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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
Pacific University

% ALLIE LOSLI
Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
2043 College Way

City or town, state or province, country, and ZIP or foreign postal code
Forest Grove, OR 97116

D Employer identification number
93-0386892

E Telephone number
(503) 352-2819

G Gross receipts $ 192,728,682

F Name and address of principal officer
Dr Lesley Hallick
2043 College Way
Forest Grove, OR 97116

H(a) Is this a group return for subordinates? ☐ Yes ☑ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ www pacificu edu

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

L Year of formation 1849 **M** State of legal domicile OR

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
A DIVERSE SUSTAINABLE COMMUNITY DEDICATED TO DISCOVERY & EXCELLENCE IN TEACHING, SCHOLARSHIP & PRACTICE, PACIFIC INSPIRES STUDENTS TO THINK, CARE & PURSUE JUSTICE IN OUR WORLD

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	36
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	33
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	**5**	2,929
6	Total number of volunteers (estimate if necessary)	**6**	527
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	115,143
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	

			Prior Year	Current Year
Revenue	**8**	Contributions and grants (Part VIII, line 1h)	6,730,437	7,795,133
	9	Program service revenue (Part VIII, line 2g)	158,713,072	164,559,253
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,379,389	1,612,916
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	-1,150
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	169,822,898	173,966,152
Expenses	**13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	40,230,225	42,954,503
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	79,596,337	80,904,760
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶4,477,014		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	43,466,146	43,045,561
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	163,292,708	166,904,824
	19	Revenue less expenses Subtract line 18 from line 12	6,530,190	7,061,328

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20**	Total assets (Part X, line 16)	274,278,475	279,779,591
	21	Total liabilities (Part X, line 26)	123,134,777	120,786,082
	22	Net assets or fund balances Subtract line 21 from line 20	151,143,698	158,993,509

Part II Signature Block

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

Sign Here

****** 2020-05-13
Signature of officer Date

JIM LANGSTRAAT VP Finance and Admin
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2020-04-30		P00560072

Firm's name ▶ KPMG LLP
Firm's EIN ▶
Firm's address ▶ 1918 Eighth Avenue Suite 2900
Seattle, WA 98101
Phone no (206) 913-4000

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

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission

PACIFIC UNIVERSITY BEGAN AS A SCHOOL FOR ORPHANS FROM THE OREGON TRAIL IN 1848 AND IN 1849 WAS CHARTERED AS A COLLEGE FOUNDED BY CONGREGATIONALISTS AND MODELED AFTER THE BEST SCHOOLS OF NEW ENGLAND OVER TIME, THE UNIVERSITY HAS GROWN INTO A UNIQUE COMBINATION OF UNDERGRADUATE AND GRADUATE PROGRAMS IN LIBERAL ARTS AND SCIENCES, EDUCATION, BUSINESS AND HEALTH TODAY, PACIFIC'S FOCUS ON TEACHING AND LEARNING IN A CLOSE NURTURING ENVIRONMENT LEADS TO GENUINE TRANSFORMATION IN STUDENTS' LIVES DISTINGUISHED BY ITS INQUIRY-BASED CURRICULA AND INTERDISCIPLINARY COLLABORATION, PACIFIC OFFERS STUDENTS EXCEPTIONAL OPPORTUNITIES FOR EXPERIENTIAL LEARNING, LEADERSHIP AND CIVIC ENGAGEMENT VISION 2020 PACIFIC UNIVERSITY WILL EMBRACE DISCOVERY AS AN ESSENTIAL CHARACTERISTIC OF TEACHING, LEARNING, SCHOLARSHIP, PRACTICE, AND CREATIVE EXPRESSION WE WILL ACHIEVE EXCELLENCE AND DISTINCTION BY INVESTING IN EXCEPTIONAL PEOPLE WE WILL EMBRACE A RICH DIVERSITY OF IDEAS, PEOPLES AND CULTURES WE WILL INCOR

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 49,342,616 including grants of $) (Revenue $ 146,297,852)

See Additional Data

4b (Code) (Expenses $ 42,954,503 including grants of $ 42,954,503) (Revenue $)

See Additional Data

4c (Code) (Expenses $ 29,960,912 including grants of $) (Revenue $ 14,514,175)

See Additional Data

(Code) (Expenses $ 4,185,595 including grants of $) (Revenue $ 3,632,201)

CLINICS-PART OF CURRICULUM

4d Other program services (Describe in Schedule O)
(Expenses $ 4,185,595 including grants of $) (Revenue $ 3,632,201)

4e **Total program service expenses ▶** 126,443,626

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
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		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?*If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, 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		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*(see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	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? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	689			
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	2,929			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes	
3a Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	Yes	
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**	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			**4a**		No
b If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			**5a**		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			**6a**	Yes	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	Yes	
7 **Organizations that may receive deductible contributions under section 170(c).**					
a Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	Yes	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			**7f**		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8 **Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**		
9a Did the sponsoring organization make any taxable distributions under section 4966?			**9a**		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10 **Section 501(c)(7) organizations.** Enter					
a Initiation fees and capital contributions included on Part VIII, line 12	**10a**				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11 **Section 501(c)(12) organizations.** Enter					
a Gross income from members or shareholders	**11a**				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13 **Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			**13a**		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c Enter the amount of reserves on hand	**13c**				
14a Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			**14b**		
15 Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N			**15**		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O			**16**		No

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	36		
	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	33		
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	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Did the organization have members or stockholders?		6		No
7a	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		No
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," 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?	16b		

Section C. Disclosure

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

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

☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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

▶ALLIE LOSLI 2043 COLLEGE WAY Forest Grove, OR 97116 (503) 352-2819

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
See Additional Data Table										

	(D)	(E)	(F)
1b Sub-Total ▶			
c Total from continuation sheets to Part VII, **Section A** ▶			
d Total (add lines 1b and 1c) ▶	2,572,209	0	334,320

