000	05-12-2014	36,	500,000	See Par	t VI			Х		X		X	
D	California Educational Facilities Authority	52-1705592	1301787B6	08-04-2015	75,9	997,350	See Par	t VI			X		X		X	
Pa	rt II Proceeds						<u> </u>									
1	Amount of bonds retired					A 2.000	2000		5 445 000	C		000		D	410.000	
	Amount of bonds legally defeat					2,990	0,000		5,415,000		12,644	,000		3,	410,000	
3	Total proceeds of issue					14,966	762		38,011,685		36,500	000		75 (997,350	
4	Gross proceeds in reserve fund					14,500		0 0			0			0.000		
5	Capitalized interest from proce						0		1,752,476			0				
6	Proceeds in refunding escrows						0		1,732,173			0				
7	Issuance costs from proceeds					298,693 759,750			251,792			888,095				
8	Credit enhancement from proc						0		0			0	000,095			
9	Working capital expenditures f						0		0				2 0			
10	Capital expenditures from prod	ceeds				14,668	3,069		15,524,175		36,248	,208				
11	Other spent proceeds						0		19,974,981			0		75,	109,255	
12	Other unspent proceeds						0		0			0		<u> </u>	0	
13	Year of substantial completion				2	010		20	14	20	14			2015		
					Yes	No	,	Yes	No	Yes	No		Yes		No	
14	Were the bonds issued as part	of a current refund	ling issue?			X		X			X		X			
15	Were the bonds issued as part	of an advance refu	nding issue?			Х			Х		Х				X	
16	Has the final allocation of proc	eeds been made? .			Х			X		Х			Х			
Does the organization maintain adequate books and records to support the final allocation of proceeds?				Х			Х		Х			Х				
Pa	rt IIII Private Business U	lse														
						A			3	V 1	_		V.	D	N -	
1	Was the organization a partner	r in a partnership. c	or a member of an LLC	which owned property	Yes	No		Yes	No	Yes	No		Yes		No	
_	financed by tax-exempt bonds	?	<u> </u>	<u> </u>		X			X		X				X	
2	Are there any lease arrangement property?			e of bond-financed	X				Х		X				X	
For	Paperwork Reduction Act Not			1_	Ca	t No 50	1193F				S	chedul	e K (Fo	rm 990	0) 2016	

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Part IV

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No

Χ

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Χ

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Yes

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Yes

Χ

Schedule K (Form 990) 2016

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Yes

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Yes

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No

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Yes

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Page 2

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

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

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

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

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

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

Has there been a sale or disposition of any of the bond-financed property to a

nongovernmental person other than a 501(c)(3) organization since the bonds were

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

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

Penalty in Lieu of Arbitrage Rebate? . . .

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

Rebate not due yet?

hedge with respect to the bond issue?

Exception to rebate?

Arbitrage

the issue are remediated in accordance with the requirements under

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

Has the organization or the governmental issuer entered into a qualified

Schedule K (Form 990) 2016

period?

Part V

Part VI

requirements of section 148? . . .

applicable regulations?

Return Reference

Schedule K, Part III, Line 9 Written Procedures

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the

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

5a		163	140	163	140	163
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		X	
ь	Name of provider					

Х

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

ensure that any violations of federal tax requirements are timely identified and corrected through the voluntary

closing agreement program if self-remediation is not available under applicable regulations

Explanation As noted in Schedule K, Part III, Line 9, the University has adopted management practices and procedures to ensure post-issuance compliance of its tax-exempt bond liabilities. The University's written procedures have been updated to

