Form 990-PF

Department of the Treasury Internal Revenue Service

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990PF for instructions and the latest information.

20	19
Open to Public	Inspection

OMB No 1545-0047

_			r tax year beginning			, 2019,	, and end	iing	1 = 1 = 1.1	, 20
		of foundation							A Employer identif	
-9	_	ACIFIC LIFE FOUNDATION ber and street (or P O box number if mail is not delivered to street address) Room/suite							95-34338	
N	umbe	rand street (or PO box n	iumber it maii is not delivered ti	o street ac	idress)		Room/sui	te	B Telephone numb	er (see instructions)
,	700 NEWPORT CENTER DRIVE									2240
_	700 NEWPORT CENTER DRIVE City or town, state or province, country, and ZIP or foreign postal code									3248
·									C If exemption applic	ation is
	พสท	PORT BEACH, CA	A 92660						pending, check hen	• ▶∟
_		eck all that apply	Initial return		Initial return	of a former p	ublic cha	rity	† <u> </u>	
Ŭ	011	ook all that apply	Final return	-	Amended re	•	abile one		D 1 Foreign organiza 2 Foreign organiza	
			Address change		Name chang				85% test, check	here and attach
Н	Che	eck type of organizat	ion X Section 501((c)(3) ex			2	i	computation .	
Ī	_		exempt charitable trust		ther taxable p			7	E If private foundation	
1		market value of				ash X Acc			under section 507(t	
•		of year (from Part I		ther (sp		2311 [22] 7,00	ı dai			in a 60-month termination
			21, 171, 539 (Part I,			ash basis)			4,120, 200,00, 207,(2	,(·,(o), anoannois .
			nue and Expenses (The						<u> </u>	(d) Disbursements
		total of amounts in c	columns (b), (c), and (d)	\a) [[]	Revenue and Denses per	(b) Net inve		((c) Adjusted net	for charitable
		may not necessarily column (a) (see instr	equal the amounts in uctions))		books	incom	ie		income	purposes (cash basis only)
_	1		etc , received (attach schedule) .		3,642,958				· · ·	
	2	Check I if the fo	oundation is not required to		,, , 1					
	3	attach s	Sch B. Cash nyesterents	3	3,231,029	3,23	1,029	-		
٠	4	Dividends and interes	/ \ / \							
	5 a	Gross rents	. 1							
		Net rental income or (loss	e)	•	f		i			
a		•	ale of assets not on line 10		518,805					
ā	Ъ	Gross sales price for all assets on line 6a	1,966,863	-			1		_	
evenue	7		ne (from Part IV, line 2)			51	8,805			
ď	8	, •	gain		1		10			-
	9	•								
	10 a	Gross sales less returns and allowances					1			
	ь	Less Cost of goods sold	1				ı			
	1		attach schedule)				1		-	
	11		schedule)							
_	12		ough 11	12	,392,792	3,74	9,834			
	13	Compensation of officers	, directors, trustees, etc							
ses	14	Other employee salar	es and wages							
ë	15	Pension plans, employ	yee benefits						OFIVED.	
Š	16 a	Legal fees (attach sch	edule)					Kt	CEIVED	
'n	b	Accounting fees (atta	ch schedule)						10	OS
₹	С	Other professional fee	es (attach schedule)				925	_NC) V (2 3) 2020	9
tra	17	Interest								RS
is.	18	Taxes (attach schedule	e) (see instructions)		361,998		_ _	\sim	SDEN, UT	
ĮĒ	19	•	schedule) and depletion.					$\stackrel{\smile}{\sim}$	30211, 01	
Įģ,	20				-			_		
<u> 6</u>	21	Travel, conferences, a	ind meetings							
ar	22	Printing and publication	ons					_		
	23		h schedule)		79,982	2.	4,201			55,781
Baching Journal Administrative Expens	24		administrative expenses.		444 555	_				
ä		_	23	<u>.</u>	441,980	2	4,201			55,781
7	25		rants paid		,208,662	<u>_</u>	4 005			6,728,401
/ _	26		ements Add lines 24 and 25	5	,650,642	2	4,201			6,784,182
	27	Subtract line 26 from			740 150					
			expenses and disbursements	6	,742,150	2 52	- 633		- I	
			ne (if negative, enter -0-)			3,72	5,633]	
\Box			(if negative, enter -0-) t Notice, see instructions.							Form 990-PF (201