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 128

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Aramark Services Inc, Aramark Tower 1101 Market St PHILADELPHIA, PA 191072988	Food Service	3,490,873
In Line Commercial Construction, PO Box 5837 ALOHA, OR 97006	Construction	626,882
Jackson Industries, PO Box 159 NORTH PLAINS, OR 97133	Construction	491,177
Five Star Builders, PO Box 555 BANKS, OR 97106	Construction	480,889
Ellucian, 4375 Fair Lakes Ct FAIRFAX, VA 22033	Software	379,203

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 5

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	**1a** Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c 13,884				
	d Related organizations	1d				
	e Government grants (contributions)	1e 2,305,708				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 5,475,541				
	g Noncash contributions included in lines 1a - 1f $ 69,598					
	h Total. Add lines 1a-1f ▶		7,795,133			

Program Service Revenue		Business Code	(A)	(B)	(C)	(D)
	2a EDUCATION AND EXTRACURRICULAR PROGRAMS	611600	146,297,852	146,297,852		
	b AUXILIARY SERVICES	532000	14,629,200	14,514,175	115,025	
	c CLINIC SERVICES	621400	3,632,201	3,632,201		
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a–2f ▶		164,559,253			

Other Revenue		(A)	(B)	(C)	(D)
	3 Investment income (including dividends, interest, and other similar amounts) ▶	2,004,613		118	2,003,813
	4 Income from investment of tax-exempt bond proceeds ▶	0			
	5 Royalties ▶	0			

	(i) Real	(ii) Personal
6a Gross rents		
b Less rental expenses		
c Rental income or (loss)	0	0

	(A)	(B)	(C)	(D)
d Net rental income or (loss) ▶	0			

	(i) Securities	(ii) Other
7a Gross amount from sales of assets other than inventory	18,340,801	2,000
b Less cost or other basis and sales expenses	18,721,125	13,373
c Gain or (loss)	-380,324	-11,373

		(A)	(B)	(C)	(D)
d Net gain or (loss) ▶		-391,697			-391,697
8a Gross income from fundraising events (not including $ 13,884 of contributions reported on line 1c) See Part IV, line 18	a 26,882				
b Less direct expenses	b 28,032				
c Net income or (loss) from fundraising events ▶		-1,150			-1,150
9a Gross income from gaming activities See Part IV, line 19	a 0				
b Less direct expenses	b 0				
c Net income or (loss) from gaming activities ▶		0			
10a Gross sales of inventory, less returns and allowances	a 0				
b Less cost of goods sold	b 0				
c Net income or (loss) from sales of inventory ▶		0			

Miscellaneous Revenue	Business Code	(A)	(B)	(C)	(D)
11a					
b					
c					
d All other revenue					
e Total. Add lines 11a–11d ▶		0			
12 Total revenue. See Instructions ▶		173,966,152	164,444,228	115,143	1,610,966

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	**(A)** Total expenses	**(B)** Program service expenses	**(C)** Management and general expenses	**(D)** Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals See Part IV, line 22	42,954,503	42,954,503		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	1,249,473	456,963	792,510	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	58,811,620	39,162,750	17,440,328	2,208,542
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	4,629,044	3,053,581	1,405,246	170,217
9 Other employee benefits	11,767,123	7,762,263	3,572,164	432,696
10 Payroll taxes	4,447,500	2,933,824	1,350,134	163,542
11 Fees for services (non-employees)				
a Management	0			
b Legal	404,326		404,326	
c Accounting	183,698		183,698	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	25,579		25,579	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12 Advertising and promotion	0			
13 Office expenses	3,271,136	2,157,827	993,024	120,285
14 Information technology	0			
15 Royalties . .	0			
16 Occupancy	3,811,027	2,513,970	1,156,919	140,138
17 Travel	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19 Conferences, conventions, and meetings	2,938,308	1,938,275	891,987	108,046
20 Interest	3,986,000	2,629,392	1,210,036	146,572
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization . .	6,534,899	4,310,791	1,983,809	240,299
23 Insurance . . .	872,619	575,629	264,902	32,088
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a ADMIN COSTS	7,681,418	5,067,100	2,331,860	282,458
b CATERING MEAL SERVICES	3,302,631	3,099,596	9,328	193,707
c INTERSCHOLASTIC ACTIVITIES	2,767,560	2,645,663	108,727	13,170
d UTILITIES	1,821,578	1,201,617	552,979	66,982
e All other expenses	5,444,782	3,979,882	1,306,628	158,272
25 Total functional expenses. Add lines 1 through 24e	166,904,824	126,443,626	35,984,184	4,477,014
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet**

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash-non-interest-bearing		30,095,054	1	33,899,444
	2	Savings and temporary cash investments		398,465	2	145,598
	3	Pledges and grants receivable, net		853,424	3	1,116,405
	4	Accounts receivable, net		2,416,826	4	4,325,525
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		8,438,347	7	7,802,345
	8	Inventories for sale or use		457,671	8	458,688
	9	Prepaid expenses and deferred charges		3,574,985	9	4,448,939
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 226,754,519			
	b	Less accumulated depreciation	10b 79,805,800	148,014,610	10c	146,948,719
	11	Investments—publicly traded securities		41,232,950	11	39,982,659
	12	Investments—other securities See Part IV, line 11		12,550,181	12	11,479,281
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		26,245,962	15	29,171,988
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		274,278,475	16	279,779,591
Liabilities	17	Accounts payable and accrued expenses		6,868,091	17	7,325,088
	18	Grants payable		0	18	0
	19	Deferred revenue		11,186,931	19	10,713,895
	20	Tax-exempt bond liabilities		90,642,298	20	88,352,459
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		1,406,681	24	1,012,521
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D		13,030,776	25	13,382,119
	26	**Total liabilities.** Add lines 17 through 25		123,134,777	26	120,786,082
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		82,105,452	27	86,025,964
	28	Temporarily restricted net assets		23,588,356	28	0
	29	Permanently restricted net assets		45,449,890	29	72,967,545
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		151,143,698	33	158,993,509
	34	Total liabilities and net assets/fund balances		274,278,475	34	279,779,591

