### CHANGE OF ACCOUNTING PERIOD

732001 11-28-17

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

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

interr	al Reve	nue Service	Go to www.irs.gov	/Form990 for instructions an	d the latest	<u>t informat</u> io	<u>n. (00'</u>	Inspection					
A F	or th	e 2017 caler	dar year, or tax year beginning M	AY 1, 2018 and	ending J	UN 30, 20		<del></del>					
B	heck if pplicab	C Name	of organization			D Employ	er identific	cation number					
	Addre chang	e <u>Fres</u> r	o Pacific University			1							
	Name chang	Doing	business as				94-102	1164					
	]initial return	Numb	er and street (or P.O. box if mail is not del	ivered to street address)	Room/suite	E Telepho	ne number	-					
	Final return	, 1717	S Chestnut Avenue	,		559-453-2000							
	termir ated	,	town, state or province, country, and	ZIP or foreign postal code		G Gross rec	apts \$	4,022,883.					
	Amen	ded Banan	io, CA 93702	an ar reversign poorum errer		H(a) Is this a group return							
	Application		and address of principal officer Joses	oh Jones	l	1/ 🗀	bordinates						
	pendi		s C above		6	H(b) Are all s							
1 7	ax-ex	emot status	x 501(c)(3) 501(c)( )		of 527	ar i		list (see instructions)					
$\overline{}$		te: www.f			17	1		n number 🕨					
_			<del></del>	sociation Other	J L Year	of formation.		State of legal domicile: CA					
	rt I	Summar			1			, out or regarded to					
_			ibe the organization's mission or most	significant activities To dev	elop stud	lents for	service						
nce			hip through excellence in Chi					<del></del>					
Activities & Governance			ox I if the organization disco			than 25% (	of its net as	sets					
Ve			oting members of the governing body	*	acc or more	/	3	24					
යි			dependent voting members of the go	•	*	\ /	4	24					
න් ග			r of individuals employed in calendar y	- · ·		V	5	0					
ij.	6		· •	rear 2017 (Fait V, line 2a)		1	6	31					
Ę			r of volunteers (estimate if necessary) ed business revenue from Part VIII, co	W - BECENTE		1	7a	0.					
¥					U	- 1	7b	0.					
—	D	Net unrelate	d business taxable income from Form	16	1770	Prior Ye		Current Year					
		Contribution	a and grants (Part VIII, line 1h)	B MAY 201	in H		139,248.	518,973.					
Revenue	8 9		s and grants (Part VIII, line 1h)	101	13		907,132.	3,381,984.					
Ver	40	Program ser	vice revenue (Part VIII, line 2g)	77) 000 5	1	<del></del> -	327,654.	121,926.					
æ	10	Otherment	ncome (Part VIII, column (A), lines 3, 4	MO TO OGDEN, U	T H		16,625.	0,					
D			ue (Part VIII, column (A), lines 5, 6d, 8d			85	390,659.	4,022,883.					
<b>`</b> —	12		e - add lines 8 through 11 (must equal			<u> </u>	880,677.	94,585.					
,	13		similar amounts paid (Part IX, column (	•	<b>├</b> -		0.	0.					
			d to or for members (Part IX, column (A	•	<u> </u>	37	310,738.	7,082,990.					
Expenses			er compensation, employee benefits (		<u> </u>		0.	0.					
e l			fundraising fees (Part IX, column (A), I		.579.			<del></del>					
X			ising expenses (Part IX, column (D), lin		, <del>,,,,</del>	21	687,912.	5,546,328.					
		•	ses (Part IX, column (A), lines 11a-11d				879,327.	12,723,903.					
		•	ses Add lines 13-17 (must equal Part I	• • •	$\vdash$		511,332.	<8,701,020.>					
<u>_ 8</u>	19	Revenue les	s expenses Subtract line 18 from line	12	—— <del> </del>	ginning of Cu	<del></del>	End of Year					
ets or lances	-	T-4-1 4-	(Dark V 1 - 40)				063,243.	44,398,841.					
SSE	20		(Part X, line 16)		<b>├</b> -		713,526.	16,712,599.					
Net Asse Fund Ball	21		es (Part X, line 26)	h 00	<u> </u>		349,717.	27,686,242.					
	rt II	Signatu	r fund balances Subtract line 21 from	line 20			3.57,727.						
			, I declare that I have examined this return,	nelud na necomponyma schedule	e and statem	ents and to th	e hest of my	knowledge and helief it is					
			tq. Declaration of preparer (other than office					, knowledge and belief, it is					
1100,	COITE	i, and compic	- Declaration of preparer (other than other	in is based on an information of w	mon propardi	nao any kno.	c-	11.0					
C	_	Signation	ire of officer	<del></del>		Da	.e						
Sigr		' ·	t Lippert, VP Finance & Busi	ness				•					
Her	E		print name and title										
		· · · · · · · · · · · · · · · · · · ·	eparer's name	Preparer's signature	<del></del>	Date	Check	PTIN					
Paid		David C.	·	* 1		5/15/2019	ır —						
Prep		Firm's name	Capin Crouse LLP	David C. 7	1197		n's EIN ▶	36-3990892					
Use		Firm's name				3 LIN							
000	Jany	i iiii s audre:	Brea, CA 92821	C 101		Dh	nne no 171	4) 577-0988					
N4-	4h = 11	DC diacres *1	nis return with the preparer shown abo	wo2 (coo instructions)			J. 10.1 / 1	X Yes No					
iviav	ure II	าเอ นเรตินรริ ไ	ns return with the preparer shown abo	ive r isee instructions)				NO لــــا 182 لـــــا NO					

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2017)

	1990 (2017) Fresho Pacific University	94-1021164 Page	2
Pa	rt III Statement of Program Service Accomplishments		_
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>	<u></u>
1	Briefly describe the organization's mission		
	The University is the Central Valley's only accredited Christian		
	University, offering leading academic programs and ethical and	<del></del>	
	spiritual development through traditional bachelor's degree, adult		_
_	degree completion, master's, certificate, and credentialing programs.		
2	Did the organization undertake any significant program services during the year which were not listed on the	Yes X N	
	prior Form 990 or 990-EZ?	∟ Yes L≜ N	0
_	If "Yes," describe these new services on Schedule O	Yes X N	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L Yes LA N	0
4	If "Yes," describe these changes on Schedule O	management by symmetric	
4	Describe the organization's program service accomplishments for each of its three largest program services, as	• •	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported	ers, the total expenses, and	
4a	(Code) (Expenses \$ 7,395,254. including grants of \$ 94,585.) (Revenue)	2,530,590.	$\overline{}$
70	Fresno Pacific University offers 90 areas of study through degrees,		- '
	credentials and certificates. Including traditional and adult programs,		_
	this translates to 38 for undergraduates and 52 for graduate students	<del></del>	_
	in four schools - The School of Business, The School of Education, The	<del></del>	—
	School of Natural Sciences and The School of Humanities, Religion and		_
	Social Sciences-and Fresno Pacific Biblical Seminary. The university	<del></del>	_
	serves nearly 3,500 students on campuses in Southeast Fresno, Merced	·	_
	North Fresno, Visalia and Bakersfield. Among the most popular and	<del></del>	_
	respected programs are business/organizational studies/leadership,	<del></del>	_
	various fields of education, psychology, and art. Most students are		_
	from Central California and represent its rich diversity of culture,		_
	ethnicity and religious affiliation. Many are the first in their		_
4b	(Code ) (Expenses \$ 534,775. including grants of \$ ) (Revenue	ue\$ 851,394.	. )
	Fresno Pacific University serves approximately 5,500 students annually		• '
	through the Office of Continuing Education, Programs are available		_
	online, through customized corporate training, correspondence and		
	workshops/seminars. Courses and certificates are graduate-level,		
	professional development units primarily used for professional		
	advancement, rather than toward academic credit or a degree. Educators,		
	nurses, grant writers, counselor and professionals in human resources,		
	marketing and business management are among those who have benefited		
	from continuing education through FPU.		
4c	(Code) (Expenses \$	10 \$	_ )
	In addition to quality academics, Fresno Pacific University is		
	committed to providing its students with valuable services and		
	formative experiences. The Student Life Division provides information,		
	opportunities and services that aid the holistic development of		
	students and their ability to succeed in careers and graduate programs.		_
	Services include counseling, career development, disability services,		
	health services, academic services, residence life, commuter life,		
	housing, leadership and spiritual development. The College Hour chapel	<del></del>	_
	program and outreach ministries, operated by the Office of Spiritual		—
	Formation, also enhance students' potential as vital members of society	<del></del>	_
	and the kingdom of God.		—
4.2	Other program courses (Decembe in Selectific O.)	<del> </del>	_
4d	, , ,	1	
4e	(Expenses \$ including greats of \$ ) (Revenue \$  Total program service expenses ▶ 8,169,261.		_
70	rotal program continuo expenses P		

