

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

▶ 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.

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 07/01, 2021, and ending 06/30, 2022

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

C Name of organization UNIVERSITY OF THE PACIFIC
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
 3601 PACIFIC AVENUE
 City or town, state or province, country, and ZIP or foreign postal code
 STOCKTON, CA 95211

D Employer identification number 94-1156266
E Telephone number (209) 946-7704
G Gross receipts \$ 1,053,835,678

F Name and address of principal officer: CHRISTOPHER CALLAHAN, PRESIDENT
 SAME AS C ABOVE

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.PACIFIC.EDU

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1851 **M** State of legal domicile: CA


Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO PROVIDE A SUPERIOR, STUDENT-CENTERED LEARNING EXPERIENCE INTEGRATING LIBERAL ARTS AND PROFESSIONAL EDUCATION AND (CONTINUED ON SCHEDULE O)		
	2	Check this box <input type="checkbox"/> 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	24
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	23
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	4,079
	6	Total number of volunteers (estimate if necessary)	6	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	(1,404,181)
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	53,399,827	48,470,309
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	364,444,667	381,841,603
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	49,826,334	43,103,630
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,640,234	11,375,228
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	478,311,062	484,790,770
	14	Benefits paid to or for members (Part IX, column (A), line 4)	109,087,802	111,009,603
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	193,585,939	211,914,271
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,471,065	0	178,025
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	97,929,125	115,257,329
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	400,602,866	438,359,228
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	77,708,196	46,431,542
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	1,331,534,766	1,275,237,584
	22	Net assets or fund balances. Subtract line 21 from line 20	257,301,423	246,746,436
			1,074,233,343	1,028,491,148

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

Signature of officer  Date 5/9/23

JAMES WALSH, CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name JOCELYNE MILLER Preparer's signature Jocelyne C. Miller Date 5/4/23 Check if self-employed PTIN P00634378

Firm's name ▶ ERNST & YOUNG US LLP Firm's EIN ▶ 34-6565596

Firm's address ▶ 4365 EXECUTIVE DR, SUITE 1600, SAN DIEGO, CA 92121 Phone no. (858) 535-7200

May the IRS discuss this return with the preparer shown above? See instructions Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2021)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:
TO PROVIDE A SUPERIOR, STUDENT-CENTERED LEARNING EXPERIENCE INTEGRATING LIBERAL ARTS AND PROFESSIONAL EDUCATION AND PREPARING INDIVIDUALS FOR LASTING ACHIEVEMENT AND RESPONSIBLE LEADERSHIP IN THEIR CAREERS AND COMMUNITIES.

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 \$ 229,202,714 including grants of \$) (Revenue \$ 360,147,461)
INSTRUCTION, DEPARTMENTAL AND ACADEMIC SUPPORT: INCLUDES THE SALARIES, BENEFITS, SUPPLIES AND DEPARTMENTAL SUPPORT NECESSARY TO DELIVER HIGHER EDUCATION SERVICES FOR THE UNIVERSITY'S APPROXIMATELY 6,000 UNDERGRADUATE, GRADUATE AND PROFESSIONAL STUDENTS ACROSS THREE NORTHERN CALIFORNIA CAMPUSES. THE UNIVERSITY'S MAIN CAMPUS IN STOCKTON COMBINES MANY OF THE ADVANTAGES OF A LARGER UNIVERSITY WITH THOSE OF A SMALL LIBERAL ARTS COLLEGE, OFFERING A BROAD ARRAY OF UNDERGRADUATE, GRADUATE AND PROFESSIONAL DEGREE PROGRAMS THROUGH VARIOUS SCHOOLS, INCLUDING THE COLLEGE OF THE PACIFIC, THE SCHOOL OF ENGINEERING AND COMPUTER SCIENCE, THE CONSERVATORY OF MUSIC, THE EBERHARDT SCHOOL OF BUSINESS, BENERD COLLEGE, AND THE THOMAS J. LONG SCHOOL OF PHARMACY. THE SAN FRANCISCO CAMPUS IS HOME TO THE ARTHUR A. DUGONI SCHOOL OF DENTISTRY, ONE OF THE LEADING DENTAL SCHOOLS IN THE NATION AND SEVERAL OTHER NEW ACADEMIC PROGRAMS INCLUDING: DATA ANALYTICS, AUDIOLOGY, AND MUSIC THERAPY. THE SACRAMENTO CAMPUS IS HOME TO THE MCGEORGE SCHOOL OF (CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses \$ 163,049,566 including grants of \$ 111,009,603) (Revenue \$ 1,893,180)
STUDENT SERVICES, SCHOLARSHIPS AND FINANCIAL AID: INCLUDES EXPENDITURES FOR ALL FORMS OF STUDENT AID AND EXPENDITURES FOR THE EDUCATION AND SUPPORT OF THE UNIVERSITY'S APPROXIMATELY 6,000 STUDENTS. THE UNIVERSITY'S FINANCIAL AID PROGRAM DEMONSTRATES AN ONGOING COMMITMENT TO PUT A QUALITY EDUCATION WITHIN REACH, PROVIDING A WIDE RANGE OF SCHOLARSHIPS AND GRANTS, INCLUDING MATCHING CAL GRANTS FOR STUDENTS WHO QUALIFY. THE UNIVERSITY'S FOUR-YEAR GUARANTEE PROVIDES STUDENTS ASSURANCE THEY WILL BE ABLE TO GET THE CLASSES THEY NEED TO GRADUATE ON TIME.

4c (Code:) (Expenses \$ 13,625,660 including grants of \$) (Revenue \$ 28,959,412)
AUXILIARY ACTIVITIES: INCLUDES SERVICES THAT SUPPORT EDUCATIONAL ACTIVITIES , INCLUDING CAMPUS BOOKSTORES, FITNESS CENTER, DINING SERVICES, RESIDENTIAL LIFE AND HOUSING.

4d Other program services (Describe on Schedule O.)
(Expenses \$ 12,122,587 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses ▶ 418,000,527

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)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule C, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IX</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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)? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules *(continued)*

		Yes	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	✓
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	✓
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	✓
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	✓
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	✓
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? <i>If "Yes," complete Schedule L, Part I</i>	25b	✓
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	✓
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	✓
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	✓
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	✓
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	✓
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	✓
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? <i>If "Yes," complete Schedule R, Part I</i>	33	✓
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	✓
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	✓
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? <i>If "Yes," complete Schedule R, Part VI</i>	37	✓
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	✓

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	574
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	1
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓

Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>		Yes	No		
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	4,079		
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		✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		✓	
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		✓	
b	If "Yes," enter the name of the foreign country ▶ AU See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			✓
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			✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
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		✓	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		✓	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			✓
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			✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			✓
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			
9	Sponsoring organizations maintaining donor advised funds.				
a	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			✓
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	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 the instructions and file Form 4720, Schedule N.	15			✓
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			✓
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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 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 on Schedule O.		
	1a 24		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 23		
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?		<input checked="" type="checkbox"/>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
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 on Schedule O		<input checked="" type="checkbox"/>

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?		<input checked="" type="checkbox"/>
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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
b	Describe on 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	<input checked="" type="checkbox"/>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.	<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
b	Other officers or key employees of the organization	<input checked="" type="checkbox"/>	
	If "Yes" to line 15a or 15b, describe the process on 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?		<input checked="" type="checkbox"/>
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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► CA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 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 on Schedule O)
- 19** Describe on 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 ►
 JAMES WALSH, 3601 PACIFIC AVENUE, STOCKTON, CA 95211, (209) 946-7704

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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			
(1) PALLAVICINI, MARIA PROVOST	50.0 0.0			✓				668,253	0	43,940
(2) CALLAHAN, CHRISTOPHER PRESIDENT	50.0 0.0	✓		✓				607,932	0	111,614
(3) OPPENHEIMER, PHILLIP PROFESSOR, PHARMACY & HEALTH SCIENCES	20.0 0.0					✓		543,734	0	3,095
(4) NADERSHAHI, NADER DEAN, DUGONI SCHOOL OF DENTISTRY	50.0 0.0				✓			422,745	0	30,340
(5) GONZALEZ, CARLOS ASSISTANT PROFESSOR	50.0 0.0					✓		418,722	0	61,992
(6) MULLEN, KENNETH VP, BUSINESS & FINANCE	50.0 0.0			✓				415,144	0	52,873
(7) SPRECHER, ARTHUR VICE PRESIDENT TECHNOLOGY & CIO	50.0 0.0			✓				388,169	0	22,367
(8) COX, DARREN ASSOCIATE PROFESSOR	50.0 0.0					✓		351,042	0	29,215
(9) PERRY, LEONARD HEAD COACH, MEN'S BASKETBALL (INCOMING)	50.0 0.0					✓		348,441	0	30,253
(10) SCHWARTZ, MICHAEL DEAN, MCGEORGE SCHOOL OF LAW	50.0 0.0				✓			344,416	0	27,579
(11) FERREIRA CABIDO, MARIA ASSOCIATE PROFESSOR	50.0 0.0					✓		338,588	0	30,397
(12) STOUDAMIRE, DAMON HEAD COACH, MEN'S BASKETBALL (OUTGOING)	50.0 0.0					✓		335,109	0	22,720
(13) MATSUMOTO, RAE DEAN, PHARMACY & HEALTH SCIENCES	50.0 0.0				✓			328,514	0	16,338
(14) FERGUSON, CHRISTOPHER VP, ENROLLMENT MANAGEMENT	50.0 0.0			✓				319,285	0	50,570

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 (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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(15) LUCAS, JANET ATHLETICS DIRECTOR	50.0 0.0				✓			302,279	0	33,726
(16) ATTERBURY, GEORGE VP, DEVELOPMENT (OUTGOING)	20.0 0.0						✓	280,391	0	47,964
(17) CAMPBELL, PATRICIA DEAN, BENERD COLLEGE	50.0 0.0				✓			260,412	0	12,266
(18) FRADEN, RENA DEAN, COLLEGE OF THE PACIFIC	50.0 0.0				✓			258,254	0	13,323
(19) CARROLL, TIMOTHY DEAN, EBERHARDT SCHOOL BUSINESS (OUTGOING)	50.0 0.0				✓			254,970	0	12,128
(20) ORWIN, ELIZABETH DEAN, ENGINEERING AND COMPUTER SCIENCE (INCOMING)	50.0 0.0				✓			252,252	0	33,240
(21) HOWELL, STEVEN DEAN, ENGINEERING & COMPUTER SCIENCE (OUTGOING)	50.0 0.0				✓			252,085	0	23,438
(22) BIEDERMANN, SCOTT VP, DEVELOPMENT (INCOMING)	50.0 0.0			✓				250,625	0	48,028
(23) WITTE, PETER DEAN, CONSERVATORY OF MUSIC	50.0 0.0				✓			233,863	0	20,897
(24) MOOTZ, FRANCIS PROFESSOR, MCGEORGE SCHOOL OF LAW	20.0 0.0						✓	231,820	0	30,601
(25) (SEE STATEMENT)										
1b Subtotal								8,407,045	0	808,904
c Total from continuation sheets to Part VII, Section A								920,897	0	155,914
d Total (add lines 1b and 1c)								9,327,942	0	964,818

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 **▶** 394

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	✓	
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? <i>If "Yes," complete Schedule J for such individual</i>	✓	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		✓

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
(SEE STATEMENT)		

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 **▶** 23

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 0					
	b	Membership dues	1b 0					
	c	Fundraising events	1c 360,114					
	d	Related organizations	1d 0					
	e	Government grants (contributions)	1e 17,891,126					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 30,219,069					
	g	Noncash contributions included in lines 1a-1f	1g \$ 3,225,699					
	h	Total. Add lines 1a-1f ▶		48,470,309				
	Program Service Revenue				Business Code			
2a		TUITION	900099	340,665,728	340,665,728	0	0	
b		DENTAL CLINIC	900099	14,995,474	14,995,474	0	0	
c		AUXILIARY	541800	26,180,401	26,180,401	0	0	
d								
e								
f		All other program service revenue . .		0	0	0	0	
g	Total. Add lines 2a-2f ▶		381,841,603					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		8,946,722	0	0	8,946,722	
	4	Income from investment of tax-exempt bond proceeds ▶		0	0	0	0	
	5	Royalties ▶		0	0	0	0	
	6a	Gross rents	(i) Real	2,326,806				
			(ii) Personal	0				
			6a					
	b	Less: rental expenses	6b 107,925					
	c	Rental income or (loss)	6c 2,218,881					
	d	Net rental income or (loss) ▶		2,218,881	0	(71,184)	2,290,065	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	600,923,887				
			(ii) Other	0				
			7a					
	b	Less: cost or other basis and sales expenses	7b 566,766,979					
	c	Gain or (loss)	7c 34,156,908					
	d	Net gain or (loss) ▶		34,156,908	0	(1,472,658)	35,629,566	
	8a	Gross income from fundraising events (not including \$ 360,114 of contributions reported on line 1c). See Part IV, line 18	8a 75,431					
	b	Less: direct expenses	8b 217,195					
c	Net income or (loss) from fundraising events . . ▶		(141,764)		0	(141,764)		
9a	Gross income from gaming activities. See Part IV, line 19	9a 0						
b	Less: direct expenses	9b 0						
c	Net income or (loss) from gaming activities . . . ▶		0	0	0	0		
10a	Gross sales of inventory, less returns and allowances		2,592,635					
			1,952,809					
		10a						
b	Less: cost of goods sold	10b 1,952,809						
c	Net income or (loss) from sales of inventory . . . ▶		639,826	633,960	5,866	0		
Miscellaneous Revenue				Business Code				
	11a	CONFERENCES & CAMPS	900099	1,164,428	1,164,428	0	0	
	b	INTERNATIONAL PROGRAM	900099	528,025	528,025	0	0	
	c	TICKET SALES	900099	456,053	456,053	0	0	
	d	All other revenue	900099	6,509,779	6,375,984	133,795	0	
e	Total. Add lines 11a-11d ▶		8,658,285					
12	Total revenue. See instructions ▶		484,790,770	391,000,053	(1,404,181)	46,724,589		