Part XI Reconcilliation 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	173,966,152
2	Total expenses (must equal Part IX, column (A), line 25)	2	166,904,824
3	Revenue less expenses Subtract line 2 from line 1	3	7,061,328
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	151,143,698
5	Net unrealized gains (losses) on investments	5	1,521,659
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	-733,176
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	158,993,509

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other ______ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

Software ID:
Software Version:
EIN: 93-0386892
Name: Pacific University

Form 990 (2018)

Form 990, Part III, Line 4a:

Instruction - academic departments provide educational services to attending students

Form 990, Part III, Line 4b:

Grants and scholarships - the university provides monetary support through grants, scholarships and financial aid to qualified students

Form 990, Part III, Line 4c:

Other student support services - dorm, cafeteria and activities are provided to students to enhance the academic social environment at the university

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Dr Lesley M Hallick President/Trustee	40 0 0 0	X		X				608,114	0	40,990
Julie Berglund Baker Trustee	1 0 0 0	X						0	0	0
Robert O Barrett Trustee	1 0 0 0	X						0	0	0
Evona M Brim Trustee	1 0 0 0	X						0	0	0
Julia Brim-Edwards Trustee	1 0 0 0	X						0	0	0
Mindy Cameron Trustee	1 0 0 0	X						0	0	0
Manuel Castaeda Trustee	1 0 0 0	X						0	0	0
Patrick CH Clark Trustee	1 0 0 0	X						0	0	0
Dr Graham B Erickson Professor/Trustee	40 0 0 0	X						136,438	0	27,714
Gloria Everett Trustee	1 0 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Jim Fitzgerald Trustee	1 0 0 0	X						0	0	0
Mark Frandsen Trustee	1 0 0 0	X						0	0	0
Sheri Garboden Trustee	1 0 0 0	X						0	0	0
Rebecca Graham Trustee	1 0 0 0	X						0	0	0
Dr Jamie R Haag Professor/Trustee	40 0 0 0	X						102,543	0	15,594
Michael H Hudson Sr Trustee	1 0 0 0	X						0	0	0
Dan James Trustee	1 0 0 0	X						0	0	0
Betsy Johnson Trustee	1 0 0 0	X						0	0	0
Dr Don R Kania Trustee	1 0 0 0	X						0	0	0
Dr Peter O Kohler Trustee	1 0 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Matthew Lowe Trustee	1 0 0 0	X						0	0	0
Kenneth C McGill Trustee	1 0 0 0	X						0	0	0
Dr Richard Miles Trustee	1 0 0 0	X						0	0	0
Martin Moll Trustee	1 0 0 0	X						0	0	0
Cameron Perry Trustee	1 0 0 0	X						0	0	0
Nancy M Phillips Trustee	1 0 0 0	X						0	0	0
Dr Adam Preston Student/Trustee	1 0 0 0	X						0	0	0
Jenna Richards Student/Trustee	1 0 0 0	X						3,658	0	0
Tim Schauermann Trustee	1 0 0 0	X						0	0	0
Norman Scott Trustee	1 0 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Tommy Thayer Trustee	1 0 0 0	X						0	0	0
Tim M Tran Trustee	1 0 0 0	X						0	0	0
Doug Weberling Trustee	1 0 0 0	X						0	0	0
Mike Wright Trustee	1 0 0 0	X						0	0	0
Gerald C Yoshida Trustee	1 0 0 0	X						0	0	0
Gene Zurbrugg Trustee	1 0 0 0	X						0	0	0
John Miller VP Academic Affairs/Provost	40 0 0 0			X				299,555	0	38,112
Jim Langstraat VP for Finance & Admin	40 0 0 0			X				91,444	0	27,740
Carole Timpone Associate Dean - Clinic Prog	40 0 0 0					X		285,513	0	16,035
Ann Barr-Gillespie Executive Dean-(CHP) & Vice Pr	40 0 0 0					X		232,931	0	30,456

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Catherine Warman VP of University Advancement	40 0 0 0					X		229,066	0	29,632
Jennifer Coyle Dean/College of Optometry	40 0 0 0					X		229,618	0	44,106
Mark Ankeny VP Enrollment Mgmt & Student A	40 0 0 0					X		216,891	0	36,227

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Pacific University

Employer identification number
93-0386892

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

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

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

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

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

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

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

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

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

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

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

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	5,851,325	6,719,232	7,850,152	6,730,437	7,795,133	34,946,279
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 3	5,851,325	6,719,232	7,850,152	6,730,437	7,795,133	34,946,279
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						4,202,128
6 **Public support.** Subtract line 5 from line 4						30,744,151

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7 Amounts from line 4	5,851,325	6,719,232	7,850,152	6,730,437	7,795,133	34,946,279
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,128,708	1,883,989	1,989,730	2,712,491	2,004,613	10,719,531
9 Net income from unrelated business activities, whether or not the business is regularly carried on	10,815	0	0	0	0	10,815
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	39,434	144,302	22,060	0	26,882	232,678
11 **Total support.** Add lines 7 through 10						45,909,303

12 Gross receipts from related activities, etc (see instructions) | 12 | 762,948,151

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) | 14 | 66 967 %

15 Public support percentage for 2017 Schedule A, Part II, line 14 | 15 | 66 626 %

16a **33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2018** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2017** Schedule A, Part III, line 17	18	

19a **331/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of 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 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		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	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		
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		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	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		
c	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.***	9c		
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 line 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)*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	1		

Section 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 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		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard*	3		

Section 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 year **(see instructions)**

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

c ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more 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.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in **Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in **Part VI.** the role played by the organization in this regard*	3b		

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

	Section 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 collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	**6**		
7	Other expenses (see instructions)	**7**		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	**8**		

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

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	**1**		
2	Enter 85% of line 1	**2**		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	**3**		
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**		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
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 organization is responsive (provide details in **Part VI**) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2018**	**(iii) Distributable Amount for 2018**
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2019.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:
Software Version:
EIN: 93-0386892
Name: Pacific University

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, 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 V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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 the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Pacific University

Employer identification number
93-0386892

Part I **Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" 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)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

- ☐ Preservation of land for public use (e g , recreation or education)
- ☐ Preservation of an 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 day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ ____________

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

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

9 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 conservation easements

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

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 ▶ $ ____________

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ ____________

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

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

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

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other

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

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

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.