JSA For Paperwork Reduction Act Notice, see instructions. 9E1410 1 000

Gld

_	art II	Balance Sheets	Attached schedules and amounts in the	Beginning of year		End o	of year
_	<u> </u>	Daranoc Onocio	description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value		(c) Fair Market Value
_	1	Cash - non-interest-bear	ing	37,337	<u>``_</u>	954	
			cash investments				
	3	Accounts receivable ▶	8,000,000				
		Less allowance for dou	btful accounts ▶	9,000,000	8,000,	000	8,000,000
	4	Pledges receivable ▶_			· · · · · · · · · · · · · · · · · · ·		
			btful accounts ▶				
	5	Grants receivable					
	6	Receivables due from	officers, directors, trustees, and other				
		disqualified persons (at	tach schedule) (see instructions)			_	
	7	Other notes and loans r	receivable (attach schedule)		 		
_		Less allowance for dou	btful accounts ▶				
Assets	8	Inventories for sale or us	se				
SS	9	Prepaid expenses and d	eferred charges			_	
⋖	10 a	Investments - US and stat	e government obligations (attach schedule)				
	b	Investments - corporate	stock (attach schedule)				
			bonds (attach schedule)				
		Investments - land, buildings and equipment basis					
		Less accumulated deprecia (attach schedule)	ation >				
		· ·	loans				······································
			ach schedule)	94,379,354	113,078,	565	113,078,565
		Land, buildings, and equipment basis	>				
ĺ		Less accumulated deprecia (attach schedule)	ition >				
	15	Other assets (describe	·)	38,533		20	20
			completed by all filers - see the				
		instructions Also, see p	age 1, item i)	103,455,224	121,171,		121,171,539
	17	Accounts payable and a	ccrued expenses	43,356	330,		
ı	18	Grants payable		4,664,739	3,145,	000	
S	19	Deferred revenue					
abilities	20	Loans from officers, directo	rs, trustees, and other disqualified persons				
뎶			ites payable (attach schedule)				
ᅦ	22	Other liabilities (describe	:►)				
4			s 17 through 22)	4,708,095	3,475,	841	
nces			v FASB ASC 958, check here ►				}
2		and complete lines 24,	25, 29, and 30.				
<u>a</u>	24	Net assets without dono	or restrictions	98,747,129	117,695,	698	
8	25		estrictions				
ĭ			ollow FASB ASC 958, check here			Ì	1
듸		and complete lines 26 thro	1				
ō	26	•	cipal, or current funds				
욂	27		land, bldg, and equipment fund				<u> </u>
SS	28	- ·	lated income, endowment, or other funds	00 545 100	115 605		
اک	29		balances (see instructions)	98,747,129	117,695,	598	
윈	30		net assets/fund balances (see	102 455 004	101 171		į
				103,455,224	121,171,	539 <u> </u>	
			nges in Net Assets or Fund Balar	•		- Т	
1			alances at beginning of year - Part I		•		00 747 100
_			d on prior year's return)			1	98,747,129
			line 27a			2	6,742,150
			led in line 2 (itemize) ▶			3	12,206,419
			lung 2 (dagaran) b	• • • • • • • • • • • • •		4	117,695,698
		eases not included in		lma E) D==##	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	5	117 605 600
Þ	ıota	i net assets or fund ba	alances at end of year (line 4 minus	iine 5) - Part II, column (b), iine 29	6	117,695,698

