#### **PUBLIC DISCLOSURE COPY**

Form **990-T** 

## **Exempt Organization Business Income Tax Return** (and proxy tax under section 6033(e))

For calendar year 2021 or other tax year beginning 07/01 , 2021, and ending 06/30

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<b>-</b>	-
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OMB No. 1545-0047

Department of the Treasury Internal Revenue Service	▶ Do ı	► Go to www.irs.gov/Form990T for instructions and the latest information. not enter SSN numbers on this form as it may be made public if your organization is a 501	(c)(3).	pen to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed.	Print	Name of organization ( Check box if name changed and see instructions.) UNIVERSITY OF THE PACIFIC		er identification number 94-1156266
B Exempt under section  501( C )( 3 )	or Type	Number, street, and room or suite no. If a P.O. box, see instructions. 3601 PACIFIC AVENUE		exemption number tructions)
408(e) 220(e) 408A 530(a)	0.5			eck box if amended return.
529(a) 529A		k value of all assets at end of year		amenaca retam.
H Check if filing only		Claim credit from Form 8941 Claim a refund shown on Form 2	2/30	
		nization filing a consolidated return with a 501(c)(2) titleholding corporation .		• 🗆
		ched Schedules A (Form 990-T)		<u> </u>
		the corporation a subsidiary in an affiliated group or a parent-subsidiary controlle		
•		and identifying number of the parent corporation ►	3 1	
		▶ JAMES WALSH, 3601 PACIFIC AVENUE, STOCKTON, CA 95211 Telephone number I	<b>-</b>	(209) 946-7704
		ed Business Taxable Income		<u> </u>
1 Total of unrel	ated bu	usiness taxable income computed from all unrelated trades or businesses (s	ee	
instructions)			. 1	11,847
2 Reserved .			. 2	
3 Add lines 1 ar	nd 2 .		. 3	11,847
4 Charitable cor	ntributio	ons (see instructions for limitation rules)	. 4	0
5 Total unrelate	d busin	ess taxable income before net operating losses. Subtract line 4 from line 3 .	. 5	11,847
6 Deduction for	net ope	erating loss. See instructions	. 6	11,847
		usiness taxable income before specific deduction and section 199A deduction	on.	
Subtract line 6	from I	ine 5	. 7	0
8 Specific dedu	ction (g	enerally \$1,000, but see instructions for exceptions)	. 8	0
9 Trusts. Section	on 199A	deduction. See instructions	. 9	0
		dd lines 8 and 9	. 10	0
		taxable income. Subtract line 10 from line 7. If line 10 is greater than line		
			. 11	0
Part II Tax Co	_•			
1 Organization	s taxab	ole as corporations. Multiply Part I, line 11 by 21% (0.21)	<b>▶</b> 1	0
		ust rates. See instructions for tax computation. Income tax on the amount		
		☐ Tax rate schedule or ☐ Schedule D (Form 1041)	<b>2</b>	
-		ictions	<b>▶</b> 3	0
		See instructions	. 4	0
		tax (trusts only)	. 5	0
	-	nt facility income. See instructions	. 6	0
/ I otal. Add line	es 3 thr	ough 6 to line 1 or 2, whichever applies	.   7	0

<b>Part</b>	III Tax and Payments			raye
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 111	6) <b>1a</b>	ol I	
b	Other credits (see instructions)	. 1b	0	
С	General business credit. Attach Form 3800 (see instructions)	. 1c	0 1	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	. 1d		
е	Total credits. Add lines 1a through 1d	. 14	4.	
2	Subtract line 1e from Part II, line 7		. 1e	
3	Other amounts due. Check if from: Form 4255 Form 8611 Fc		. 2	
	Other (attach statement)			
4	Total tax. Add lines 2 and 3 (see instructions).   Check if includes tax		3	
•	section 1204. Enter tax amount here	previously deterred u	nder	
5	section 1294. Enter tax amount here	. •	<u>0</u> . <b>4</b>	0
6a	Payments: A 2020 everyayment are dited to 2021			0
b	Payments: A 2020 overpayment credited to 2021	. 6a	0	
	2021 estimated tax payments. Check if section 643(g) election applies ► [	6b	0	
c C	Tax deposited with Form 8868	. 6c	0	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	. 6d	0	
e •	Backup withholding (see instructions)	. 6e	0	
f	Credit for small employer health insurance premiums (attach Form 8941)	_	0	
g	· · · · · · · · · · · · · · · · · · ·	0		
7	□ Form 4136 0 □ Other 0 Total	► 6g	0	
7	Total payments. Add lines 6a through 6g		7	0
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached		8	0
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amoun	towed	.▶ 9	0
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter an		. ▶ 10	0
11 Part		0 Refunde	ed ▶   11	0
	S S S S S S S S S S S S S S S S S S S	ation (see instruction	s)	Ψ
1	At any time during the 2021 calendar year, did the organization have an ir	iterest in or a signature	e or other authority	Yes No
	over a financial account (bank, securities, or other) in a foreign country? I	f "Yes," the organization	on may have to file	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Ye	s," enter the name of	the foreign country	700
•	here ► AU			✓
2	During the tax year, did the organization receive a distribution from, or was it the	e grantor of, or transfero	or to, a foreign trust?	<b>1</b>
3	If "Yes," see instructions for other forms the organization may have to file.			
4	Enter the amount of tax-exempt interest received or accrued during the ta	x year ▶ \$_	2	339
	Enter available pre-2018 NOL carryovers here $\blacktriangleright$ \$ 244,007 . Do no shown on Schedule A (Form 990-T). Don't reduce the NOL carryover sh	t include any post-201	7 NOL carryover	
	Part I, line 6.	own here by any dedi	uction reported on	
	Post-2017 NOL carryovers. Enter available Business Activity Code and p	ant 0017 NOL	D 11	
·	the amounts shown below by any NOL claimed on any Schedule A, Part II,	line 17 for the tax year	vers. Don't reduce	
	Business Activity Code	<del></del>		
	52	Available post-201		STATE SECTION
	53	<b>\$</b>	3,159,231	
	54	<b>\$</b>	53,500	100
	45	<b>\$</b>	315,612	
6a		\$	12,668	
b	Did the organization change its method of accounting? (see instructions) . If 6a is "Yes," has the organization described the change on Form 990, 9			1
	explain in Part V	990-LZ, 990-FF, OF FC	7111 1120? II INO,	30 3.44
Part \				
		and information See		
	e the explanation required by Part IV, line 6b. Also, provide any other additi	onal information. See i	nstructions.	
		onal information. See i	instructions.	
	e the explanation required by Part IV, line 6b. Also, provide any other additi			
Cia		a schedules and statements	and to the best of my	Knowledge and e.
	Under penalties of perjury, I declare that I have examined this return, including accompanying belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based or	a schedules and statements	, and to the best of my eparer has any knowledg	e.
	Under penalties of perjury, I declare that I have examined this return, including accompanying belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based or	g schedules and statements n all information of which pre	and to the best of my	e. cuss this return
	Under penalties of perjury, I declare that I have examined this return, including accompanying belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based or	a schedules and statements	, and to the best of my eparer has any knowledg	e. cuss this return r shown below
Here	Under penalties of perjury, I declare that I have examined this return, including accompanying belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based of the penalties of perjury. Some penalties of perjury, I declare that I have examined this return, including accompanying belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based of the penalties of perjury.	g schedules and statements n all information of which pre	, and to the best of my eparer has any knowledge May the IRS disk with the prepare (see instructions	e. cuss this return r shown below ?  Yes  No
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based of Signature of officer  Print/Type preparer's name  OCELYNE MILLER  Preparer's signature	g schedules and statements n all information of which pre NANCIAL OFFICER	, and to the best of my eparer has any knowledge May the IRS disk with the prepare (see instructions  Check if PTIN	e.  cuss this return r shown below ?  Yes  No
Here	Under penalties of perjury, I declare that I have examined this return, including accompanying belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based of the strue, correct and complete. Declaration of preparer (other than taxpayer) is based of the strue, correct and complete. Declaration of preparer (other than taxpayer) is based of the structure of officer.    Signature of officer	g schedules and statements n all information of which pre NANCIAL OFFICER	, and to the best of my eparer has any knowledge May the IRS disk with the prepare (see instructions  Check if pTIN self-employed P	e. cuss this return r shown below ?  Yes  No

#### **SCHEDULE A** (Form 990-T)

## **Unrelated Business Taxable Income** From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

Open to Public Inspection for 501(c)(3) Organizations Only

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). A Name of the organization B Employer identification number 94-1156266 UNIVERSITY OF THE PACIFIC 5 52 C Unrelated business activity code (see instructions) ▶ **D** Sequence:

C OII	related business activity code (see instructions)			Sequence.		
<b>E</b> De	scribe the unrelated trade or business ► SECURITIES, COMMOD	OITY CO	ONTRACTS, AND OTH	ER FINANCIAL	. INVEST	MENTS AND RELA
	Unrelated Trade or Business Income		(A) Income	(B) Expense		(C) Net
1a	Gross receipts or sales 0					
b	Less returns and allowances	1c	0			
2	Cost of goods sold (Part III, line 8)	2	0			
3	Gross profit. Subtract line 2 from line 1c	3	0			0
4a	Capital gain net income (attach Sch D (Form 1041 or Form					
	1120)). See instructions	4a	284,166			284,166
b	Net gain (loss) (Form 4797) (attach Form 4797). See					
	instructions	4b	6,911			6,911
С	Capital loss deduction for trusts	4c	0			0
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5	(1,763,735)			(1,763,735)
6	Rent income (Part IV)	6	0		0	0
7	Unrelated debt-financed income (Part V)	7	0		0	0
8	Interest, annuities, royalties, and rents from a controlled					
_	organization (Part VI)	8	0		0	0
9	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)	9	0		0	0
10	Exploited exempt activity income (Part VIII)	10	0		0	0
11	Advertising income (Part IX)	11	0		0	0
12	Other income (see instructions; attach statement)	12	0			0
13	Total. Combine lines 3 through 12	13	(1,472,658)		0	(1,472,658)
Par	<b>Deductions Not Taken Elsewhere</b> See instruction directly connected with the unrelated business inco		limitations on ded	uctions. Ded	uctions	s must be
1	Compensation of officers, directors, and trustees (Part X)				1	0
2	Salaries and wages				2	0
3	Repairs and maintenance				3	0
4	Bad debts				4	0
5	Interest (attach statement). See instructions				5	0
6	Taxes and licenses				6	1,103
7	Depreciation (attach Form 4562). See instructions			0		
8	Less depreciation claimed in Part III and elsewhere on return .			0	8b	0
9	Depletion				9	0
10					10	0
11	Employee benefit programs				11	0
12	Excess exempt expenses (Part VIII)				12	0
13	Excess readership costs (Part IX)				13	0
14	Other deductions (attach statement)				14	401,730
15 16	<b>Total deductions.</b> Add lines 1 through 14				15	402,833
16	Unrelated business income before net operating loss deductio column (C)					(4.5== 4= :)
					16	(1,875,491)
17	Deduction for net operating loss. See instructions				17	(4.075.404)
18	Unrelated business taxable income. Subtract line 17 from lin	ne 16			18	(1,875,491)