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	48,166,501	46,094,147	41,576,672	43,210,357	43,071,369
b Contributions	2,689,385	1,711,221	1,781,347	1,727,321	1,161,045
c Net investment earnings, gains, and losses	1,637,650	2,151,515	4,577,528	-622,286	660,609
d Grants or scholarships	844,483	856,968	871,630	881,719	814,375
e Other expenditures for facilities and programs	918,786	933,414	969,770	974,869	868,291
f Administrative expenses				882,132	
g End of year balance	50,730,267	48,166,501	46,094,147	41,576,672	43,210,357

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ▶ 24 350 %

b Permanent endowment ▶ 54 200 %

c Temporarily restricted endowment ▶ 21 450 %

The percentages on lines 2a, 2b, and 2c should equal 100%

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

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

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

Part VI Land, Buildings, and Equipment.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		7,024,476		7,024,476
b Buildings		183,399,969	58,786,160	124,613,809
c Leasehold improvements				
d Equipment		21,387,075	17,040,574	4,346,501
e Other		14,942,999	3,979,066	10,963,933
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				146,948,719

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) DEPOSITS WITH BOND TRUSTEE	4,650,579
(2) FUNDS HELD IN TRUST BY OTHERS	24,521,409
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* . . . . ▶	29,171,988

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
FACULTY CONTRACTS PAYABLE	3,045,014
REFUNDABLE DEPOSITS	1,703,599
POSTRETIREMENT BENEFITS PAYABLE	365,687
ASSET RETIREMENT OBLIGATION	833,970
CAPITAL LEASES PAYABLE	82,428
US GOVERNMENT GRANTS REFUNDABLE	7,351,421
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	13,382,119

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 ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue 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	131,828,164
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	1,521,659		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	-127,150		
e	Add lines **2a** through **2d**			2e	1,394,509
3	Subtract line **2e** from line **1**			3	130,433,655
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	43,532,497		
c	Add lines **4a** and **4b**			4c	43,532,497
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	173,966,152

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

1	Total expenses and losses per audited financial statements			1	123,978,353
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	123,978,353
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	42,926,471		
c	Add lines **4a** and **4b**			4c	42,926,471
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	166,904,824

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information *(continued)***

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 93-0386892
Name: Pacific University

Supplemental Information

Return Reference	Explanation
OTHER EXCLUDED REVENUE	SCHEDULE D, PART XI, LINE 2D (127,150) - SPLIT INTEREST AGREEMENTS --------------- (127,150) - TOTAL

Supplemental Information

Return Reference	Explanation
OTHER INCLUDED REVENUE	SCHEDULE D, PART XI, LINE 4B 208,913 - PARTNERSHIP K-1 INCOME (28,032) - FUNDRAISING RECLA SS 42,954,503 - SCHOLARSHIP RECLASS 397,113 - ACTUARIAL ADJUSTMENT --------------- 43,532, 497 - TOTAL

Supplemental Information

Return Reference	Explanation
OTHER INCLUDED EXPENSES	SCHEDULE D, PART XII, LINE 4B 42,954,503 - SCHOLARSHIP RECLASS (28,032) - FUNDRAISING RECLASS --------------- 42,926,471 - TOTAL

Supplemental Information

Return Reference	Explanation
ENDOWMENT FUND	SCHEDULE D, PART V, LINE 4 THE ENDOWMENT FUNDS ARE USED TO HELP THE UNIVERSITY PLAN BEYOND THE CURRENT YEAR THE FUND GROWS EACH YEAR THROUGH ADDITIONAL GIFTS AND SUCCESSFUL INVEST ING THE ENDOWMENT PRIMARILY PROVIDES FUNDING FOR SCHOLARSHIPS, PROFESSORSHIPS AND OTHER S CHOOL PROGRAMS EACH YEAR

Supplemental Information

Return Reference	Explanation
FIN 48 FOOTNOTE	SCHEDULE D, PART X, LINE 2 THE INTERNAL REVENUE SERVICE HAS RECOGNIZED THE UNIVERSITY AS E XEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE (IRC) AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE IRC EXCEPT TO THE EXTENT OF UNRELAT ED BUSINESS INCOME UNDER SECTIONS 511 THROUGH 515 MANAGEMENT BELIEVES THAT UNRELATED BUSI NESS INCOME TAX, IF ANY, IS IMMATERIAL, AND THEREFORE, NO TAX PROVISION HAS BEEN MADE THE UNIVERSITY ACCOUNTS FOR INCOME TAXES IN ACCORDANCE WITH FASB ASC SUBTOPIC 740-10, ACCOUNT ING FOR UNCERTAINTY IN INCOME TAXES - AN INTERPRETATION OF FASB STATEMENT 109, WHICH CLARI FIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTERPRISE'S FINANCIA L STATEMENTS AND PRESCRIBES A THRESHOLD OF MORE LIKELY THAN NOT FOR RECOGNITION OF TAX BEN EFITS OF UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN FASB ASC 7 40-10 ALSO PROVIDES RELATED GUIDANCE ON MEASUREMENT, DERECOGNITION, CLASSIFICATION, INTERE ST AND PENALTIES, AND DISCLOSURE

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SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