Form 990 (2017) Fresno Pacific Unit Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			_
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	_15_		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			l
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х

Form 990 (2017) Fresno Pacific University

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
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	ŀ		
	domestic government on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and II	21		Х
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	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	-		
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		x
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		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		х
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			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	<u> </u>		
٠.	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
22	Schedule N, Part II	32		<del>-</del>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33_		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	х	<del></del> -
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
Ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	-	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			ų,
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	2-		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197	20	х	
	Note. All Form 990 filers are required to complete Schedule O	38		Ь

Par	Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V	•			
	· · · · · · · · · · · · · · · · · · ·			Yes	No
1a	1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	ta			
	b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b (	5		
	c Did the organization comply with backup withholding rules for reportable payments to veni	dors and reportable gaming	1		
	(gambling) winnings to prize winners?		1c		
2a	2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State	ments,			
	filed for the calendar year ending with or within the year covered by this return	2a (		١.	
b	b If at least one is reported on line 2a, did the organization file all required federal employment	nt tax returns?	2b	L	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see if	nstructions)			
За	3a Did the organization have unrelated business gross income of \$1,000 or more during the y	ear?	За	<u> </u>	Х
ь	<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in	Schedule O	3b		
4a	4a At any time during the calendar year, did the organization have an interest in, or a signatur			İ	
	financial account in a foreign country (such as a bank account, securities account, or othe	r financial account)?	4a		Х
b	b If "Yes," enter the name of the foreign country ▶		1		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and I	Financial Accounts (FBAR)			i
5a	5a Was the organization a party to a prohibited tax shelter transaction at any time during the	tax year?	5a	ļ	Х
	<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax she	elter transaction?	_5b	-	х
	c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	<del> </del>	_
6a	6a Does the organization have annual gross receipts that are normally greater than \$100,000,	, and did the organization solicit	١_		х
	any contributions that were not tax deductible as charitable contributions?		6a	-	^
b	<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such	h contributions or gifts	Ch		
_	were not tax deductible?		6b	<del>                                     </del>	
7	<ul> <li>Organizations that may receive deductible contributions under section 170(c).</li> <li>a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for go</li> </ul>	onds and services provided to the payor?	7a	Ì	x
	b If "Yes," did the organization notify the donor of the value of the goods or services provide		7b	<u> </u>	-
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for			<u> </u>	
·	to file Form 8282?	William Was required	7c		х
А	d If "Yes," indicate the number of Forms 8282 filed during the year	7d		<u> </u>	1
		al benefit contract?	7e		х
f			7 <del>f</del>		Х
g			7g		
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the		7h		
8	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	<u> </u>	<u> </u>
9					
	a Did the sponsoring organization make any taxable distributions under section 4966?		9a	ļ	<u> </u>
b	<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related p	person?	9b	<u> </u>	<b>-</b>
10		10a		ļ	
	a Initiation fees and capital contributions included on Part VIII, line 12		-		
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	┨		Ì
11	· · · · -	<sub>11a</sub>			
	<ul> <li>a Gross income from members or shareholders</li> <li>b Gross income from other sources (Do not net amounts due or paid to other sources against</li> </ul>	<del> </del>	1		
U	amounts due or received from them)	116			
122	12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in li		12a		
	b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	126		<del>                                     </del>	† i
13	and the second s		1	]	
	a Is the organization licensed to issue qualified health plans in more than one state?		13a		<u> </u>
_	Note. See the instructions for additional information the organization must report on Sche	dule O			
b	<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in whice				1
	organization is licensed to issue qualified health plans	13b	]	1	1
С	c Enter the amount of reserves on hand	13c	<u> </u>		<u> </u>
14a	14a Did the organization receive any payments for indoor tanning services during the tax year?	?	14a		x
h	b. If "Yes " has it filed a Form 720 to report these payments? If "No." provide an explanation is	ın Schedule O	14b	1	1

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions		,				
	Check if Schedule O contains a response or note to any line in this Part VI			X.			
Sec	tion A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year 24			1			
	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	١					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		_				
	officer, director, trustee, or key employee?	2		X			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision						
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u> </u>			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х			
6	Did the organization have members or stockholders?	6		Х			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or						
	more members of the governing body?	7a		<u> </u>			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or						
	persons other than the governing body?	7b		Х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
	The governing body?	8a	Х				
	Each committee with authority to act on behalf of the governing body?	8b	х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)						
			Yes	No			
	Did the organization have local chapters, branches, or affiliates?	10a		<u>x</u>			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b					
	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 the form?						
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990						
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	x				
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	120					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12c	х				
12	In Schedule O how this was done	13	х				
13 14	Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?	14	х				
14 15	Did the process for determining compensation of the following persons include a review and approval by independent	├ <del>`</del>					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
9	The organization's CEO, Executive Director, or top management official	15a	х				
	Other officers or key employees of the organization	15b		х			
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a						
	taxable entity during the year?	16a		x			
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's						
exempt status with respect to such arrangements?							
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶CA						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	availab	le				
	for public inspection. Indicate how you made these available. Check all that apply						
	Own website Another's website X 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 interest policy, and	finan	cıal				
	statements available to the public during the tax year						
20	State the name, address, and telephone number of the person who possesses the organization's books and records						
	Gary Estes - 559-453-2000						
	1717 S Chestnut Avenue Fresno CA 93702						

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

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

х

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid \_\_\_\_
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

X Check this box if neither the organization n	or any related	orga	anıza	ation	ı coı	mpe	nsat	ted any current officer, of	director, or trustee.	
(A)	(B)	(C)					(D)	(E)	(F)	
Name and Title	Average	(40	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson	ıs bot	h an	compensation	compensation	amount of
	week	_	cerar	no a o	Irecto	or/trus	166)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	P 10	8			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations	ustee	trust		   g	uadu		(00-2/1099-101130)		organization and related
	below	量	tional	١.	ge	ye a	_ [			organizations
	line)	ndividual trustee or director	institutional trustee	Officer	Key employee	Highesi compensated employee	Рогшег			0.9424.02
(1) Donald Griffith	1.00	<u> </u>	-	Ť	┢	٦				
Chair	1.00	х		х			ŀ	0.	0.	0.
(2) Joshua Wilson	1,00									
Vice Chair	1.00	х		x				0.	0.	0.
(3) Patrick Evans	1.00				Π					
Secretary, Chair Advancement Committ	1.00	х		х				0.	0.	0.
(4) Royce Fast	1.00									
Treasurer, Chair Business/Finance Co	1.00	х		х				0.	0.	0.
(5) Will Dyck	1.00									
Trustee	1.00	X						0.	0.	0.
(6) Gary Wall	1.00									
PDC District Minister	1.00	х						0.	0.	0.
(7) Aaron Wiens	1.00									
Chair, Student Life	1.00	Х						0.	0.	0.
(8) Nicolas Allen	0.50									
Chair, Audit Committee & Student Lif	0.50	х						0.	0.	0.
(9) Dale D. Boese	0.50									
Trustee	0.00	Х						0.	0.	0.
(10) Patrick Coyle	0.50									
Trustee	0.00	X						0.	0.	0.
(11) Ed Eng	0.50									
Trustee	0.00	х						0.	0.	0.
(12) Marılyn Friesen	0.50							 		
Trustee	0.00	Х		L	L			0.	0,	0.
(13) Janet Hinman	0.50									
Trustee	0.00	Х	<u> </u>					0.	0.	0,
(14) Paul Micu	0.50				1					
Trustee	0.00	х	L	L.				0.	0.	0.
(15) Linda Montemayor	0.50		l							
Trustee	0.00	Х	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
(16) Ken Neufeld	0.50		l				l			
Trustee	0.00	х	Ц	L	<u> </u>		<u> </u>	0.	0.	0.
(17) Cary Nikkel	0.50			ł						
Trustee	0.00	Х						0.	0.	0.