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 74036O

Schedule A (Form 990-T) 2021 Page 2

Part	Cost of Goods Sold Enter me	thod of inventory val	uation ►		<del> </del>
1	Inventory at beginning of year				1 0
2	Purchases				2 0
3	Cost of labor				3 0
4	Additional section 263A costs (attach statement)				4 0
5	Other costs (attach statement)				5 0
6	Total. Add lines 1 through 5				6 0
7	Inventory at end of year				7 0
8	<b>Cost of goods sold.</b> Subtract line 7 from line 6.				0
9	Do the rules of section 263A (with respect to proper				
Part	N Rent Income (From Real Property an				
1	Description of property (property street address,	city, state, ZIP code	). Check if a dual-us	se. See instructio	ons.
	A				
	B				
	<u> </u>				
	D 🗌				
•		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
b	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income) .				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
_					
3	Total rents received or accrued. Add line 2c column	ns A through D. Enter	here and on Part I, li	ne 6, column (A)	<b>0</b>
4	Deductions directly connected with the income				
	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through	D Enter here and o	n Part I line 6 colu	mn (R)	<b>&gt;</b> 0
			irr arri, iire o, colu	· · · · · · · · · · · · · · · · · · ·	
	Unrelated Debt-Financed Income (se				
1	Description of debt-financed property (street add	dress, city, state, ZIP	code). Check if a d	ual-use. See inst	tructions.
	<u>A</u>				
	B				
	C □				
		Α	В	С	
2	Gross income from or allocable to debt -	7			
_	financed property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement) .				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt - financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%		% %
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A throu	ugh D). Enter here an	ıd on Part I. line 7. d	column (A) .	• 0
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns	A through D. Enter h	ere and on Part I, lir	ne 7, column (B) ▶	<b>0</b>
11	Total dividends - received deductions included	d in line 10		)	• 0

Daga **3** 

	,							
Pa	rt VI Interest, Annuit	ties, Royaltie	es, and Rents	s fro	m Controlled Org	janizations (see instru	ctions	s)
			Exempt Controlled Organizations					
	Name of controlled organization	2. Employer identification number	3. Net unrela income (los (see instruction)	s)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income		Deductions directly connected with come in column 5
(1)								
(2)								
(3)								
(4)								
			Nonexemp	ot Co	ntrolled Organizatior	าร		
	7. Taxable income	inco	t unrelated ome (loss) ostructions)	payments made		10. Part of column 9 that is included in the controlling organization's gross income		Deductions directly connected with come in column 10
(1)								
(2)								
(3)								
(4)								
Tota Par	t VII Investment Inc			 7), (9		Enter here and on Part I, line 8, column (A)  0  ation (see instructions)		er here and on Part I, line 8, column (B)
	Description of income	2. Amol	unt of income		3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)		Total deductions and set-asides d columns 3 and 4)
(1)								
(2)								
(3)								
(4)								
		Enter here	nts in column 2. e and on Part I, column (A)				Ente	amounts in column 5. er here and on Part I, line 9, column (B)
Tota	als	<b>&gt;</b>	0					0
Par	t VIII Exploited Exem	pt Activity I	ncome, Othe	r Th	an Advertising In	come (see instructions	5)	
1	Description of exploited	d activity:						
2	Gross unrelated busine	ss income fror	n trade or busi	ness.	Enter here and on P	Part I, line 10, column (A)	2	
3	Expenses directly conn line 10, column (B)					Enter here and on Part I,	3	
4	. ,					e 2. If a gain, complete	4	
5	Gross income from act	ivity that is not	unrelated bus	iness	income		5	
6	Expenses attributable t						6	
7	·				t do not enter more	than the amount on line	_	

Schedule A (Form 990-T) 2021 Page **4** 

Par	Advertising Income					
1	Name(s) of periodical(s). Check box if re	porting t	two or more period	icals on a consol	lidated basis.	
	A 🗆					
	B					
Enter	<b>D</b> amounts for each periodical listed above	in the co	orresponding colum	nn		
Littoi	amounts for each periodical listed above	111 1110 00	A	В	С	D
2	Gross advertising income			_		_
а	Add columns A through D. Enter here a	nd on Pa	ırt I, line 11, colum	n (A)		<b>&gt;</b> 0
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here a	nd on Pa	rt I, line 11, colum	n (B)		<b>&gt;</b> 0
4	Advertising gain (loss). Subtract line 3 f 2. For any column in line 4 showing complete lines 5 through 8. For any coline 4 showing a loss or zero, do not colines 5 through 7, and enter zero on line	a gain, olumn in omplete				
5 6 7	Readership costs	 ess than 5 is less				
8	Excess readership costs allowed deduction. For each column showing a line 4, enter the lesser of line 4 or line 7	as a gain on				
а	Add line 8, columns A through D. Ent Part II, line 13					on <b>b</b> 0
Par	t X Compensation of Officers, Di					
	1. Name		<b>2.</b> Title		3. Percentage of time devoted to business	<ol> <li>Compensation attributable to unrelated business</li> </ol>
(1)					%	
(2)					%	
(3)					%	
(4)					%	
Tota	II. Enter here and on Part II, line 1 .				•	0
	Supplemental Information (se					
	(0.5)					

#### **SCHEDULE A** (Form 990-T)

## **Unrelated Business Taxable Income** From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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Open to Public Inspection for 501(c)(3) Organizations Only

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). A Name of the organization B Employer identification number 94-1156266 UNIVERSITY OF THE PACIFIC 5 45 C Unrelated business activity code (see instructions) ▶ **D** Sequence:

E De	scribe the unrelated trade or business ATHLETIC SALES & SCH	HOOL	OF DENTISTRY ONLIN	NE STORE	
Par	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 5,866				
b	Less returns and allowances 0 c Balance ▶	1c	5,866		
2	Cost of goods sold (Part III, line 8)	2	0		
3	Gross profit. Subtract line 2 from line 1c	3	5,866		5,866
4a	Capital gain net income (attach Sch D (Form 1041 or Form				
	1120)). See instructions	4a	0		0
b	Net gain (loss) (Form 4797) (attach Form 4797). See				
	instructions	4b	0		0
С	Capital loss deduction for trusts	4c	0		0
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5	0		0
6	Rent income (Part IV)	6	0	0	0
7	Unrelated debt-financed income (Part V)	7	0	0	0
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8	0	0	0
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9	0	0	0
10	Exploited exempt activity income (Part VIII)	10	0	0	0
11	Advertising income (Part IX)	11	0	0	0
12	Other income (see instructions; attach statement)	12	0		0
13	Total. Combine lines 3 through 12	13	5,866	0	5,866
Par			limitations on dedu	uctions. Deduction	ons must be
	directly connected with the unrelated business inco				
1	Compensation of officers, directors, and trustees (Part X)				0
2	Salaries and wages				0
3	Repairs and maintenance				0
4	Bad debts				0
5	Interest (attach statement). See instructions				0
6	Taxes and licenses				0
7	Depreciation (attach Form 4562). See instructions			0	
8	Less depreciation claimed in Part III and elsewhere on return .			0 <b>8b</b>	0
9	Depletion				0
10	Contributions to deferred compensation plans				0
11	Employee benefit programs			<u>11</u>	0
12	Excess exempt expenses (Part VIII)				0
13	Excess readership costs (Part IX)				0
14	Other deductions (attach statement)				2,386
15	Total deductions. Add lines 1 through 14	٠		15	2,386
16	Unrelated business income before net operating loss deduction				
	column (C)			10	3,480
17	Deduction for net operating loss. See instructions				0
18	Unrelated business taxable income. Subtract line 17 from lin	e 16		18	3,480

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 74036O

	e A (1 01111 990-1) 2021				Fage <b>Z</b>
Part		thod of inventory val			
1	Inventory at beginning of year				0
2	Purchases				0
3	Cost of labor				0
4	Additional section 263A costs (attach statement)				0
5	Other costs (attach statement)				0
6 7	<b>Total.</b> Add lines 1 through 5			<u> </u>	0
8	Inventory at end of year				0
9	Do the rules of section 263A (with respect to prope		•		
-	IV Rent Income (From Real Property an				100 - 100
1	Description of property (property street address,				
	A 🗆				
	В 🗌				
	c 🗆				
	D 🗌				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10% but not more than 50%)				
	ŕ				
b	From real and personal property (if the percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income) .				
С	Total rents received or accrued by property.				
·	Add lines 2a and 2b, columns A through D				
	- '				
3	Total rents received or accrued. Add line 2c column	ns A through D. Enter	here and on Part I, li	ne 6, column (A) ► _	0
4	Deductions directly connected with the income				
	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through	D Enter here and o	n Part I line 6 colu	mn (R)	
			irr arti, iirie o, colu		<u> </u>
Par	,				
1	Description of debt-financed property (street add	dress, city, state, ∠IP	code). Check if a c	lual-use. See instruc	tions.
	A				
	B				
	D				
		Α	В	С	
2	Gross income from or allocable to debt -				
	financed property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement) .				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
_	to debt - financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
^	financed property (attach statement)	0.1	0.4	0.4	01
6	Divide line 4 by line 5	%	%	%	<u>%</u>
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A throu	ugh D). Enter here an	d on Part I, line 7, o	column (A) . 🕨 _	0
9	Allocable deductions. Multiply line 3c by line 6				
	, ,	A #lessessele D. E. J.	5 7	7	
10	<b>Total allocable deductions.</b> Add line 9, columns	•	ere and on Part I, lir	ne /, column (B) ► _	0
11	Total dividends - received deductions included	d in line 10		•	0