▶ Complete if the organization answered "Yes" 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/Form990EZ* for the latest instructions.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization	Employer identification number
Pacific University	93-0386892

Part I

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II	3	Yes	
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Part II			
5	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
e	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	Other extracurricular activities?	5h		No
	If you answered "Yes" to any of the above, please explain If you need more space, use Part II			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		No
	If you answered "Yes" to either line 6a or line 6b, explain on Part II			
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7	Yes	

Part II **Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also provide any other additional information (see instructions)

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

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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Pacific University

Employer identification number
93-0386892

Part I **Fundraising Activities.**Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

a ☐ Mail solicitations

b ☐ Internet and email solicitations

c ☐ Phone solicitations

d ☐ In-person solicitations

e ☐ Solicitation of non-government grants

f ☐ Solicitation of government grants

g ☐ Special fundraising events

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

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

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

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

		(a) Event #1 Fundraising (event type)	(b) Event #2 (event type)	(c) Other events 0 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	40,766			40,766
	2 Less Contributions	13,884			13,884
	3 Gross income (line 1 minus line 2)	26,882			26,882
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	1,911			1,911
	7 Food and beverages	17,361			17,361
	8 Entertainment				
	9 Other direct expenses	8,760			8,760
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				28,032
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-1,150

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

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

9 Enter the state(s) in which the organization conducts gaming activities ______

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

b If "No," explain ______

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

b If "Yes," explain ______

11 Does the organization conduct gaming activities with nonmembers? ☐ **Yes** ☐ **No**

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

13 Indicate the percentage of gaming activity conducted in

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

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

Name ▶

Address ▶

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

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

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Pacific University

Employer identification number
93-0386892

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section (if applicable)	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of noncash assistance	**(h)** Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . . . . ▶

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) ACADEMIC AWARDS/SCHOLARSHIPS	1929	41,033,692			
(2) ENDOWED SCHOLARSHIPS	327	1,040,234			
(3) RESTRICTED NAMED SCHOLARSHIPS	102	811,343			
(4) TUITION EXCHANGE WAIVERS	9	23,005			
(5) TUALATIN ACADEMIC WAIVERS	4	46,230			
(6) VARIANCE IN FORM 990 PART IX VERSUS SCHEDULE I		-1			
(6)					
(7)					

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

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

Schedule J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Pacific University

Employer identification number
93-0386892

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☑ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		No
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☑ Compensation committee ☑ Independent compensation consultant ☑ Form 990 of other organizations ☐ Written employment contract ☑ Compensation survey or study ☑ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	**4c**		No
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization? If "Yes," on line 5a or 5b, describe in Part III	**5b**		No
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization? If "Yes," on line 6a or 6b, describe in Part III	**6b**		No
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
1 Dr Lesley M Hallick President/Trustee	**(i)**	340,994	0	267,120	40,990	0	649,104	0
	(ii)	0	0	0	0	0	0	0
2 Dr Graham B Erickson Professor/Trustee	**(i)**	136,438	0	0	27,714	0	164,152	0
	(ii)	0	0	0	0	0	0	0
3 John Miller VP Academic Affairs/Provost	**(i)**	299,555	0	0	38,112	0	337,667	0
	(ii)	0	0	0	0	0	0	0
4 Carole Timpone Associate Dean - Clinic Prog	**(i)**	285,513	0	0	16,035	0	301,548	0
	(ii)	0	0	0	0	0	0	0
5 Ann Barr-Gillespie Executive Dean-(CHP) & Vice Pr	**(i)**	232,931	0	0	30,456	0	263,387	0
	(ii)	0	0	0	0	0	0	0
6 Catherine Warman VP of University Advancement	**(i)**	223,066	0	6,000	29,632	0	258,698	0
	(ii)	0	0	0	0	0	0	0
7 Jennifer Coyle Dean/College of Optometry	**(i)**	229,618	0	0	44,106	0	273,724	0
	(ii)	0	0	0	0	0	0	0
8 Mark Ankeny VP Enrollment Mgmt & Student A	**(i)**	216,891	0	0	36,227	0	253,118	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

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

Return Reference	Explanation
SEVERANCE PAYMENT	SCHEDULE J, PART I, LINE 4A THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS IN CALENDAR YEAR 2018 CAROLE TIMPONE - $85,754

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
Pacific University

Employer identification number
93-0386892

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No	(i) Pool financing Yes	(i) Pool financing No
A	CITY OF FOREST GROVE OREGON	93-6002164	345648DA4	03-20-2014	35,933,858	SEE SUPPLEMENTAL INFORMATION		X		X		X
B	CITY OF FOREST GROVE OREGON	93-6002164	345648DR7	04-22-2015	38,515,031	SEE SUPPLEMENTAL INFORMATION		X		X		X
C	CITY OF FOREST GROVE OREGON	93-6002164		10-19-2016	17,800,000	SEE SUPPLEMENTAL INFORMATION		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0	2,915,000	1,749,061	
2	Amount of bonds legally defeased	0	0	0	
3	Total proceeds of issue	35,933,858	38,515,031	17,800,000	
4	Gross proceeds in reserve funds	3,878,662	0	0	
5	Capitalized interest from proceeds	0	0	0	
6	Proceeds in refunding escrows	0	0	0	
7	Issuance costs from proceeds	666,985	463,921	185,398	
8	Credit enhancement from proceeds	0	0	0	
9	Working capital expenditures from proceeds	0	0	0	
10	Capital expenditures from proceeds	35,266,874	38,051,110	17,614,602	
11	Other spent proceeds	0	0	0	
12	Other unspent proceeds	0	0	0	
13	Year of substantial completion	2014	2015	2016	

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

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X	X			X		
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?			X					
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0 %			
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X		X		X		
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X		X		
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X			

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X		X			
b	Exception to rebate?		X		X		X		
c	No rebate due?		X		X		X		
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X		
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b	Name of provider	0		0		0			
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b	Name of provider	0		0		0			
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X			