Yes

Χ

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

Χ

Yes

Х

Nο

Х

Yes

Χ

Х

Nο

Page 3

No

Χ

No

No

No

Yes

Х

Yes

Χ

Return Reference	Explanation
Schedule K, Part I, Column (f) Supplemental Information	Part I, Column (F) - Description of Purpose Series 2009 (issue date May 28, 2009) Construction of John T Chambers Engineering Technology Center, construction of Janssen-Lagorio Gymnasium, relocation of data center, upgrade of infrastructure improvements Series 2012A (issue date January 26, 2012) To refund all of the Series 1998 and 2000 bond issuances and finance the cost of the acquisition, construction, expansion, replacement, renovation, improvement and/or equipping of a seven-story building for the San Francisco Campus at 155 Fifth Street, fund capitalized interest on a portion of the bonds, and pay certain costs in connection with the issuance of the bonds. The refunded series 1998 and 2000 was issued on February 25, 2012. Series 2014 (issue date May 12, 2014). To pay off a prior line of credit loan with Wells Fargo Bank and to pay for the costs of acquiring and developing a seven-story building for the San Francisco Campus at 155 Fifth Street. Series 2015 (issue date August 4, 2015). To refund all of the Series 2004 and 2006 bond issuances. No new debt was incurred with this issuance. Series 2016 (issue date October 26, 2016). To finance the Upper Division Housing Project that includes two fourstory residence halls on the Stockton campus.

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

Return Reference	Explanation
	Part II, line 11, columns B & D - The other spent proceeds are the refunding proceeds of the issue that are no longer in escrow

ef	ile GRAPHIC print - DO NO	T PROCESS As	Filed Data -								DLN: 9	34931	1500	2138
	hedule K orm 990)		e organization answ	ered "Yes" to Form	on on Tax Exempt Bonds Form 990, Part IV, line 24a. Provide descriptions, ional information in Part VI.							01	_	
	artment of the Treasury	▶ Informatio		Attach to Form 99	0.			m000				n to Pu		
	rnal Revenue Service en e of the organization	Pillolillatio	ii about Schedule K (Torin 990) and its	IIISti uction	3 13 at <u>www</u>	v.113.40v/101	111990 .	Emplo	yer ıden	tification	rspection number		
Univ	versity of the Pacific								94-11	56266				
Р	art I Bond Issues												-	
	(a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued		(e) Issue	price	(f) Descript	on of purpos	e (g) De	efeased	(h) On behalf of issuer		(i) Pool financing			
									Yes	No	Yes	No	Yes	No
Α	California Municipal Finance Authority	20-1563466	13048TC84	10-26-2016	36,7	'04,279 SE	E PART VI			X		X		X
Pa	art III Proceeds	<u> </u>				I				<u> </u>	<u> </u>			
						Α		В	C	;			D	
1	Amount of bonds retired													
2	Amount of bonds legally defea	sed												
3	Total proceeds of issue					36,744,00	8							
4	Gross proceeds in reserve fund													
5	Capitalized interest from proce													
6	Proceeds in refunding escrows													
7	Issuance costs from proceeds					477,31	0							
8	Credit enhancement from prod													
9	Working capital expenditures f													
10	Capital expenditures from pro-					12,521,73	9							
11	Other spent proceeds													
12	Other unspent proceeds					23,744,95	9							
13	Year of substantial completion			•										
					Yes	No	Yes	No	Yes	No		Yes	<u> </u> '	No
14	Were the bonds issued as part	of a current refunding	ıssue [?]			X								
15	Were the bonds issued as part	of an advance refund	ing issue?			X								_
16	Has the final allocation of proc	eeds been made? .				Х								
17	Does the organization maintal proceeds?				Х									
Pa	rt IIII Private Business L	lse					•							
						Ą		В	C	;			D	
1	Was the organization a partne financed by tax-exempt bonds				Yes	No X	Yes	No	Yes	No		Yes	+	No
2	Are there any lease arrangement property?	ents that may result in	private business use o			х							1	
For	Panerwork Reduction Act Not				Ca	t No 5019	3F	•		5	chedule	K (For	m 990) 2016

b

C

d

6

Part IV

c

Page 2

D

D

Schedule K (Form 990) 2016

Nο

Yes

Yes

C

No

Yes

C

Nο

Yes

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

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

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

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

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

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

organization, or a state or local government

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

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were

Penalty in Lieu of Arbitrage Rebate? . . .

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

Rebate not due yet?

Exception to rebate?

hedge with respect to the bond issue?