Schedule A (Form 990-T) 2021

	ile A (Form 990-1) 2021	·					. 12	Page 3
Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)								S)
					Exempt Co	ntrolled Organizations		
	Name of controlled organization	2. Employer identification number	3. Net unrela income (los (see instruction)	s)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income		Deductions directly connected with come in column 5
(1)								
(2)								
(3)								
(4)								
			Nonexemp	ot Co	ntrolled Organization	ns		
	7. Taxable income	inco	et unrelated come (loss) instructions)		Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income		Deductions directly connected with come in column 10
(1)								
(2)								
(3)								
(4)								
Tota Part				7), (9	▶ ), or (17) Organiza 3. Deductions	line 8, column (A)  0 ation (see instructions)  4. Set-asides		Total deductions
					directly connected attach statement)	(attach statement)	(ad	and set-asides d columns 3 and 4)
(1)								
(2)								
(3)								
(4)								
		Enter here	nts in column 2. e and on Part I, column (A)				Ente	amounts in column 5. er here and on Part I, ine 9, column (B)
Tota		<b>&gt;</b>	0					0
Part	-	<u> </u>	ncome, Othe	r Th	an Advertising In	come (see instructions	s)	
1	Description of exploited	I activity:						
2	Gross unrelated busines	ss income fror	n trade or busi	ness.	Enter here and on P	art I, line 10, column (A)	2	
3	Expenses directly connelline 10, column (B)					Enter here and on Part I,	3	
4						e 2. If a gain, complete	4	
5	Gross income from acti						5	
6	Expenses attributable to	-					6	
7								

Schedule A (Form 990-T) 2021

9

Schedule A (Form 990-T) 2021 Page **4** 

Part	IX Advertising Income						
1	Name(s) of periodical(s). Check box if re	porting t	wo or more periodic	als on a consoli	dated basis.		
	A 🗆						
	В 🗌						
	C						
	D						
Enter	amounts for each periodical listed above	in the co		n. <b>B</b>	С		
2	Gross advertising income		Α	В		D	_
_	•						
а	Add columns A through D. Enter here ar	nd on Pa	rt I, line 11, column	(A)		<b>-</b>	0
3	Direct advertising costs by periodical						
а	Add columns A through D. Enter here are	nd on Pa	rt I, line 11, column	(B)		<b>•</b>	0
4	Advertising gain (loss). Subtract line 3 ft 2. For any column in line 4 showing complete lines 5 through 8. For any coline 4 showing a loss or zero, do not colines 5 through 7, and enter zero on line	a gain, lumn in omplete					
5 6 7	Readership costs	ss than					
	than line 6, enter zero						
8	Excess readership costs allowed deduction. For each column showing a line 4, enter the lesser of line 4 or line 7	as a gain on					
а	Add line 8, columns A through D. Enter Part II, line 13	er the gr				on	0
Par							
· ai	Componication of Cinedic, 2.	1001010	, and madeous (e.		3. Percentage	4. Compensation	
	1. Name		<b>2.</b> Title		of time devoted to business	attributable to unrelated business	
(1)					%		
(2)					%		
(3)					% %		_
(4)					70		_
Tota	II. Enter here and on Part II, line 1 .				•		0
	Supplemental Information (se						_
	(1)		/				
	·						

#### **SCHEDULE A** (Form 990-T)

## **Unrelated Business Taxable Income** From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

Open to Public Inspection for

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). 501(c)(3) Organizations Only A Name of the organization B Employer identification number 94-1156266 UNIVERSITY OF THE PACIFIC 5 53 C Unrelated business activity code (see instructions) ▶ **D** Sequence:

- 011	Telated business detivity code (see instructions)			ocquerioc.		
E De	scribe the unrelated trade or business RENTAL OF FACILITIES	;				
Pai			(A) Income	(B) Expense	s	(C) Net
1a	Gross receipts or sales 0					
b	Less returns and allowances 0 c Balance ▶	1c	0			
2	Cost of goods sold (Part III, line 8)	2	0			
3	Gross profit. Subtract line 2 from line 1c	3	0			0
4a	Capital gain net income (attach Sch D (Form 1041 or Form					
	1120)). See instructions	4a	0			0
b	Net gain (loss) (Form 4797) (attach Form 4797). See					
	instructions	4b	0			0
_c	Capital loss deduction for trusts	4c	0			0
5	Income (loss) from a partnership or an S corporation (attach					_
	statement)	5	0			0
6	Rent income (Part IV)	6	36,741	10	7,925	(71,184)
7 8	Unrelated debt-financed income (Part V)	7	0		0	0
0	organization (Part VI)				0	
9	Investment income of section 501(c)(7), (9), or (17)	8	0		0	0
9	organizations (Part VII)	9	0		0	0
10	Exploited exempt activity income (Part VIII)	10	0		0	0
11	Advertising income (Part IX)	11	0		0	0
12	Other income (see instructions; attach statement)	12	72,431			72,431
13	<b>Total.</b> Combine lines 3 through 12	13	109,172	10	7,925	1,247
Par			·			· · · · · · · · · · · · · · · · · · ·
· ai	directly connected with the unrelated business inco		iii iii dada ah acc	idotiono: Dec	idotio	no mast be
1	Compensation of officers, directors, and trustees (Part X)				1	0
2	Salaries and wages				2	0
3	Repairs and maintenance				3	0
4	Bad debts				4	0
5	Interest (attach statement). See instructions				5	0
6	Taxes and licenses				6	0
7	Depreciation (attach Form 4562). See instructions		7	0		
8	Less depreciation claimed in Part III and elsewhere on return .		<b>8a</b>	0	8b	0
9	Depletion				9	0
10	Contributions to deferred compensation plans				10	0
11	Employee benefit programs				11	0
12	Excess exempt expenses (Part VIII)				12	0
13	Excess readership costs (Part IX)				13	0
14	Other deductions (attach statement)				14	49,724
15 16	<b>Total deductions.</b> Add lines 1 through 14	 n Cul	htraat lina 15 fram D		15	49,724
10	column (C)				4.0	(40.477)
47	. ,				16	(48,477)
17	Deduction for net operating loss. See instructions				17	
18	Unrelated business taxable income. Subtract line 17 from lin	ie 16			18	(48,477)

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 74036O

	e A (1 01111 990-1) 2021				Fage <b>∠</b>
Part	Cost of Goods Sold Enter me	thod of inventory valu	uation ►		
1	Inventory at beginning of year				0
2	Purchases				0
3	Cost of labor				0
4	Additional section 263A costs (attach statement)			<del></del>	0
5	Other costs (attach statement)				0
6	<b>Total.</b> Add lines 1 through 5				0
7 8	Inventory at end of year				0
9	Do the rules of section 263A (with respect to prope				
	Rent Income (From Real Property an				E TES F NO
1	Description of property (property street address,				
-	A 2 3601 PACIFIC AVENUE, STOCKTON, CA 952	• • • • • • • • • • • • • • • • • • • •			
	B				
	c				
	D [				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)	36,741			
b	From real and personal property (if the				
	percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) .				
С	Total rents received or accrued by property.				
C	Add lines 2a and 2b, columns A through D	36,741			
	- 1	,			
3	Total rents received or accrued. Add line 2c column	ns A through D. Enter h	nere and on Part I, li	ne 6, column (A) ► _	36,741
4	Deductions directly connected with the income				
	in lines 2(a) and 2(b) (attach statement)	107,925			
-	Tatal daductions Add line 4 columns A through	D. Fratar have and a	- David Liva C. salv	(D)	407.005
5	Total deductions. Add line 4 columns A through		1 Part I, line 6, colu	mn (B) <b>&gt;</b> _	107,925
Par	· ·				
1	Description of debt-financed property (street add	dress, city, state, ZIP	code). Check if a d	ual-use. See instruct	tions.
	<u>A</u>				
	B				
	C □				
		Α	В	С	
2	Gross income from or allocable to debt -	^	ь	0	
_	financed property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt - financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
_	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	<u>%</u>
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A throu	ugh D). Enter here and	d on Part I, line 7, o	column (A) . 🕨 _	0
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns	A through D. Enter he	ere and on Part I, lir	ne 7, column (B) ► _	0
11	Total dividends - received deductions included	d in line 10		•	0

Daga **3** 

	,							
Pa	rt VI Interest, Annuit	ties, Royaltie	es, and Rents	s fro	m Controlled Org	janizations (see instru	ctions	s)
				Exempt Co	entrolled Organizations			
	Name of controlled organization	2. Employer identification number	3. Net unrela income (los (see instruction)	s)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income		Deductions directly connected with come in column 5
(1)								
(2)								
(3)								
(4)								
			Nonexemp	ot Co	ntrolled Organizatior	าร		
	7. Taxable income	inco	t unrelated ome (loss) ostructions)	9	. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income		Deductions directly connected with come in column 10
(1)								
(2)								
(3)								
(4)								
Tota Par	t VII Investment Inc			 7), (9		Enter here and on Part I, line 8, column (A)  0  ation (see instructions)		er here and on Part I, line 8, column (B)
	Description of income	2. Amol	unt of income		3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)		Total deductions and set-asides d columns 3 and 4)
(1)								
(2)								
(3)								
(4)								
		Enter here	nts in column 2. e and on Part I, column (A)				Ente	amounts in column 5. er here and on Part I, line 9, column (B)
Tota	als	<b>&gt;</b>	0					0
Par	t VIII Exploited Exem	pt Activity I	ncome, Othe	r Th	an Advertising In	come (see instructions	5)	
1	Description of exploited	d activity:						
2	Gross unrelated busine	ss income fror	n trade or busi	ness.	Enter here and on P	Part I, line 10, column (A)	2	
3	Expenses directly conn line 10, column (B)					Enter here and on Part I,	3	
4	. ,					e 2. If a gain, complete	4	
5	Gross income from act	ivity that is not	unrelated bus	iness	income		5	
6	Expenses attributable t						6	
7	Excess exempt expens		ne 5 from line	6, but	t do not enter more	than the amount on line	_	

Schedule A (Form 990-T) 2021 Page **4** 

Par	Advertising Income						_
1	Name(s) of periodical(s). Check box if re	eportina t	wo or more periodic	als on a consol	idated basis.		
•	A 🗆	-	•	, alo on a conson	idatod baolo.		
	B 🗆						
	<b>c</b> □						
	D						
Enter	amounts for each periodical listed above	in the co	rresponding columi	າ.			
	·		A	В	С	D	
2	Gross advertising income						
а	Add columns A through D. Enter here a	nd on Pa	rt I, line 11, column	(A)		<b>&gt;</b>	0
3	Direct advertising costs by periodical						
а	Add columns A through D. Enter here a	nd on Pa	rt I, line 11, column	(B)		<b>&gt;</b>	0
4	Advertising gain (loss). Subtract line 3 ft 2. For any column in line 4 showing complete lines 5 through 8. For any co- line 4 showing a loss or zero, do not co- lines 5 through 7, and enter zero on line	a gain, olumn in omplete					
5 6 7	Readership costs	ss than 5 is less					
8	Excess readership costs allowed deduction. For each column showing a line 4, enter the lesser of line 4 or line 7	as a gain on					
а	Add line 8, columns A through D. Ent Part II, line 13	_				on 🕨	0
Par	t X Compensation of Officers, Di	rectors	, and Trustees (s	ee instructions	s)		
	1. Name		<b>2.</b> Title		3. Percentage of time devoted to business	<ol> <li>Compensation attributable to unrelated business</li> </ol>	
(1)					%		
(2)					%		
(3)					%		
(4)					%		
_							
	I. Enter here and on Part II, line 1 .				▶		0
Part	Supplemental Information (se	e instru	ctions)				