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ighe	st (	Compensated Employe	es (continued)			
(A) (B)				((	C)			(D)	(E)		(F)	
Name and title Average			Position (do not check more than one					Reportable	Reportable		Estimat	ed
	hours per	box	unle cer ar	ss pe	rson	ıs bol	h an	compensation	compensation		amount	of
	week	-	T a	10 2 0	T OCK	J/008	T	- Trom	from related		other	
	(list any hours for	trustee or director		İ	1			the	organizations	CC	mpens from th	
	related	50.0	<u> </u>			sated	ĺ	organization (W-2/1099-MISC)	(W-2/1099-MISC)	1,	rganiza rganiza	
	organizations	ruste	喜		8	nadır		(***271099***********************************			and rela	
	below	dual	lg lg	_	흍	ST CO	"				ganızat	
	line)	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				J.	
(18) Xavier Pena	0.50					T	Γ					
Trustee	0.00	x	<u> </u>					0.		٠.		0.
(19) Ronald Smith	0,50			Ī								
Chair, Seminary Committee	0,50	х	L				L	0.		)·		0.
(20) Jason Ekk	0.50											
Trustee	1.00	х	<u> </u>	_	<u> </u>	ļ	L	0.		).  		0.
(21) John Gregory Root	0.50											
Trustee (22) Don Warkentine	<u> </u>	Х	<del> </del>		<u> </u>	<del> </del>	├-	0.		<u> </u>		0.
Trustee	1,00	x						0.		,		0.
(23) James Park	0.50	<u> </u>	_	-	┢	├	-	0.		<del>'\</del>		
Trustee	1,00	x						0.		,		0.
(24) Garry Prieb	0.50	-			-	$\vdash$	┢			+-		
Trustee	1.00	х			İ			0.		).		0.
(25) Robert Lippert	40.00				Г	Г	Г			1		
VP- Finance & Bus. Affairs	0.50	1		x				0.	(	).		0.
(26) Joseph Jones	40.00											
University President	0.50	L		Х		<u> </u>		0.		).		0.
1b Sub-total	Sub-total • 0.					<del></del>	<u>'- </u>	<del>`</del>				
c Total from continuation sheets to Part VI	I, Section A							0.		).	<del> </del>	
d Total (add lines 1b and 1c)	<del></del>						<u> </u>	0.	L	9.1		0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed al	DOVE	e) wi	no r	eceived more than \$100	0,000 of reportable			0
compensation from the organization							_				Yes	
3 Did the organization list any former officer,	director or tr	ictor	a ka	w ar	nnlo		٥r	highest compensated a	molovee on		+:-5	+
line 1a? If "Yes," complete Schedule J for s	•		o,	, y Ç,		,,	, 01	riigirest componiuted e	inployed on	з	1	x
4 For any individual listed on line 1a, is the su			omp	ensa	ation	and	d ot	her compensation from	the organization		$\top$	
and related organizations greater than \$150									-	4		х
5 Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	rom	any	un!	ela	ted organization or indiv	idual for services			
rendered to the organization? If "Yes," com	plete Schedul	e <i>J f</i>	or su	uch	pers	on			<u>.</u>	5		х
Section B. Independent Contractors												
1 Complete this table for your five highest co	•	-							•	nsatio	n from	
the organization Report compensation for (A)	ine calendar y	ear	enoi	ng v	VILIT	OI W	1111	(B)	year		(C)	
Name and business	address	NO	NE					Description of s	services		pensatio	วท
				-								
							_					
									<del></del>			
2 Total number of independent contractors (ii	_	ot lı	mite	d to		se li: 0	stec	d above) who received n	nore than			
\$100,000 of compensation from the organiz	zation >					<u> </u>	_		J		000	(2017)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenue excluded from tax under Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c 8,518 1d d Related organizations 149,584. e Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 360,871 1f 248 g Noncash contributions included in lines 1a-1f \$ 518,973. Total. Add lines 1a-1f Business Code Program Service Revenue 2 a Auxiliary Services 900099 2,146,818. 2,146,818 Student Tuition & Fees 900099 1,231,352 1,231,352 Other Program Service 900099 3,814. 3,814. f All other program service revenue 3,381,984. Total. Add lines 2a-2f Investment income (including dividends, interest, and 81,459 81,459. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other 40,467 assets other than inventory b Less cost or other basis n and sales expenses 40,467. c Gain or (loss) 40,467 40,467. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 **b** Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 **b** Less direct expenses **>** c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a b d All other revenue e Total. Add lines 11a-11d

4,022,883.

3,381,984.

121,926.

٥.

Total revenue. See instructions.

Pa	rt ix Statement of Functional Expense	<u> </u>			
Sect	ion 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A)	
	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	94,585.	94,585.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	ındıvıduals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	68,902.		68,902.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	5,283,465.	4,084,461.	1,132,828.	66,176.
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	32,512.	28,909.	2,562.	1,041.
9	Other employee benefits	1,318,643.	866,355.	293,491.	158,797.
10	Payroll taxes	379,468.	365,943.	5,863.	7,662.
11	Fees for services (non-employees)				
a				C 264	
	Legal	6,264.		6,264.	<del></del>
	Accounting	54,750.		54,750.	
	Lobbying				
e	Professional fundraising services. See Part IV, line 17	15 570	<del>"</del>	15 570	<del></del> -
f	Investment management fees	15,578.	{	15,578.	<del></del>
g	-	682,154.	641,202.	40,952.	
40	column (A) amount, list line 11g expenses on Sch O.)	470,292.	141,404.	319,721.	9,167.
12	Advertising and promotion	849,023.	456,078.	386,759.	6,186.
13	Office expenses	21,440.	11,921.	9,519.	
14 15	Information technology	21,440.		3,313.	
16	Royalties Occupancy	1,793,164.	963,453.	808,496.	21,215.
17	Travel	277,809,	249,619,	23,061.	5,129.
18	Payments of travel or entertainment expenses				-,,
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	33,454.	29,079.	4,375.	
20	Interest	40,236.	<del></del>	40,236.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	374,584.	236,252,	118,126.	20,206.
23	Insurance	80,892.		80,892.	· · · · · · · · · · · · · · · · · · ·
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 0.)				<u></u>
а	Bad Debt Expense	846,688.		846,688.	
b					
C					
d					
	All other expenses	12 722 003	0 160 261	4 250 062	205 570
25	Total functional expenses. Add lines 1 through 24e	12,723,903.	8,169,261.	4,259,063.	295,579.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

if following SOP 98-2 (ASC 958-720)