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) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	111,009,603	111,009,603		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	7,339,580	4,093,076	2,619,498	627,006
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	182,676	182,676		
7	Other salaries and wages	151,149,702	146,012,621	4,006,953	1,130,128
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	13,436,602	12,964,582	362,825	109,195
9	Other employee benefits	28,589,307	27,250,934	1,038,638	299,735
10	Payroll taxes	11,216,404	10,963,773	134,713	117,918
11	Fees for services (nonemployees):				
a	Management	2,683,974		2,683,974	
b	Legal	686,049		686,049	
c	Accounting	487,969		487,969	
d	Lobbying	84,968		84,968	
e	Professional fundraising services. See Part IV, line 17	178,025			178,025
f	Investment management fees	3,195,254		3,195,254	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	14,446,052	14,191,478	189,860	64,714
12	Advertising and promotion	2,890,988	2,783,501	62,227	45,260
13	Office expenses	22,042,151	21,560,101	289,049	193,001
14	Information technology	13,727,584	13,242,988	353,328	131,268
15	Royalties				
16	Occupancy	11,124,748	10,890,458	137,842	96,448
17	Travel	1,531,775	1,475,011	15,899	40,865
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	5,425,463	5,290,813	74,651	59,999
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	19,988,374	19,492,300	275,026	221,048
23	Insurance	2,128,738	2,031,402	86,074	11,262
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a	HOSPITALITY STUDENT ROOM/BOARD	6,125,583	6,125,583		
b	CATERING & OTHER HOSPITALITY	2,600,758	2,424,250	63,042	113,466
c	BLDG/GROUNDS REPAIR/MAINT	2,836,403	2,777,424	33,326	25,653
d	ATHLETIC ACTIVITIES	2,615,684	2,615,684		
e	All other expenses	634,814	622,269	6,471	6,074
25	Total functional expenses. Add lines 1 through 24e	438,359,228	418,000,527	16,887,636	3,471,065
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 <input type="checkbox"/> 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 X

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	7,765,340	1	17,490,590
	2 Savings and temporary cash investments	16,008,499	2	10,954,942
	3 Pledges and grants receivable, net	18,536,229	3	21,630,051
	4 Accounts receivable, net	7,661,406	4	10,016,246
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	21,340,178	7	18,877,514
	8 Inventories for sale or use	3,813,470	8	2,853,442
	9 Prepaid expenses and deferred charges	3,741,710	9	3,056,272
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 691,191,842		
	b Less: accumulated depreciation	10b 329,495,019	367,952,843	10c 361,696,823
	11 Investments—publicly traded securities	673,614,060	11	609,369,717
	12 Investments—other securities. See Part IV, line 11	207,175,162	12	217,618,858
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	3,925,869	15	1,673,129
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,331,534,766	16	1,275,237,584	
Liabilities	17 Accounts payable and accrued expenses	28,937,952	17	27,729,255
	18 Grants payable	21,382	18	72,596
	19 Deferred revenue	19,870,358	19	25,824,216
	20 Tax-exempt bond liabilities	143,307,247	20	135,294,107
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	7,398,341	23	6,258,341
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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	57,766,143	25	51,567,921
	26 Total liabilities. Add lines 17 through 25	257,301,423	26	246,746,436
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	431,204,804	27	425,111,264
	28 Net assets with donor restrictions	643,028,539	28	603,379,884
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	1,074,233,343	32	1,028,491,148	
33 Total liabilities and net assets/fund balances	1,331,534,766	33	1,275,237,584	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	484,790,770
2	Total expenses (must equal Part IX, column (A), line 25)	2	438,359,228
3	Revenue less expenses. Subtract line 2 from line 1	3	46,431,542
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,074,233,343
5	Net unrealized gains (losses) on investments	5	(25,662,951)
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain on Schedule O)	9	(66,510,786)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,028,491,148

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
b Were the organization's financial statements audited by an independent accountant? 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<input checked="" type="checkbox"/>	
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?	<input checked="" type="checkbox"/>	
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 on Schedule O and describe any steps taken to undergo such audits.	<input checked="" type="checkbox"/>	

Part VII Section B. Independent Contractors (continued)

(A) Name and business address	(B) Description of services	(C) Compensation
ELLUCIAN COMPANY LP, 4 COUNTRY VIEW RD., MALVERN, PA 19355-1408	TECHNOLOGY	1,118,283
MISSION SMARTSPACE LLC, 1321 MISSION ST, SUITE 101, SAN FRANCISCO, CA 94103-3094	PROPERTY MANAGEMENT	995,506
BRI INVESTORS, 1776 W MARCH LN, SUITE 170, STOCKTON, CA 95207-6421	PROPERTY MANAGEMENT	737,936
SHORELIGHT-TIGERCAT, LLC, SL EDUCATION LLC WORLD TRADE CTR, 2 SEAPORT LN, SUITE 500, BOSTON, MA 02210-2003	INTERNATIONAL EDUCATION	597,968
KPMG, LLP, DEPT. 0922, P.O. BOX 120922, DALLAS, TX 75312-0922	ACCOUNTING	340,000

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 (Check all that apply)						(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			
(25) GALE, LEWIS ----- INTERIM DEAN, EBERHARDT SCHOOL OF BUSINESS	50.0 ----- 0.0				✓		195,553	0	52,266	
(26) MANILAY, BAYANI ----- ASSISTANT VICE PRESIDENT, TREASURY AND INVESTMENTS	50.0 ----- 0.0				✓		163,177	0	15,067	
(27) LOMAX-GHIRARDUZZI, MARY ----- VP, DIVERSITY, EQUITY, AND INCLUSION (INCOMING)	50.0 ----- 0.0			✓			150,144	0	23,644	
(28) PETR, CARRIE ----- VP, STUDENT LIFE (OUTGOING)	20.0 ----- 0.0					✓	147,201	0	276	
(29) WEBSTER, LINDA ----- SENIOR ASSOCIATE DEAN, BENERD SCHOOL OF EDUCATION	20.0 ----- 0.0					✓	144,908	0	32,539	
(30) BLANDIZZI, MARIA ----- VP, STUDENT LIFE (INCOMING)	50.0 ----- 0.0			✓			119,914	0	32,122	
(31) ALLEN, NORMAN ----- BOARD MEMBER, CHAIR, COMMITTEE CHAIR	15.0 ----- 0.0	✓		✓			0	0	0	
(32) EBERHARDT, MARY-ELIZABETH ----- BOARD MEMBER, VICE CHAIR, COMMITTEE CHAIR	15.0 ----- 0.0	✓		✓			0	0	0	
(33) FATHI, NAVA ----- BOARD MEMBER, SECRETARY, COMMITTEE CHAIR	15.0 ----- 0.0	✓		✓			0	0	0	
(34) SPEARS, JANET ----- BOARD MEMBER, TREASURER	10.0 ----- 0.0	✓		✓			0	0	0	
(35) BASS, RANDALL ----- BOARD MEMBER	5.0 ----- 0.0	✓					0	0	0	
(36) BERBERIAN, DEA ----- BOARD MEMBER	5.0 ----- 0.0	✓					0	0	0	
(37) BEROLZHEIMER, CHARLES ----- BOARD MEMBER, COMMITTEE CHAIR	10.0 ----- 0.0	✓					0	0	0	
(38) BOARDMAN, GREGORY ----- BOARD MEMBER	5.0 ----- 0.0	✓					0	0	0	
(39) CHAN, VIRGINIA ----- BOARD MEMBER	5.0 ----- 0.0	✓					0	0	0	
(40) DASHTI, ALI ----- BOARD MEMBER	5.0 ----- 0.0	✓					0	0	0	
(41) DASSENKO, PAUL ----- BOARD MEMBER, COMMITTEE CHAIR	10.0 ----- 0.0	✓					0	0	0	
(42) DREYFUSS, EVAN ----- BOARD MEMBER, COMMITTEE CHAIR	10.0 ----- 0.0	✓					0	0	0	

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)					(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			
(43) DU, JIE ----- BOARD MEMBER	5.0 ----- 0.0	✓					0	0	0
(44) HARPER, CORWIN ----- BOARD MEMBER	5.0 ----- 0.0	✓					0	0	0
(45) HOCH, ANDREA ----- BOARD MEMBER, COMMITTEE CHAIR	10.0 ----- 0.0	✓					0	0	0
(46) LIGGETT, SCOTT ----- BOARD MEMBER	5.0 ----- 0.0	✓					0	0	0
(47) MILLER, BRIAN ----- BOARD MEMBER	5.0 ----- 0.0	✓					0	0	0
(48) MILNE, ANNE ----- BOARD MEMBER	5.0 ----- 0.0	✓					0	0	0
(49) RISHWAIN, CONSTANCE ----- BOARD MEMBER, COMMITTEE CHAIR	10.0 ----- 0.0	✓					0	0	0
(50) ROBLES, LETICIA ----- BOARD MEMBER	5.0 ----- 0.0	✓					0	0	0
(51) ROGERS, JANET ----- BOARD MEMBER	5.0 ----- 0.0	✓					0	0	0
(52) SHALVEY, DON ----- BOARD MEMBER, COMMITTEE CHAIR	10.0 ----- 0.0	✓					0	0	0
(53) ZIMMERMAN, EVE ----- BOARD MEMBER	5.0 ----- 0.0	✓					0	0	0

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization UNIVERSITY OF THE PACIFIC	Employer identification number 94-1156266
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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).)
- 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 **section 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 on 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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total					0	0

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2021. 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		<input type="checkbox"/>
b 33 1/3% support test—2020. 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		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2021. 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		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2020. 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		<input type="checkbox"/>
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		<input type="checkbox"/>

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on 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 5 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 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2021. 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—2020. 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 in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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? <i>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.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
3b	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
4c	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)? <i>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.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
5b	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?		
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
9b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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 on lines 11b and 11c below, the governing body of a supported organization?		
	11a		
b	A family member of a person described on line 11a above?		
	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
	11c		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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 on line 2, above, 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	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2	Activities Test. Answer lines 2a and 2b 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 on line 2a, above, 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 lines 3a and 3b 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? If "Yes" or "No," 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):		
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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	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 0.85 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2021

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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization UNIVERSITY OF THE PACIFIC

Employer identification number 94-1156266

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ [x] 501(c)(3) (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...
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