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X			

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

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Go to *www.irs.gov/Form990* for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Pacific University

Employer identification number
93-0386892

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	11	69,598	Average Market Value
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( )				
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

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

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

Part II **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
NUMBER OF CONTRIBUTIONS	SCHEDULE M, PART I THE NUMBER OF CONTRIBUTIONS REPORTED IN PART I IS THE TOTAL NUMBER OF CONTRIBUTIONS RECEIVED

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493142001480

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 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

2018

Open to Public Inspection

Name of the organization	Employer identification number
Pacific University	93-0386892

990 Schedule O, Supplemental Information

Return Reference	Explanation
FAMILY OR BUSINESS RELATIONSHIPS	FORM 990, PART VI, LINE 2 BOARD MEMBERS EVONA M BRIM AND JULIA BRIM-EDWARDS HAVE A FAMILY RELATIONSHIP REVIEW OF FORM 990 FORM 990, PART VI, LINE 11 A & B A DRAFT OF THE FORM 990 FOR FISCAL YEAR 2018-2019 WILL BE SENT TO EACH MEMBER OF THE BOARD BEFORE FILING THE COMMITTEE HAS DELEGATED THE AUDIT COMMITTEE TO REVIEW THE FORM 990 THIS REVIEW PROCESS WILL TAKE PLACE BEFORE THE FORM 990 IS FILED AND WILL INCLUDE PARTIES FROM THE TAX FIRM INVOLVED, THE CONTROLLER, THE VP FOR FINANCE & ADMINISTRATION, AND THE AUDIT COMMITTEE AFTER REVIEW AND PRIOR TO FILING, A COPY OF THE RETURN WILL BE PROVIDED TO EACH BOARD MEMBER, PREFERABLY BY EMAIL TRANSMISSION

990 Schedule O, Supplemental Information

Return Reference	Explanation
ENFORCEMENT OF WRITTEN CONFLICT OF INTEREST POLICY	FORM 990, PART VI, SECTION B, LINE 12C THE BOARD OF TRUSTEES CONFLICT OF INTEREST POLICY I S INCLUDED AS ARTICLE 6, SECTION 5 OF THE BYLAWS WHICH GOVERN THE ACTIONS OF THE BOARD OF TRUSTEES OF PACIFIC UNIVERSITY a)TRUSTEES SHALL DISCLOSE TO THE BOARD ANY POSSIBLE CONFLI CT OF INTEREST AT THE EARLIEST PRACTICAL TIME A TRUSTEE SHALL BE CONSIDERED TO HAVE A CON FLICT OF INTEREST IF (I) SUCH TRUSTEE HAS EXISTING OR POTENTIAL FINANCIAL OR OTHER INTERES TS WHICH IMPAIR OR MIGHT REASONABLY APPEAR TO IMPAIR SUCH MEMBER'S INDEPENDENT, UNBIASED J UDGMENT IN THE DISCHARGE OF SUCH TRUSTEE'S RESPONSIBILITIES TO THE UNIVERSITY, OR (II) SUC H TRUSTEE IS AWARE THAT A MEMBER OF HIS OR HER FAMILY, OR ANY ORGANIZATION IN WHICH SUCH T RUSTEE (OR MEMBER OF HIS OR HER FAMILY) IS AN OFFICER, DIRECTOR, EMPLOYEE, MEMBER, PARTNER , TRUSTEE OR CONTROLLING STOCKHOLDER, HAS SUCH EXISTING OR POTENTIAL FINANCIAL OR OTHER IN TERESTS FOR THE PURPOSES OF THIS PROVISION, A FAMILY MEMBER IS DEFINED AS A SPOUSE, PAREN T, SIBLING, CHILD AND ANY OTHER RELATIVE IF RESIDING IN THE SAME HOUSEHOLD AS THE TRUSTEE b) ALL TRUSTEES AND COMMITTEE MEMBERS SHALL REFRAIN FROM CONFLICTS OF INTERESTS, THE PERC EPTION OF CONFLICTS OF INTEREST AND REQUESTING SPECIAL FAVORS HOWEVER, IF CONFLICTS DO OC CUR, TRUSTEES AND COMMITTEE MEMBERS SHOULD DISCLOSE THEIR INTEREST DURING THE TRANSACTION OF BUSINESS AND ABSTAIN FROM VOTING ON ISSUES WHERE A CONFLICT IS PRESENT ANNUALLY, BOARD MEMBERS RECEIVE A COPY OF THE CONFLICT OF INTEREST STATEMENT AND ARE REQUIRED TO COMPLETE A DISCLOSURE STATEMENT THIS STATEMENT IS RETURNED TO THE OFFICE OF THE PRESIDENT AND KEP T ON FILE THE PRESIDENT AND CHAIRMAN OF THE BOARD FOLLOW-UP WITH THE BOARD MEMBERS REGARD ING COMPLETING THE DISCLOSURE STATEMENT THE OFFICE OF THE PRESIDENT MONITORS RECEIPT OF T HE SIGNED STATEMENT TO ENSURE ALL BOARD MEMBERS COMPLETE THE DISCLOSURE ALL RESPONSES ARE REVIEWED BY THE PRESIDENT IF A MEMBER DISCLOSES A CONFLICT OF INTEREST, A COPY IS SENT T O THE VP OF FINANCE ADDITIONALLY, UPON DISCOVERY OF A POSSIBLE CONFLICT OF INTEREST OR AT ANY OTHER TIME REQUESTED BY THE COMMITTEE OF TRUSTEES, TRUSTEES WILL BE ASKED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT AND RETURN IT TO THE OFFICE OF THE PRESIDENT THE UNIVERSITY'S INSTITUTIONAL CONFLICT OF INTEREST POLICY FOR ALL EMPLOYEES, INCLUDING O FFICERS, REQUIRES EMPLOYEES TO DISCLOSE ALL CONFLICTS OF INTEREST WITH THE UNIVERSITY A C OPY OF THIS CONFLICT OF INTEREST POLICY IS DELIVERED ELECTRONICALLY TO EMPLOYEES ANNUALLY AND IS INCLUDED AMONG UNIVERSITY INSTITUTIONAL POLICIES POSTED IN THE HUMAN RESOURCES WEB PAGE ONLINE WWW PACIFICU EDU/HR/POLICIES/INDEX CFM THIS POLICY PROVIDES THAT A CONFLICT O F INTEREST EXISTS IF AN EMPLOYEE'S ACTIONS, ACTIVITIES, OR PRACTICES ON BEHALF OF THE UNIV ERSITY EITHER (A) RESULT IN PREFERENTIAL TREATMENT OR AN IMPROPER GAIN OR ADVANTAGE TO THE EMPLOYEE, THE EMPLOYEE'S FAMILY OR BUSINESS ASSOCIATES, OR (B) HAS A DETRIMENTAL EFFECT O N THE UNIVERSITY'S INTERESTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
ENFORCEMENT OF WRITTEN CONFLICT OF INTEREST POLICY	A CONFLICT OF INTEREST MAY OCCUR WHEN AN EMPLOYEE FAILS TO EXERCISE DUE CARE, SKILL OR JUD GMENT ON BEHALF OF THE UNIVERSITY IN THE PERFORMANCE OF THE EMPLOYEE'S DUTIES BECAUSE OF A N INTEREST INCONSISTENT WITH THE MISSION GOALS OR WORK OF THE UNIVERSITY EMPLOYEES MUST P ROVIDE FULL DISCLOSURE OF ALL FACTS AND CIRCUMSTANCES RELATED TO ANY TRANSACTION, CONTRACT OR ACTIVITY IN WHICH THEY ARE INVOLVED, OR MAY BECOME INVOLVED, THAT MIGHT DIRECTLY OR IN DIRECTLY CREATE A CONFLICT OF INTEREST WITH THE UNIVERSITY DISCLOSURE IS MADE TO THE EMPL OYEE'S IMMEDIATE SUPERVISOR WHO MUST REPORT THE MATTER TO THE VICE-PRESIDENT OF FINANCE AN D ADMINISTRATION FAILURE TO DISCLOSE A CONFLICT OF INTEREST SUBJECTS THE EMPLOYEE TO DISC IPLINE UP TO AND INCLUDING TERMINATION OF EMPLOYMENT SECTION 4 10 OF THE UNIVERSITY HANDB OOK GOVERNS FACULTY CONFLICTS OF INTERESTS RELATED TO OUTSIDE CONSULTING OR PARTICIPATION IN COMMERCIAL OR GOVERNMENTAL ENTERPRISES THAT HAVE THE POTENTIAL FOR CREATING A CONFLICT OF INTEREST WITH UNIVERSITY OBLIGATIONS A CONFLICT OF INTEREST DISCLOSURE FORM MUST BE SU BMITTED NO LATER THAN SEPTEMBER 15 ANNUALLY TO A DEPARTMENT CHAIR OR DIRECTOR AND TO THE C OLLEGE DEAN BY FACULTY MEMBERS WITH APPOINTMENTS OF 0 5 FTE OR GREATER