Form 990-PF (2019)					Page 3
Part IV Capital Gain	s and Losses for Tax on Inve	estment Income			
* *	escribe the kind(s) of property sold (for ϵ	•	(b) How acquired	(c) Date acquired	(d) Date sold
2-story	brick warehouse, or common stock, 200	shs MLC Co)	P - Purchase D - Donation	(mo , day, yr)	(mo , day, yr)
1 a					
b					
С					
d					
				ļ <u>.</u> .	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo ((e) plus (f) minu	
a 1,966,863		1,448,058			518,805
b	· ·	SEE STATEMENT 2	<u> </u>		
c					
d				_	
Complete only for assets	showing gain in column (h) and owned	by the foundation on 12/31/69	(1)	Gains (Col (h) ga	ain minus
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		(k), but not less the Losses (from col	nan -0-) or
a			<u> </u>		518,805
b					
C					
d					
e					
	(If ga	ain, also enter in Part I, line 7			
2 Capital gain net income	e or (net capital loss)	oss), enter -0- in Part I, line 7	2		518,805
3 Net short-term capital	gain or (loss) as defined in sections	•			
	Part I, line 8, column (c) See insi				
			3		
Part V Qualification	Under Section 4940(e) for Red	duced Tax on Net Investment I	ncome		
	r the section 4942 tax on the distrib		ase period	j?	Yes No
	in't qualify under section 4940(e) D				
	amount in each column for each yea	ar, see the instructions before maki	ng any en		
(a) Base penod years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		(d) Distribution rai (col (b) divided by	
2018	6,836,739	98,352,833			0.0695
2017	6,003,335	94,064,434			0.0638
2016	6,027,464	92,480,195			0.0652
2015	5,812,259	88,050,582		-	0.0660
2014	5,882,422	82,676,017			0.0712
2 Total of line 1, column	(d)		2		0.3357
	tio for the 5-year base period - divide				
-	e foundation has been in existence i	• •	3		0.0671
4 Enter the net value of r	noncharitable-use assets for 2019 fr	rom Part X, line 5	4	106	,448,704
5 Multiply line 4 by line 3			5		,142,708
	nent income (1% of Part I, line 27b) .		6		37,256
7 Add lines 5 and 6			7	7	,179,964
8 Enter qualifying distribu	itions from Part XII, line 4		8		,784,182
If line 8 is equal to or in Part VI instructions	greater than line 7, check the box	in Part VI, line 1b, and complete t	nat part	using a 1% tax	rate See the

	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 494	18 - see i	nstru	ctions	s)	
	*Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1		_		- 1	
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			74,5	513	
	here and enter 1% of Part I, line 27b		-		1	
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of		<u> </u>			
	Part I, line 12, col (b)					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)					
3	Add lines 1 and 2			74,5	513	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)					
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	 		74,5	513	
6	Credits/Payments			-		
а	2019 estimated tax payments and 2018 overpayment credited to 2019 6a 88,533]	
þ	Exempt foreign organizations - tax withheld at source		•		ŀ	
С	Tax paid with application for extension of time to file (Form 8868) 6c		•			
đ	Backup withholding erroneously withheld	-		00 5		
7	Total credits and payments Add lines 6a through 6d	+		88,5		
8	and any perianty for underpayment of estimated tax of look field.	+		-		
9	Tax again the total of mice of and of the mice of an annual of the annual of the mice of t	 		14,0	120	
10 11	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶ 10 Enter the amount of line 10 to be Credited to 2020 estimated tax ▶ 14,020 Refunded ▶ 11			11,0	-	
	t VII-A Statements Regarding Activities					
	During the tax year, did the foundation attempt to influence any national, state, or local legislation of	r did it	- [Yes	No	
	participate or intervene in any political campaign?		1a		Х	
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes?					
	instructions for the definition		1b		_X_	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any n	materials			٠. ا	
	published or distributed by the foundation in connection with the activities					
	Did the foundation file Form 1120-POL for this year?		1c		<u> X</u>	
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				- [
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$	İ	İ	ľ	1	
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imp	osed			ŀ	
	on foundation managers \$		2			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	• • • •	-			
3	If "Yes," attach a detailed description of the activities Has the foundation made any changes, not previously reported to the IRS, in its governing instrument,	articles			-]	
3	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3			
A a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		<u>x</u>	
	If "Yes," has it filed a tax return on Form 990-T for this year?	ſ	4b	1	X	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X	
	If "Yes," attach the statement required by General Instruction T					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			}	·	
	By language in the governing instrument, or					
	• By state legislation that effectively amends the governing instrument so that no mandatory direction	ns that		 ,-		
	conflict with the state law remain in the governing instrument?		6	Х		
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and f	Part XV	7	Х		
8a	Enter the states to which the foundation reports or with which it is registered. See instructions CALIFORNIA					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney	General	_	.		
	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8b	х		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942((j)(3) or	_	.		1
	4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV I	f "Yes,"				
	complete Part XIV		9		<u> </u>	0
0	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing	•		1		
	names and addresses		10		X	