Part X	Balance Sheet						
	Check if Schedule O contains a response or no	te to a	ny line in this Part X				
				(A) Beginning of year		( <b>B)</b> End of year	
1	Cash - non-interest-bearing			956,652.	1	694,375	
2	Savings and temporary cash investments			2,671,642.	2	315,976	
3	Pledges and grants receivable, net		Ţ.	26,900.	3	288,546	
4	Accounts receivable, net		Ī	4,769,914.	4	2,799,567	
5	Loans and other receivables from current and for	ormer o	officers, directors,			· · · · · · · · · · · · · · · · · · ·	
1	trustees, key employees, and highest compensi	ated ei	mployees Complete				
İ	Part II of Schedule L				5		
6	Loans and other receivables from other disquali	fied pe	ersons (as defined under				
	section 4958(f)(1)), persons described in section	(c)(3)(B), and contributing					
-	employers and sponsoring organizations of sec	11(c)(9) voluntary	_				
ស្	employees' beneficiary organizations (see instr)	olete Part II of Sch L		6			
Assets	Notes and loans receivable, net			572,694.	7	481,233	
₹   8	Inventories for sale or use		Γ	36,158.	8	35,266	
9	Prepaid expenses and deferred charges			418,792.	9	735,593	
10a	Land, buildings, and equipment cost or other	i	ſ				
	basis Complete Part VI of Schedule D	10a	74,811,048.				
t	Less accumulated depreciation	10b	44,546,734.	30,131,398.	10c	30,264,314	
11	Investments - publicly traded securities	7,222,079.	11	8,546,957			
12	Investments - other securities See Part IV, line		12				
13	Investments - program-related See Part IV, line	Investments - program-related See Part IV, line 11					
14	Intangible assets		14				
15	Other assets See Part IV, line 11		257,014.	15	237,014		
16	Total assets. Add lines 1 through 15 (must equ	34)	47,063,243.	16	44,398,841		
17	Accounts payable and accrued expenses	4,981,878.	17	6,275,917			
18	Grants payable	35,122.	18	35,122			
19	Deferred revenue		<u> </u> _	333,150.	19	688,721	
20	Tax-exempt bond liabilities				20		
21	Escrow or custodial account liability Complete	Part IV	of Schedule D		21		
g 22	Loans and other payables to current and former	office	rs, directors, trustees,				
	key employees, highest compensated employee	es, and	disqualified persons		.		
	Complete Part II of Schedule L		_		22		
23	Secured mortgages and notes payable to unrela	ated th	ird parties	5,288,577.	23	9,434,040	
24	Unsecured notes and loans payable to unrelate	d third	parties	<u> </u>	24		
25	Other liabilities (including federal income tax, pa	yables	to related third				
-	parties, and other liabilities not included on lines	17-24	Complete Part X of				
	Schedule D		L	74,799.	25	278,799	
26	Total liabilities. Add lines 17 through 25			10,713,526.	26	16,712,599	
	Organizations that follow SFAS 117 (ASC 958	i), che	ck here ▶ 🗓 and				
27 28 29 20 20 20 20 20 20 20 20 20 20 20 20 20	complete lines 27 through 29, and lines 33 an	d 34.			-		
27	Unrestricted net assets		L-	27,872,296.	27	13,515,184	
g 28	Temporanly restricted net assets			4,006,723.	28	10,017,878	
29	Permanently restricted net assets		<u>.</u>	4,470,698.	29	4,153,180	
2	Organizations that do not follow SFAS 117 (A	SC 95	8), check here				
5	and complete lines 30 through 34.					-	
30	Capital stock or trust principal, or current funds				30	·	
ő 31	Paid-in or capital surplus, or land, building, or ed			<del></del>	31		
32	Retained earnings, endowment, accumulated in	come,	or other funds		32		
33	Total net assets or fund balances		<u> </u>	36,349,717.	33	27,686,242	
34	Total liabilities and net assets/fund balances			47,063,243.	34	44,398,841	

Forn	1990 (2017) Fresno Pacific University	94-1021164		Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,022	<u></u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			,903.
3	Revenue less expenses Subtract line 2 from line 1	3			,020.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	36	,349	,717.
5	Net unrealized gains (losses) on investments	5		37	,545.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		_	0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	27	,686	,242.
Pa	rt XII Financial Statements and Reporting				·
	Check if Schedule O contains a response or note to any line in this Part XII				<u>لتا</u>
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				,
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		İ	,
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			ì
	separate basis, consolidated basis, or both				į į
	Separate basis Consolidated basis Both consolidated and separate basis		_ ا		:
b	Were the organization's financial statements audited by an independent accountant?		2b	х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			;
	consolidated basis, or both				
	Separate basis				i
С	. If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,		١.	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	Ĺ
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt	-		- !
	Act and OMB Circular A-133?		3a	х	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Х	<u> </u>
			Form	990	(2017)

### **SCHEDULE A**

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

## Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

**Open to Public** Inspection

		Fresno	Pacific Univer	sity				9.	4-1021164	
Pa	ırt I	Reason for Public	Charity Status (	All organizations must co	mplete th	ıs part ) Se	e instructions	<u> </u>		
The	organ	ization is not a private found						-	~7	
1		A church, convention of ch						į	) / /	
2	X	A school described in sect						l		
3		A hospital or a cooperative		•			ii).			
4		A medical research organiz						(iii). Enter	the hospital's name.	
		city, and state		,					,	
5		An organization operated for	or the benefit of a co	llege or university owner	or opera	ted by a g	overnmental u	ınıt describ	ned in	
•		section 170(b)(1)(A)(iv). (C		nogo or armonally ormor	. o. opo.u	o, a g		6000	300 ,,,	
6				antalt desembed in .	antinu 17	20/LV/1V/AV	6.4			
7	Ħ	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in								
•		=	=	nual part of its support i	rom a gov	emmentai	unit or from ti	ne general	public described in	
_	$\Box$	section 170(b)(1)(A)(vi). (C	. ,	4V4V-1-10						
8	片	A community trust describe								
9	ш	An agricultural research org				•			=	
		or university or a non-land-o	grant college of agric	ulture (see instructions)	Enter the	name, city	, and state of	the colleg	je or	
	$\overline{}$	university								
10	ш	An organization that norma	•							
		activities related to its exen								
		income and unrelated busing	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the or	ganızatıon	after June 30, 1975.	
		See section 509(a)(2). (Cor	mplete Part III )							
11	닏	An organization organized a	•	•	•					
12	ш	An organization organized a	and operated exclus	vely for the benefit of, to	perform t	the functio	ns of, or to ca	irry out the	purposes of one or	
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section :	509(a)(2)	See <b>section 5</b>	i09(a)(3). (	Check the box in	
		lines 12a through 12d that	describes the type o	f supporting organization	n and com	plete lines	s 12e, 12f, and	12g		
а	L_		ınızatıon operated, s	upervised, or controlled	by its sup	ported org	janization(s), t	ypically by	giving	
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority	of the dire	ctors or truste	es of the s	supporting	
		organization You must o	omplete Part IV, Se	ctions A and B.						
b		Type II. A supporting org	anization supervised	or controlled in connec	tion with it	s support	ed organizatio	n(s), by ha	iving	
		control or management o	f the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	ge the sup	ported	
		organization(s) You mus	t complete Part IV,	Sections A and C.						
С		Type III functionally inte	grated. A supporting	g organization operated	ın connec	tion with, a	and functional	ly integrate	ed with,	
		its supported organization	n(s) (see instructions	You must complete f	Part IV, Se	ctions A,	D, and E.			
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppor	ted organi	zation(s)	
		that is not functionally int	egrated The organiz	ation generally must sat	isfy a dist	ribution re	quirement and	d an attent	iveness	
		requirement (see instruct								
е		Check this box if the orga	•	•				II, Type III		
		functionally integrated, or								
f	Ente	er the number of supported of	• •	, , , , , , , , , , , , , , , , , , , ,	•					
g	Prov	ride the following information	about the supporte	d organization(s)						
	(	) Name of supported	(II) EIN	(III) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)	
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
							,			
-					_					
						-	,			
		<del></del>		····	-		_		<u> </u>	
		<del></del>							<del></del>	