#### **SCHEDULE A** (Form 990-T)

## **Unrelated Business Taxable Income** From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

Open to Public Inspection for

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). 501(c)(3) Organizations Only A Name of the organization B Employer identification number 94-1156266 UNIVERSITY OF THE PACIFIC 5 54 C Unrelated business activity code (see instructions) ▶ **D** Sequence:

E Des	scribe the unrelated trade or business ADVERTISING AND CLI	NICAL	SERVICES			
Par	Unrelated Trade or Business Income		(A) Income	(B) Expense	es	(C) Net
1a	Gross receipts or sales 0					
b	Less returns and allowances 0 c Balance ▶	1c	0			
2	Cost of goods sold (Part III, line 8)	2	0			
3	Gross profit. Subtract line 2 from line 1c	3	0			0
4a	Capital gain net income (attach Sch D (Form 1041 or Form					
	1120)). See instructions	4a	0			0
b	Net gain (loss) (Form 4797) (attach Form 4797). See					
	instructions	4b	0			0
С	Capital loss deduction for trusts	4c	0			0
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5	0			0
6	Rent income (Part IV)	6	0		0	0
7	Unrelated debt-financed income (Part V)	7	0		0	0
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Part VI)	8	0		0	0
9	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)	9	0		0	0
10	Exploited exempt activity income (Part VIII)	10	0		0	0
11	Advertising income (Part IX)					(9,472)
12	Other income (see instructions; attach statement)	12	22,773			22,773
13	Total. Combine lines 3 through 12	13	49,423	6,122	13,301	
Par	t II Deductions Not Taken Elsewhere See instruction		limitations on ded	uctions. Dec	luction	ns must be
	directly connected with the unrelated business inco	me				
1	Compensation of officers, directors, and trustees (Part X)				1	0
2	Salaries and wages				2	0
3	Repairs and maintenance				3	0
4	Bad debts				4	0
5	Interest (attach statement). See instructions				5	0
6	Taxes and licenses				6	0
7	Depreciation (attach Form 4562). See instructions		7	0		
8	Less depreciation claimed in Part III and elsewhere on return .		8a	0	8b	0
9	Depletion				9	0
10	Contributions to deferred compensation plans				10	0
11	Employee benefit programs				11	0
12	Excess exempt expenses (Part VIII)				12	0
13	Excess readership costs (Part IX)				13	0
14	Other deductions (attach statement)				14	11,251
15	Total deductions. Add lines 1 through 14				15	11,251
16	Unrelated business income before net operating loss deduction					
	column (C)				16	2,050
17	Deduction for net operating loss. See instructions				17	0
18	Unrelated business taxable income. Subtract line 17 from lin	ne 16		<u> </u>	18	2,050

	16 A (1 01111 930-1) 2021				raye <b>Z</b>
Part		thod of inventory value			
1	Inventory at beginning of year				0
2	Purchases			<del></del>	0
3	Cost of labor				0
4	Additional section 263A costs (attach statement)				0
5	Other costs (attach statement)				0
6 7	<b>Total.</b> Add lines 1 through 5			<del></del>	0
8	Inventory at end of year				0
9	Do the rules of section 263A (with respect to prope				
	Rent Income (From Real Property and				
1	Description of property (property street address,				
	A	• • • • • • • • • • • • • • • • • • • •			
	В 🗌				
	C □				
	D 🗆				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10% but not more than 50%)				
L	,				
b	From real and personal property (if the percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income) .				
С	Total rents received or accrued by property.				
·	Add lines 2a and 2b, columns A through D				
	- ι				
3	Total rents received or accrued. Add line 2c column	s A through D. Enter	here and on Part I, li	ne 6, column (A) ►	0
4	Deductions directly connected with the income				
	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through	D. Enter here and or	n Part I line 6 colu	mn (R)	0
			Traiti, line o, colu	· · · · · · · · · · · · · · · · · · ·	<u> </u>
Par	,				
1	Description of debt-financed property (street add	ress, city, state, ∠IP	code). Check if a c	lual-use. See instruc	tions.
	A				
	B				
	D				
		Α	В	С	
2	Gross income from or allocable to debt -				
	financed property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement) .				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
_	to debt - financed property (attach statement)				
5	Average adjusted basis of or allocable to debt- financed property (attach statement)				
•		0/	0/	0/	0/
6 7	Divide line 4 by line 5	%	%	%	<u>%</u>
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A throu	ıgh D). Enter here an	d on Part I, line 7, o	column (A) . 🕨	0
9	Allocable deductions. Multiply line 3c by line 6				
	· · · · · · · · · · · · · · · · · · ·	A through D. Catal	are and an Dart I'	20 7 00l::::::: /D\ b	
10	<b>Total allocable deductions.</b> Add line 9, columns	· ·	ere and on Part I, III	ie /, column (B) ▶	0
11	Total dividends - received deductions included	l in line 10		•	0

Page 3

	,							
Pa	rt VI Interest, Annuit	ies, Royaltie	es, and Rents	s fro	m Controlled Org	janizations (see instru	ctions	s)
1. Name of controlled 2. En					Exempt Co	ontrolled Organizations		
	Name of controlled organization	<b>2.</b> Employer identification number	3. Net unrela income (los (see instruction)	s)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income		Deductions directly connected with acome in column 5
(1)								
(2)								
(3)								
(4)								
			Nonexemp	ot Co	ntrolled Organization	าร		
	7. Taxable income	inco	t unrelated me (loss) nstructions)	e (loss) payments made		10. Part of column 9 that is included in the controlling organization's gross income		Deductions directly connected with come in column 10
(1)								
(2)								
(3)								
(4)								
Tot						Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Ente	d columns 6 and 11. er here and on Part I, line 8, column (B)
Pai	t VII Investment Inco	ome of a Se	ction 501(c)(7	7), (9	), or (17) Organiza	ation (see instructions)	)	
	1. Description of income	<b>2.</b> Amou	unt of income	l	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)		Total deductions and set-asides Id columns 3 and 4)
(1)								
(2)								
(3)								
(4)								
Tot	als	Enter here	nts in column 2. e and on Part I, column (A)				Ente	amounts in column 5. er here and on Part I, line 9, column (B)
		nt Activity I		r Th	an Advertising In	come (see instructions	2)	0
1	Description of exploited	·			an Autordoning III	COLUMN TO THE TENT OF THE TENT		
2	•		n trade or busi	ness	Enter here and on P	Part I, line 10, column (A)	2	
3	Expenses directly conne	ected with pro	duction of unre	elated	d business income. E	Enter here and on Part I,		
4	line 10, column (B) Net income (loss) from					e 2. If a gain, complete	3	
	lines 5 through 7						4	
5	Gross income from acti	•					5	
6	Expenses attributable to						6	
7	Excess exempt expens 4. Enter here and on Pa	40	ne 5 from line (			than the amount on line	7	

Schedule A (Form 990-T) 2021 Page **4** 

Par	Advertising Income					
1	Name(s) of periodical(s). Check box if re	porting t	two or more periodic	als on a consolida	ted basis.	
	A   ATHLETIC MEDIA					
	B DENTISTRY PUBLICATIONS					
-nter	<b>D</b> amounts for each periodical listed above	in the co	orresponding column			
_111.01	amounts for each periodical listed above	iii tiie cc	A	В	С	D
2	Gross advertising income		24,550	2,100		
а	Add columns A through D. Enter here a	nd on Pa	rt I, line 11, column	A)		<b>&gt;</b> 26,650
3	Direct advertising costs by periodical		35,702	420		
а	Add columns A through D. Enter here a	nd on Pa	ırt I, line 11, column (	(B)		<b>3</b> 6,122
4	Advertising gain (loss). Subtract line 3 ft 2. For any column in line 4 showing complete lines 5 through 8. For any co- line 4 showing a loss or zero, do not co- lines 5 through 7, and enter zero on line	a gain, olumn in omplete	(11,152)	1,680	)	
5	Readership costs			. (	)	
6	Circulation income			(	)	
7	Excess readership costs. If line 6 is le line 5, subtract line 6 from line 5. If line than line 6, enter zero			(		
8	Excess readership costs allowed deduction. For each column showing a line 4, enter the lesser of line 4 or line 7	gain on	0			
а	Add line 8, columns A through D. Ent Part II, line 13	_		, columns total or		on 0
Par	t X Compensation of Officers, Di	rectors	, and Trustees (se	ee instructions)		
	1. Name		<b>2.</b> Title		3. Percentage of time devoted to business	<ol> <li>Compensation attributable to unrelated business</li> </ol>
(1)					%	
(2)					%	
(3)					%	
(4)					%	
Tota	II. Enter here and on Part II, line 1 .				•	0
Par	Supplemental Information (se	e instru	ctions)			
	T. P. I.					