Name of organization UNIVERSITY OF THE PACIFIC	Employer identification number 94-1156266
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 1,549,485	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	----- ----- -----	\$ 83,820	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNIVERSITY OF THE PACIFIC	Employer identification number 94-1156266
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	----- ----- -----	\$ 31,268	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	----- ----- -----	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	----- ----- -----	\$ 72,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	----- ----- -----	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	----- ----- -----	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	----- ----- -----	\$ 11,100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNIVERSITY OF THE PACIFIC	Employer identification number 94-1156266
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	----- ----- -----	\$ ----- 38,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	----- ----- -----	\$ ----- 23,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	----- ----- -----	\$ ----- 500,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	----- ----- -----	\$ ----- 11,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	----- ----- -----	\$ ----- 6,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	----- ----- -----	\$ ----- 250,650	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNIVERSITY OF THE PACIFIC	Employer identification number 94-1156266
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	----- ----- -----	\$ ----- 238,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	----- ----- -----	\$ ----- 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	----- ----- -----	\$ ----- 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	----- ----- -----	\$ ----- 62,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNIVERSITY OF THE PACIFIC	Employer identification number 94-1156266
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	----- ----- -----	\$ 1,396,341	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	----- ----- -----	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	----- ----- -----	\$ 26,990	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
28	----- ----- -----	\$ 9,601	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
29	----- ----- -----	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	----- ----- -----	\$ 12,600	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNIVERSITY OF THE PACIFIC	Employer identification number 94-1156266
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	----- ----- -----	\$ ----- 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	----- ----- -----	\$ ----- 243,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	----- ----- -----	\$ ----- 7,800	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	----- ----- -----	\$ ----- 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	----- ----- -----	\$ ----- 5,310	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	----- ----- -----	\$ 40,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	----- ----- -----	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	----- ----- -----	\$ 140,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	----- ----- -----	\$ 345,204	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
41	----- ----- -----	\$ 10,100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	----- ----- -----	\$ 12,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNIVERSITY OF THE PACIFIC	Employer identification number 94-1156266
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	----- ----- -----	\$ ----- 20,200	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	----- ----- -----	\$ ----- 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	----- ----- -----	\$ ----- 120,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	----- ----- -----	\$ ----- 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	----- ----- -----	\$ ----- 360,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	----- ----- -----	\$ ----- 5,250	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	----- ----- -----	\$ ----- 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	----- ----- -----	\$ ----- 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	----- ----- -----	\$ ----- 23,143	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	----- ----- -----	\$ ----- 25,100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	----- ----- -----	\$ ----- 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	----- ----- -----	\$ ----- 7,100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	----- ----- -----	\$ ----- 30,734	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	----- ----- -----	\$ ----- 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	----- ----- -----	\$ ----- 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	----- ----- -----	\$ ----- 25,170	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	----- ----- -----	\$ ----- 25,200	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNIVERSITY OF THE PACIFIC	Employer identification number 94-1156266
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	----- ----- -----	\$ ----- 12,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	----- ----- -----	\$ ----- 6,718	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	----- ----- -----	\$ ----- 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	----- ----- -----	\$ ----- 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	----- ----- -----	\$ ----- 10,410	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNIVERSITY OF THE PACIFIC	Employer identification number 94-1156266
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	----- ----- -----	\$ ----- 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	----- ----- -----	\$ ----- 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	----- ----- -----	\$ ----- 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	----- ----- -----	\$ ----- 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	----- ----- -----	\$ ----- 12,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNIVERSITY OF THE PACIFIC	Employer identification number 94-1156266
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	----- ----- -----	\$ ----- 22,546	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	----- ----- -----	\$ ----- 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	----- ----- -----	\$ ----- 11,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	----- ----- -----	\$ ----- 8,150	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	----- ----- -----	\$ ----- 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	----- ----- -----	\$ ----- 475,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNIVERSITY OF THE PACIFIC	Employer identification number 94-1156266
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	----- ----- -----	\$ ----- 63,830	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	----- ----- -----	\$ ----- 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81	----- ----- -----	\$ ----- 13,850	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84	----- ----- -----	\$ ----- 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNIVERSITY OF THE PACIFIC	Employer identification number 94-1156266
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	----- ----- -----	\$ 17,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86	----- ----- -----	\$ 2,033,128	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
87	----- ----- -----	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88	----- ----- -----	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89	----- ----- -----	\$ 180,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90	----- ----- -----	\$ 6,563	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91	----- ----- -----	\$ ----- 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92	----- ----- -----	\$ ----- 100,024	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
93	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94	----- ----- -----	\$ ----- 25,100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96	----- ----- -----	\$ ----- 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNIVERSITY OF THE PACIFIC	Employer identification number 94-1156266
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97	----- ----- -----	\$ ----- 51,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98	----- ----- -----	\$ ----- 642,829	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99	----- ----- -----	\$ ----- 13,750	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100	----- ----- -----	\$ ----- 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
102	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNIVERSITY OF THE PACIFIC	Employer identification number 94-1156266
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103	----- ----- -----	\$ ----- 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
104	----- ----- -----	\$ ----- 35,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
105	----- ----- -----	\$ ----- 30,100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
106	----- ----- -----	\$ ----- 131,604	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
107	----- ----- -----	\$ ----- 7,841	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
108	----- ----- -----	\$ ----- 7,200	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109	----- ----- -----	\$ ----- 60,337	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
110	----- ----- -----	\$ ----- 59,351	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
111	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
112	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
113	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
114	----- ----- -----	\$ ----- 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNIVERSITY OF THE PACIFIC	Employer identification number 94-1156266
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115	----- ----- -----	\$ ----- 35,983	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
116	----- ----- -----	\$ ----- 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
117	----- ----- -----	\$ ----- 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
118	----- ----- -----	\$ ----- 5,100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
119	----- ----- -----	\$ ----- 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
120	----- ----- -----	\$ ----- 47,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNIVERSITY OF THE PACIFIC	Employer identification number 94-1156266
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
121	----- ----- -----	\$ ----- 6,400	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
122	----- ----- -----	\$ ----- 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
123	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
124	----- ----- -----	\$ ----- 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
125	----- ----- -----	\$ ----- 21,488	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
126	----- ----- -----	\$ ----- 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
128	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
129	----- ----- -----	\$ ----- 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
130	----- ----- -----	\$ ----- 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
131	----- ----- -----	\$ ----- 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
132	----- ----- -----	\$ ----- 31,545	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
133		\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
134		\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
135		\$ 9,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
136		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
137		\$ 36,846	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
138		\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNIVERSITY OF THE PACIFIC	Employer identification number 94-1156266
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
139	----- ----- -----	\$ 6,150	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
140	----- ----- -----	\$ 14,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
141	----- ----- -----	\$ 25,049	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
142	----- ----- -----	\$ 117,614	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
143	----- ----- -----	\$ 5,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
144	----- ----- -----	\$ 13,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
145	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
146	----- ----- -----	\$ ----- 12,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
147	----- ----- -----	\$ ----- 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
148	----- ----- -----	\$ ----- 130,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
149	----- ----- -----	\$ ----- 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
150	----- ----- -----	\$ ----- 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
151	----- ----- -----	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
152	----- ----- -----	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
153	----- ----- -----	\$ 13,035	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
154	----- ----- -----	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
155	----- ----- -----	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
156	----- ----- -----	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
157	----- ----- -----	\$ ----- 35,785	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
158	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
159	----- ----- -----	\$ ----- 20,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
160	----- ----- -----	\$ ----- 5,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
161	----- ----- -----	\$ ----- 12,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
162	----- ----- -----	\$ ----- 16,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
163	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
164	----- ----- -----	\$ ----- 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
165	----- ----- -----	\$ ----- 5,833	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
166	----- ----- -----	\$ ----- 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
167	----- ----- -----	\$ ----- 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
168	----- ----- -----	\$ ----- 5,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
169	----- ----- -----	\$ 49,125	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
170	----- ----- -----	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
171	----- ----- -----	\$ 7,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
172	----- ----- -----	\$ 16,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
173	----- ----- -----	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
174	----- ----- -----	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
175	----- ----- -----	\$ 11,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
176	----- ----- -----	\$ 12,250	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
177	----- ----- -----	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
178	----- ----- -----	\$ 26,600	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
179	----- ----- -----	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
180	----- ----- -----	\$ 12,775	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
181	----- ----- -----	\$ 85,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
182	----- ----- -----	\$ 25,072	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
183	----- ----- -----	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
184	----- ----- -----	\$ 11,262	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
185	----- ----- -----	\$ 11,307	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
186	----- ----- -----	\$ 5,300	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
187	----- ----- -----	\$ 8,002	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
188	----- ----- -----	\$ 13,550	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
189	----- ----- -----	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
190	----- ----- -----	\$ 418,490	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
191	----- ----- -----	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
192	----- ----- -----	\$ 7,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
193	----- ----- -----	\$ 12,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
194	----- ----- -----	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
195	----- ----- -----	\$ 5,110	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
196	----- ----- -----	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
197	----- ----- -----	\$ 6,800	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
198	----- ----- -----	\$ 5,400	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
199	----- ----- -----	\$ ----- 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
200	----- ----- -----	\$ ----- 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
201	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
202	----- ----- -----	\$ ----- 12,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
203	----- ----- -----	\$ ----- 32,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
204	----- ----- -----	\$ ----- 6,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNIVERSITY OF THE PACIFIC	Employer identification number 94-1156266
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
205	----- ----- -----	\$ ----- 59,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
206	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
207	----- ----- -----	\$ ----- 16,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
208	----- ----- -----	\$ ----- 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
209	----- ----- -----	\$ ----- 5,341	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
210	----- ----- -----	\$ ----- 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
211	----- ----- -----	\$ ----- 19,575	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
212	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
213	----- ----- -----	\$ ----- 62,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
214	----- ----- -----	\$ ----- 16,887	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
215	----- ----- -----	\$ ----- 9,700	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
216	----- ----- -----	\$ ----- 27,454	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
217	----- ----- -----	\$ ----- 200,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
218	----- ----- -----	\$ ----- 7,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
219	----- ----- -----	\$ ----- 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
220	----- ----- -----	\$ ----- 14,075	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
221	----- ----- -----	\$ ----- 5,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
222	----- ----- -----	\$ ----- 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223	----- ----- -----	\$ ----- 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
224	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
225	----- ----- -----	\$ ----- 7,914	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
226	----- ----- -----	\$ ----- 10,036	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
227	----- ----- -----	\$ ----- 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
228	----- ----- -----	\$ ----- 18,293	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
229		\$ 50,277	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
230		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
231		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
232		\$ 22,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
233		\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
234		\$ 10,100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
235	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
236	----- ----- -----	\$ ----- 11,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
237	----- ----- -----	\$ ----- 18,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
238	----- ----- -----	\$ ----- 6,380	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
239	----- ----- -----	\$ ----- 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
240	----- ----- -----	\$ ----- 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
241	----- ----- -----	\$ ----- 138,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
242	----- ----- -----	\$ ----- 57,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
243	----- ----- -----	\$ ----- 125,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
244	----- ----- -----	\$ ----- 6,250	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
245	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
246	----- ----- -----	\$ ----- 133,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
247	----- ----- -----	\$ ----- 31,796	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
248	----- ----- -----	\$ ----- 6,261	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
249	----- ----- -----	\$ ----- 50,048	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
250	----- ----- -----	\$ ----- 8,166	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
251	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
252	----- ----- -----	\$ ----- 23,298	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
253		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
254		\$ 12,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
255		\$ 5,750	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
256		\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
257		\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
258		\$ 20,070	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
259	----- ----- -----	\$ 791,669	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
260	----- ----- -----	\$ 26,500	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
261	----- ----- -----	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
262	----- ----- -----	\$ 12,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
263	----- ----- -----	\$ 16,115	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
264	----- ----- -----	\$ 20,026	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNIVERSITY OF THE PACIFIC	Employer identification number 94-1156266
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
265	----- ----- -----	\$ ----- 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
266	----- ----- -----	\$ ----- 250,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
267	----- ----- -----	\$ ----- 10,250	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
268	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
269	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
270	----- ----- -----	\$ ----- 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNIVERSITY OF THE PACIFIC	Employer identification number 94-1156266
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
271	----- ----- -----	\$ ----- 51,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
272	----- ----- -----	\$ ----- 49,940	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
273	----- ----- -----	\$ ----- 6,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
274	----- ----- -----	\$ ----- 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
275	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
276	----- ----- -----	\$ ----- 200,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNIVERSITY OF THE PACIFIC	Employer identification number 94-1156266
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
277	----- ----- -----	\$ ----- 50,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
278	----- ----- -----	\$ ----- 69,209	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
279	----- ----- -----	\$ ----- 16,050	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
280	----- ----- -----	\$ ----- 18,200	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
281	----- ----- -----	\$ ----- 42,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
282	----- ----- -----	\$ ----- 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNIVERSITY OF THE PACIFIC	Employer identification number 94-1156266
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
283	----- ----- -----	\$ 11,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
284	----- ----- -----	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
285	----- ----- -----	\$ 25,046	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
286	----- ----- -----	\$ 14,250	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
287	----- ----- -----	\$ 1,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
288	----- ----- -----	\$ 175,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNIVERSITY OF THE PACIFIC	Employer identification number 94-1156266
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
289	----- ----- -----	\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
290	----- ----- -----	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
291	----- ----- -----	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
292	----- ----- -----	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
293	----- ----- -----	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
294	----- ----- -----	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNIVERSITY OF THE PACIFIC	Employer identification number 94-1156266
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
295	----- ----- -----	\$ ----- 10,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
296	----- ----- -----	\$ ----- 15,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
297	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
298	----- ----- -----	\$ ----- 172,004	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
299	----- ----- -----	\$ ----- 11,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
300	----- ----- -----	\$ ----- 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNIVERSITY OF THE PACIFIC	Employer identification number 94-1156266
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
301	----- ----- -----	\$ ----- 35,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
302	----- ----- -----	\$ ----- 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
303	----- ----- -----	\$ ----- 19,264	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
304	----- ----- -----	\$ ----- 31,006	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
305	----- ----- -----	\$ ----- 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
306	----- ----- -----	\$ ----- 76,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNIVERSITY OF THE PACIFIC	Employer identification number 94-1156266
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
307	----- ----- -----	\$ ----- 38,800	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
308	----- ----- -----	\$ ----- 33,566	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
309	----- ----- -----	\$ ----- 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
310	----- ----- -----	\$ ----- 59,987	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
311	----- ----- -----	\$ ----- 7,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
312	----- ----- -----	\$ ----- 94,398	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNIVERSITY OF THE PACIFIC	Employer identification number 94-1156266
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
313	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
314	----- ----- -----	\$ ----- 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
315	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
316	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
317	----- ----- -----	\$ ----- 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
318	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNIVERSITY OF THE PACIFIC	Employer identification number 94-1156266
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
319	----- ----- -----	\$ ----- 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
320	----- ----- -----	\$ ----- 5,789	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
321	----- ----- -----	\$ ----- 7,500	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
322	----- ----- -----	\$ ----- 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
323	----- ----- -----	\$ ----- 8,535	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
324	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNIVERSITY OF THE PACIFIC	Employer identification number 94-1156266
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
325	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
326	----- ----- -----	\$ ----- 21,251	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
327	----- ----- -----	\$ ----- 10,300	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
328	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
329	----- ----- -----	\$ ----- 7,500	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
330	----- ----- -----	\$ ----- 24,001	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNIVERSITY OF THE PACIFIC	Employer identification number 94-1156266
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
331	----- ----- -----	\$ ----- 5,700	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
332	----- ----- -----	\$ ----- 12,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
333	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
334	----- ----- -----	\$ ----- 176,178	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
335	----- ----- -----	\$ ----- 6,001	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
336	----- ----- -----	\$ ----- 19,568	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNIVERSITY OF THE PACIFIC	Employer identification number 94-1156266
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Part II **Noncash Property** (see instructions). Use duplicate copies of 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
1	PHARMACY EQUIP ----- ----- -----	\$ 149,485	11/01/2021
6	DENTAL SUPPLIES ----- ----- -----	\$ 83,820	06/30/2022
7	89 SHARES OF MSFT ----- ----- -----	\$ 30,268	11/23/2021
27	DENTAL SUPPLIES ----- ----- -----	\$ 26,990	02/22/2022
28	FOOD ----- ----- -----	\$ 9,601	11/19/2021
40	DENTAL EQUIP ----- ----- -----	\$ 345,204	04/07/2022