Pai	rt VII-A Statements Regarding Activities (continued)			
	•		Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the	e		
	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	. 11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualifie	d _		
	person had advisory privileges? If "Yes," attach statement See instructions			Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application		Х	
	Website address WWW.PACIFICLIFE.COM			
14	The books are in care of ▶ PACIFIC LIFE INSURANCE COMPANY Telephone no ▶ 949-21	3248	3	
	Located at ▶ 700 NEWPORT CENTER DRIVE, NEWPORT BEACH, CA ZIP+4 ▶ 92660-	6307		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	_	▶	. []
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other autho		Yes	No
	over a bank, securities, or other financial account in a foreign country?	. 16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name	of		1
	the foreign country			
Pai	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?	2	}	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		1	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days)			
b	olf any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in	- 1		
	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	l		Х
	Organizations relying on a current notice regarding disaster assistance, check here			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	t		
	were not corrected before the first day of the tax year beginning in 2019?			Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			ĺ
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines	- [
	6d and 6e) for tax year(s) beginning before 2019?	ľ		
	If "Yes," list the years	ŀ		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)		
	(relating to incorrect valuation of assets) to the year's undistributed income? (if applying section 4942(a)(2) t	·		
	all years listed, answer "No" and attach statement - see instructions)			Х
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	>			1
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation of	r		ŀ
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			ļ
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the			
	foundation had excess business holdings in 2019)			
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes			X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize it			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019			X
		Form 99	N.DE	(2010)