#### **SCHEDULE A** (Form 990-T)

#### **Unrelated Business Taxable Income** From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990T for instructions and the latest information. ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

B Employer identification number A Name of the organization 94-1156266 UNIVERSITY OF THE PACIFIC 5 81 C Unrelated business activity code (see instructions) ▶ **D** Sequence: of **E** Describe the unrelated trade or business ► COMMISSIONS RELATED TO ALUMNI SALES TRANSACTIONS Part I **Unrelated Trade or Business Income** (A) Income (B) Expenses (C) Net 1a Gross receipts or sales 0 **c** Balance ▶ 0 Less returns and allowances 1c Cost of goods sold (Part III, line 8) . . . . . . . . . . . 0 2 2 0 0 3 Gross profit. Subtract line 2 from line 1c. . . 3 Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions . . . . . . . . . . . . . . . 4a 0 0 Net gain (loss) (Form 4797) (attach Form 4797). See 0 0 4b 0 Capital loss deduction for trusts . . . . . . 4c 0 Income (loss) from a partnership or an S corporation (attach 5 statement) 5 0 0 0 0 0 6 6 0 0 0 7 Unrelated debt-financed income (Part V) . . . . . 7 8 Interest, annuities, royalties, and rents from a controlled 0 0 0 8 Investment income of section 501(c)(7), (9), or (17) 9 organizations (Part VII) . . . . . . . . . . . . . . . . 0 0 0 9 0 0 0 10 Exploited exempt activity income (Part VIII) . . . . . . 10 0 0 0 11 Advertising income (Part IX) . . . . . . . . . . . . . . 11 11,941 11,941 12 Other income (see instructions; attach statement) 12 Total. Combine lines 3 through 12 . . . . . 13 13 11,941 0 11,941

Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be Part II directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)	1	0
2	Salaries and wages	2	0
3	Repairs and maintenance	3	0
4	Bad debts	4	0
5	Interest (attach statement). See instructions	5	0
6	Taxes and licenses	6	0
7	Depreciation (attach Form 4562). See instructions		
8	Less depreciation claimed in Part III and elsewhere on return 8a 0	8b	0
9	Depletion	9	0
10	Contributions to deferred compensation plans	10	0
11	Employee benefit programs	11	0
12	Excess exempt expenses (Part VIII)	12	0
13	Excess readership costs (Part IX)	13	0
14	Other deductions (attach statement)	14	5,624
15	Total deductions. Add lines 1 through 14	15	5,624
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13,		
	column (C)	16	6,317
17	Deduction for net operating loss. See instructions	17	0
18	Unrelated business taxable income. Subtract line 17 from line 16	18	6,317

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 74036O

Schedule A (Form 990-T) 2021

Schedule A (Form 990-T) 2021 Page 2

Part	Cost of Goods Sold Enter me	thod of inventory val	uation ►		<del></del>
1	Inventory at beginning of year			1	0
2	Purchases			2	2 0
3	Cost of labor			3	0
4	Additional section 263A costs (attach statement)				0
5	Other costs (attach statement)			5	0
6	<b>Total.</b> Add lines 1 through 5				0
7	Inventory at end of year			7	0
8	Cost of goods sold. Subtract line 7 from line 6.	Enter here and in Pa	rt I, line 2	8	0
9	Do the rules of section 263A (with respect to prope				ion? 🗌 Yes 🗹 No
Part	N Rent Income (From Real Property an				
1	Description of property (property street address,	city, state, ZIP code	). Check if a dual-u	se. See instructio	ns.
	A 🗌				
	В 🗌				
	C 🗆				
	D 🗌				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10% but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) .				
С	Total rents received or accrued by property.				
C	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c column	ns A through D. Enter	here and on Part I, li	ne 6, column (A) 🕨	0
4	Deductions directly connected with the income				
•	in lines 2(a) and 2(b) (attach statement)				
_		55	D	(5)	
5	Total deductions. Add line 4 columns A through	D. Enter here and o	n Part I, line 6, colu	mn (B) ▶	0
Part	Unrelated Debt-Financed Income (se	e instructions)			
1	Description of debt-financed property (street add	dress, city, state, ZIP	code). Check if a d	ual-use. See inst	ructions.
	A 🗌				
	В 🗌				
	C 🗆				
	D 🗌				
_		Α	В	С	D
2	Gross income from or allocable to debt -				
•	financed property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
a	Straight line depreciation (attach statement) .				
b C	Other deductions (attach statement) Total deductions (add lines 3a and 3b,				
C	columns A through D)				
4	Amount of average acquisition debt on or allocable				
7	to debt - financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
-	financed property (attach statement)				
6	Divide line 4 by line 5	%	%		% %
7	Gross income reportable. Multiply line 2 by line 6	70	70		70
	, , , , , , , , , , , , , , , , , , , ,				
8	Total gross income (add line 7, columns A through	ugh D). Enter here an	d on Part I, line 7, o	column (A) . 🕨	0
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns	A through D. Enter h	ere and on Part I. lir	ne 7, column (B) ▶	• 0
11	Total dividends - received deductions included	•		• • •	• 0

Page **3** 

Pai	rt VI Interest, Annui	ities, Royaltie	es, and Rents	s fro	m Controlled Org	anizations (see instru	ctions	s)
			Exempt Controlled Organizations					
	Name of controlled organization	2. Employer identification number			4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income		Deductions directly connected with acome in column 5
(1)								
(2)								
(3)								
(4)								
			Nonexemp	ot Co	ntrolled Organizatior	าร		
	7. Taxable income			9	. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income		Deductions directly connected with come in column 10
(1)								
(2)								
(3)								
(4)								
Tota	als					Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Ente	d columns 6 and 11. er here and on Part I, line 8, column (B)
Par	t VII Investment Inc	ome of a Se	ction 501(c)(	7), (9	), or (17) Organiza	ation (see instructions)	,	
	1. Description of income	<b>2.</b> Amou	int of income	3. Deductions directly connected (attach statement)  (attach statement)				Total deductions and set-asides dd columns 3 and 4)
(1)								
(2)								
(3)								
(4)								
Total	n la	Enter here	nts in column 2. e and on Part I, column (A)				Ente	amounts in column 5. er here and on Part I, line 9, column (B)
	als	not Activity	0 ncome Othe	r Th	an Advertising In	 <b>come</b> (see instructions	-/ 	0
1	Description of exploite		ncome, othe	71	an Auvernamy III	COME (SEE MISHACHORS	<i>y</i>	
2			n trade or busi	ness	Enter here and on D	art I, line 10, column (A)	2	
3	Expenses directly conr	nected with pro	duction of unre	elated	d business income. E	Enter here and on Part I,		
4	line 10, column (B) .  Net income (loss) from					e 2. If a gain, complete	3	
	lines 5 through 7 .						4	
5	Gross income from act	tivity that is not	unrelated bus	iness	income		5	
6	Expenses attributable	to income ente	red on line 5				6	
7	Excess exempt expense 4. Enter here and on P					than the amount on line	7	

Schedule A (Form 990-T) 2021 Page **4** 

Par	Advertising Income					
1	Name(s) of periodical(s). Check box if re	porting t	two or more period	icals on a consol	lidated basis.	
	A 🗆					
	B					
Enter	<b>D</b> amounts for each periodical listed above	in the co	orresponding colum	nn		
Littoi	amounts for each periodical listed above	111 1110 00	A	В	С	D
2	Gross advertising income			_		_
а	Add columns A through D. Enter here a	nd on Pa	ırt I, line 11, colum	n (A)		<b>&gt;</b> 0
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here a	nd on Pa	rt I, line 11, colum	n (B)		<b>&gt;</b> 0
4	Advertising gain (loss). Subtract line 3 f 2. For any column in line 4 showing complete lines 5 through 8. For any coline 4 showing a loss or zero, do not colines 5 through 7, and enter zero on line	a gain, olumn in omplete				
5 6 7	Readership costs	 ess than 5 is less				
8	Excess readership costs allowed deduction. For each column showing a line 4, enter the lesser of line 4 or line 7	as a gain on				
а	Add line 8, columns A through D. Ent Part II, line 13					on <b>b</b> 0
Par	t X Compensation of Officers, Di					
	1. Name		<b>2.</b> Title		3. Percentage of time devoted to business	<ol> <li>Compensation attributable to unrelated business</li> </ol>
(1)					%	
(2)					%	
(3)					%	
(4)					%	
Tota	II. Enter here and on Part II, line 1 .				•	0
	Supplemental Information (se					
	(0.5)					

## Form 990T Part I, Line 6

Deduction for net operating loss arising in tax years beginning before January 1, 2018

Year Generated	Amount Generated	Converted Contributions	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining	NOL Expires
2012	149,747		111,193	11,847	26,707	2032
2013	81,551				81,551	2033
2014					0	2034
2015					0	2035
2016					0	2036
2017	87,311				87,311	2037
2017	36,111				36,111	2037
2018	12,328				12,328	2038
Totals	367,048	0	111,193	11,847	244,008	

Name of Partnership	Share of gross income	Share of deductions	Gain or loss
INCOME/LOSS FROM PARTNERSHIPS AND S CORPORATIONS	<u> </u>	<u> </u>	
(1) AG REALTY FUND VIII LP	(1,048)	0	(1,048)
(2) BERTRAM GROWTH CAPITAL IV, LP (GE)	0	3,576	(3,576)
(3) BLUE WATER ENERGY FUND II, LP	48	14,821	(14,773)
(4) CERBERUS INSTITUTIONAL PARTNERS VI, LP (GE)	(37,691)	0	(37,691)
(5) CERBERUS INSTITUTIONAL PARTNERS VI, LP (PE)	(22,614)	0	(22,614)
(6) CROW HOLDINGS SELF-STORAGE FUND-A, L.P. (GE)	1,207	0	1,207
(7) CROW HOLDINGS SELF-STORAGE FUND-A, L.P. (PE)	740	0	740
(8) FORTRESS CREDIT OPPORTUNITIES FUND V EXPANSION (B) LP (GE)	1,666	0	1,666
(9) FORTRESS CREDIT OPPORTUNITIES FUND V EXPANSION (B) LP (PE)	833	0	833
(10) HARVEST MLP INCOME FUND II LLC (GE)	(171)	0	(171)
(11) HARVEST MLP INCOME FUND II LLC (PE)	(89)	0	(89)
(12) INDUSTRY VENTURES PARTNERSHIP HOLDINGS IV, LP	6,721	0	6,721
(13) INDUSTRY VENTURES PARTNERSHIP HOLDINGS V, LP (PE)	0	69	(69)
(14) INDUSTRY VENTURES PARTNERSHIP HOLDINGS V, LP (GE)	0	112	(112)
(15) INDUSTRY VENTURES PARTNERSHIP HOLDINGS VI, LP (GE)	18	20,506	(20,488)
(16) INDUSTRY VENTURES PARTNERSHIP HOLDINGS VI, LP (PE)	11	12,568	(12,557)
(17) KANYE ANDERSON ENERGY FUND IV (QP), LP (GE)	(3)	0	(3)
(18) KHP STRATEGIC 12 LP (GE)	1,041	1,796	(755)
(19) KHP STRATEGIC 12 LP (PE)	520	899	(379)
(20) MANULIFE PRIVATE EQUITY PARTNERS, LP (GE)	10,010	2,019	7,991
(21) MANULIFE PRIVATE EQUITY PARTNERS, LP (PE)	6,288	1,727	4,561
(22) MONTAUK TRIGUARD FUND IV, LP	(8,216)	0	(8,216)
(23) MONTAUK TRIGUARD FUND V, LP	(9,486)	0	(9,486)
(24) NEWQUEST ASIA FUND IV, LP (GE)	74	4,715	(4,641)
(25) NEWQUEST ASIA FUND IV, LP (PE)	46	2,931	(2,885)
(26) NORTHGATE VENTURE PARTNERS II, LP	207	0	207
(27) REVELATION HEALTHCARE FUND III, LP (PE)	0	21,238	(21,238)
(28) SILVER LAKE PARTNERS IV CAYMAN (AIV II), LP	199	253	(54)
(29) SILVER LAKE PARTNERS IV DE (AIV III)-A, LP	511	0	511
(30) SILVER LAKE PARTNERS IV DE (AIV III), LP	1,071	307	764
(31) SILVER LAKE PARTNERS IV DE (AIV IV)-A, LP	(245)	0	(245)
(32) SILVER LAKE PARTNERS IV DE (AIV IV), LP	(1,279)	0	(1,279)
(33) SILVER LAKE PARTNERS IV DE (AIV V), LP	(4,709)	0	(4,709)
(34) SILVER LAKE PARTNERS IV DE (AIV VI), LP	7,020	0	7,020
(35) VORTUS INVESTMENTS II, LP (GE)	94,544	1,104,450	(1,009,906)
(36) VORTUS INVESTMENTS II, LP (PE)	57,948	676,920	(618,972)
Total	105,172	1,868,907	(1,763,735)