Arbitrage

the issue are remediated in accordance with the requirements under

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

Has the organization or the governmental issuer entered into a qualified

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

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

Yes

Χ

Α

No

Χ

Χ

Χ

Х

Χ

Yes

Χ

Nο

Χ

Χ

0 %

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В

Nο

Yes

Х

Χ

Yes

No

Procedures To Undertake Corrective Action

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the

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

Schedule K (Form 990) 2016

applicable regulations?

Part V

Part VI

D

No

Yes

Schedule K (Form 990) 2015

Yes

No

No

Yes

Yes

Page 3

No

5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х			
ь	Name of provider					
С	Term of GIC					
d	Was the regulatory safe harbor for establishing the fair market value of					

Yes

Were any gross proceeds invested beyond an available temporary period? Has the organization established written procedures to monitor the requirements of section 148? . . .

Yes

Х

No

No

Yes

Yes

No

No

Х

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

efile GRAPH	IIC prii	1t - DO NO	T PROCES	S A	s File	ed Data -					DL	.N: 93	4931	150	02138
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			"Yes" on Fo	rm 990	0, Part		ia, 25b, 26, 1	27, 28a, 28b,	or 28	Зс,			20	11	6
				► A	Attach	to Form 990	or Form 99	0-EZ.		_					
Department of the T		▶Into	ormation ab	out Sch		· L (Form 99 ·ww.irs.gov/) and its inst	ructio	ns is	at	(Open Insi		
Internal Revenue Se Name of the o		ion							E	mplo	yer ide	entifica			
University of the	Pacific									-	6266				
Part I Exc	cess Be	nefit Tran	nsactions (section	501(c)	(3), section 5	501(c)(4), and	d 501(c)(29) o							
								r 25b, or Form							
1 ((a) Nam	e of disquali	fied person		(b) Re		tween disqua irganization	lified person a	nd		Descript ansacti) Cor es	rected?
									+				1	es	NO
									_						
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			From Inter				Part V line 3	88a, or Form 9	90 Pa	rt IV	line 26	orif	the ord	anıza	ation
			n Form 990,				Tare V, III'e S		JO, 1 G	,	IIIIC 20	, or ii			
(a) Name of			(c) Purpose				(e)Original	(f)Balance) In		h)		i)Wrı	
interested perso	on with	organization	of loan	'	organız	ation	principal amount	due	der	ault?		ved by rd or	49	greem	ient
											comn	nttee?	L.,		
	_			То		From			Yes	No	Yes	No	Yes		No
	-									1					
										1					
									<u> </u>						
Total							\$								
						ted Persor		l.no 27							
(a) Name of int) Relation an			" on Form 9 (c) Amount o		(d) Type	of acc	ıctanı		(a) Du	rnoco	of 255	ıstance
(a) Name of the	teresteu		erested perso			(C) Amount C	n assistance	(u) Type	UI 455	istani	.е	(e) Pu	i pose (JI a55	istance
			organizat	ion											
(1)							39,661	TUITION ASS	ISTAN	1CE	E	DUCAT:	ION		
					\dashv						-+				
For Paperwork R	Reduction	Act Notice, s	see the Instru	ctions fo	or Form	990 or 990-E	Z. Ca	at No 50056A		Sc	hedule	(Form	990 0	990	EZ) 2016

(a) Name of interested person (c) Amount of (d) Description of transaction (e) Sharing (b) Relationship between interested transaction of person and the organization's revenues? organization Yes No