990 Schedule O, Supplemental Information

Return Reference	Explanation
COMPENSATION REVIEW POLICY	FORM 990, PART VI, LINE 15a THE BYLAWS OF PACIFIC UNIVERSITY SPECIFICALLY STATE THAT THE B OARD OF TRUSTEES IS RESPONSIBLE TO APPOINT THE PRESIDENT AND SET APPROPRIATE CONDITIONS OF EMPLOYMENT WHICH INCLUDE COMPENSATION THE BOARD SHALL ESTABLISH THE CONDITIONS OF EMPLOY MENT OF OTHER KEY INSTITUTIONAL OFFICERS WHO SERVE AT THE PLEASURE OF THE PRESIDENT (IN CO NSULTATION WITH THE BOARD AS MAY BE APPROPRIATE) A COMMITTEE OF THE BOARD COMPRISED ENTIR ELY OF INDIVIDUALS WHO DO NOT HAVE A CONFLICT OF INTEREST WILL BE AUTHORIZED BY THE BOARD TO REVIEW COMPENSATION DATA AND OTHER EMPLOYMENT INFORMATION APPROPRIATE FOR THE POSITION OF THE PRESIDENT IN 2013-2014, THE UNIVERSITY CONTRACTED WITH AN OUTSIDE FIRM TO CONDUCT A BENCHMARKING STUDY IN ORDER TO OBTAIN COMPETITIVE AND RELEVANT COMPENSATION DATA THIS B ENCHMARKING STUDY INCLUDED RELEVANT INFORMATION ABOUT PACIFIC UNIVERSITY AND THE RESPONSIB ILITIES AND ROLES OF THE PRESIDENT AND VICE PRESIDENTS, INCLUDING VP UNIVERSITY ADVANCEMEN T, VP STUDENT LIFE, CFO-VP FINANCE & ADMINISTRATION, AND PROVOST-VP ACADEMIC AFFAIRS SUCH INFORMATION INCLUDED A JOB DESCRIPTION FOR EACH POSITION, PACIFIC'S COMPENSATION PHILOSOP HY, GOALS, ROLES AND RESPONSIBILITIES AND OTHER PERTINENT INFORMATION IN ADDITION, THE FI RM CONDUCTED A COMPREHENSIVE SURVEY OF COMPENSATION PACKAGES OF UNIVERSITY PRESIDENTS AND VICE PRESIDENTS THAT INCLUDED 11 PEER INSTITUTIONS THE SURVEY INCLUDED REQUESTS OF INFORM ATION ON BASE COMPENSATION, BONUSES, DEFERRED COMPENSATION, AND RETIREMENT PROGRAMS AND IN CLUDED VARIOUS PREREQUISITES THE FIRM MONITORED RESPONSES AND ANALYZED THE DATA AND THEN PREPARED A REPORT OF THE RESULTS THIS BENCHMARKING REPORT ALSO INCLUDED RECOMMENDATIONS O F THE RANGE OF PERCENTILES FOR COMPENSATION BASED ON THE PEER GROUP AND INCLUDED RECOMMEND ATIONS REGARDING THE STRUCTURE OF THE PACKAGE BENCHMARKING STUDIES ARE USED BY MEMBERS OF THE BOARD OF TRUSTEES ("BOARD") WHEN REVIEWING COMPENSATION FOR THE PRESIDENT OR IN SELEC TING A NEW PRESIDENT THIS BENCHMARKING STUDY CONDUCTED IN 2013-2014 WAS SHARED WITH THE C HAIR OF THE BOARD OF TRUSTEES AND OTHER MEMBERS OF THE BOARD COMPENSATION COMMITTEE THE B OARD HAS RESPONSIBILITY TO APPOINT THE PRESIDENT AND SET APPROPRIATE CONDITIONS OF EMPLOYM ENT, INCLUDING COMPENSATION WHEN THE BOARD SELECTS A NEW PRESIDENT, A VOTE PROCESS FOR AP PROVAL IS CONDUCTED THROUGH A SPECIAL MEETING OF THE BOARD AT THAT MEETING EACH MEMBER OF THE BOARD WHO IS PRESENT MUST CALL OUT THEIR VOTE AND THEIR VOTE IS RECORDED IN THE MINUT ES THEN AT THE NEXT REGULAR BOARD OF TRUSTEES MEETING A MOTION IS MADE THAT MUST BE PASSE D APPOINTING THE NEXT PRESIDENT THIS IS ALL FULLY DOCUMENTED IN THE MINUTES OF THE MEETIN G DETERMINING COMPENSATION FOR KEY AND OTHER EMPLOYEES SUCH AS THE UNIVERSITY'S VICE PRES IDENTS AND DEANS ARE DONE BY COMPARING COMPENSATION TO MEDIANS OF NATIONAL DATA FOR INSTIT UTIONS IN OUR QUARTILE FOR ENROLLMENT AND OUR QUARTILE FOR BUDGET, OR MEDIAN OF THEIR COUN TERPARTS FOR THE PROFESSIONAL