## Schedule A - Part I, Line 12

Other Income

Description	Amount
RENTAL OF FACILITIES	
(1) FACILITY RENTALS WITH SERVICES PROVIDED (WEDDINGS, ATHLETIC FACILITIES, ETC.)	72,431
ADVERTISING AND CLINICAL SERVICES	
(1) CLINICAL SERVICES PROVIDED BY SCHOOL OF DENTISTRY TO EXTERNAL PARTIES	22,773
COMMISSIONS RELATED TO ALUMNI SALES TRANSACTIONS	
(1) COMMISSIONS RELATED TO TRANSACTIONS WITH AFFILIATED 3RD PARTY VENDORS ON ALUMNI RELATED SALES AND SALES OF ATHLETIC MERCHANDISE	11,941
Total for Schedule A - Part I, Line 12	107,145

Schedule A - Part II I ine 6	
	э

Taxes and Licenses

Description	Amount
INCOME/LOSS FROM PARTNERSHIPS AND S CORPORATIONS	
(1) STATE TAXES	1,103

Other Deductions

Description	Amount
INCOME/LOSS FROM PARTNERSHIPS AND S CORPORATIONS	
(1) 990T K1 PREPARATION & ANALYSIS	28,891
(2) INVESTMENT MANAGEMENT FEE	372,839
Total	401,730
ATHLETIC SALES & SCHOOL OF DENTISTRY ONLINE STORE	
(1) ATHLETIC SALES & SCHOOL OF DENTISTRY ONLINE STORE - SYSTEM MAINT. FEES	994
(2) ATHLETIC SALES & SCHOOL OF DENTISTRY STORE - ADM. AND UTILITIES	1,173
(3) 990-T TAX PREPARATION FEES	219
Total	2,386
RENTAL OF FACILITIES	
(1) RENTAL OF FACILITIES WITH SERVICES PROVIDED (WEDDING ATTENDANT, PHYSICAL PLANT FEES, ETC.)	45,653
(2) 990-T TAX PREPARATION FEE	4,071
Total	49,724
ADVERTISING AND CLINICAL SERVICES	
(1) 990-T TAX PREPARATION FEES	1,842
(2) CLINICAL SERVICES PROVIDED BY THE SCHOOL OF DENTISTRY - ADM & UTILITIES	4,854
(3) CLINICAL SERVICES PROVIDED BY THE SCHOOL OF DENTISTRY - LAB SUPPLIES, FEES, ETC.	4,555
Total	11,251
COMMISSIONS RELATED TO ALUMNI SALES TRANSACTIONS	
(1) COMMISSIONS ON ALUMNI RELATED 3RD PARTY SALES - LODGING, TRAVEL, ETC.	2,791
(2) COMMISSIONS ON ALUMNI 3RD PARTY SALES & SALES OF ATHLETIC MERCH-ADM & UTILITIES	2,388
(3) 990-T TAX PREPARATION FEES	445
Total	5,624

## Schedule A - Part II, Line 17

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018

Year Generated	Amount Generated	Converted Contributions	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining
INCOME/LOSS FROM P	ARTNERSHIPS AND S	CORPORATIONS			
2018	355,215				355,215
2019	471,741				471,741
2020	456,784				456,784
2021	1,875,491				1,875,491
Totals	3,159,231	0	0	0	3,159,231
ATHLETIC SALES & SC	HOOL OF DENTISTRY	ONLINE STORE			
2019	1,119				1,119
2020	11,549				11,549
Totals	12,668	0	0	0	12,668
RENTAL OF FACILITIES	3				
2020	5,024				5,024
2021	48,476				48,476
Totals	53,500	0	0	0	53,500
ADVERTISING AND CLI	NICAL SERVICES				
2018	242,183				242,183
2019	73,429		·		73,429
Totals	315,612	0	0	0	315,612

## Schedule A - Part IV, Line 4

Deductions directly connected with the income in lines 2(a) and 2(b)

RENTAL OF FACILITIES		
(1) 3601 PACIFIC AVENUE, STOCKTON, CA 95211	Description	Amount
	SALARIES & BENEFITS	86,909
	ADM & PHYSICAL PLANT FEES	21,016
	Total	107,925
Total for Schedule A - Part IV, Line 4, Deductions directly connected with the income in lines 2(a) and 2(b)		107,925

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		ι Δ -		l ine '	

Gross Advertising Income

ADVERTISING AND CLINICAL SERVICES		
(1) ATHLETIC MEDIA	Description	Amount
	ATHLETIC MEDIA	24,550
	Description	Amount
(2) DENTISTRY PUBLICATIONS	DENTISTRY PUBLICATIONS	2,100
	Total	26,650

Schedu	ـ ۸ مار	Dart IY	Line 3

Direct Advertising Costs

ADVERTISING AND CLINICAL SERVICES		
W ATHETIC MEDIA	Description	Amount
(1) ATHLETIC MEDIA	ATHLETIC MEDIA	35,702
	Description	Amount
(2) DENTISTRY PUBLICATIONS	DENTISTRY PUBLICATIONS	420
	Total	36,122

## Section 1.263(a)-1(f) de minimis safe harbor election statement

Taxpayer Name: University of the Pacific ("Taxpayer")

Taxpayer Address: 3601 Pacific Avenue, Stockton, CA 95211

EIN: 94-1156266

The above-referenced Taxpayer is making the de minimis safe harbor election under Section 1.263(a)-1(f) for its tax year ending June 30, 2022.

## Section 1.263(a)-3(n) Election Statement

Taxpayer Name: University of the Pacific ("Taxpayer")

Taxpayer Address: 3601 Pacific Avenue, Stockton, CA 95211

EIN: 94-1156266

The above-referenced Taxpayer is making the election to capitalize repair and maintenance costs under Section 1.263(a)-3(n) for its tax year ending June 30, 2022.

#### SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

#### **Capital Gains and Losses**

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-RIC, 1120-RIC, 1120-SF, or certain Forms 990-T.

► Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2021

**Employer identification number** UNIVERSITY OF THE PACIFIC 94-1156266 Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? ► Yes No If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Part I Short-Term Capital Gains and Losses – Assets Held One Year or Less See instructions for how to figure the amounts to enter on (g) Adjustments to gain (h) Gain or (loss) (d) (e) the lines below or loss from Form(s) Subtract column (e) from Proceeds Cost 8949, Part I, line 2, column (d) and combine This form may be easier to complete if you round off cents to (or other basis) (sales price) column (g) the result with column (g) whole dollars 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, 0 leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 with **Box A** checked 0 2 Totals for all transactions reported on Form(s) 8949 0 with **Box B** checked 3 Totals for all transactions reported on Form(s) 8949 898 0 898 with Box C checked 0 Short-term capital gain from installment sales from Form 6252, line 26 or 37. 4 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 **6** Unused capital loss carryover (attach computation) 6 0) 7 898 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h Long-Term Capital Gains and Losses—Assets Held More Than One Year See instructions for how to figure the amounts to enter on (g) Adjustments to gain (h) Gain or (loss) (d) (e) the lines below or loss from Form(s) Subtract column (e) from Proceeds Cost 8949, Part II, line 2, column (d) and combine This form may be easier to complete if you round off cents to (sales price) (or other basis) the result with column (g) column (q) whole dollars. 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IBS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, 0 leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with **Box D** checked 0 Totals for all transactions reported on Form(s) 8949 with **Box E** checked 0 10 Totals for all transactions reported on Form(s) 8949 0 with **Box F** checked 283,446 0 283,446 11 Enter gain from Form 4797, line 7 or 9 11 6.911 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37. 12 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 Capital gain distributions (see instructions) 14 290,357 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 15 Summary of Parts I and II Part III 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 898 290,357 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 17 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns 18 291,255 **Note:** If losses exceed gains, see Capital Losses in the instructions.

# 8949

## **Sales and Other Dispositions of Capital Assets**

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form8949 for instructions and the latest information. ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Attachment Sequence No. 12A

OMB No. 1545-0074

Name(s) shown on return UNIVERSITY OF THE PACIFIC Social security number or taxpayer identification number 94-1156266

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

✓ (C) Short-term transactions	not reported	l to you on F	orm 1099-B	•			
1 (a)	<b>(b)</b> Date acquired	<b>(c)</b> Date sold or	<b>(d)</b> Proceeds	(e) Cost or other basis. See the <b>Note</b> below	If you enter an enter a c	f any, to gain or loss. amount in column (g), ode in column (f). parate instructions.	(h) Gain or (loss). Subtract column (e)
Description of property (Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g)
MANULIFE PRIVATE EQUITY PARTNERS, L.P. (GE)	VARIOUS	06/30/2022	508			0	508
MANULIFE PRIVATE EQUITY PARTNERS, L.P. (PE)	VARIOUS	06/30/2022	319			0	319
FORM 6781, PART I			71			0	71
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked) or line 3 (if Box C	al here and incl is checked), <b>lin</b>	ude on your ne 2 (if Box B	898	0		0	898

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Form 8949 (2021) Attachment Sequence No. **12A** Page **2** 

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side UNIVERSITY OF THE PACIFIC

Social security number or taxpayer identification number 94-1156266

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

#### Part II

**Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, *or* F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
- (F) Long-term transactions not reported to you on Form 1099-B

1  (a)  Description of property  (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column</i> (e) in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e)
					(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g)
CERBERUS INSTITUTIONAL PARTNERS VI, LP (GE)	VARIOUS	6/30/2022	129,744			0	129,744
CERBERUS INSTITUTIONAL PARTNERS VI, LP (PE)	VARIOUS	06/30/2022	77,846			0	77,846
INDUSTRY VENTURES PARTNERSHIP HOLDINGS VI, L.P. (GE)	VARIOUS	06/30/2022	(28)			0	(28)
INDUSTRY VENTURES PARTNERSHIP HOLDINGS VI, L.P. (PE)	VARIOUS	06/30/2022	(17)			0	(17)
MANULIFE PRIVATE EQUITY PARTNERS, L.P., (GE)	VARIOUS	06/30/2022	36,758			0	36,758
MANULIFE PRIVATE EQUITY PARTNERS, L.P., (PE)	VARIOUS	06/30/2022	23,081			0	23,081
NORTHGATE VENTURE PARTNERS II, LP	VARIOUS	06/30/2022	(365)			0	(365)
SILVER LAKE PARTNERS IV CAYMAN (AIV II), L.P.	VARIOUS	06/30/2022	16,797			0	16,797
SILVER LAKE PARTNERS IV DE (AIV III), L.P.	VARIOUS	06/30/2022	(2)			0	(2)
SILVER LAKE PARTNERS IV DE (AIV IV), L.P.	VARIOUS	06/30/2022	(508)			0	(508)
SILVER LAKE PARTNERS IV DE (AIV VI), L.P.	VARIOUS	06/30/2022	33			0	33
FORM 6781, PART I			107			0	107
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box D above is checked).	I here and inc is checked), <b>lir</b>	lude on your ne 9 (if Box E	283,446	0		0	283,446

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

Form **8949** (2021)

Department of the Treasury

Internal Revenue Service

Sales of Business Property (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

► Attach to your tax return.

► Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

Attachment Sequence No. 27

Name(	ame(s) shown on return					numbe	r	
UNIVE	ERSITY OF THE PACIFIC						94-11	56266
1a	Enter the gross proceed substitute statement) that						1a	
b	Enter the total amount MACRS assets						1b	
С	Enter the total amount of assets				he partial disposition		1c	
Par					ess and Involunt		sions	From Other
					Year (see instru			
2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or of basis, plu improvement expense of	ıs s and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
(SEE	STATEMENT)							
	,							
3	Gain, if any, from Form 4	684, line 39					3	
4	Section 1231 gain from i	nstallment sales fror	n Form 6252, line 2	26 or 37			4	
5	Section 1231 gain or (los	ss) from like-kind exc	hanges from Form	8824			5	
6	Gain, if any, from line 32	, from other than cas	sualty or theft				6	
7	Combine lines 2 through		•				7	6,911
	Partnerships and S cor line 10, or Form 1120-S,				ctions for Form 1065,	Schedule K,		
	Individuals, partners, S from line 7 on line 11 be 1231 losses, or they wer Schedule D filed with you	elow and skip lines are recaptured in an e	8 and 9. If line 7 is arlier year, enter th	s a gain and you o e gain from line 7	didn't have any prior	year section		
8	Nonrecaptured net section	on 1231 losses from	prior years. See in	structions			8	
9	Subtract line 8 from line line 9 is more than zero, capital gain on the Sche	enter the amount fro	m line 8 on line 12	below and enter t	he gain from line 9 as	a long-term	9	
Part					<u> </u>	<u> </u>	9	
10	Ordinary gains and losse	· · · · · · · · · · · · · · · · · · ·			eld 1 vear or less):			
	game and reces				1			
								_
11	Loss, if any, from line 7		ı			1	11	( )
12	Gain, if any, from line 7 c						12	,
13	Gain, if any, from line 31						13	0
14	Net gain or (loss) from Fo						14	
15	Ordinary gain from instal						15	
16	Ordinary gain or (loss) from		•				16	
17	Combine lines 10 throug	-	=				17	0
							17	
18	For all except individual a and b below. For indivi	dual returns, comple	ete lines a and b be	elow.				
а	If the loss on line 11 inclu-							
	from income-producing p employee.) Identify as from						18a	
b	Redetermine the gain of	r (loss) on line 17 e	xcluding the loss,	if any, on line 18	a. Enter here and on	Schedule 1	.00	
	(Form 1040), Part I, line						18b	
For Pa	perwork Reduction Act	Notice, see separat	te instructions.		Cat. No. 13086I			Form <b>4797</b> (2021)

Form 4797 (2021) Page **2** 

19	(a) Description of section 1245, 1250, 1252, 1254, or 125	5 prope	rty:			(b) Date acq (mo., day,		(c) Date sold (mo., day, yr.)
Α								
В								
С								
D								
	These columns relate to the properties on lines 19A through 19D	), <b>&gt;</b>	Property A	Property	В	Property	C	Property D
20	Gross sales price (Note: See line 1a before completing.) .	20						
21	Cost or other basis plus expense of sale	21						
22	Depreciation (or depletion) allowed or allowable	22						
23	Adjusted basis. Subtract line 22 from line 21	23						
24	Total gain. Subtract line 23 from line 20	24						
25	If section 1245 property:							
_о	Depreciation allowed or allowable from line 22	25a						
b	Enter the <b>smaller</b> of line 24 or 25a	25b						
26	If section 1250 property: If straight line depreciation was used,							
	enter -0- on line 26g, except for a corporation subject to section 291.							
а	Additional depreciation after 1975. See instructions .	26a						
b	Applicable percentage multiplied by the <b>smaller</b> of line	001						
С	24 or line 26a. See instructions	26b						
	or line 24 isn't more than line 26a, skip lines 26d and 26e	26c						
d	Additional depreciation after 1969 and before 1976	26d						
е	Enter the <b>smaller</b> of line 26c or 26d	26e						
f	Section 291 amount (corporations only)	26f						
g	Add lines 26b, 26e, and 26f	26g						
27	If section 1252 property: Skip this section if you didn't							
	dispose of farmland or if this form is being completed							
	for a partnership.	_						
а	Soil, water, and land clearing expenses	27a						
b	Line 27a multiplied by applicable percentage. See instructions Enter the <b>smaller</b> of line 24 or 27b	27b						
<u>с</u> 28	If section 1254 property:	27c					-	
20	· · ·							
а	Intangible drilling and development costs, expenditures							
	for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a						
b	Enter the <b>smaller</b> of line 24 or 28a	28b						
29	If section 1255 property:							
а	Applicable percentage of payments excluded from							
-	income under section 126. See instructions	29a						
b		29b						
Sun	nmary of Part III Gains. Complete property colun	nns A	through D through	gh line 29b b	efore	e going to lir	ne 30.	
								_
30	Total gains for all properties. Add property columns A thro	•					30	0
31	Add property columns A through D, lines 25b, 26g, 27c, 2						31	C
32	Subtract line 31 from line 30. Enter the portion from casu other than casualty or theft on Form 4797, line 6	ualty or 	theft on Form 4684	4, line 33. Ente	r the	portion from	32	C
Par	Recapture Amounts Under Sections 17 (see instructions)	79 and	280F(b)(2) Wh	en Busines	s Us	se Drops to		or Less
	(200 mondono)					(a) Section	on	(b) Section
						179		280F(b)(2)
33	Section 179 expense deduction or depreciation allowable				33			
34	Recomputed depreciation. See instructions				34			

Part I, Line 2

Sales or Exchanges of Property

(a) Description of property	(b) Date acquired (mo. day. yr.)	(c) Date sold (mo. day. yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sums of (d) and (e)
(1) MANULIFE PRIVATE EQUITY PARTNERS, L.P. (PE)			(71)			(71)
(2) SILVER LAKE PARTNERS IV DE (AIV IV) LP			(9)			(9)
(3) SILVER LAKE PARTNERS IV DE (AIV V) LP			(21)			(21)
(4) VORTUS INVESTMENTS II, LP (GE)			4,347			4,347
(5) VORTUS INVESTMENTS II, LP (PE)			2,665		·	2,665

**Gains and Losses From Section 1256 Contracts and Straddles** 

Name(s) shown on tax return

► Go to www.irs.gov/Form6781 for the latest information. ► Attach to your tax return.

Attachment Sequence No. **82** 

OMB No. 1545-0644

Department of the Treasury Internal Revenue Service

Identifying number 04 1156266

UNIVE	ERSITY OF THE PACIFIC										!	94-1156266
			straddle ele					Mixed				
See in Part	structions. B Section 1256 Contract			dle identific	ation e	electi	ion [	D ∐ Net se	ection 1	256 c	contra	cts loss election
Part	Section 1256 Contrac	CIS Marke	u to Mari	Ket								
	(a) Identif	fication of acc	ount				(b)	(Loss)	(c)	Gain		
1	NORTHGATE VENTURE PARTNE	RS II, LP									178	
2	Add the amounts on line 1 in	columns (b)	and (c) .			2	(	0)			178	
3	Net gain or (loss). Combine lin	ne 2, columr	ns (b) and (	c)							3	178
4	Form 1099-B adjustments. Se	e instructio	ns and atta	ach statem	ent .						4	
5	Combine lines 3 and 4										5	178
	<b>Note:</b> If line 5 shows a net gair see instructions.	n, skip line 6	and enter	the gain or	n line 7.	. Par	tnership	s and S co	rporatio	ns,		
6	If you have a net section 125								t of loss	s to		
_	be carried back. Enter the loss	s as a posit	ive numbei	r. If you did	n't che	eck b	ox D, e	nter -0-			6	0
7	Combine lines 5 and 6		· · · ·			٠.					7	178
8	Short-term capital gain or ( Schedule D or on Form 8949.	See instruc	tions								8	71
9	Long-term capital gain or (le	oss). Multip	oly line 7 b	y 60% (0.6	60). Ent	ter he	ere and	include or	ı line 11	of		407
Part	Schedule D or on Form 8949.  Gains and Losses Free	See instruc	tions .					· · ·			9	107
	on A—Losses From Strade		Alla	cii a separa	ale Stai	terrie	111 115111	g each sira	uule ai	เน แร	COM	onenis.
<u></u>	(a) Description of property	(b) Date entered into or acquired	(c) Date closed out or sold	(d) Gross sales pric	e	other	ost or basis kpense sale	(f) Loss. If column (e more than ( enter differer Otherwise enter -0	) is d), nce.	(g) recogr gain co offsetti	on ing	(h) Recognized loss. If column (f) is more than (g), enter difference. Otherwise, enter -0
10												
11a	Enter the short-term portion of D or on Form 8949. See instru		m line 10,	column (h)	, here a	and i	nclude 	on line 4 o	f Sched	lule	11a	( )
b	Enter the long-term portion of											
	D or on Form 8949. See instru										11b	(
Secti	on B—Gains From Straddl	es										
	(a) Description of prop	perty		(b) Date entered into or acquired	(c) Da closed or so	dout		Gross es price	othe plus	Cost o er basi expen f sale	is	(f) Gain. If column (d) is more than (e), enter difference. Otherwise, enter -0
12												
13a	Enter the short-term portion or on Form 8949. See instruct		n line 12, c	olumn (f), h	ere an	d inc	clude or	n line 4 of S	Schedul 	e D	13a	
b	Enter the long-term portion of D or on Form 8949. See instru										13b	
Part	D or on Form 8949. See instru III Unrecognized Gains	From Pos	itions He	ld on Las	t Day	of 1	Tax Ye	ar. Memo	entry o	nly (s	see in	
	(a) Description	of property			(b) Da acqui		valu busi	air market e on last ness day ax year	othe	Cost c er basi djuste	is	(e) Unrecognized gain. If column (c) is more than (d), enter difference. Otherwise, enter -0
14												