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Part II Noncash Property (see instructions). Use duplicate copies of 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
86	VARIOUS SHARES ----- ----- -----	\$ 1,327,128	01/06/2022
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
92	407 SHARES OF VUG ----- ----- -----	\$ 100,024	06/10/2022
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
115	DENTAL SUPPLIES ----- ----- -----	\$ 11,983	06/03/2022
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
125	120 SHARES OF AAPL ----- ----- -----	\$ 21,163	04/07/2022
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
132	165 SHARES OF AAPL ----- ----- -----	\$ 25,095	11/29/2021
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
141	45 SHARES OF VTI ----- ----- -----	\$ 25,049	04/13/2022

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Part II **Noncash Property** (see instructions). Use duplicate copies of 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
182	104 SHARES OF GD ----- ----- -----	\$ 25,072	05/10/2022
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
184	70 SHARES OF AAPL ----- ----- -----	\$ 11,262	11/30/2021
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
185	20 SHARES OF MDY ----- ----- -----	\$ 10,057	01/05/2022
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
187	AUTOGRAPHED PICTURE & FRAMED ART ----- ----- -----	\$ 2	09/09/2021
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
190	6958 SHARES OF DCI ----- ----- -----	\$ 410,731	02/09/2022
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
209	22 SHARES OF MCD ----- ----- -----	\$ 5,341	06/24/2022

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Part II **Noncash Property** (see instructions). Use duplicate copies of 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
211	516 SHARES OF FDGRX ----- ----- -----	\$ 19,525	08/19/2021
220	PHARMACY EQUIP ----- ----- -----	\$ 14,075	10/05/2021
221	PHARMACY EQUIP ----- ----- -----	\$ 5,000	02/02/2022
226	200 SHARES OF WFC ----- ----- -----	\$ 10,036	10/26/2021
228	70 SHARES OF BA ----- ----- -----	\$ 13,393	12/20/2021
229	146 SHARES OF AAPL ----- ----- -----	\$ 50,277	04/13/2022

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Part II **Noncash Property** (see instructions). Use duplicate copies of 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
247	GIFT BASKET ----- ----- -----	\$ 120	10/28/2021 -----
264	117 SHARES OF AAPL ----- ----- -----	\$ 20,026	12/22/2021 -----
272	880 SHARES OF EPAY ----- ----- -----	\$ 49,940	04/07/2022 -----
285	247 SHARES OF NVO ----- ----- -----	\$ 25,046	09/08/2021 -----
304	200 SHARES OF AAPL ----- ----- -----	\$ 31,006	09/14/2021 -----
306	MICROSCOPE ----- ----- -----	\$ 66,500	12/03/2021 -----

Name of organization UNIVERSITY OF THE PACIFIC	Employer identification number 94-1156266
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Part II **Noncash Property** (see instructions). Use duplicate copies of 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
310	1564 SHARES OF GUNR ----- ----- -----	\$ 59,987	11/29/2021
321	GRAND PIANOFORTE ----- ----- -----	\$ 7,500	01/07/2022
329	DENTAL EQUIP ----- ----- -----	\$ 7,500	02/08/2022
334	DENTAL SUPPLIES ----- ----- -----	\$ 176,178	10/21/2021
335	TRAVEL VOUCHER ----- ----- -----	\$ 1	11/09/2021
336	DENTAL SUPPLIES ----- ----- -----	\$ 19,568	10/21/2021

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Part III *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.* Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(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
----- ----- -----	----- ----- -----

(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
----- ----- -----	----- ----- -----

(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
----- ----- -----	----- ----- -----

(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
----- ----- -----	----- ----- -----

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Department of the Treasury
Internal Revenue Service

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

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Open to Public Inspection

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

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

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

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

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization UNIVERSITY OF THE PACIFIC	Employer identification number 94-1156266
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions ▶ \$
- 3 Volunteer hours for political campaign activities. See instructions

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a	Lobbying nontaxable amount				
b	Lobbying ceiling amount (150% of line 2a, column (e))				
c	Total lobbying expenditures				
d	Grassroots nontaxable amount				
e	Grassroots ceiling amount (150% of line 2d, column (e))				
f	Grassroots lobbying expenditures				

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		✓	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		✓	
c Media advertisements?		✓	
d Mailings to members, legislators, or the public?		✓	
e Publications, or published or broadcast statements?		✓	
f Grants to other organizations for lobbying purposes?		✓	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	✓		84,968
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✓	
i Other activities?	✓		15,195
j Total. Add lines 1c through 1i			100,163
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		✓	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SEE NEXT PAGE

Part IV

Supplemental Information. Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference - Identifier	Explanation
<p>SCHEDULE C, PART II-B, LINE 1 - DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY</p>	<p>THE UNIVERSITY IS A MEMBER OF THE ASSOCIATION OF INDEPENDENT CALIFORNIA COLLEGES AND UNIVERSITIES (AICCU), THE NATIONAL ASSOCIATION OF COLLEGE AND UNIVERSITY BUSINESS OFFICERS (NACUBO), THE ASSOCIATION OF GOVERNING BOARDS (AGB), AND THE GREATER SACRAMENTO ECONOMIC CHAMBER. THESE ORGANIZATIONS LOBBY ON BEHALF OF HIGHER EDUCATION.</p> <p>THE AMOUNTS SHOWN ON SCHEDULE C, PART II, LINE 1I PERTAIN TO DUES PAID TO THE ABOVE NOTED ASSOCIATIONS.</p> <p>ON BEHALF OF THE DENTAL SCHOOL, THE UNIVERSITY RETAINED THE FIRMS VECTIS STRATEGIES/VECTIS DC, LLC TO PROVIDE STRATEGIC SERVICES IN PUBLIC RELATIONS AND GOVERNMENT RELATIONS, IN AREAS RELATED TO HIGHER EDUCATION AND DENTISTRY IN PARTICULAR. A SUBSET OF THOSE STRATEGIC SERVICES INCLUDES LOBBYING SERVICES IN THE FORM OF CONTACT WITH STATE AND FEDERAL LEGISLATORS AND GOVERNMENT AGENCIES.</p> <p>THE AMOUNTS SHOWN ON SCHEDULE C, PART II-B LINE 1G REFLECT THE TOTAL FEES PAID TO VECTIS STRATEGIE/VECTIS DC, LLC, DURING FY22.</p>

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Name of the organization: UNIVERSITY OF THE PACIFIC; Employer identification number: 94-1156266

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.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number, aggregate value, and donor/grantee notification.

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

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Includes rows for purpose of easements, acreage, and monitoring expenses.

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.

Table with 3 columns: Line number, Description, Amount. Includes rows for art collection reporting and revenue/assets for art collections.

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 make 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 program
- 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
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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 on 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	625,142,889	455,799,448	463,312,942	452,976,087	423,478,347
b Contributions	9,977,179	8,620,550	11,122,036	13,736,818	10,541,829
c Net investment earnings, gains, and losses	(43,329,749)	183,971,319	2,320,651	16,294,564	37,810,286
d Grants or scholarships	18,914,335	18,364,413	17,075,735	16,284,234	15,492,191
e Other expenditures for facilities and programs	0	0	0	0	0
f Administrative expenses	4,643,390	4,884,015	3,880,446	3,410,293	3,362,184
g End of year balance	568,232,594	625,142,889	455,799,448	463,312,942	452,976,087

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

- a** Board designated or quasi-endowment 7.00 %
- b** Permanent endowment 29.00 %
- c** Term endowment 64.00 %

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		6,263,174		6,263,174
b Buildings		496,869,101	275,930,070	220,939,031
c Leasehold improvements				
d Equipment		181,723,651	53,564,949	128,158,702
e Other		6,335,916		6,335,916
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				361,696,823

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) HEDGE FUNDS & PRIVATE EQUITY	214,039,485	END OF YEAR MARKET VALUE
(B) REAL AND PERSONAL PROPERTY	1,771,044	END OF YEAR MARKET VALUE
(C) ASSETS HELD BY OTHER TRUSTEES	1,808,329	END OF YEAR MARKET VALUE
(D) U.S. EQUITIES	0	END OF YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	217,618,858	

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

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	
(2) TRUST AND ANNUITY OBLIGATIONS	7,724,385
(3) SELF INSURANCE AND EARLY RETIREMENT RESERVES	12,586,694
(4) ASSET RETIREMENT OBLIGATION	8,872,547
(5) LEASE OBLIGATIONS	2,381,469
(6) FEDERAL STUDENT LOAN PROGRAM	20,002,826
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	51,567,921

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

Part XIII

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 - Identifier	Explanation	
SCHEDULE D, PART XI, LINE 4(B) - OTHER REVENUE	(a) Description	(b) Amount
	FINANCIAL AID	111,009,603
	COGS	- 1,952,809
SCHEDULE D, PART XII, LINE 4(B) - OTHER EXPENSES	(a) Description	(b) Amount
	FINANCIAL AID	111,009,603
	COST OF GOODS SOLD	- 1,952,809

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 - Identifier	Explanation
<p>SCHEDULE D, PART III, LINE 4 - COLLECTIONS OF ART - DESCRIPTION OF COLLECTIONS</p>	<p>THE UNIVERSITY'S HOLT-ATHERTON SPECIAL COLLECTIONS DEPARTMENT HOUSES THE UNIVERSITY LIBRARY'S NON-CIRCULATING RARE AND UNIQUE RESEARCH MATERIALS. THE MISSION OF SPECIAL COLLECTIONS IS TO COLLECT, PRESERVE, AND PROVIDE ACCESS TO MANUSCRIPT COLLECTIONS, A SPECIALIZED BOOK COLLECTION, AND THE UNIVERSITY ARCHIVES FOR STUDENTS AND FACULTY OF THE UNIVERSITY OF THE PACIFIC AND THE GENERAL PUBLIC.</p> <p>THE MAJORITY OF WHAT THE SPECIAL COLLECTIONS DEPARTMENT OVERSEES IS THE FOLLOWING:</p> <ul style="list-style-type: none"> - JOHN MUIR PAPERS: THE WORLD'S LARGEST REPOSITORY OF MUIR DOCUMENTS; - MOSCONE PAPERS: PERSONAL LETTERS, POLITICAL CORRESPONDENCE, DRAFT SPEECHES, AND VIDEO INTERVIEWS THAT BEAR WITNESS TO ONE OF THE MOST TRANSFORMATIONAL ERAS IN CALIFORNIA POLITICS; - WESTERN AMERICANA: PRIMARILY COMPRISED OF MANUSCRIPTS AND SPECIALIZED BOOKS, EMPHASIZING CALIFORNIA HISTORY; - JAPANESE-AMERICAN INTERNMENT DOCUMENTS - FOCUSED ON THE INTERNMENT RELOCATION EXPERIENCE WITH AN EMPHASIS ON SAN JOAQUIN COUNTY; - UNIVERSITY ARCHIVES - HISTORIC RECORDS GENERATED BY ADMINISTRATION, FACULTY, STAFF AND STUDENTS OF PACIFIC. <p>IN OCTOBER 2013, THE ESTATE OF THE LATE ROBERT AND JEANNETTE POWELL ENDOWED A \$125MM GIFT TO THE UNIVERSITY. THIS BEQUEST INCLUDED APPROXIMATELY 18 WORKS OF ART FROM THE POWELL'S PERSONAL COLLECTION. THE ITEMS ARE INTENDED TO BE HELD FOR VISUAL DISPLAY THROUGHOUT THE UNIVERSITY'S THREE CAMPUSES.</p>
<p>SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS</p>	<p>THE UNIVERSITY'S ENDOWMENT FUNDS INCLUDE QUASI-ENDOWED FUNDS ESTABLISHED BY THE BOARD OF REGENTS AND PERMANENTLY RESTRICTED ENDOWMENT FUNDS ESTABLISHED BY DONORS. ENDOWED FUNDS ARE INVESTED IN PERPETUITY IN ACCORDANCE WITH THE UNIVERSITY'S INVESTMENT AND SPENDING POLICIES. QUASI-ENDOWED FUNDS ARE RESTRICTED TO VARIOUS USES AS APPROVED BY THE BOARD OF REGENTS. DONOR-RESTRICTED FUNDS INCLUDE FUNDS INVESTED FOR PURPOSES OF FUNDING STUDENT SCHOLARSHIPS, INVESTMENT IN PLANT AND PROGRAM SUPPORT.</p>
<p>SCHEDULE D, PART VII - INVESTMENTS - OTHER SECURITIES 5% OR MORE OF TOTAL ASSETS</p>	<p>ALTERNATIVE INVESTMENTS ARE THE MAJORITY OF THE "OTHER" SECURITIES. THE ENDOWMENT HAS A 37% TARGET TO ALTERNATIVES WHICH IS PRIMARILY NON-PUBLICLY TRADED SECURITIES. THESE INVESTMENTS INCLUDE MARKETABLE ALTERNATIVES AND PRIVATE EQUITY. AT FYE 2022, THESE ASSETS REPRESENTED APPROXIMATELY 37% OF THE ENDOWMENT.</p>

**SCHEDULE E
(Form 990)**

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/Form990 for the latest information.**

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
UNIVERSITY OF THE PACIFIC

Employer identification number
94-1156266

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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the homepage, or 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 <u>NEWSPAPER MEDIA DISPLAYS INCLUDE STATEMENT OF RACIAL NONDISCRIMINATORY POLICY OF THE UNIVERSITY IN THE SOLICITATION OF STUDENTS. THE UNIVERSITY'S WEBSITE MAINTAINS THE NONDISCRIMINATION POLICY EASILY ACCESSIBLE THROUGHOUT THE WEBSITE.</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Admissions policies?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Employment of faculty or administrative staff?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Scholarships or other financial assistance?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Educational policies?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Use of facilities?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g Athletic programs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6a Does the organization receive any financial aid or assistance from a governmental agency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" on either line 6a or line 6b, explain on Part II.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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.