	edule A (Form 990 or 990-EZ) 2017 F	resno Pacific	University			94-102116	
Pa	ort II Support Schedule for						
·	(Complete only if you checke fails to qualify under the tests			_	n failed to qualify i	under Part III If the	organization
Se	ction A. Public Support			·			<del>//</del>
_	indar year (or fiscal year beginning in)	(-) 2012	(h) 2014	(a) 2015	(d) 201 c	(-) 2017	/6) Total
	- ' ' - ' - '	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and					/	
	membership fees received (Do not	2	3 544 646	4 400 000	4 430 040	518,973	16 152 210
_	include any "unusual grants ")	3,671,210.	3,714,910.	4,108,969.	4,139,248.	/ 518,973.	16,153,310.
2	Tax revenues levied for the organ-					/	
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities		]				
	furnished by a governmental unit to	1					
	the organization without charge						
4	Total. Add lines 1 through 3	3,671,210.	3,714,910.	4,108,969.	/ 4,139,248.	518,973.	16,153,310.
5	The portion of total contributions						
	by each person (other than a			/	ì		
	governmental unit or publicly						
	supported organization) included		İ				
	on line 1 that exceeds 2% of the						
	amount shown on line 11,			/		}	
	column (f)	[	/\	ĺ			604,820.
6	Public support. Subtract line 5 from line 4		7	<u>-</u>			15,548,490.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	3,671,210.	3 /14 ,910 .	4,108,969.	4,139,248.	518,973.	16,153,310.
8	Gross income from interest,						
	dividends, payments received on					:	
	securities loans, rents, royalties,	[				· -	
	and income from similar sources	184,69,8.	252,410.	229,355.	187,707.	81,459.	935,629.
9	Net income from unrelated business			i	· · · · · ·	<del></del>	
Ū	activities, whether or not the						
	business is regularly carried on	/					
10	Other income Do not include gain	<del>                                     </del>					<del></del>
10	or loss from the sale of capital						
	assets (Explain in Part VI)	/	<1,156,004.	705.	38,127.	ľ	<1,117,172.
	Total support. Add lines 7 through 10	<del>/</del>	(1,130,004.)	, , , , , , ,			15,971,767.
	••	<i>*</i>				10	286,581,839.
	Gross receipts from related activities					12	200,381,035.
13	First five years. If the Form 990 is fo		s first, second, third	i, τουπη, or τίπη τα	ix year as a section	n 501(c)(3)	. □
50	organization, check this box and/stop ction C. Computation of/Pub		rcentage				
	<del></del>			-1 (0)		44	97.35 %
	Public support percentage for 2017 (			olumn (t))		14	
	Public support percentage from 2016				14 - 00 1/00/	15	
16a	33 1/3% support test - 2017. If the	•		i line 13, and line 1	14 IS 33 1/3% or n	nore, cneck this bo	x and
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2016. If the				line 15 is 33 1/3%	or more, check th	is box
	and stop here. The frganization qual	· · · · · · · · · · · · · · · · · · ·	· ·				
17a	10% -facts-and-circumstances tes	-					
	and if the organization meets the "fac					t VI how the organ	ization
	meets the "facts-and-circumstances"	=	•	-	-		▶∟_
t	10% -facts-and-circumstances tes						
	more, and if the organization meets the						. —
	organization meets the "facts-and-cire						
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	<u>, 16b, 17a, or 17b</u>			
	/				Sche	dule A (Form 990	or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 Fresno Pacific University

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

(Complete only if you checke qualify under the tests listed			organization failed	to qualify under	Part II If the organi	zation fails to
Section A. Public Support	below, please com	piete Part II )				<del></del>
Calendar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e)/2017	(f) Total
1 Gifts, grants, contributions, and	· · · · · · · · · · · · · · · · · · ·	<del></del>		., , , , , , , , , , , , , , , , , , ,		·
membership fees received (Do not						
include any "unusual grants ")	<u> </u>				1	
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that	·········			/	†	
are not an unrelated trade or bus-						
iness under section 513		J			}	
4 Tax revenues levied for the organ-						
ization's benefit and either paid to			/			
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to		/				
the organization without charge		/				
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6		ļ <u>.</u> .				
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income	A			ļ	ļ	
(less section 511 taxes) from businesses				1		
acquired after June 30, 1975						
c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line/10b, whether or not the business is regularly carried on						-
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part/VI)						
13 Total support. (Add lines 9, 10c, 11, and 12)					1	
14 First five years. If the Form 990 is for check this box and stop here	or the organization'	s first, second, thii	d, fourth, or fifth to	ax year as a sect	ion 501(c)(3) organiz	eation,
Section C. Computation of Pub	lic Support Pe	rcentage				
15 Public support percentage for 2017			column (fl)		15	%
16 Public support percentage from 201		•	Solutilit (i))		16	%
Section D. Computation of Inve			-		1 10 1	
17 Investment income percentage for 2			ne 13 column (fl)		17	%
18 Investment income percentage from			,		18	%
19a 33 1/3% support tests - 2017. If the			on line 14, and line	15 is more than		
more than 33 1/3%, check this box a b 33/1/3% support tests - 2016. If the	and <b>stop here.</b> The e organization did r	e organization qual not check a box or	ifies as a publicly s Ine 14 or line 19a	supported organi i, and line 16 is m	zation nore than 33 1/3%,	▶□
line 18 is not more than 33 1/3%, ch		· -				▶⊨
20. Private foundation. If the organization	on did not check a	hox on line 14 19	a or 19b check th	us box and see in	nstructions	<b>p</b> t l

### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of 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 Sections A and D, and complete Part V)

Section A. All Sup	porting Organizations
--------------------	-----------------------

Sec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, 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 in section 509(a)(1) or (2)	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a	- 1	
h	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
_	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		-
	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	- 5-		
Ŭ	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		
4-	Was any supported organization not organized in the United States ("foreign supported organization")? If			
70	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a	-	
		44		
D	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	41.		
	despite being controlled or supervised by or in connection with its supported organizations	4b		
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	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 organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	5a_		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b	L	
C	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 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 substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	-		
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9а	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	-		
	ın section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	_		
	supporting organizations)? If "Yes," answer 10b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

determine whether the organization had excess business holdings)

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Pa	rt IV   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	1	L
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.			L
Sec	tion B. Type I Supporting Organizations		_	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			l
	controlled the organization's activities. If the organization had more than one supported organization,		İ	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	-	į	
2	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	· · · ·	$\vdash$	-
2	Did the organization operate for the benefit of any supported organization other than the supported		i	
	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,		1	
	supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations		<u> </u>	L
	tion or Type it dupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		1.00	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			:
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		ļ
Sec	tion D. All Type III Supporting Organizations		_	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	<b>,</b>		
	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?	1		<b>_</b>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	<u> </u>	
3	By reason of the relationship described in (2), did the organization's supported organizations have a		İ	
	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			l
	supported organizations played in this regard	3	<u> </u>	L
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee in:	structions).		
a	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below	titu (coo instruction	.c)	
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity Describe in Part VI how y	ny (see msudction	Yes	No
2	Activities Test Answer (a) and (b) below.  Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		165	140
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	i		
	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	İ	İ	İ
	that these activities constituted substantially all of its activities	2a		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			<del>                                     </del>
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	]		
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	<del> </del>	1	T
а				
_	trustees of each of the supported organizations? Provide details in Part VI.	3a	l	1
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		L
		A /Form 000 or 0	^^ ==	

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must c	omplete S	Sections A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			1
	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		
Sect	ion 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)			'
a	Average monthly value of securities	1a		
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		
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		<u>.</u>
_8_	Minimum Asset Amount (add line 7 to line 6)	8	<del></del>	
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		<u></u>
7	Check here if the current year is the organization's first as a non-functional	lly integra	ited Type III supporting org	janization (see

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instructions)

Par	Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions.			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e	
	(provide details in Part VI) See instructions	•		
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	<u> </u>	<u> </u>	
Secti	on E - Distribution Allocations (see instructions)	(iii) Distributable		
Section E - Distribution Allocations (see instructions) Excess Distributions			Pre-2017	Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			1
	able cause required- explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount	_		
i	Carryover from 2012 not applied (see instructions)			
3	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2017 from Section D,			
	line 7 \$			l
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2017, if			-
	any Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2017 Subtract lines 3h	-		
	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c			
8	Breakdown of line 7			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015	-		
	Excess from 2016			
	Excess from 2017			

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Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part IV, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any add (See instructions)	es 1 and 2, Part IV, Secti art V. Section B. line 1e. l	on C,
	· <del></del>	
Column (d) - Fiscal year ending 4/30/18		
Column (e) - 2 month period ending 6/30/18		
	-	
		<del> </del>
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		72

### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### 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.