Part V Supplemental Inform Provide additional informa		nses to questions on	Schedule L (see instruction	ons)		
Return Reference			Explanati	on		
Schedule L, Part IV BUSINESS FRANSACTIONS INVOLVING INTERESTED PERSONS	AND CONTRII 2017 EDWAF DAUGHTER, N FORM W-2 BG COMPANY, W THE AMOUNT DIRECTOR OI HER HUSBAN FORM W-2 BG MEMBER, OW UNIVERSITY NADER NADE NADERSHAHI REPRESENTS	BUTOR TO PACIFIC RD LELAND, DIRECT WHO IS ALSO AN EMOX 5 WAGES FOR CAMED FOR THE POWELL SCHOLAR ID, WHO IS ALSO AN OX 5 WAGES FOR CAMED FOR THE PACE OF STUDENTS THE ASTHAHI, DEAN DUGI, HIS WIFE, WHO IS IRS FORM W-2 BOX	THE AMOUNT SHOWN RE OR OF ATHLETICS, AN OF IPLOYEE AT THE UNIVERS ALENDAR YEAR 2016 FOR DENT DINING SERVICES, INTO ALL PAYMENTS MADE SPROGRAM, A FORMER KILL PAYMENTS MADE AT THE UNIVALENDAR YEAR 2016 FOR IONS LLC, WHO WAS PAIL MOUNT SHOWN REPRESE ONI SCHOOL OF DENTISTS ALSO AN EMPLOYEE AT SALSO AN EMPLOYEE AT SALSO AN EMPLOYEE AT SALSO AN EMPLOYEE AT SO SALSO AN EMPLOYEE AT SO SWAGES FOR CALENDAR	EADERSHIP TRAINING SERVICES, PRESENTS ALL PAYMENTS MADE I FICER, IS RELATED TO AMANDA LITY THE AMOUNT SHOWN REPREMAMANDA LELAND BON APPETIT MAN FOR A VENDOR AND CONTRIBUTO IN FISCAL YEAR 2017 CYNTHIA WEY EMPLOYEE, IS RELATED TO BRESTIY THE AMOUNT SHOWN REID BRIAN WEICK RONALD BERBERIAD FOR OFF CAMPUS HOUSING PRONTS ALL PAYMENTS MADE IN FISCAL YEAR 2016 FOR FATEHM N NAD OF MUSIC, A KEY EMPLOYEE IS RE	N FISCAL ELAND, HI BENTS IRS ANAGEME R TO PACI EICK, IAN WEICI PRESENTS N, BOARD VIDED TO CAL YEAR 2 TO FATEHN HOWN ERSHAHI	YEAR IS S ENT IFIC K, IRS O THE 2017

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 2016 FOR JESSICA EBBERS NADER

NADERSHAHI, DEAN DUGONI SCHOOL OF DENTISTRY, KEY EMPLOYEE, IS RELATED TO NAVID KNIGHT, HIS

BROTHER, WHO IS ALSO AN EMPLOYEE AT THE UNIVERSITY. THE AMOUNT SHOWN REPRESENTS IRS FORM

W-2 BOX 5 WAGES FOR CALENDAR YEAR 2016 FOR NAVID KNIGHT

PERSONS

Schedule L, Part III GRANTS OR PER THE 990 INSTRUCTIONS, THE UNIVERSITY IS NOT REQUIRED TO IDENTIFY THE INTERESTED PERSONS WHO RECEIVED SCHOLARSHIPS, FELLOWSHIPS, AND SIMILAR FINANCIAL ASSISTANCE INSTEAD, THE ASSISTANCE BENEFTING INTERESTED

DONE IN ORDER TO PROTECT THE IDENTITY OF THE STUDENTS Schedule L (Form 990 or 990-EZ) 2016

UNIVERSITY MUST GROUP EACH TYPE OF ASSISTANCE PROVIDED TO INTERESTED PERSONS. THIS IS

Additional Data

(1) ACADEMY FOR ACADEMIC LEADERSHIP

(1) AMANDA LELAND

Software ID: 16000421 Software Version: 2016v3.0

> **EIN:** 94-1156266 Name: University of the Pacific

Form 990, Schedule L, Part IV - Busin	ess Transactions Inv	olving Interested F	Persons

(a) Name of interested person	(b) Relationship	(c) Amount of	(d) Description
	between interested	transaction	
	person and the		

organization

Vendor and Contributor

FAMILY MEMBER OF

EDWARD LELAND,

OFFICER

sons	
(d) Description	of transaction

42,465 SEE SUPPLEMENTAL

INFORMATION

- - (e) Sharing
 - of
 - organization's revenues? Yes No

- 120,975 | SEE SUPPLEMENTAL INFORMATION

No

Nο

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons (a) Name of interested person (b) Relationship (c) Amount of (d) Description of transaction (e) Sharing between interested transaction of person and the organization's organization revenues? Yes No (3) BON APPETIT COMPANY VENDOR AND 8.530,446 SEE SUPPLEMENTAL No CONTRIBUTOR INFORMATION (1) BRIAN WEICK FAMILY MEMBER OF 122,043 | SEE SUPPLEMENTAL Nο CYNTHIA WEICK, A INFORMATION