Pai	t VII-B	Statements Regarding Activities	TOP WHICH FORM	4/20 IVIAY BE REC	uired (cont	<u>inuea)</u>			
5a .	During the	e year, did the foundation pay or incur any am	ount to				t	Yes	No
	(1) Carry	on propaganda, or otherwise attempt to influ	ence legislation (section	on 4945(e))?	. Yes	X No			
	(2) Influe	nce the outcome of any specific public el-	ection (see section	4955), or to carry or	n,			ļ	
	dırect	ly or indirectly, any voter registration drive?			Yes	X No			
		a grant to an individual for travel, study, or other similar purposes? Yes X No a grant to an organization other than a charitable, etc., organization described in							
		-					1		1
		in 4945(d)(4)(A)? See instructions			1 1	X No			
		te for any purpose other than religious, c						l ,	
		ses, or for the prevention of cruelty to children		•		X No			
b		swer is "Yes" to 5a(1)-(5), did any of the				scribed in			
	•	ns section 53 4945 or in a current notice regain		•	•		5b		
		ions relying on a current notice regarding disa							-
С		swer is "Yes" to question 5a(4), does the					-		l
•		t maintained expenditure responsibility for the		•		No			
		ittach the statement required by Regulations s	•						
6a		oundation, during the year, receive any ful	• •	ectly to hav premiur	me				
••		onal benefit contract?	•		Yes	X No			ļ
b		undation, during the year, pay premiums, dire					6b		
_		6b, file Form 8870	, , , , , , , , , , , , , , , , , , ,				12		1
7a		e during the tax year, was the foundation a p	arty to a prohibited ta	x shelter transaction?	Yes	X No	-		1
b	-	lid the foundation receive any proceeds or ha		•			7b		
8		ndation subject to the section 4960 tax on pa	-						ī
		tion or excess parachute payment(s) during the	, , ,		. Yes	X No			- 1
Par	t VIII	Information About Officers, Directo					oyees,		
1	list all of	and Contractors ficers, directors, trustees, and foundat	ion managers and	their compensation	See instruc	tions			
	Liot all of		(b) Title, and average	(c) Compensation	(d) Contribut	ions to		e accor	
			(-,		(a) Continuat	10.10	(e) Expens		Int
		(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee bene and deferred con	efit plans	(e) Expens other all	owance	int, :s
SEE	STATEM		hours per week	(If not paid,	employee bene	efit plans	(e) Expens other all	owance	ınt, :S
SEE	STATEM		hours per week	(If not paid,	employee bene	efit plans	(e) Expens other all	owance	ont,
SEE	STATEM		hours per week	(If not paid, enter -0-)	employee bene	efit plans npensation	(e) Expens	owance	s
SEE	STATEM		hours per week	(If not paid, enter -0-)	employee bene	efit plans npensation	(e) Expens	owance	s
SEE	STATEM		hours per week	(If not paid, enter -0-)	employee bene	efit plans npensation	(e) Expens other all	owance	s
SEE	STATEM		hours per week	(If not paid, enter -0-)	employee bene	efit plans npensation	(e) Expens	owance	s
SEE	STATEM		hours per week	(If not paid, enter -0-)	employee bene	efit plans npensation	(e) Expens	owance	s
SEE	STATEM		hours per week	(If not paid, enter -0-)	employee bene	efit plans npensation	(a) Expens	owance	s
2	Compens		hours per week devoted to position	(If not paid, enter -0-)	employee bene and deferred con	offit plans npensation	other all	owance	0
2		ENT 3	hours per week devoted to position	(If not paid, enter -0-)	employee bene and deferred con	nstruction	other all	owance	0
2	Compens "NONE."	ENT 3	hours per week devoted to position (other than those thousand average hours per week	(If not paid, enter -0-)	employee bene and deferred con	nstruction nstruction tions to lenefit	ns). If no	one, (0 enter
2 (a)	Compens "NONE."	ation of five highest-paid employees	hours per week devoted to position (other than thos	(If not paid, enter -0-) 0	employee bene and deferred con	nstruction	other all	one, (0 enter
2 (a)	Compens "NONE."	ation of five highest-paid employees	hours per week devoted to position (other than those thousand average hours per week	(If not paid, enter -0-) 0	employee beneand deferred con 1 - see i (d) Contribut employee b plans and de	nstruction	ns). If no	one, (0 enter
2 (a)	Compens "NONE."	ation of five highest-paid employees	hours per week devoted to position (other than those thousand average hours per week	(If not paid, enter -0-) 0	employee beneand deferred con 1 - see i (d) Contribut employee b plans and de	nstruction	ns). If no	one, (0 enter
2 (a)	Compens "NONE."	ation of five highest-paid employees	hours per week devoted to position (other than those thousand average hours per week	(If not paid, enter -0-) 0 ce included on line (c) Compensation	employee beneand deferred con 1 - see i (d) Contribut employee b plans and de	nstruction nstruction tions to enefit eferred attorn	ns). If no	one, (0 enter
2 (a)	Compens "NONE."	ation of five highest-paid employees	hours per week devoted to position (other than those thousand average hours per week	(If not paid, enter -0-) 0 ce included on line (c) Compensation	employee beneand deferred con 1 - see i (d) Contribut employee b plans and de	nstruction nstruction tions to enefit eferred attorn	ns). If no	one, (0 enter
2 (a)	Compens "NONE."	ation of five highest-paid employees	hours per week devoted to position (other than those thousand average hours per week	(If not paid, enter -0-) 0 ce included on line (c) Compensation	employee beneand deferred con 1 - see i (d) Contribut employee b plans and de	nstruction nstruction tions to enefit eferred attorn	ns). If no	one, (0 enter
2 (a)	Compens "NONE."	ation of five highest-paid employees	hours per week devoted to position (other than those thousand average hours per week	(If not paid, enter -0-) 0 ce included on line (c) Compensation	employee beneand deferred con 1 - see i (d) Contribut employee b plans and de	nstruction nstruction tions to enefit eferred attorn	ns). If no	one, (0 enter
2 (a)	Compens "NONE."	ation of five highest-paid employees	hours per week devoted to position (other than those thousand average hours per week	(If not paid, enter -0-) 0 ce included on line (c) Compensation	employee beneand deferred con 1 - see i (d) Contribut employee b plans and de	nstruction nstruction tions to enefit eferred attorn	ns). If no	one, (0 enter
2 (a)	Compens "NONE."	ation of five highest-paid employees	hours per week devoted to position (other than those thousand average hours per week	(If not paid, enter -0-) 0 ce included on line (c) Compensation	employee beneand deferred con 1 - see i (d) Contribut employee b plans and de	nstruction nstruction tions to enefit eferred attorn	ns). If no	one, (0 enter
2 (a)	Compens "NONE."	ation of five highest-paid employees	hours per week devoted to position (other than those thousand average hours per week	(If not paid, enter -0-) 0 ce included on line (c) Compensation	employee beneand deferred con 1 - see i (d) Contribut employee b plans and de	nstruction nstruction tions to enefit eferred attorn	ns). If no	one, (0 enter
2 (a)	Compens "NONE."	ation of five highest-paid employees	hours per week devoted to position (other than those thousand average hours per week	(If not paid, enter -0-) 0 ce included on line (c) Compensation	employee beneand deferred con 1 - see i (d) Contribut employee b plans and de	nstruction nstruction tions to enefit eferred attorn	ns). If no	one, (0 enter

Five highest-paid independent contractors for professional services. See (a) Name and address of each person paid more than \$50,000 ONE	(b) Type of service	
DNE	(2) () po o o oo oo	(c) Compensation
· · · · · · · · · · · · · · · · · · ·		
	-	
 		