(SEE STATEMENT)

Area with horizontal dashed lines for supplemental information.

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

Return Reference - Identifier	Explanation
SCHEDULE E, PART I, LINE 6(A) - FINANCIAL AID OR ASSISTANCE FROM A GOVERNMENTAL AGENCY	DURING THE TAX YEAR ENDING ON 06/30/2022, THE UNIVERSITY RECEIVED SUPPORT FROM VARIOUS FEDERAL AND STATE GOVERNMENTAL AGENCIES TOTALING \$17,891,126.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2021

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.**
▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization

UNIVERSITY OF THE PACIFIC

Employer identification number

94-1156266

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) EUROPE (INCLUDING ICELAND AND GREENLAND)	1	2	PROGRAM SERVICES	STUDY ABROAD	5,314
(2) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	PROFESSIONAL SERVICES	51,722
(3) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	4	PROGRAM SERVICES	CONFERENCE	0
(4) EAST ASIA AND THE PACIFIC	0	1	PROGRAM SERVICES	CONFERENCE	0
(5) MIDDLE EAST AND NORTH AFRICA	0	2	PROGRAM SERVICES	PROFESSIONAL SERVICES	36,138
(6) NORTH AMERICA (CANADA & MEXICO ONLY)	0	1	PROGRAM SERVICES	PROFESSIONAL SERVICES	71,000
(7) SOUTH ASIA	0	0	PROGRAM SERVICES	PROFESSIONAL SERVICES	4,400
(8) SOUTH AMERICA	0	1	PROGRAM SERVICES	PROFESSIONAL SERVICES	0
(9) CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		111,000,072
(10) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	INVESTMENTS		9,152,439
(11) EAST ASIA AND THE PACIFIC	0	0	INVESTMENTS		3,119,425
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	1	11			123,440,510
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	1	11			123,440,510

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . ▶

3 Enter total number of other organizations or entities . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* **Yes** **No**

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* **Yes** **No**

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* **Yes** **No**

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* **Yes** **No**

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* **Yes** **No**

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* **Yes** **No**

Part V

Supplemental Information. Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference - Identifier	Explanation
<p>SCHEDULE F, PART I, LINE 3 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS</p>	<p>CENTRAL AMERICA AND THE CARIBBEAN -ACCRUAL EAST ASIA AND THE PACIFIC -ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND) -ACCRUAL MIDDLE EAST AND NORTH AFRICA -ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY) -ACCRUAL SOUTH AMERICA -ACCRUAL SOUTH ASIA -ACCRUAL</p>

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

2021

Open to Public Inspection

Name of the organization

UNIVERSITY OF THE PACIFIC

Employer identification number

94-1156266

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

- 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 10 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			
1 RUFFALOCODY HOLDINGS LLC, P.O. BOX 718, DES MOINES, IA 50303-0718	ALUMNI FUNDRAISING		✓	35,303	79,757	(44,454)
2 EAB GLOBAL INC, P.O. BOX 603519, CHARLOTTE, NC 28260-3519	ALUMNI FUNDRAISING		✓	77,696	98,268	(20,572)
3						
4						
5						
6						
7						
8						
9						
10						
Total				112,999	178,025	(65,026)

- 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.

AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, RI, SC, TN, UT, VA, WA, WV, WI

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	(b) Event #2	(c) Other events	(d) Total events
		<u>ORANGE & BLACK BALL</u> (event type)	<u>GOLF TIGER HUNT</u> (event type)	<u>4</u> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	266,810	73,375	95,360	435,545
	2 Less: Contributions	215,904	65,000	79,210	360,114
	3 Gross income (line 1 minus line 2)	50,906	8,375	16,150	75,431
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	67,775	13,864	13,365	95,004
	6 Rent/facility costs	0	0	0	0
	7 Food and beverages	36,326	4,831	6,314	47,471
	8 Entertainment	0	0	0	0
	9 Other direct expenses	57,336	13,204	4,180	74,720
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				
11 Net income summary. Subtract line 10 from line 3, column (d) ▶					(141,764)

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))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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: _____

Return Reference	Identifier	Explanation	
SCHEDULE G, PART I, LINE 2B	PAYMENT OF FEES OR PAYMENT OF EXPENSES	Name	Description
		RUFFALOCODY HOLDINGS LLC	RUFFALO CODY LLC PROVIDES MANAGEMENT SERVICES FOR TWO ONLINE GIVING PROGRAMS. RUFFALO CODY CHARGES A FLAT PROFESSIONAL FEE AND IS NOT COMPENSATED BASED ON THE AMOUNT OF FUNDS RAISED OR ON A PERCENTAGE BASIS. RUFFALO CODY DOES NOT SOLICIT ON BEHALF OF THE UNIVERSITY.
SCHEDULE G, PART I, LINE 2B	PAYMENT OF FEES OR PAYMENT OF EXPENSES	Name	Description
		EAB GLOBAL INC	EAB GLOBAL INC'S WHOLLY-OWNED SUBSIDIARY "ADVANCEMENT SERVICES, LLC" IS A REGISTERED COMMERCIAL FUNDRAISER FOR CHARITABLE PURPOSES IN THE STATE OF CALIFORNIA AND PROVIDES ALUMNI FUNDRAISING SERVICES TO THE UNIVERSITY. NOTICE OF INTENT TO SOLICIT FOR CHARITABLE PURPOSES HAS BEEN FILED WITH THE CALIFORNIA STATE ATTORNEY GENERAL'S OFFICE IN ACCORDANCE WITH CHARITABLE SOLICITATION REGULATIONS.

**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

2021

**Open to Public
Inspection**

Name of the organization

UNIVERSITY OF THE PACIFIC

Employer identification number

94-1156266

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash 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 ▶

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

Cat. No. 50055P

Schedule I (Form 990) 2021

Return Reference - Identifier	Explanation
<p>SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.</p>	<p>FEDERAL AND STATE PROGRAMS ARE ADMINISTERED ACCORDING TO THE LAWS, RULES, STATUTES, AND REGULATIONS AS ISSUED BY THE STATE OF CALIFORNIA AND THE U.S. DEPARTMENT OF EDUCATION AS WELL AS THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES. UNIVERSITY SCHOLARSHIPS AND GRANTS ARE ADMINISTERED ACCORDING TO THE POLICIES AND PROCEDURES DEVELOPED AND IMPLEMENTED BY THE FINANCIAL AID OFFICE IN SUPPORT OF THE UNIVERSITY'S STRATEGIC ENROLLMENT PLAN. THE FINANCIAL AID OFFICE USES THE FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA) AS WELL AS A NUMBER OF SUPPORTING DOCUMENTS OF VERIFICATION TO DETERMINE A STUDENT'S ELIGIBILITY FOR ALL NEED BASED PROGRAMS. IN ADDITION, STUDENTS ARE REVIEWED BASED ON ACADEMIC QUALIFICATIONS AND SPECIAL TALENTS FOR MERIT BASED PROGRAMS SUCH AS MUSIC, ATHLETICS, REGENTS SCHOLARSHIPS AND SIMILAR PROGRAMS. POLICIES AND PROCEDURES ENSURE THAT THE DETERMINATION OF AID ELIGIBILITY AND THE SUBSEQUENT DELIVERY OF AID FROM ANY AND ALL PROGRAMS ARE DONE IN A FAIR AND EQUITABLE MANNER AND IN ACCORDANCE WITH THE RULES AND REGULATIONS THAT GOVERN THE INDIVIDUAL PROGRAMS.</p>

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

UNIVERSITY OF THE PACIFIC

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.

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number

94-1156266

Part I Questions Regarding Compensation

	Yes	No
<p>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.</p> <p> <input type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Housing allowance or residence for personal use <input checked="" type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) </p>		
<p>b If any of the boxes on 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</p>	✓	
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?</p>	✓	
<p>3 Indicate which, if any, of the following the 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.</p> <p> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Compensation survey or study <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Approval by the board or compensation committee </p>		
<p>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:</p>		
<p>a Receive a severance payment or change-of-control payment?</p>	✓	
<p>b Participate in or receive payment from a supplemental nonqualified retirement plan?</p>		✓
<p>c Participate in or receive payment from an equity-based compensation arrangement?</p>		✓
<p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>		
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</p>		
<p>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:</p>		
<p>a The organization?</p>		✓
<p>b Any related organization?</p>		✓
<p>If "Yes" on line 5a or 5b, describe in Part III.</p>		
<p>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:</p>		
<p>a The organization?</p>		✓
<p>b Any related organization?</p>		✓
<p>If "Yes" on line 6a or 6b, describe in Part III.</p>		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</p>		✓
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued 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</p>		✓
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>		

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 aren't 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 and/or 1099-NEC 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	PALLAVICINI, MARIA	(i)	377,184	20,000	271,069	38,308	5,632	712,193	0
	PROVOST	(ii)	0	0	0	0	0	0	0
2	CALLAHAN, CHRISTOPHER	(i)	530,819	40,000	37,113	48,500	63,114	719,546	0
	PRESIDENT	(ii)	0	0	0	0	0	0	0
3	OPPENHEIMER, PHILLIP	(i)	4,887	0	538,847	0	3,095	546,829	0
	PROFESSOR, PHARMACY & HEALTH SCIENCES	(ii)	0	0	0	0	0	0	0
4	NADERSHAHI, NADER	(i)	414,648	0	8,097	20,146	10,194	453,085	0
	DEAN, DUGONI SCHOOL OF DENTISTRY	(ii)	0	0	0	0	0	0	0
5	GONZALEZ, CARLOS	(i)	418,087	0	635	17,810	44,182	480,714	0
	ASSISTANT PROFESSOR	(ii)	0	0	0	0	0	0	0
6	MULLEN, KENNETH	(i)	373,323	25,000	16,821	37,873	15,000	468,017	0
	VP, BUSINESS & FINANCE	(ii)	0	0	0	0	0	0	0
7	SPRECHER, ARTHUR	(i)	297,756	75,900	14,513	14,123	8,244	410,536	0
	VICE PRESIDENT TECHNOLOGY & CIO	(ii)	0	0	0	0	0	0	0
8	COX, DARREN	(i)	350,110	0	932	17,587	11,628	380,257	0
	ASSOCIATE PROFESSOR	(ii)	0	0	0	0	0	0	0
9	PERRY, LEONARD	(i)	347,130	0	1,311	23,629	6,624	378,694	0
	HEAD COACH, MEN'S BASKETBALL (INCOMING)	(ii)	0	0	0	0	0	0	0
10	SCHWARTZ, MICHAEL	(i)	342,360	0	2,056	16,491	11,088	371,995	0
	DEAN, MCGEORGE SCHOOL OF LAW	(ii)	0	0	0	0	0	0	0
11	FERREIRA CABIDO, MARIA	(i)	338,373	0	215	17,142	13,255	368,985	0
	ASSOCIATE PROFESSOR	(ii)	0	0	0	0	0	0	0
12	STOUDAMIRE, DAMON	(i)	327,556	2,500	5,053	1,216	21,504	357,829	0
	HEAD COACH, MEN'S BASKETBALL (OUTGOING)	(ii)	0	0	0	0	0	0	0
13	MATSUMOTO, RAE	(i)	326,800	0	1,714	15,138	1,200	344,852	0
	DEAN, PHARMACY & HEALTH SCIENCES	(ii)	0	0	0	0	0	0	0
14	FERGUSON, CHRISTOPHER	(i)	310,189	0	9,096	34,635	15,935	369,855	0
	VP, ENROLLMENT MANAGEMENT	(ii)	0	0	0	0	0	0	0
15	LUCAS, JANET	(i)	245,779	50,096	6,404	31,110	2,616	336,005	0
	ATHLETICS DIRECTOR	(ii)	0	0	0	0	0	0	0
16	(SEE STATEMENT)	(i)							
		(ii)							

Part II

Officers, Directors, Trustees, Key Employees and Highest Compensated Employees (continued)