FORMER KEY EMPLOYEE

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons (a) Name of interested person (b) Relationship (c) Amount of (d) Description of transaction (e) Sharing between interested transaction person and the organization's revenues? organization Yes No (5) BRUBECK COMMONS LLC OWNED BY RONALD 315.930 SEE SUPPLEMENTAL Nο INFORMATION BERBERIAN, REGENT (1) FATHEHM NADERSHAHI FAMILY MEMBER OF 36,872 SEE SUPPLEMENTAL Nο NADER NADERSHAHI, A INFORMATION

KEY EMPLOYEE

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons (a) Name of interested person (b) Relationship (c) Amount of (d) Description of transaction (e) Sharing between interested transaction person and the organization's revenues? organization Yes No (7) JESSICA EBBERS FAMILY MEMBER OF 26.955 SEE SUPPLEMENTAL Nο DANIEL EBBERS, A KEY INFORMATION EMPLOYEE (1) NAVID KNIGHT FAMILY MEMBER OF 33.859 SEE SUPPLEMENTAL No NADER NADERSHAHI INFORMATION

efil	e GRAPHIC pr	int - DO NOT PF	ROCESS	As Filed Data -		DLN:	9349311	5002	2138
	IEDULE M			loncash Contri	hutions		OMB No 1	.545-0	047
(For	m 990)	►Complete if the		ons answered "Yes" on Fo		9 or 30.	20	16)
		► Attach to Form							
Intern	tment of the Treasury al Revenue Service		out Schedu	le M (Form 990) and its i			Open to	ectio	1
	e of the organızat rsıty of the Pacıfic	ion				Employer ident	ification n	umbe	r
00	ioney or ener demo					94-1156266			
Pa	rt I Types	of Property							
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) of determi entribution a		ts
1	Art—Works of art	t	X	1	65,000	Market value			
2	Art—Historical tr	easures .							
3	Art—Fractional in								
4	Books and public								
5	Clothing and hou goods	isenoid							
6	Cars and other v								
7	Boats and planes	5							
8	Intellectual prope	,							
9	Securities—Public	•	X	48	1,545,413	Market value			
	Securities—Close Securities—Partr	nership, LLC,							
12	or trust interest Securities—Misce								
13		vation istoric							
14	Qualified conserve contribution—Of	vation							
15	Real estate—Res	sidential .							
16	Real estate—Cor								
17	Real estate—Oth								
18	Collectibles . Food inventory		X	3	9.06	Market value			
19 20	Drugs and medic		X	2	,	Market value			
21	Taxidermy .				021,03	Find Rec value			
22	Historical artifact	ts							
23	Scientific specim	ens							
24	Archeological art	ifacts							
	Other ► (١	X	4	851,600	Market value			
26	ation Equipment Other ► (
27	Other • (·							
28	Other ▶ (•							
29				ition during the tax year for 3, Part IV, Donee Acknowled		29			1
								Yes	No
30a				y contribution any property r	•	-			
	ıt must hold for	at least three years	from the da	ate of the initial contribution,	, and which is not required	to be used			
	for exempt purp	oses for the entire h	nolding peri	od ⁷			30a		No
b	If "Yes," describ	e the arrangement i	ın Part II						
31	Does the organi	zation have a gift ac	ceptance p	olicy that requires the review	v of any non-standard contr	ributions?	31	Yes	
32a	Does the organi contributions?		ird parties	or related organizations to so	olicit, process, or sell nonca	sh	32a		No
	-	on did not report an	ı amount ın	column (c) for a type of pro	perty for which column (a)	ıs checked,			
	describe in Part								
For P	anerwork Reduction	on Act Notice, see the	• Instruction	is for Form 990.	Cat. No. 512271	Sched	lule M (Form	1000	(2016)