990 Schedule O, Supplemental Information

Return Reference	Explanation
COMPENSATION REVIEW POLICY	SCHOOLS THEIR SALARIES ARE THEN SET AT OR NEAR THE MEDIAN OF THE RELEVANT COMPARABLE SALA RY DATA SET, USING THE SAME METHODOLOGY THAT IS ALSO APPLIED TO ALL FACULTY SALARIES

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
RECONCILIATION OF NET ASSETS	FORM 990, PART XI, LINE 9 SPLIT INTEREST AGREEMENTS (127,150) ACTUARIAL ADJUSTMENTS (397,113) PARTNERSHIP INCOME (208,913) ---------------- TOTAL (733,176)

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Pacific University

Employer identification number

93-0386892

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

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

Part II **Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

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

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

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

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

See Additional Data Table

(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	(i) Section 512(b)(13) controlled entity? Yes	No

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

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

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	**(b)** Transaction type (a-s)	**(c)** Amount involved	**(d)** Method of determining amount involved
(1) Rossman Trust	a(ii)	54,852	Cash Received
(2) Scott Walter Trust	a(ii)	75,000	Cash Received
(3) Vandervelden Trust	a(ii)	107,781	Cash Received
(4) Elise Eilers Elliott	a(ii)	311,833	Cash Received

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 93-0386892
Name: Pacific University

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	No
(1) Louis & Camille Wainwright 5700 NE 82nd Ave Apt 48 Vancouver, WA 98662 93-1305429	CRAT	OR		Trust			60 000 %	Yes	
(1) Timothy Schauermann & Nancy Cross 20600 NW Quail Hollow Dr Portland, OR 97229 82-6105750	CRUT	OR		Trust			100 000 %	Yes	
(2) Milan & Jean Stoyanov 241 NW Hilltop Rd Portland, OR 97210 86-6341685	CRUT	OR		Trust			100 000 %	Yes	
(3) Daniel & Kathryn Bump 315 Gilbert Street Menlo Park, CA 94025 93-1305430	CRUT	OR		Trust			100 000 %	Yes	
(4) Larry Williams PO Box 729 Gaston, OR 97119 82-6105812	CRUT	OR		Trust			100 000 %	Yes	
(5) Jennifer Ruecker Miller 39951 NW Verboort Rd Fore Forest Grove, OR 97116 91-1307768	CRUT	OR		Trust			100 000 %	Yes	
(6) Milton Johnston 12204 N 53rd Street Tampa, FL 33617 51-0533108	CRUT	OR		Trust			100 000 %	Yes	
(7) AE & Evona Brim First Republic Tr Co 111 Pine St San Francisco, CA 94111	CRUT	OR		Trust			75 000 %	Yes	
(8) Rossman Trust US Bank 111 SW 5th Ave 6th Floor Portland, OR 97204	CHARIT TRUST	OR		Trust	54,852		100 000 %	Yes	
(9) Scott Walter Trust Wells Fargo Bank PO Box 20160 Long Beach, CA 908013160	CHART PRIV	OR		Trust	75,000		100 000 %	Yes	
(10) Vandervelden Trust 2781 Kittitas hwy Ellensburg, WA 98926	CHART PRIV	OR		Trust	107,781		100 000 %		
(11) Elise Eilers Elliott 225 Bush St STE 500 San Fancisco, CA 94104	Revocable Tru	OR		Trust	311,833		100 000 %	Yes	
(12) Ralfe A Selberg 2320 Goff Place Forest Grove, OR 97116 93-1239969	CRUT	OR		Trust			100 000 %	Yes	