(a) Name	(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 reported in prior Form 990 or Form 990-EZ	
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
(16) ATTERBURY, GEORGE VP, DEVELOPMENT (OUTGOING)	(i)	223,957	47,461	8,973	17,052	30,912	328,355	0
	(ii)	0	0	0	0	0	0	0
(17) CAMPBELL, PATRICIA DEAN, BENERD COLLEGE	(i)	259,110	0	1,302	12,266	0	272,678	0
	(ii)	0	0	0	0	0	0	0
(18) FRADEN, RENA DEAN, COLLEGE OF THE PACIFIC	(i)	254,888	0	3,366	12,123	1,200	271,577	0
	(ii)	0	0	0	0	0	0	0
(19) CARROLL, TIMOTHY DEAN, EBERHARDT SCHOOL BUSINESS (OUTGOING)	(i)	219,922	0	35,048	7,552	4,576	267,098	0
	(ii)	0	0	0	0	0	0	0
(20) ORWIN, ELIZABETH DEAN, ENGINEERING AND COMPUTER SCIENCE (INCOMING)	(i)	141,745	100,000	10,507	19,500	13,740	285,492	0
	(ii)	0	0	0	0	0	0	0
(21) HOWELL, STEVEN DEAN, ENGINEERING & COMPUTER SCIENCE (OUTGOING)	(i)	165,784	0	86,301	7,596	15,842	275,523	0
	(ii)	0	0	0	0	0	0	0
(22) BIEDERMANN, SCOTT VP, DEVELOPMENT (INCOMING)	(i)	246,719	0	3,906	34,380	13,648	298,653	0
	(ii)	0	0	0	0	0	0	0
(23) WITTE, PETER DEAN, CONSERVATORY OF MUSIC	(i)	233,123	0	740	11,481	9,416	254,760	0
	(ii)	0	0	0	0	0	0	0
(24) MOOTZ, FRANCIS PROFESSOR, MCGEORGE SCHOOL OF LAW	(i)	230,322	0	1,498	11,402	19,199	262,421	0
	(ii)	0	0	0	0	0	0	0
(25) GALE, LEWIS INTERIM DEAN, EBERHARDT SCHOOL OF BUSINESS	(i)	194,880	0	673	10,309	41,957	247,819	0
	(ii)	0	0	0	0	0	0	0
(26) MANILAY, BAYANI ASSISTANT VICE PRESIDENT, TREASURY AND INVESTMENTS	(i)	162,701	0	476	7,843	7,224	178,244	0
	(ii)	0	0	0	0	0	0	0
(27) LOMAX-GHIRARDUZZI, MARY VP, DIVERSITY, EQUITY, AND INCLUSION (INCOMING)	(i)	138,697	0	11,447	19,500	4,144	173,788	0
	(ii)	0	0	0	0	0	0	0
(28) PETR, CARRIE VP, STUDENT LIFE (OUTGOING)	(i)	9,878	0	137,323	0	276	147,477	0
	(ii)	0	0	0	0	0	0	0
(29) WEBSTER, LINDA SENIOR ASSOCIATE DEAN, BENERD SCHOOL OF EDUCATION	(i)	144,392	0	516	7,056	25,483	177,447	0
	(ii)	0	0	0	0	0	0	0
(30) BLANDIZZI, MARIA VP, STUDENT LIFE (INCOMING)	(i)	101,652	0	18,262	30,002	2,120	152,036	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 - Identifier	Explanation
SCHEDULE J, PART I, LINE 1A - TRAVEL FOR COMPANIONS	COMPANION TRAVEL IS THE FINANCIAL RESPONSIBILITY OF THE TRAVELER EXCEPT IN CASES WHERE THE PRESENCE OF THE COMPANION IS REQUIRED FOR UNIVERSITY BUSINESS REASONS AND THEREFORE IS NOT INCLUDED IN THE INDIVIDUAL'S W-2.
SCHEDULE J, PART I, LINE 1A - TAX INDEMNIFICATION AND GROSS-UP PAYMENTS	A GROSS-UP WAS DONE FOR TAXES ON THE \$6,000.00 HOUSING BENEFIT PROVIDED BY THE UNIVERSITY FOR MARIA BLANDIZZI.
SCHEDULE J, PART I, LINE 1A - HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE	THE UNIVERSITY HAS THREE CAMPUSES, LOCATED IN STOCKTON, SACRAMENTO AND SAN FRANCISCO. AT THE MAIN CAMPUS IN STOCKTON, ON-CAMPUS HOUSING IS PROVIDED TO THE PRESIDENT. FOR THE PRESIDENT, THE HOUSING QUALIFIES FOR EXCLUSION FROM EMPLOYEE TAXABLE INCOME. USE BY EMPLOYEES OF RESIDENTIAL PROPERTY OWNED BY THE UNIVERSITY OTHER THAN THE ABOVE IS TREATED AS TAXABLE COMPENSATION. TAXABLE COMPENSATION FOR THE USE OF HOUSING ON THE STOCKTON MAIN CAMPUS FOR THE INCOMING VP FOR STUDENT LIFE, MARIA BLANDIZZI, WAS \$6,000.00 . TAXABLE COMPENSATION FOR USE OF THE SAN FRANCISCO RESIDENTIAL PROPERTY WAS \$750.00 FOR THE VP OF BUSINESS & FINANCE, KENNETH MULLEN. THERE WAS NO PERSONAL USE OF OTHER STOCKTON OR SACRAMENTO RESIDENTIAL PROPERTIES.
SCHEDULE J, PART I, LINE 1A - HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES	THE UNIVERSITY PROVIDED A CLUB MEMBERSHIP FOR THE HEAD BASKETBALL COACH, LEONARD PERRY, THAT WAS USED ONLY FOR BUSINESS PURPOSES.
SCHEDULE J, PART I, LINE 4A - SEVERANCE OR CHANGE-OF-CONTROL PAYMENT	FORMER PROFESSOR OF PHARMACY AND HEALTH SCIENCES, PHILLIP OPPENHEIMER, RECEIVED A SEVERANCE PAYMENT OF \$407,552.96. OUTGOING VP FOR STUDENT LIFE, CARRIE PETR, RECEIVED A SEVERANCE PAYMENT OF \$120,000.01.
SCHEDULE J, PART I, LINE 3 - METHODS USED TO ESTABLISH COMPENSATION FOR THE PRESIDENT	PLEASE SEE SCHEDULE O FOR THE RESPONSE TO FORM 990, PART VI, SECTION B, LINE 15A

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

UNIVERSITY OF THE PACIFIC

Employer identification number

94-1156266

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY	52-1705592	1301787B6	08/04/2015	75,997,350	SEE PART VI		✓		✓		✓
B	CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY	52-1705592	000000000	10/30/2020	15,955,000	SEE PART VI		✓		✓		✓
C	CALIFORNIA MUNICIPAL FINANCE AUTHORITY	20-1563466	13048VUG1	11/12/2020	42,545,523	SEE PART VI		✓		✓		✓
D	CALIFORNIA MUNICIPAL FINANCE AUTHORITY	20-1563466	13048VTJ7	08/03/2021	23,541,683	SEE PART VI		✓		✓		✓

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	13,145,000		4,260,000		910,000			
2	Amount of bonds legally defeased	0							
3	Total proceeds of issue	75,997,350		15,955,000		42,545,523		23,541,683	
4	Gross proceeds in reserve funds	0							
5	Capitalized interest from proceeds	0							
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	888,095				607,050		198,570	
8	Credit enhancement from proceeds	0							
9	Working capital expenditures from proceeds	0							
10	Capital expenditures from proceeds	0							
11	Other spent proceeds	75,109,255		15,955,000		41,938,473		23,343,113	
12	Other unspent proceeds	0							
13	Year of substantial completion	2015		2020		2020		2021	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	✓		✓		✓		✓	
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		✓		✓		✓		✓
16	Has the final allocation of proceeds been made?	✓		✓		✓		✓	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	✓		✓		✓		✓	

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

Cat. No. 50193E

Schedule K (Form 990) 2021

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		✓		✓		✓		✓
2 Are there any lease arrangements that may result in private business use of bond-financed property?		✓	✓			✓	✓	
3a Are there any management or service contracts that may result in private business use of bond-financed property?		✓	✓			✓	✓	
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?			✓				✓	
c Are there any research agreements that may result in private business use of bond-financed property?		✓		✓		✓		✓
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 . . . ▶		0.00 %		0.40 %		0.00 %		0.20 %
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . ▶		0.00 %		0.00 %		0.00 %		0.00 %
6 Total of lines 4 and 5		0.00 %		0.40 %		0.00 %		0.20 %
7 Does the bond issue meet the private security or payment test?		✓		✓		✓		✓
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?		✓		✓		✓		✓
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?								
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?	✓		✓		✓		✓	

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?		✓		✓		✓		✓
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		✓		✓	✓		✓	
b Exception to rebate?	✓		✓			✓		✓
c No rebate due?		✓		✓		✓		✓
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?		✓		✓		✓		✓

Return Reference - Identifier	Explanation
<p>SCHEDULE K, PART I, COLUMN (F) - SUPPLEMENTAL INFORMATION</p>	<p>PART I, COLUMN (F) - DESCRIPTION OF PURPOSE</p> <p>CEFA SERIES 2015 (ISSUE DATE AUGUST 4, 2015): TO REFUND ALL OF THE SERIES 2004 AND 2006 BOND ISSUANCES. NO NEW DEBT WAS INCURRED WITH THIS ISSUANCE.</p> <p>CEFA SERIES 2014 (ISSUE DATE MAY 12, 2014): ON OCTOBER 30, 2020, THE INTEREST RATE WAS RESET FOR SERIES 2014 WHICH WAS ISSUED TO PAY OFF A PRIOR LINE OF CREDIT LOAN WITH WELLS FARGO BANK AND TO PAY FOR THE COSTS OF ACQUIRING AND DEVELOPING A SEVEN-STORY BUILDING FOR THE SAN FRANCISCO CAMPUS AT 155 FIFTH STREET.</p> <p>CMFA SERIES 2020A (ISSUE DATE NOVEMBER 12, 2020): THE UNIVERSITY WAS LEGALLY DEFEASED RELATING TO THE REFUNDING OF THE SERIES 2009 AND 2016 BONDS. NO NEW DEBT WAS INCURRED WITH THIS ISSUANCE.</p> <p>CMFA SERIES 2021A (ISSUE DATE AUGUST 3, 2021): THE UNIVERSITY WAS LEGALLY DEFEASED RELATING TO THE REFUNDING OF THE SERIES 2012A BONDS. NO NEW DEBT WAS INCURRED WITH THIS ISSUANCE.</p>
<p>SCHEDULE K, PART II, LINE 11 - OTHER SPENT PROCEEDS</p>	<p>PART II, LINE 11 - THE OTHER SPENT PROCEEDS ARE THE REFUNDING PROCEEDS OF THE ISSUE THAT ARE NO LONGER IN ESCROW.</p>
<p>SCHEDULE K, PART III, LINE 9 - WRITTEN PROCEDURES</p>	<p>AS NOTED IN SCHEDULE K, PART III, LINE 9, THE UNIVERSITY HAS ADOPTED MANAGEMENT PRACTICES AND PROCEDURES TO ENSURE POST-ISSUANCE COMPLIANCE OF ITS TAX-EXEMPT BOND LIABILITIES. THE UNIVERSITY'S WRITTEN PROCEDURES HAVE BEEN UPDATED TO ENSURE THAT ANY VIOLATIONS OF FEDERAL TAX REQUIREMENTS ARE TIMELY IDENTIFIED AND CORRECTED THROUGH THE VOLUNTARY CLOSING AGREEMENT PROGRAM IF SELF-REMEDATION IS NOT AVAILABLE UNDER APPLICABLE REGULATIONS.</p>

**SCHEDULE L
(Form 990)**

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

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Name of the organization

UNIVERSITY OF THE PACIFIC

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94-1156266

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						▶ \$						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)		46,465	TUITION DISCOUNT	EDUCATION
(2)		16,000	MERIT SCHOLARSHIP	EDUCATION
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Part IV**Business Transactions Involving Interested Persons** (continued)

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) FATAMEH NADERSHAHI	FAMILY MEMBER OF NADER NADERSHAHI, A KEY EMPLOYEE	\$87,060	SEE SUPPLEMENTAL INFORMATION		✓
(2) NAVID KNIGHT	FAMILY MEMBER OF NADER NADERSHAHI, KEY EMPLOYEE	\$60,108	SEE SUPPLEMENTAL INFORMATION		✓
(3) PAUL ORWIN	FAMILY MEMBER OF ELIZABETH ORWIN, A KEY EMPLOYEE	\$35,508	SEE SUPPLEMENTAL INFORMATION		✓
(4) SUBSTANTIAL CONTRIBUTOR	VENDOR AND CONTRIBUTOR	\$222,750	SEE SUPPLEMENTAL INFORMATION		✓
(5) SUBSTANTIAL CONTRIBUTOR	VENDOR AND CONTRIBUTOR	\$7,805,918	SEE SUPPLEMENTAL INFORMATION		✓