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

OMB No. 1545-0047 Open to Public Inspection

**Employer identification number** 

Fresno Pacific University 94-1021164 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Yes Nο impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year **\$** 

### Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)

Complete if the organization answered "Yes" on Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

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

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

and section 170(h)(4)(B)(ii)?

conservation easements

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- a Revenue included on Form 990, Part VIII, line 1
- b Assets included in Form 990, Part X

	Ф	
ightharpoons	\$	
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\_ Yes

l No

		ific University	et Winterieg Tr		2thor !		10211			age 2
3	Using the organization's acquisition, access (check all that apply)	ion, and other record	is, check any of the	following that ar	e a signi	ilicant use	OT ITS	collection	ıtem	S
•										
a	Scholarly research			nange programs	•					
ь		е	Other							
C 4	Preservation for future generations	allostions and avala	n have thave freethar t	ho organization's	a avamn	+	ın Dari	VIII		
4	Provide a description of the organization's c	•	•	-	-		ın Pan	AIII		
5	During the year, did the organization solicit of		· ·		irrillar as	seis		1 v		1
Dai	to be sold to raise funds rather than to be m				-"	000 D	411/	Yes		No
[ F ai	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21									
	Is the organization an agent, trustee, custod	<del></del>	lant for contribution	n or other peept	o not inc					
ıa		ian or other intermed	lary for contribution	is or other assets	s not inc	iuaea		Yes		] No
	on Form 990, Part X?							res	L.	) NO
D	If "Yes," explain the arrangement in Part XIII	and complete the to	llowing table							
						<del> </del>		Amount		
	Beginning balance					1c				
	Additions during the year					1d				
_	Distributions during the year					1e				
f	Ending balance					1f				
	Did the organization include an amount on F					7		Yes	H	No
_	If "Yes," explain the arrangement in Part XIII							_		<u></u>
Par	t V   Endowment Funds. Complete	f the organization an			$\overline{}$					
		(a) Current year	(b) Prior year	(c) Two years ba	<del></del>	Three years		(e) Four		
1a	Beginning of year balance	7,648,719.	6,673,830.	6,856,4		7,142,		6,	_	687.
ь	Contributions		402,239.	38,0	70.	31,816.			<u>-</u>	<u> 393.</u>
С	Net investment earnings, gains, and losses	<175,027.	626,608.	437,3	40.	72,347.			649,	248.
d	Grants or scholarships		0.	297,6	49.	99,	738.		26,	280.
е	Other expenditures for facilities						1			
	and programs	353,504.	0.	313,6	33.	241	,330.	_	322,	903.
f	Administrative expenses	87,404.	53,958.	46,6	98.	49,	199.		56,	641.
g	End of year balance	7,032,784.	7,648,719.	6,673,8	30.	6,856,	400.	7,	142,	504.
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column (a	a)) held as						
а	Board designated or quasi-endowment	4.18	%							
ь	Permanent endowment > 57.28	%	_							
С	Temporarily restricted endowment ▶	38.54 %								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%								
За	Are there endowment funds not in the posse	•	ation that are held a	nd administered	for the	organizatio	on			
	by					J		٦	Yes	No
	(i) unrelated organizations							3a(ı)		Х
	(ii) related organizations							3a(ii)	7	х
ь	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on Schedule B?					3b	T	
4	Describe in Part XIII the intended uses of the							<u> </u>		
	t VI Land, Buildings, and Equipm		WINCHE TOTAL							
	Complete if the organization answere		Part IV line 11a S	See Form 990 Ps	art X line	e 10				
	Description of property	(a) Cost or o				mulated	1	(d) Book	Value	
	bescription of property	basis (investr	1 ' '	(other)		ciation		(a) DOOK	value	,
	Lond	24313 (1114331)		754,569.			+		754,	569
	Land	<del></del>		982,348.	27	,128,077	<del>,  </del>		854	
	Buildings		<del></del>	, , , , , , , , , , , , , , , , , , , ,		,120,071	+		<u> </u>	<del></del>
	Leasehold improvements	<del></del>	14	557 761	11	741 623	<del>.   -</del>	2	816	138.
	Equipment			,557,761.		,741,623 ,677,034	$\overline{}$		839,	
	Other	aud Form 200 Dad				<del></del> -				314.
iotal	. Add lines 1a through 1e (Column (d) must e	quai roiiii 990 <u>, Paπ</u>	A, column (b), line i	<i>UC )</i>			· 1		<u> </u>	~ 4 4 ,

·············	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 11e or 11f See Form	990, Part X, line 25
1.	(a) Description of liability	(b) Book value	
(1) Fed	eral income taxes		
(2) Amo	unts held for others	215,151.	
(3) Int	erest rate swap obligation	63,648.	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total, (Colu	mn (b) must equal Form 990. Part X. col. (B) line 25.)	278,799.	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

	edule D (Form 990) 2017 Fresno Pacific University		94-1021164	Page 4
Pai	rt XI Reconciliation of Revenue per Audited Financial Stat		nue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a		
1	Total revenue, gains, and other support per audited financial statements		1 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12  Net unrealized gains (losses) on investments	20		
a	Donated services and use of facilities	2a 2b	<del></del>	
b	Recovenes of prior year grants	2c 2c	<del> </del>	
c d	Other (Describe in Part XIII )	2d	<del></del>	
e	Add lines 2a through 2d	_20 ]		
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
c	Add lines 4a and 4b	_ <del></del>	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With Expe		
_	Complete if the organization answered "Yes" on Form 990, Part IV, line			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a	] ]	
b	Prior year adjustments	2b		
C	Other losses	2c		
ď	Other (Describe in Part XIII )	2d		
e	Add lines 2a through 2d	<u> </u>		
3	Subtract line 2e from line 1		3	
4	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	4a	1 1	
b	Other (Describe in Part XIII )	4b		
c	Add lines 4a and 4b	L	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	)	5	
	rt XIII Supplemental Information.	<u> </u>		
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV lines 1h and 2h	Part V line 4 Part Y line 2 Par	t XI
	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any			• • • • •
	20 and 15, and 1 are mi, into 20 and 15 7 acc complete this part to provide any			
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			<del></del>	

### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

**Schools** 

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

▶ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number

	Fresno Pacific University	94-102	1164		
Pa	rt I			T	
		r		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, byla	iws,			ľ
	other governing instrument, or in a resolution of its governing body?	],	1	х	ļ
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brook		_		
	catalogues, and other written communications with the public dealing with student admissions, programs, and		2_	Х	<b>├</b> —
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media du	-			
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that				J
	the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain	aın.			
	If you need more space, use Part II	}	3_	х	
	The University's nondiscriminatory policy is readily				
	available on the University website,				
	www.fresno.edu/disclosure.			[	1
4	Does the organization maintain the following?			۱	
	Records indicating the racial composition of the student body, faculty, and administrative staff?		4a	X	
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscrimina	· ·	4b	X	⊢—
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing v	with student	_	۱.,	
	admissions, programs, and scholarships?		4c	X	
ď	Copies of all material used by the organization or on its behalf to solicit contributions?	-	4d	Х	<u> </u>
	If you answered "No" to any of the above, please explain If you need more space, use Part II				
		<del></del>		ľ	ĺ
_					
5	Does the organization discriminate by race in any way with respect to		_	1	x
	Students' rights or privileges?	ŀ	<u>5a</u>	<del> </del>	×
	Admissions policies?	ŀ	<u>5b</u>		x
	Employment of faculty or administrative staff?	}	<u>5c</u>		X
	Scholarships or other financial assistance?	}	5d	-	x
	Educational policies?	}	<u>5e</u>		- <del>^</del>
	Use of facilities?	ŀ	5f	├	x
_	Athletic programs?	}	5g		x
n	Other extracurricular activities?	}	5h_	<del> </del>	<del>  ^-</del> -
	If you answered "Yes" to any of the above, please explain If you need more space, use Part II				1
					l
		<del></del>			
					1
e -	Door the automated as vectors and forested and as secretarian from a major montal access of	<del></del> i	6-	l x	
	Does the organization receive any financial aid or assistance from a governmental agency?	ŀ	6a	├^-	x
D	Has the organization's right to such aid ever been revoked or suspended?	}	6b	$\vdash \vdash$	<del>  ^</del>
_	If you answered "Yes" on either line 6a or line 6b, explain on Part II	05			
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 0	וס כר	-	x	
	Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II		7	_ ^ _	L

Schedule E (Form 990 or 990-EZ) 2017 Fresno Pacific University	94-1021164	Page 2
Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b,	and 7, as applicable	
Also provide any other additional information		
Line 6 - Explanation of Government Financial Aid:		
	- <del></del>	
Proper Pacific University participates in Endand Funding in compaction		
Fresno Pacific University participates in Federal funding in connection	<del></del> _	
with Title IV financial aid to students.		
	<del></del>	
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#### SCHEDULE I (Form 990)

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990

OMB No 1545-0047

Department of the Treasury

Internal Revenue Service So to www irs.gov/Form890 for the latest information						Inspe	Inspection .			
Name of the organizat								Employer identification		
Part I General Ir	Fresno Pacifi							94-10211	64	
<u> </u>	nformation on Grants a									
-	zation maintain records		amount of the grants	or assistance, the	e grantees' eligibilit	y for the grants or as:	sistance, and the selec			
	award the grants or assi							X Yes	No	
	IV the organization's pro									
	d Other Assistance to	-				anization answered "	Yes" on Form 990, Par	rt IV, line 21, for any		
	hat received more than					(I) Unibad at	<del>,</del>	<del></del>		
	me and address of organization or government (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant or cash grant or cash assistance or government (e) Amount of valuation (book, FMV, appraisal, other) (g) Description of valuation (book, FMV, appraisal, other)		(h) Purpose of g or assistanc							
	-					<u> </u>				
<del></del>						-		<del>                                     </del>		
						_				
							-			
	per of section 501(c)(3) a	-	-	e line 1 table		<u>L</u>		<u> </u>		

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

Schedule I (Form 990) (2017)

732101 11-01-17

Schedule I (Form 990) (2017) Fresno Pacific Univers					94-1021164	Page.
Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed	s Complete if the	organization answe	ered "Yes" on Form 9	990, Part IV, line 22	•	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash a	ssistance
	-					
Scholarships for students attending Fresno Pacific						
University	270	94,585.	0.			
			J			
				- <del></del> -		
Part IV Supplemental Information Provide the information req	uired in Part I, lin	e 2, Part III, column	(b), and any other a	dditional information		
Part I, Line 2						
					<del></del>	
Scholarships are monitored through the financial as	d office, to	ensure that		· · · · · · · · · · · · · · · · · · ·		
all scholarship monies are used for housing, tuition	on, meals and	books, No				
cash changes hands and funds are directly tied to a	tudent accou	nta				
				·	· <del></del>	
·			<u></u>	<del>-</del>		
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732102 11-01 17

Schedule I (Form 990) (2017)

### **SCHEDULE 0**

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

### Supplemental Information to Form 990 or 990-EZ

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

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 Open to Public

Inspection

Employer identification number Name of the organization Fresno Pacific University 94-1021164 Form 990, Part III, Line 4a, Program Service Accomplishments: families to attend a university, and 98 percent receive financial aid. All receive an education that stresses solid academics and strong ethics. FPU has the region's highest four-year graduation rate, and is one of the top 10 Hispanic Serving Institutions 10 nationally in graduating Hispanic students. The Valley's only comprehensive Christian university granting master's degrees, FPU is affiliated with the Mennonite Brethren Church, accredited by the Western Association of Schools and Colleges and ranked in the top tier of its category by U.S. News & World Report. Form 990, Part VI, Section A, line 1 The Executive Committee is made up of the Board Chair, Vice Chair Secretary, Treasurer, Chair - Academic Committee, Chair - Advancement Committee, Chair - Student Life Committee, Chair - Board Development Committee, and the Pacific District Minister, all of whom are members of the governing body. The scope of the committee's authority is as follows. The Executive Committee shall be empowered to act in all matters in place of and with the same authority as the full Board of Trustees whenever such action is required for the timely and orderly operation of the University and cannot conveniently be accomplished by the full Board, except that: it may not act to terminate or dissolve the Corporation (1) (ii) it may not assign or use any of the Corporate assets as security for any loan (iii) it may not authorize the construction of any new facility, it may not hire or terminate the President, unless authorized to do

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization  Fresno Pacific University	Employer identification number 94-1021164
so by the full Board of Trustees,	
(v) but in any event, it may not exercise any of the action or powers	
restricted by California Corporation Code 9212 and specifically, it may	
not:	
(1) approve any action for which the approval of the majority of members	
is required,	
(2) fill vacancies on the Board or in any Committee which has the	
authority of the Board,	
(3) fix compensation of the directors for serving on the Board or on any	
committee,	
(4) amend, repeal, or adopt any Bylaws,	
(5) amend or repeal any resolution of the Board which is not amendable or	
repealable,	
(6) appoint Committees of the Board or its members, and	
(7) approve any self-dealing transactions.	
Form 990, Part VI, Section B, line 11b:	
The 990 is prepared by an independent CPA firm, reviewed in detail by	
management and finance, and then provided to the entire Board	
electronically for a top-level review prior to being filed with the IRS.	
Form 990, Part VI, Section B, Line 12c:	
The conflict of interest policy is reviewed and signed annually by the	<del></del>
trustees to certify they are in compliance with the policy. Board members	
are expected to self-report the potential for any actual or perceived	
conflict of interest. In addition, the Chair of the Board and President of	
the University monitor Board assignments and relationships with the	
University for potential conflict of interest, Potential or actual	hedule 0 (Form 990 or 990-F7) (2017)