	-	
	_	
		-
	_	
	-	
al number of others receiving over \$50,000 for professional services		
rt IX-A Summary of Direct Charitable Activities		h
st the foundation's four largest direct charitable activities during the tax year. Include relevant stat	istical information such as the number of	_
rganizations and other beneficiaries served, conferences convened, research papers produced, etc		Expenses
N/A		
<u>-</u>	_	
		1
	-	
		1
		1
rt IX-B Summary of Program-Related Investments (see instructions	(3)	
escribe the two largest program-related investments made by the foundation during the tax year on line	·	Amount
N/A		
		1
		1
		ı
I other program-related investments. See instructions		

Page 8

Pai	rt X _s • Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	eign foundations	,
1 .	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities	1a :	107,569,270
	Average of monthly cash balances	1b	500,480
	Fair market value of all other assets (see instructions).	1c	
d	Total (add lines 1a, b, and c)	1d :	108,069,750
е			
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d		108,069,750
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see		
	instructions)	4	1,621,046
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4		106,448,704
6	Minimum investment return. Enter 5% of line 5	6	5,322,435
	rt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four		
	and certain foreign organizations, check here ▶ and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	5,322,435
2 a	Tax on investment income for 2019 from Part VI, line 5 2a 74,513		· · · · · · · · · · · · · · · · · · ·
b	Income tax for 2019 (This does not include the tax from Part VI) 2b		
	Add lines 2a and 2b	2c	74,513
3	Distributable amount before adjustments Subtract line 2c from line 1	3	5,247,922
4	Recoveries of amounts treated as qualifying distributions		
5	Add lines 3 and 4	5	5,247,922
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	5,247,922
Par	rt XII Qualifying Distributions (see instructions)		· ·
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	6,784,182
	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а			
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	6,784,182
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		·
	Enter 1% of Part I, line 27b See instructions	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4		6,784,182
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca		r the foundation

qualifies for the section 4940(e) reduction of tax in those years

Form **990-PF** (2019)

Pá	art XIII Undistributed Income (see insti	ructions)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2019 from Part XI,	Corpus	Years prior to 2018	2018	2019
	line 7				5,247,922
2	Undistributed income, if any, as of the end of 2019				
	Enter amount for 2018 only				
t	Total for pnor years 20,20,20				
	Excess distributions carryover, if any, to 2019	i			
á	From 2014 1,823,655				}
	From 2015 1,542,226				
C	From 2016 1,471,871				
C	From 2017 1,439,181				
•	From 2018 1,956,786				
f	Total of lines 3a through e	8,233,719			
4	Qualifying distributions for 2019 from Part XII,				
	line 4 ▶ \$6,784,182				
a	Applied to 2018, but not more than line 2a				6
t	Applied to undistributed income of prior years				
	(Election required - see instructions)			II	1
c	Treated as distributions out of corpus (Election				1
	required - see instructions)			4	
C	Applied to 2019 distributable amount			6	5,247,923
	Remaining amount distributed out of corpus	1,536,259	<u> </u>		1
3	Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same				
	amount must be shown in column (a))				
6	Enter the net total of each column as				
	indicated below:	0.500.000			
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	9,769,978			
t	Prior years' undistributed income Subtract				
	line 4b from line 2b				1 1
C	Enter the amount of prior years' undistributed income for which a notice of deficiency has	•			
	been issued, or on which the section 4942(a)				
	tax has been previously assessed			·	1
d	Subtract line 6c from line 6b Taxable				
	amount - see instructions			1	.
-	4a from line 2a Taxable amount - see				
	instructions	· · · · · · · · · · · · · · · · · · ·			1
f	Undistributed income for 2019 Subtract lines				
	4d and 5 from line 1 This amount must be	; (
	distributed in 2020				-1
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be		*		
	required - see instructions)				
8	Excess distributions carryover from 2014 not	1 000 655			
_	applied on line 5 or line 7 (see instructions)	1,823,655			1 1
9	Excess distributions carryover to 2020.	7,946,323			
	Subtract lines 7 and 8 from line 6a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	Analysis of line 9 Excess from 2015				
	7 457 052	ļ			
					l l
	Excess from 2017 1,439,181				1
	Excess from 2018 1,956,786]	_		٠,
e	Excess from 2019 1,536,259		-	I	<u></u>