Schedule M (Form 990) (2016)	Page 2
	ion required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part imber of contributions, the number of items received, or a combination of both. Also complete
Return Reference	Explanation
reporting method for number of	Art - Works of art - Number of Contributions Securities - Publicly traded - Number of Contributions Food inventory - Number of Contributions Drugs and medical supplies - Number of Contributions Other - Education Equipment Number of Contributions
_	Schedule M (Form 990) (2016)

efile GRAPHIC print - DO NOT PROCESS					DLN:	93493115002138	
SCHEDUL (Form 990 or EZ)	990-	▶ Attach to Form 990 or 990-EZ.				OMB No 1545-0047 2016 Open to Public Inspection	
Name of the org University of the Pa	acıfıc	nental Informatio	n		Employer ident 94-1156266	ification number	
Return Reference				Explanation			
Form 990, Part I, Line 6 Total Number of Volunteers	schools, depa	The University is fortunate to benefit from the services of volunteers across its numerous schools, departments, and programs, but the University does not formally track this popul ation					

Return Reference	Explanation
Form 990, Part III, Line 4d Description of other program services	(Expenses \$ 14,019,761 including grants of \$) RESEARCH INCLUDES EXPENDITURES FOR ACTIVITI ES SPECIFICALLY DESIGNED TO PRODUCE HIGH-QUALITY RESEARCH OUTCOMES WHILE PROVIDING HANDS-O N RESEARCH TRAINING TO BOTH UNDERGRADUATE AND GRADUATE STUDENTS

Return Reference	Explanation
Form 990, Part IV, Line 11b Investments - other securities 5% or more of total assets	ALTERNATIVE INVESTMENTS ARE THE MAJORITY OF THE "OTHER" SECURITIES THE ENDOWMENT HAS A 32 % TARGET TO ALTERNATIVES WHICH IS PRIMARILY NON-PUBLICLY TRADED SECURITIES THESE INVESTME NTS INCLUDE MARKETABLE ALTERNATIVES AND PRIVATE EQUITY AT FYE 2017, THESE ASSETS REPRESEN TED APPROXIMATELY 22% OF THE ENDOWMENT

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

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

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	The University regularly and consistently monitors and enforces compliance with its written on conflict of interest policy. Each year, all Board of Regents members and key employees in dentified by the Board's Audit Committee, inclusive of those reported as Board members, of ficers, key employees, highly compensated employees and former key and/or highly compensate ed employees in this IRS 990, are required to complete and sign a conflict of interest survey. Surveys are submitted confidentially to the Director of Internal Audit for review. All I individuals surveyed are required to sign an annual disclosure of any direct or fiduciar y relationships that they (or members of their family) maintain with organizations that do business with the University which could be reasonably construed to affect their independ ent, unbiased judgment in light of their decision-making authority or responsibility. These individuals ("covered persons") affirm they - Have received a copy of the conflict of interest policy, - Have read and understand the policy, - Agree to comply with the policy and - Have disclosed any direct or indirect financial interest relationship. Any potential conflicts are addressed through further discussion with the respondent and resolved and disclosed as appropriate. If the Director of internal Audit has reasonable cause to believe a Covered Person has failed to disclose actual or possible conflicts of interests, he or she shall inform the person of the basis for such belief and allow the Covered Person an opportunity to explain the alleged failure to disclose. Covered Persons who have declared or been found to have a conflict of interest must refrain from participation in the consideration of proposed transactions, unless for special reasons the Board or administration requests clarifying information or interpretation. Persons with conflicts may not vote or be present at the time of a vote if after such notice and opportunity to disclose is provided, the Chair of the Audit Committee determines that a fa