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization  Fresno Pacific University	Employer identification number 94-1021164
conflicts of interest are resolved by the President and/or Board of	
Trustees as appropriate.	
Form 990, Part VI, Section B, Line 15a.	
The independent trustees who make up the Executive Committee of the Board	
reviews and approves the compensation, including benefits, of the	
President. In hiring a new president, the committee seeks guidance from the	
presidential search consultant and other outside professional counsel to	
ensure comparability with peer presidents. Two or three trustees are given	
authority to negotiate the new president's compensation within guidelines	
established by the Trustees. Documentation of the deliberation and	
decision is included in Board records.	
The Vice President of Finance's compensation is solely determined by the	
President and they serve at the pleasure of the President. The Board does	
not approve their compensation, nor is it entered into the minutes of the	<u> </u>
Board. The President did consult comparable data when determining the Vice	
President of Finance's compensation but the determination was not	
documented. However, the process will be documented starting in the next	
tax year.	
Form 990, Part VI, Section C, Line 19	
The University makes its governing documents, conflict of interest policy	
and financial statements available to the public upon request.	
Form 990, Part VII	
Compensation reported in Part VII, column D and Schedule J, Part II,	
column B is the amount reported on the individual's W-2, box 1 or 5	Sahadula O (Farm 000 at 000 E7) (0047)
732212 09-07-17	Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization	Employer identification number
Fresno Pacific University	94-1021164
(whichever amount is greater) per the IRS instructions. In the case of	
minister's compensation when box 5 of the W-2 is not applicable, box 1	
compensation is used. Employee deferrals to qualified retirement plans	
are normally captured in box 5, not box 1 of Form W-2. For reporting	·
purposes we have included the minister's retirement plan deferrals in	
Part VII, column F and Schedule J, Part II, column C.	
Form 990, Part XII, Line 2c	
The organization's Board assumes responsibility for oversight of the	
audit of its financial statements and selection of its independent	
accountant. This process has not changed since the prior year.	
	<u> </u>
<u> </u>	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

2017 Open to Public ► Go to www irs gov/Form990 for instructions and the latest information

Department of the Treasury Internal Revenue Service Name of the organization

Fresno Pacific University

Employer identification number 94-1021164

OMB No 1545-0047

Part I Identification of Disregarded Entities Cor	nplete if the organization answered "Yes"	on Form 990, Part IV, line 3	13						
(a)	(b)	(c)	(d)		(e)			(f)	
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state	or Total inco	me	End-of year	assets		controlling	3
of disregarded entity		foreign country)	1				e	ntity	
			1		}				
						_			
						_			
		Ì			1				
<del></del>	<b>—</b>								
			_						
			1						
		181/	0.00-4.07 ( )						
Part II Identification of Related Tax-Exempt Organizations during the tax year	inizations Complete if the organization a	answered tes on Form 99	U, Part IV, line 34,	becau.	se il nau one	or more	relateu tax ex	empi	
(a)	(b)	(c)	(d)	T	(e)	T	(f)	1 6	1)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	P	olic chanty	Direc	ct controlling	Section (	(2(b)(1) olled
of related organization	Timay donvey	foreign country)	section		s (if section		entity		olled ity?
• · · • · · • · · · · · · · · · · · · ·		loreign country)			01(c)(3))		,	Yes	No
resno Pacific Service Corporation -		<del> </del>	<del></del>	t – –				+	
7-0408387, 1717 South Chestnut Ave.	Currently no assets or			l					
	Currently no assets or activity	California	501(c)(3)	Line	7	N/A			х
resno, CA 93702		California	501(c)(3)	Line	7	N/A		ļ	х
resno, CA 93702 resno Pacific University Foundation -		California	501(c)(3)	Line	7	N/A_		-	х
resno, CA 93702 resno Pacific University Foundation - 7-0139570, 1717 South Chestnut Ave.,	activity Providing assistance and		501(c)(3)			N/A N/A		-	x
resno, CA 93702 resno Pacific University Foundation - 7-0139570, 1717 South Chestnut Ave., resno, CA 93702	activity								
resno, CA 93702 resno Pacific University Foundation - 7-0139570, 1717 South Chestnut Ave., resno, CA 93702 BBS-US, Inc 27-2515130	activity  Providing assistance and benefits to the University							<u></u>	
resno, CA 93702 resno Pacific University Foundation - 7-0139570, 1717 South Chestnut Ave., resno, CA 93702 BBS-US, Inc 27-2515130 717 South Chestnut Ave.	Providing assistance and benefits to the University To support Fresno Pacific University - Biblical				12a, I				
resno, CA 93702 resno Pacific University Foundation - 7-0139570, 1717 South Chestnut Ave., resno, CA 93702 BBS-US, Inc 27-2515130 717 South Chestnut Ave.	Providing assistance and benefits to the University To support Fresno Pacific	California	501(c)(3)	Line	12a, I	N/A			x
7-0408387, 1717 South Chestnut Ave., resno, CA 93702 resno Pacific University Foundation - 7-0139570, 1717 South Chestnut Ave., resno, CA 93702 IBBS-US, Inc 27-2515130 717 South Chestnut Ave. resno, CA 93702	Providing assistance and benefits to the University To support Fresno Pacific University - Biblical	California	501(c)(3)	Line	12a, I	N/A			x

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

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Part III	Identification of Related Organizations Taxable as a Partnership	Complete if the organization a	nswered "Yes" o	n Form 990, F	Part IV, line 34,	because it had one or mor	e related
Part III	organizations treated as a partnership during the tax year						

organizations treated as a partnership during the tax year											
(a)	(b)	(c)	(d)	(e)	(1)	(g)	(1	h)	(0)	(1)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end of year assets	alloca	orbonate Sons 7	Code V UBI amount in box 20 of Schedule	General e managin partner	Percentage ownership
		country)		sections 512-514)			2өҮ	No	K 1 (Form 1065)	Yes N	<u></u>
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of year assets	(h) Percentage ownership		tion b)(13) rolled bity?
							-	. 95	140
	-								

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Not	e Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		I	
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		х
ь	Gift, grant, or capital contribution to related organization(s)	1b		Х
c	Gift, grant, or capital contribution from related organization(s)	1c	Х	
d	Loans or loan guarantees to or for related organization(s)	1d	$ldsymbol{ldsymbol{ldsymbol{ldsymbol{L}}}$	Х
0	Loans or loan guarantees by related organization(s)	10		х
			_	
1	Dividends from related organization(s)	11	—	X
9	Sale of assets to related organization(s)	19	ـــــ	X
h	Purchase of assets from related organization(s)	1h	╙	X
i	Exchange of assets with related organization(s)	<u>1i</u>	ــــــ	X
j	Lease of facilities, equipment, or other assets to related organization(s)	11	—	X
	Annual Company of the	1k	l x	l
К .	Lease of facilities, equipment, or other assets from related organization(s)	$\overline{}$	<del>۱</del>	<del> </del> x
٠,	Performance of services or membership or fundraising solicitations for related organization(s)	11	₩	<del>  î</del> -
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	₩	<del> ^-</del> -
n		1n	X	₩
0	Shanng of paid employees with related organization(s)	10	X	←
_	Parabona and a select of annual select of annual select of the annual select of the se	 1p		l x
P	Reimbursement paid to related organization(s) for expenses		x	┾┈╴
9	Reimbursement paid by related organization(s) for expenses	19	╧	├──
r	Other transfer of cash or property to related organization(s)	1r		x
5	Other transfer of cash or property from related organization(s)	16	T	х

2 If the answer to any of the above is "Yes," see the instructions for info	rmation on who must complete t	his line, including covered relation	onships and transaction thresholds			
(a) Name of related organization	(b) Transaction type (a s)	(c) Amount involved	(d) Method of determining amount involved			
(1) Fresno Pacific University Foundation	с	0.				
2) Fresno Pacific University Foundation	к	0.				
3) Fresno Pacific University Foundation	и	0.				
4) Fresno Pacific University Foundation	0	0.	<del></del>			
5 Fresno Pacific University Foundation	0	0				
(6) MBBS-US, Inc.	N	0.				
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

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

(a)	(b)	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)	<b>(f)</b>	(g)	(	h)	(1)	(i)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Dauther F 25	Share of	Share of	Dispa	opor	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General o	Percentage
of entity		(state or foreign	(related, unrelated, lexcluded from tax under	501(c)(3) orgs ?	total	end-of year	2 <b>0</b> 002	naus tons?	amount in box 20 of Schedule K-1	partner?	ownership
		country)	sections 512-514)	Yes No	income	assets	Yes	No	(Form 1065)	Yes No	1
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Schedule R (Form 990) 2017 Freeno Pacific University  Part VII   Supplemental Information.		
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Provide additional information for responses to questions on Schedule R. See instructions		
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