Pa	rt XIV Private Ope	erating Foundations	(see instructions a	nd Part VII-A, question	on 9)	<u></u> _
	If the foundation has					
	foundation, and the ruling	•		·	•	
.		-	_			1(2) or 4042(1)(55
	Check box to indicate v		is a private operating		section 4942(j	
2 a	Enter the lesser of the ad- justed net income from Part	Tax year		Prior 3 years		(e) Fotal
	I or the minimum investment	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
	return from Part X for each				_	
	year listed	0	0	0		
b	85% of line 2a					_
c	Qualifying distributions from Part					
	XII, line 4, for each year listed .					
d	Amounts included in line 2c not				·	
	used directly for active conduct					
_	Oughtwas distributions made					
-	Qualifying distributions made directly for active conduct of					
	exempt activities Subtract line					
3	2d from line 2c					
•	alternative test relied upon					
а	"Assets" alternative test - enter		X			
	(1) Value of all assets					
	(2) Value of assets qualifying under section					
	4942(j)(3)(B)(i)					
b	"Endowment" alternative test-					
	enter 2/3 of minimum invest-					
	ment return shown in Part X, line 6 for each year listed					
С	"Support" alternative test - enter					
	(1) Total support other than					
	gross investment income					ı
	(interest, dividends, rents, payments on securities					
	loans (section 512(a)(5)),	,				
	or royalties)					
	purblic and 5 or more)			
	exempt organizations as provided in section 4942					
	(j)(3)(B)(iii)					
	(3) Largest amount of sup- port from an exempt					
	organization					
	(4) Gross investment income.					
Pai		itary Information (C		only if the founda	tion had \$5,000 o	r more in assets at
	any time di	uring the year - see	instructions.)			
	Information Regarding				•	
а	List any managers of	the foundation who h	ave contributed more	than 2% of the tota	l contributions receiv	ed by the foundation
	before the close of any	tax year (but only if th	ey have contributed m	ore than \$5,000) (Se	e section 507(d)(2))	
NON	Œ					
b	List any managers of	the foundation who	own 10% or more of	the stock of a corpo	oration (or an equally	large portion of the
	ownership of a partners					3 . 7
NON	IF.					
	Information Regarding	Contribution Grant	Gift Loan Scholarshi	in etc. Programs:		
				· -		
	Check here ► if the unsolicited requests for	ne roundation only r	nakes contributions	to preselected charit	able organizations a	nd does not accept
	complete items 2a, b, c			nts, etc., to individual	s or organizations un	der other conditions,
	The name, address, ar	na telephone number o	or email address of th	e person to whom appl	ications should be add	ressed
	STATEMENT 4					
þ	The form in which appli	ications should be sub	mitted and informatio	n and materials they s	should include	
SEE	STATEMENT 4					
С	Any submission deadlin	nes				
SEE	STATEMENT 4					
	Any restrictions or lin	nitations on awards.	such as by geogra	phical areas, charitat	ole fields, kinds of	nstitutions, or other
-	factors			r, viidillas	Killus VI I	

SEE STATEMENT 4
JSA
9E1490 1 000

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid Du	If recipient is an individual	Foundation	ruture Payment	
3 Grants and Contributions Paid Du Recipient Name and address (home or business)	show any relationship to any foundation manager	status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	<u> </u>
a Paid during the year SEE STATEMENT 5		AVAIL		6 720 401
SEE STATEMENT 5		UPON		6,728,401
		REQUEST		
			İ	
2				
			İ	
			·	
Total	· · · · · · · · · · · · · · · · · · ·			6,728,401
b Approved for future payment				
SEE STATEMENT 6		AVAIL		3,145,000
		UPON		
]	REQUEST		
			ļ	
Total	<u></u>			3,145,000
Total	· · · · · · · · · · · · · · · · · · ·		▶ 3b	5, 145, 000 Form 990-PF (2019

•	amounts unless otherwise indicated	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions)
•						(Occ.instructions)
. —			·	 	 .	
				-		
d				ļ		
e						
f						
g Fees	and contracts from government agencies					_
2 Member	ship dues and assessments		_			· · · · · · · · · · · · · · · · · · ·
	on savings and temporary cash investments					
	, ,					3,231,029
	ds and interest from securities		<u> </u>			
	al income or (loss) from real estate.		·	_		'
	-financed property		<u>-</u> .	 -		
b Not	debt-financed property	-				
6 Net renta	al income or (loss) from personal property		<u> </u>			
7 Other in	vestment income					
8 Gain or (loss) from sales of assets other than inventory					518,805
9 Net inco	ome or (loss) from special events					
10 Gross p	rofit or (loss) from sales of inventory					
11 Other re	venue a					
e						
	L Add columns (b) (d) and (c)					2 740 024
	Add columns (b), (d), and (e)			. 1		3,749,834
	dd line 12, columns (b), (d), and (e)				13	3,749,834
	heet in line 13 instructions to verify calcu					
Part XVI- Line No. ▼	Explain below how each activity accomplishment of the foundation	y for which	n income is reported in	n column (e	e) of Part XVI-A contribu	
1	LINE 4 & 8 REPRESENT ST	IDDI EMER	THAT INCOME EDON	מת קוויי ו	TUATE ECUATOATION	I.C. DDTMADV
4						
8	SOURCE OF REVENUE, WHIC					
	MUTUAL FUNDS) FROM DONG				BUTIONS" LISTS T	HE
	FOUNDATION'S MOST SIGN	IFICANT	CONTRIBUTOR(S).			· · · · · · · · · · · · · · · · · · ·
						- ::
					-	
						 "
		·				
						