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	THE UNIVERSITY'S BOARD OF REGENTS IS RESPONSIBLE FOR REVIEWING THE PERFORMANCE OF THE PRES IDENT AND SETTING THE PRESIDENT'S COMPENSATION UPON THE RECOMMENDATIONS OF THE BOARD'S EXE CUTIVE COMMITTEE AND COMPENSATION COMMITTEE EACH YEAR, A COMPENSATION COMMITTEE COMPOSED OF THREE TO FOUR NONEMPLOYEE MEMBERS OF THE BOARD IS FORMED TO STUDY AND MAKE PRESIDENTIAL COMPENSATION RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE IN ACCORDANCE WITH THE BYLAWS (A RTICLE IV), THE EXECUTIVE COMMITTEE CONDUCTS A PERFORMANCE REVIEW OF THE PRESIDENT AND REV IEWS THE RECOMMENDATIONS OF THE COMPENSATION COMMITTEE THE EXECUTIVE COMMITTEE THEN MAKES A RECOMMENDATION TO THE FULL BOARD AS TO THE COMPENSATION PACKAGE FOR THE PRESIDENT THE FULL BOARD, AFTER CONSIDERATION OF THE RECOMMENDATIONS OF THE COMPENSATION COMMITTEE AND E XECUTIVE COMMENT, THEN APPROVES AND ADOPTS THE COMPENSATION PACKAGE FOR THE PRESIDENT THE PRESIDENT, AS A MEMBER OF THE BOARD OF REGENTS, IS RECUSED FROM ALL COMPENSATION DISCUSSI ONS BY, AND IS NOT INVOLVED IN ANY DECISIONS OF, THE EXECUTIVE COMMITTEE OR THE BOARD THE COMPENSATION COMMITTEE, EXECUTIVE COMMITTEE AND FULL BOARD BASE THEIR RECOMMENDATIONS AND DECISION (AS APPLICABLE) ON THE FOLLOWING CONSULTATIONS WITH AND REPORTS OF INDEPENDENT COMPENSATION CONSULTANTS WORKING AT THE DIRECTION OF THE COMPENSATION COMMITTEE WHICH INCL UDE, AMONG OTHER INFORMATION, STUDIES OF THE ANNUAL SALARIES OF PRESIDENTS OF COMPARABLE INSTITUTIONS AS REPORTED IN THE COMPENSATION SURVEY BY THE ASSOCIATION OF INDEPENDENT CALIF ORNIA COLLEGES AND UNIVERSITIES (AICCU) AND STUDIES OF THE ANNUAL SALARIES OF PRESIDENTS OF FORMEDENTS OF COMPARABLE INSTITUTIONS AS REPORTED IN THE COMPENSATION SURVEYS BY THE COLLEGE AND UNIVE RSITY PERSONNEL ADMINISTRATORS (CUPA) THE COMPENSATION COMMITTEE, EXECUTIVE COMMITTEE AND BOARD OF REGENTS MINUTES DOCUMENT EACH GROUP'S RECOMMENDATION OR APPROVAL OF THE COMPENSATION FOR EACH YEAR

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	The Board of Regents is responsible for establishing the conditions of employment for othe r key institutional officers who serve under the direction of the President, including the Provost and the vice presidents. The President evaluates and recommends compensation and benefits for each officer. Each year, the President reviews the most recent annual compens ation surveys prepared by the Association of California Colleges and Universities (AICCU) and the College and University Personnel Administrators (CUPA) in order to establish compa rable rates of pay for similarly-sized private doctoral institutions. Compensation for oth er key employees is established by the Provost or Vice President with oversight responsibility for the related school or division, using market information from AICCU, CUPA, and other sources relevant to the responsibilities of the school or division key employee position. Performance reviews, along with any merit and equity salary adjustments, were completed during the fiscal year ended 6/30/17

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

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

Return Explanation
Reference

Form 990,	Other - Total Revenue 8313905, Related or Exempt Function Revenue 8234071, Unrelated Bus
Part VIII, Line	iness Revenue 79834, Revenue Excluded from Tax Under Sections 512, 513, or 514,
11d Other	
Miscellaneous	
Revenue	

990 Schedule O, Supplemental Information

Return Explanation

Reference	
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	ACTUARIAL GAIN (LOSS) ON TRUST & ANNUITY AND OTHER CHANGES2210080,