Return Reference - Identifier	Explanation
SCHEDULE L, PART III - GRANTS OR ASSISTANCE BENEFITING INTERESTED PERSONS	PER THE 990 INSTRUCTIONS, THE UNIVERSITY IS NOT REQUIRED TO IDENTIFY THE INTERESTED PERSONS WHO RECEIVED SCHOLARSHIPS, FELLOWSHIPS, AND SIMILAR FINANCIAL ASSISTANCE. INSTEAD, THE UNIVERSITY MUST GROUP EACH TYPE OF ASSISTANCE PROVIDED TO INTERESTED PERSONS. THIS IS DONE IN ORDER TO PROTECT THE IDENTITY OF THE STUDENTS.
SCHEDULE L, PART IV - BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	<p>NADER NADERSHAHI, DEAN DUGONI SCHOOL OF DENTISTRY, KEY EMPLOYEE, IS RELATED TO FATAMEH N. NADERSHAHI, HIS WIFE, WHO IS ALSO AN EMPLOYEE AT THE UNIVERSITY. THE AMOUNT SHOWN REPRESENTS IRS FORM W-2 BOX 5 WAGES FOR REPORTING 990 CALENDAR YEAR 2021 FOR FATAMEH N. NADERSHAHI.</p> <p>NADER NADERSHAHI, DEAN DUGONI SCHOOL OF DENTISTRY, KEY EMPLOYEE, IS RELATED TO NAVID KNIGHT, HIS BROTHER, WHO IS ALSO AN EMPLOYEE AT THE UNIVERSITY. THE AMOUNT SHOWN REPRESENTS IRS FORM W-2 BOX 5 WAGES FOR REPORTING 990 CALENDAR YEAR 2021 FOR NAVID KNIGHT.</p> <p>ELIZABETH ORWIN, DEAN OF THE SCHOOL OF ENGINEERING AND COMPUTER SCIENCE, KEY EMPLOYEE, IS RELATED TO PAUL ORWIN, HER HUSBAND, WHO IS ALSO AN EMPLOYEE AT THE UNIVERSITY. THE AMOUNT SHOWN REPRESENTS IRS FORM W-2 BOX 5 WAGES FOR REPORTING 990 CALENDAR YEAR 2021 FOR PAUL ORWIN.</p>
SCHEDULE L, PART IV - BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	<p>A CONTRIBUTOR, PROVIDES MEDICAL EQUIPMENT USED BY STUDENTS IN DENTAL COURSES AND MADE A CONTRIBUTION TO THE UNIVERSITY. THE AMOUNT SHOWN REPRESENTS ALL PAYMENTS MADE TO THE VENDOR IN FISCAL YEAR 2022.</p> <p>A CONTRIBUTOR, PROVIDES DINING SERVICES FOR STUDENTS AND MADE A CONTRIBUTION TO THE UNIVERSITY. THE AMOUNT SHOWN REPRESENTS ALL PAYMENTS MADE TO THE VENDOR IN FISCAL YEAR 2022.</p>

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ **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 instructions and the latest information.**

Name of the organization

UNIVERSITY OF THE PACIFIC

Employer identification number

94-1156266

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	✓	1	1,944	MARKET VALUE
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	✓		2,381	MARKET VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	✓	39	2,270,428	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	✓	10	15,297	MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (EDUCATION ITEMS)	✓	16	918,954	MARKET VALUE
26 Other ▶ (CHARITABLE AUCTION ITEMS)	✓	106	16,695	MARKET VALUE
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 V, Donee Acknowledgement **29** 1

	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 isn't required to be used for exempt purposes for the entire holding period?		✓
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?	✓	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		✓
b If "Yes," describe in Part II.		
33 If the organization didn't 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 - Identifier	Explanation
SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS	ART - WORKS OF ART - NUMBER OF CONTRIBUTIONS SECURITIES - PUBLICLY TRADED - NUMBER OF CONTRIBUTIONS FOOD INVENTORY - NUMBER OF CONTRIBUTIONS CLOTHING AND HOUSEHOLD GOODS - NUMBER OF CONTRIBUTIONS OTHER - EDUCATION ITEMS NUMBER OF CONTRIBUTIONS OTHER - CHARITABLE AUCTION ITEMS NUMBER OF CONTRIBUTIONS

**SCHEDULE O
(Form 990)**

Department of 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

2021

Open to Public Inspection

Name of the Organization
UNIVERSITY OF THE PACIFIC

Employer Identification Number
94-1156266

Return Reference - Identifier	Explanation
FORM 990, PART I, LINE 1 - BRIEF MISSION	PREPARING INDIVIDUALS FOR LASTING ACHIEVEMENT AND RESPONSIBLE LEADERSHIP IN THEIR CAREERS AND COMMUNITIES.
FORM 990, PART I, LINE 6 - TOTAL NUMBER OF VOLUNTEERS	THE UNIVERSITY IS FORTUNATE TO BENEFIT FROM THE SERVICES OF VOLUNTEERS ACROSS ITS NUMEROUS SCHOOLS, DEPARTMENTS, AND PROGRAMS, BUT THE UNIVERSITY DOES NOT FORMALLY TRACK THIS POPULATION.
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	LAW AND HAS ALSO EXPANDED TO INCLUDE SEVERAL SPECIALIZED LEGAL DEGREE PROGRAMS, GRADUATE PROGRAMS AND THE SCHOOL OF HEALTH SCIENCES.
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES \$12,122,587 INCLUDING GRANTS OF)(REVENUE) RESEARCH: INCLUDES EXPENDITURES FOR ACTIVITIES SPECIFICALLY DESIGNED TO PRODUCE HIGH-QUALITY RESEARCH OUTCOMES WHILE PROVIDING HANDS-ON RESEARCH TRAINING TO BOTH UNDERGRADUATE AND GRADUATE STUDENTS.
FORM 990, PART VI, LINE 1A - EXECUTIVE COMMITTEE	THE EXECUTIVE COMMITTEE IS EMPOWERED TO ACT FOR THE BOARD BETWEEN REGULAR BOARD MEETINGS ON ALL MATTERS EXCEPT THE FOLLOWING, WHICH SHALL BE RESERVED FOR THE BOARD: (I) PRESIDENTIAL SELECTION AND TERMINATION, (II) BOARD MEMBER AND BOARD OFFICER ELECTION, (III) CHANGES IN MISSION AND PURPOSES OF THE INSTITUTION, (IV) AMENDMENTS TO THE ARTICLES OF INCORPORATION AND BYLAWS, (V) INCURRENCE OF CORPORATE INDEBTNESS, (VI) ACQUISITION, SALE AND OTHER DISPOSITION OF REAL ESTATE, EXCEPT THE ACQUISITION, SALE OR OTHER DISPOSITION OF REAL ESTATE WHICH MEETS CERTAIN CONDITIONS SET FORTH IN BOARD POLICY, (VII) ADOPTION OF THE ANNUAL BUDGET, AND (VIII) CONFERRAL OF DEGREES. IN ADDITION TO ITS AUTHORITY TO TAKE ACTION ON EMERGENCY MATTERS THAT CANNOT OR SHOULD NOT BE DEFERRED TO THE NEXT SCHEDULED MEETING OF THE BOARD, THE EXECUTIVE COMMITTEE SHALL: (I) OVERSEE THE WORK OF THE BOARD COMMITTEES, (II) PERIODICALLY REVIEW THE BYLAWS AND RECOMMEND ANY APPROPRIATE CHANGES TO THE BOARD, AND (III) SUPPORT THE PRESIDENT, AND ANNUALLY EVALUATE HIS OR HER PERFORMANCE, COMPENSATION AND CONDITIONS OF EMPLOYMENT.
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	THE FULL BOARD OF REGENTS OF THE UNIVERSITY ANNUALLY REVIEWS THE IRS 990 PRIOR TO FILING USING THE FOLLOWING PROCESS: - A DRAFT OF THE RETURN IS ELECTRONICALLY SUBMITTED TO THE BOARD AUDIT COMMITTEE FOR REVIEW. THE AUDIT COMMITTEE CHAIR THEN SENDS COMMENTS AND QUESTIONS TO THE CHIEF FINANCIAL OFFICER FOR RESOLUTION. - THE CHIEF FINANCIAL OFFICER SUMMARIZES THE AUDIT COMMITTEE'S QUESTIONS IN WRITING AND SUBMITS THE EXPLANATIONS AND A DRAFT OF THE RETURN TO THE FULL BOARD FOR ANY FURTHER COMMENT. - BOARD MEMBERS SEND COMMENTS AND QUESTIONS TO THE AUDIT COMMITTEE CHAIR. THE CHAIR FORWARDS QUESTIONS TO THE CHIEF FINANCIAL OFFICER FOR RESOLUTION. - THE CHIEF FINANCIAL OFFICER SUMMARIZES THE BOARD'S QUESTIONS IN WRITING AND SUBMITS THE EXPLANATIONS TO THE AUDIT COMMITTEE CHAIR FOR ANY FURTHER COMMENT. - THE RETURN IS FINALIZED AND FILED WITH THE IRS.

Return Reference - Identifier	Explanation
<p>FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY</p>	<p>THE UNIVERSITY REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH ITS WRITTEN CONFLICT OF INTEREST POLICY. EACH YEAR, ALL BOARD OF REGENTS MEMBERS AND KEY EMPLOYEES IDENTIFIED BY THE BOARD'S AUDIT COMMITTEE, INCLUSIVE OF THOSE REPORTED AS BOARD MEMBERS, OFFICERS, KEY EMPLOYEES, HIGHLY COMPENSATED EMPLOYEES AND FORMER KEY AND/OR HIGHLY COMPENSATED EMPLOYEES IN THIS IRS 990, ARE REQUIRED TO COMPLETE AND SIGN A CONFLICT OF INTEREST SURVEY. SURVEYS ARE SUBMITTED CONFIDENTIALLY TO THE DIRECTOR OF INTERNAL AUDIT FOR REVIEW. ALL INDIVIDUALS SURVEYED ARE REQUIRED TO SIGN AN ANNUAL DISCLOSURE OF ANY DIRECT OR FIDUCIARY RELATIONSHIPS THAT THEY (OR MEMBERS OF THEIR FAMILY) MAINTAIN WITH ORGANIZATIONS THAT DO BUSINESS WITH THE UNIVERSITY WHICH COULD BE REASONABLY CONSTRUED TO AFFECT THEIR INDEPENDENT, UNBIASED JUDGMENT IN LIGHT OF THEIR DECISION-MAKING AUTHORITY OR RESPONSIBILITY. THESE INDIVIDUALS ("COVERED PERSONS") AFFIRM THEY:</p> <ul style="list-style-type: none"> - HAVE RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY; - HAVE READ AND UNDERSTAND THE POLICY; - AGREE TO COMPLY WITH THE POLICY; AND - HAVE DISCLOSED ANY DIRECT OR INDIRECT FINANCIAL INTEREST RELATIONSHIP. <p>ANY POTENTIAL CONFLICTS ARE ADDRESSED THROUGH FURTHER DISCUSSION WITH THE RESPONDENT AND RESOLVED AND DISCLOSED AS APPROPRIATE. IF THE DIRECTOR OF INTERNAL AUDIT HAS REASONABLE CAUSE TO BELIEVE A COVERED PERSON HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTERESTS, HE OR SHE SHALL INFORM THE PERSON OF THE BASIS FOR SUCH BELIEF AND ALLOW THE COVERED PERSON AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE.</p> <p>COVERED PERSONS WHO HAVE DECLARED OR BEEN FOUND TO HAVE A CONFLICT OF INTEREST MUST REFRAIN FROM PARTICIPATION IN THE CONSIDERATION OF PROPOSED TRANSACTIONS, UNLESS FOR SPECIAL REASONS THE BOARD OR ADMINISTRATION REQUESTS CLARIFYING INFORMATION OR INTERPRETATION. PERSONS WITH CONFLICTS MAY NOT VOTE OR BE PRESENT AT THE TIME OF A VOTE.</p> <p>IF AFTER SUCH NOTICE AND OPPORTUNITY TO DISCLOSE IS PROVIDED, THE CHAIR OF THE AUDIT COMMITTEE DETERMINES THAT A FAILURE TO MAKE THE REQUIRED DISCLOSURE CONTINUES, THE MATTER IS REFERRED TO THE AUDIT COMMITTEE OF THE BOARD OF REGENTS, WHO REVIEW THE MATTER AND IF IT IS DETERMINED THAT THERE IS A CONFLICT REFERS THE MATTER TO THE FULL BOARD OF REGENTS, WHICH TAKES THE NECESSARY ACTION TO MITIGATE THE CONFLICT TO PROTECT THE INTEREST OF THE UNIVERSITY.</p> <p>IN ADDITION, THE UNIVERSITY SEPARATELY SURVEYS ALL BOARD MEMBERS, OFFICERS, KEY EMPLOYEES, HIGHLY COMPENSATED EMPLOYEES AND FORMER KEY AND/OR HIGHLY COMPENSATED EMPLOYEES AS PART OF THE ANNUAL IRS 990 REVIEW PROCESS TO INFORM THE ANSWERS TO CONFLICT OF INTEREST AND GOVERNANCE.</p>
<p>FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL</p>	<p>THE UNIVERSITY'S BOARD OF REGENTS IS RESPONSIBLE FOR REVIEWING THE PERFORMANCE OF THE PRESIDENT AND SETTING THE PRESIDENT'S COMPENSATION UPON THE RECOMMENDATIONS OF THE BOARD'S EXECUTIVE COMMITTEE AND HUMAN RESOURCES COMMITTEE. THE HUMAN RESOURCES COMMITTEE IS APPOINTED BY THE BOARD TO PROVIDE OVERSIGHT OF EXECUTIVE COMPENSATION; REVIEW UNIVERSITY COMPENSATION PLANS THAT GUIDE THE COMPENSATION OF UNIVERSITY EMPLOYEES; AND PROVIDE INSIGHT, OVERSIGHT AND FORESIGHT IN MATTERS OF TALENT AND CULTURE. THE HUMAN RESOURCES COMMITTEE PROVIDES A RECOMMENDATION TO THE EXECUTIVE COMMITTEE ON A COMPENSATION PACKAGE FOR THE PRESIDENT THAT IS APPROPRIATELY COMPETITIVE IN LIGHT OF BENCHMARK DATA AND THE PRESIDENT'S PERFORMANCE. EACH YEAR, THE HUMAN RESOURCES COMMITTEE, COMPOSED OF THREE TO FOUR NONEMPLOYEE MEMBERS OF THE BOARD, IS FORMED TO STUDY AND MAKE PRESIDENTIAL COMPENSATION RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE. IN ACCORDANCE WITH THE BYLAWS (ARTICLE IV), THE EXECUTIVE COMMITTEE CONDUCTS A PERFORMANCE REVIEW OF THE PRESIDENT AND REVIEWS THE RECOMMENDATIONS OF THE HUMAN RESOURCES COMMITTEE. THE EXECUTIVE COMMITTEE THEN MAKES A RECOMMENDATION TO THE FULL BOARD AS TO THE COMPENSATION PACKAGE FOR THE PRESIDENT. THE FULL BOARD, AFTER CONSIDERATION OF THE RECOMMENDATIONS OF THE HUMAN RESOURCES COMMITTEE AND EXECUTIVE COMMITTEE, THEN APPROVES AND ADOPTS THE COMPENSATION PACKAGE FOR THE PRESIDENT. THE PRESIDENT, AS A MEMBER OF THE BOARD OF REGENTS, IS RECUSED FROM ALL COMPENSATION DISCUSSIONS, AND IS NOT INVOLVED IN ANY DECISIONS OF THE EXECUTIVE COMMITTEE OR THE BOARD. THE HUMAN RESOURCES COMMITTEE, EXECUTIVE COMMITTEE AND FULL BOARD BASE THEIR RECOMMENDATIONS AND DECISION (AS APPLICABLE) ON THE FOLLOWING: CONSULTATIONS WITH AND REPORTS OF INDEPENDENT COMPENSATION CONSULTANTS WORKING AT THE DIRECTION OF THE HUMAN RESOURCES COMMITTEE WHICH INCLUDE, AMONG OTHER INFORMATION, STUDIES OF THE ANNUAL SALARIES OF PRESIDENTS OF COMPARABLE INSTITUTIONS AS REPORTED IN THE COMPENSATION SURVEY BY THE ASSOCIATION OF INDEPENDENT CALIFORNIA COLLEGES AND UNIVERSITIES (AICCU) AND STUDIES OF THE ANNUAL SALARIES OF PRESIDENTS OF COMPARABLE INSTITUTIONS AS REPORTED IN THE COMPENSATION SURVEYS BY THE COLLEGE AND UNIVERSITY PERSONNEL ADMINISTRATORS (CUPA). THE HUMAN RESOURCES COMMITTEE, EXECUTIVE COMMITTEE AND BOARD OF REGENTS MINUTES DOCUMENT EACH GROUP'S RECOMMENDATION OR APPROVAL OF THE COMPENSATION FOR EACH YEAR.</p>