					 	
		_	 -			
			.,			
			· · · ·	.		

Part	XVII	Information R Organizations	egarding Tran	sfers to ar	nd Transaction	ns and	Relationsh	ips With	Nonch	aritable	Exem
· II o a T	n sec organia ransf	e organization direct ction 501(c) (other zations? ers from the reportir	than section	501(c)(3) or a noncharitat	rganizations) o	r in sec	ition 527, re	elating to	political		Yes N
b (2) Oth Other i	sh				• • • • • ·				1a(2)))
() () (-	2) Pui 3) Re 4) Re	les of assets to a no rchases of assets fro ntal of facilities, equi imbursement arrang ans or loan guaranteo	om a noncharita ipment, or other ements	ble exempt organized black assets	ganization	· · · · · · ·				. 1b(2) . 1b(3) . 1b(4)	2 2 2
c S d If	6) Per Sharing f the stalue of	rformance of service g of facilities, equipm answer to any of the of the goods, other n any transaction of	es or membersh nent, mailing list ne above is "Ye assets, or servio	ip or fundraisi s, other asset s," complete ces given by	ing solicitations on solicitations on paid employed the following of the reporting for the reporting f	oyees	Column (b)	 should ald	ways sho	1b(6) 1c w the fast than f	aır mark
(a) Line		(b) Amount involved	T	oncharitable exer			escription of trans				
								· · · · · · · · · · · · · · · · · · ·			
_								_			
				-			-				
					.						
d	escrib	foundation directly oped in section 501(c) complete the follow	(other than sec					ot organiza	ations	Ye	s 🗌 N
		(a) Name of organization	n I	(b) Ty	pe of organization		-	(c) Descripti	on of relation	nship	
	Under	penalties of perjury, I decla t, and complete Declaration of	re that I have examin	ed this return, incl expayer) is based on a	uding accompanying all information of which	schedules and preparer has	f statements, and any knowledge	to the best o	f my knowled	lge and be	ilief, it is tn
Sign Here	Sign	Jemun J	<u></u>	Noveml	ber 8, 2020	DIRE Title	CTOR & PRESI	DENT	May the IR with the pi See instruction	reparer sh	this returnown below
Paid Prepa	rer	Print/Type preparer's nai	me	Preparer's sig	gnature		Date	1 ' -	employed	PTIN	
Use C		Firm's name Firm's address						Firm's EIN	<u> </u>		
								Phone no			

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

Employer identification number

2019

PACIFIC LIFE FOUNDATION 95-3433806 Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule [X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization
PACIFIC LIFE FOUNDATION

Employer identification number 95-3433806

'Part I	Contributors (see instructions)	Use duplicate copies of Part I if additional space is needed

(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
1	PACIFIC LIFE INSURANCE COMPANY 700 NEWPORT CENTER DRIVE NEWPORT, CA 92660	\$8,642,958_	Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

Employer identification number

PACIFI	FIC LIFE FOUNDATION 95-3433806					
Part II	Noncash Property (see instructions) Use duplicate copies	s of Part II if additional space is ne	Part II if additional space is needed			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received			
		\$	1			

Employer identification number

95-3433806

Part III	(10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) at the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, e contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$						
(a) No. from	Use duplicate copies of Part III if additional space is needed (b) Purpose of gift (c) Use of g			(d) Description of how gift is held			
Part I							
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee				
<u>.</u>			.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, ar	nd ZIP + 4 Rela		nship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, ar	nd ZIP + 4	Relation	nship of transferor to transferee			
				· · · · · · · · · · · · · · · · · · ·			