Return Reference - Identifier	Explanation						
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	<p>THE BOARD OF REGENTS IS RESPONSIBLE FOR ESTABLISHING THE CONDITIONS OF EMPLOYMENT FOR OTHER KEY INSTITUTIONAL OFFICERS WHO SERVE UNDER THE DIRECTION OF THE PRESIDENT, INCLUDING THE PROVOST, THE VICE PRESIDENTS AND OTHER KEY EMPLOYEES. WORKING THROUGH ITS HUMAN RESOURCES COMMITTEE, THE BOARD REVIEWS UNIVERSITY COMPENSATION PLANS THAT GUIDE THE COMPENSATION OF UNIVERSITY EMPLOYEES. THE HUMAN RESOURCES COMMITTEE PROVIDES OVERSIGHT OF EXECUTIVE COMPENSATION BY RECOMMENDING TO THE BOARD WHICH SENIOR UNIVERSITY OFFICERS AND OTHER KEY EMPLOYEES OTHER THAN THE PRESIDENT SHOULD BE SUBJECT TO THE BOARD'S REVIEW AND THEN THE COMMITTEE ENSURES THAT THE SALARY RANGES FOR THESE POSITIONS, AND THE PROCEDURES USED BY THE UNIVERSITY IN DETERMINING THEIR COMPENSATION, MEET APPLICABLE TAX, ACCOUNTING, AND LEGAL REQUIREMENTS AND ENABLE THE UNIVERSITY TO RECRUIT AND RETAIN SUPERIOR TALENT IN THESE POSITIONS. THE HUMAN RESOURCES COMMITTEE FURTHER DIRECTS THE UNIVERSITY IN THE RETENTION OF A QUALIFIED INDEPENDENT COMPENSATION CONSULTANT TO PROVIDE COMPARATIVE MARKET INFORMATION ON COMPENSATION AND BENEFITS FOR THE PRESIDENT AND OTHER KEY EMPLOYEES, AND TO ADVISE THE COMMITTEE ON COMPENSATION TRENDS AND REGULATORY COMPLIANCE ISSUES. THE HUMAN RESOURCES COMMITTEE REVIEWS AND PROVIDES GUIDANCE TO THE PRESIDENT REGARDING COMPENSATION PHILOSOPHIES AND PLANS THAT GUIDE THE COMPENSATION OF UNIVERSITY EMPLOYEES EACH YEAR, THE PRESIDENT REVIEWS THE MOST RECENT REPORT BY THE UNIVERSITY'S INDEPENDENT COMPENSATION CONSULTANT, ALONG WITH, AS APPROPRIATE, ANNUAL COMPENSATION SURVEYS PREPARED BY THE ASSOCIATION OF CALIFORNIA COLLEGES AND UNIVERSITIES (AICCU) AND THE COLLEGE AND UNIVERSITY PERSONNEL ADMINISTRATORS (CUPA), IN ORDER TO ESTABLISH COMPARABLE RATES OF PAY FOR SIMILARLY-SIZED PRIVATE INSTITUTIONS.</p> <p>COMPENSATION FOR OTHER KEY EMPLOYEES IS ESTABLISHED BY THE PROVOST OR VICE PRESIDENT WITH OVERSIGHT RESPONSIBILITY FOR THE RELATED SCHOOL OR DIVISION, USING THE ABOVE SOURCES ALONG WITH OTHER SOURCES RELEVANT TO THE RESPONSIBILITIES OF THE SCHOOL OR DIVISION KEY EMPLOYEE POSITION.</p> <p>PERFORMANCE REVIEWS, ALONG WITH ANY MERIT AND EQUITY SALARY ADJUSTMENTS, WERE COMPLETED DURING THE FISCAL YEAR ENDED 6/30/22.</p>						
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE UNIVERSITY'S CONFLICT OF INTEREST POLICIES AND AUDITED FINANCIAL STATEMENTS ARE POSTED ON ITS WEBSITE, WWW.PACIFIC.EDU. THE GOVERNING DOCUMENTS ARE NOT MADE PUBLICLY AVAILABLE EXCEPT TO THE EXTENT THAT THEY APPEAR AS ATTACHMENTS TO FORMS DETAILED IN RESPONSE TO QUESTION NUMBER 18, IN WHICH CASE THEY WOULD BE PROVIDED UPON REQUEST TO THE OFFICE OF GENERAL COUNSEL, UNIVERSITY OF THE PACIFIC, 3601 PACIFIC AVENUE, STOCKTON, CA 95211. CERTAIN GOVERNING DOCUMENTS, INCLUDING THE UNIVERSITY'S ARTICLES OF INCORPORATION, ARE ON FILE WITH THE STATE OF CALIFORNIA.						
FORM 990, PART VII, SECTION A, LINE 1A, COLUMN (B) - AVERAGE HOURS PER WEEK	THE UNIVERSITY DOES NOT TRACK HOURS WORKED BY TRUSTEES, OFFICERS, KEY EMPLOYEES, AND HIGHEST COMPENSATED EMPLOYEES. FULL-TIME EXEMPT EMPLOYEES OF THE UNIVERSITY ARE EXPECTED TO WORK NO LESS THAN 40 HOURS PER WEEK. AMOUNTS PROVIDED IN PART VII ARE BASED UPON UNIVERSITY ESTIMATES.						
FORM 990, PART VIII, LINE 1E - GOVERNMENT GRANTS (CONTRIBUTIONS)	ON APRIL 9, 2020, THE SECRETARY OF EDUCATION, BETSY DEVOS, ANNOUNCED THE AVAILABILITY OF CARES ACT FUNDING FOR EMERGENCY FINANCIAL AID GRANTS TO STUDENTS OF UNIVERSITY OF THE PACIFIC (AND OTHER COLLEGES AND UNIVERSITIES NATIONWIDE). THE FEDERAL GOVERNMENT PASSED LEGISLATION CALLED THE CORONAVIRUS AID, RELIEF AND ECONOMIC SECURITY (CARES) ACT. THE BILL BUILDS UPON EARLIER VERSIONS OF THE CARES ACT AND IS INTENDED TO BE A THIRD ROUND OF FEDERAL GOVERNMENT SUPPORT IN THE WAKE OF THE COVID-19 PUBLIC HEALTH CRISIS AND ASSOCIATED ECONOMIC FALLOUT. THE BILL INCLUDES FUNDING FOR EMERGENCY GRANTS FOR ELIGIBLE STUDENTS. IN FISCAL YEAR 2022, THE UNIVERSITY OF THE PACIFIC RECEIVED \$6,016,108 OF ADDITIONAL FUNDING WHICH WAS USED TO ISSUE INDIVIDUAL AWARDS TO STUDENTS FOR THEIR EMERGENCY EXPENSES INCURRED AS A RESULT OF THE COVID-19 PANDEMIC.						
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1" data-bbox="459 1388 1521 1499"> <thead> <tr> <th data-bbox="459 1388 1304 1430">(a) Description</th> <th data-bbox="1312 1388 1521 1430">(b) Amount</th> </tr> </thead> <tbody> <tr> <td data-bbox="459 1430 1304 1457">ACTUARIAL GAIN (LOSS) ON TRUST & ANNUITY AND OTHER CHANGES</td> <td data-bbox="1312 1430 1521 1457">- 867,862</td> </tr> <tr> <td data-bbox="459 1457 1304 1499">INVESTMENT RETURN (LOSS), NET OF DISTRIBUTIONS</td> <td data-bbox="1312 1457 1521 1499">- 65,642,924</td> </tr> </tbody> </table>	(a) Description	(b) Amount	ACTUARIAL GAIN (LOSS) ON TRUST & ANNUITY AND OTHER CHANGES	- 867,862	INVESTMENT RETURN (LOSS), NET OF DISTRIBUTIONS	- 65,642,924
(a) Description	(b) Amount						
ACTUARIAL GAIN (LOSS) ON TRUST & ANNUITY AND OTHER CHANGES	- 867,862						
INVESTMENT RETURN (LOSS), NET OF DISTRIBUTIONS	- 65,642,924						
SCHEDULE B, PART I - CONTRIBUTIONS	AMOUNTS REPORTED ON PART VIII, LINE 1F AND SCHEDULE B, PART I REPRESENT GRANT AND CONTRIBUTION REVENUE REFLECTED IN THE AUDITED FINANCIAL STATEMENTS.						
SCHEDULE F, PART I - CONFERENCE-RELATED EXPENDITURES	INDIRECT EXPENSES ARE NOT TRACKED FOR THESE PROGRAMS AS WE ONLY TRACK UNIVERSITY FUNDS TRANSFERRED TO FOREIGN COUNTRIES TO SUPPORT THESE PROGRAMS.						
SCHEDULE F, PART I, LINE 3(F) -	THE AMOUNTS LISTED IN COLUMN (F) FOR THE UNIVERSITY'S INVESTMENTS IN CENTRAL AMERICAN/CARIBBEAN, EAST ASIA AND THE PACIFIC, AND EUROPE REFER TO THE FAIR MARKET VALUE OF INVESTMENTS FOR THAT PARTICULAR REGION, NOT SOLELY THE EXPENDITURES FOR THE FISCAL TAX YEAR ENDED 6/30/22, AS REQUIRED BY THE IRS.						

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
UNIVERSITY OF THE PACIFIC

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

2021

Open to Public Inspection

Employer identification number
94-1156266

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
(1) TRI-CITY PROPERTIES LLC (82-2573286) 3622 STAGG WAY, STOCKTON, CA 95211	REAL PROPERTY HOLDINGS	CA	0	819,806	UNIVERSITY OF THE PACIFIC
(2) _____					
(3) _____					
(4) _____					
(5) _____					
(6) _____					

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
(1) _____							
(2) _____							
(3) _____							
(4) _____							
(5) _____							
(6) _____							
(7) _____							

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) Disproportionate 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	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) <u>(SEE STATEMENT)</u>									
(2) -----									
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									

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 organization 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		✓
b Gift, grant, or capital contribution to related organization(s)		✓
c Gift, grant, or capital contribution from related organization(s)		✓
d Loans or loan guarantees to or for related organization(s)		✓
e Loans or loan guarantees by related organization(s)		✓
f Dividends from related organization(s)		✓
g Sale of assets to related organization(s)		✓
h Purchase of assets from related organization(s)		✓
i Exchange of assets with related organization(s)		✓
j Lease of facilities, equipment, or other assets to related organization(s)		✓
k Lease of facilities, equipment, or other assets from related organization(s)		✓
l Performance of services or membership or fundraising solicitations for related organization(s)		✓
m Performance of services or membership or fundraising solicitations by related organization(s)		✓
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		✓
o Sharing of paid employees with related organization(s)		✓
p Reimbursement paid to related organization(s) for expenses		✓
q Reimbursement paid by related organization(s) for expenses		✓
r Other transfer of cash or property to related organization(s)		✓
s Other transfer of cash or property from related organization(s)		✓

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)				
(2)				
(3)				
(4)				
(5)				
(6)				

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) Disproportionate 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	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part IV**Identification of Related Organizations Taxable as a Corporation or Trust** (continued)

(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) CHARITABLE REMAINDER TRUSTS (1)	INVESTMENT	CA	N/A		N/A	N/A	N/A		✓