**International Boycott Report** 

	Attachment
	Sequence No. 123
7	

(Rev. December 2010)

For tax year beginning 07/01 2021, and ending 06/30

Paper filers must file in

OMB No. 1545-0216

Department of the Ti Internal Revenue Ser			2022		Where to File in the inst
Name	vice	► Controlled group	os, see instructions.		ructions)
· · · -	OF MUE PROTEIN				Identifying number
	OF THE PACIFIC				94-1156266
	nd room or suite no. If a P.O. box, se	ee instructions.			
3601 PACIF					
City or town, state					
STOCKTON,					
Address of service	e center where your tax return is file	ed			
Type of filer (che	·				501(C)(3)CORP
Individua	al Partnership	Corporation	Trust	Estate	X Other
1 Individua	ils - Enter adjusted gross incon	ne from your tax return	(see instructions)		
	hips and corporations:				
a Partners	hips - Enter each partner's nan	ne and identifying numbe	er.		
b Corporat	ions - Enter the name and emi	plover identification num	nber of each member	of the controlled	group (as defined in
section 9	193(a)(3)). Do not list members	included in the consol	idated return, instead	attach a conv of	Form 851 List all
otner me	mpers of the controlled aroun	not included in the con-	solidated return		
If you lis	t any corporations below or i	f vou attach Form 851	. vou must designate	a common tax y	ear. Enter on line
4b the na	ame and employer identification	on number of the corp	oration whose tax ye	ear is designated	
		Name			Identifying number
-					
-					
		***************************************			
***************************************					
If more s	pace is needed, attach addition	nal sheets and check thi	s box		
				Code	Description
c Enter prin	ncipal business activity code ar	nd description (see instr	ructions)		
d IC-DISCs	- Enter principal product or service	code and description (see i	nstructions)	011510	
3 Partners	hips - Each partnership filing F	orm 5713 must give the	e following information	n·	
a Partnersh	nip's total assets (see instruction	ns)	o tonoving intormation		
	nip's ordinary income (see instr				
4 Corporat	ions - Each corporation filing F	form 5713 must give th	e following informatio	n:	
a Type of fo	orm filed (Form 1120, 1120-FS	C 1120-IC-DISC 1120	L 1120 DC oto)	n. 	880 E
h Common	tax year election (see instruction	one)	-L, 1120-PG, etc.)	L	990-T
(2) Comm	ver identification number				
	on tax year beginning		, and endi	ng	
	ons filing this form enter:				
(1) Total a	ssets (see instructions)				
(2) Taxable	e income before net operating loss	and special deductions (se	ee instructions)		11,847
5 Estates of	or trusts - Enter total income (F	orm 1041, page 1)	<u> </u>		
6 Enter the	total amount (before reduction	ı for boycott participatio	on or cooperation) of	the following tax	penefits (see instructions):
a Foreign to	ax credit				·
<b>b</b> Deferral of	of earnings of controlled foreigr	n corporations			
	of IC-DISC income				
<b>d</b> FSC exer	mpt foreign trade income				
	ade income qualifying for the e				
Dioaco Under	r penalties of perjury. I declare that	I have examined this reno	ort, including accompany	ving schedules and	statements, and to the best of
ı mv kr	lowledge and belief, it is true, corre	ct, and complete.		g concadios and	otationio, and to the pest of
Sign			5/0/22		

Form	5713 (Rev. 12-2010)					Page <b>2</b>			
7 a				n corporation (including a FSC that does not	Yes	No			
				r section 999(a)?		X			
b				ontrolled foreign corporation (as defined in					
С						Х			
d	Do you claim any foreign tax cr	redit?				Х			
е	Do you control (within the me	eaning of section 304(c)) ar	ny corporatio	n (other than a corporation included in this					
	report) that has operations repo	ortable under section 999(a)?				X			
				rnational boycott at any time during its tax					
	year that ends with or within yo	our tax year?	\\ \h						
T	f Are you controlled (within the meaning of section 304(c)) by any person (other than a person included in this report) who has operations reportable under section 999(a)?								
				onal boycott at any time during its tax year		X			
g	Are you treated under section	671 as the owner of a trust the	nat has repoi	rtable operations under section 999(a)?		X			
h				section 999(a)?		X			
i :	Are you a foreign sales corporate Are you excluding extraterritori			as in effect before its repeal)?		X			
J						Х			
Par		ed to a Boycotting Count							
	•			•	Yes	No			
8			-	ountry (or with the government, a company,					
			•	of Israel which is on the list maintained by	X				
				Countries in the instructions.)	L				
				additional sheets using the exact format and ch					
		Identifying number of		Principal business activity	IC-DI	SCs			
	Name of country	person having operations	Code	Description	only -				
	(1) (2)		Jour	Description	produc	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	(1)	(2)	(3)	(4)	I .	5)			
	· · · · · · · · · · · · · · · · · · ·		(3)	(4)	I .				
a	(1) SAUDI ARABIA	(2) 94-1156266		·	I .				
	· · · · · · · · · · · · · · · · · · ·		(3)	(4)	I .				
	SAUDI ARABIA	94-1156266	611310	TUITION	I .				
b	SAUDI ARABIA	94-1156266	611310	TUITION	I .				
b	SAUDI ARABIA	94-1156266	611310	TUITION	I .				
b c d	SAUDI ARABIA	94-1156266	611310	TUITION	I .				
b c d e f	SAUDI ARABIA	94-1156266	611310	TUITION	I .				
b c d e f	SAUDI ARABIA	94-1156266	611310	TUITION	I .				
b c d e f	SAUDI ARABIA	94-1156266	611310	TUITION	I .				
b c d e f	SAUDI ARABIA	94-1156266	611310	TUITION	I .				
b c d e f	SAUDI ARABIA	94-1156266	611310	TUITION	I .				
b c d e f	SAUDI ARABIA	94-1156266	611310	TUITION	I .				
	SAUDI ARABIA	94-1156266	611310	TUITION	I .				
	SAUDI ARABIA	94-1156266	611310	TUITION	I .				

0

Form 5713 (Rev. 12-2010) Page 3 Yes No Nonlisted countries boycotting Israel - Did you have operations in any nonlisted country which you know or have reason to know requires participation in or cooperation with an international boycott directed against Israel? If "Yes," complete the following table. If more space is needed, attach additional sheets using the exact format and check this box Principal business activity IC-DISCs Identifying number of Name of country only - Enter person having operations Code Description product code (1) (2) (3) (4) (5) С d h Yes No 10 Boycotts other than the boycott of Israel - Did you have operations in any other country which you know or have reason to know requires participation in or cooperation with an international boycott other than the boycott of Israel? Χ If "Yes," complete the following table. If more space is needed, attach additional sheets using the exact format and check IC-DISCs Principal business activity Identifying number of only - Enter Name of country person having operations Code Description product code (1) (2) (3) (4) (5) Yes No 11 Were you requested to participate in or cooperate with an international boycott? Χ If "Yes," attach a copy (in English) of any and all such requests received during your tax year. If the request was in a form other than a written request, attach a separate sheet explaining the nature and form of any and all such requests. (See instructions.) Χ If "Yes," attach a copy (in English) of any and all boycott clauses agreed to, and attach a general statement of the agreement. If the agreement was in a form other than a written agreement, attach a separate sheet explaining the nature and form of any and all such agreements. (See instructions.) Note: If the answer to either question 11 or 12 is "Yes," you must complete the rest of Form 5713. If you answered "Yes" to question

12, you must complete Schedules A and C or B and C (Form 5713).

Form 5713 (Rev. 12-2010) Page **4** 

Par	t II	Requests for and Acts of Participation in or Cooperation With an International	Pogu	Requests		mont
ıaı	ı II	·				
		Boycott	Yes	No	Yes	No
<u>13a</u>	Did	you receive requests to enter into, or did you enter into, any agreement (see instructions):				
	(1)	As a condition of doing business directly or indirectly within a country or with the government, a				
		company, or a national of a country to -				
		(a) Refrain from doing business with or in a country which is the object of an international				
		boycott or with the government, companies, or nationals of that country?		X		X
		(b) Refrain from doing business with any U.S. person engaged in trade in a country which is the				
		object of an international boycott or with the government, companies, or nationals of that				
		country?		X		X
		(c) Refrain from doing business with any company whose ownership or management is made up, in				
		whole or in part, of individuals of a particular nationality, race, or religion, or to remove (or refrain				
		from selecting) corporate directors who are individuals of a particular nationality, race, or religion?		X		X
		(d) Refrain from employing individuals of a particular nationality, race, or religion?		Х		Х
	(2)	As a condition of the sale of a product to the government, a company, or a national of a country,				
		to refrain from shipping or insuring products on a carrier owned, leased, or operated by a person				
		who does not participate in or cooperate with an international boycott?		X		X
b	Rec	quests and agreements - If the answer to any part of 13a is "Yes," complete the following table. If	more	spa	ce is	
		and the death and different above to the control of			_	

	needed, attach addition	al sheets using the exac	t format and	d check this box.	<u> </u>			<u> ▶</u>	<u> </u>
		Identifying number of	Princi	pal business activity	IC-DISCs only -	Type of coop	or participat	ion	
	Name of country	person receiving the request or having the			Enter	Number of req	uests	Number of ag	reements
		agreement	Code	Description	product code	Total	Code	Total	Code
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
_a									+
b									
									+
С									
									+-
d									
									$\top$
е									
f									
<u>g</u>									
_									
<u>h</u>									+
i									
									+
i									
									+-
k									
I									
m_									
<u>n</u>									+
									+
р						1			

UNIVERSITY OF THE PACIFIC

EIN:94-1156266

FOR THE YEAR ENDED: 06/30/2022

### FORM 5713, LINE 8

THE UNIVERSITY OF THE PACIFIC PROVIDES A SUPERIOR, STUDENT-CENTERED LEARNING EXPERIENCE, PREPARING INDIVIDUALS FOR LASTING ACHIEVEMENT AND RESPONSIBLE LEADERSHIP. THE UNIVERSITY RECEIVES STUDENTS FROM ALL OVER THE GLOBE, INCLUDING STUDENTS FROM BOYCOTTING COUNTRIES. ADDITIONALLY, STAFF ALSO TRAVEL TO BOYCOTTING COUNTRIES FOR SCHOOL BUSINESS. BELOW IS A BREAKDOWN OF STUDENTS FROM AND STAFF TRAVELING TO BOYCOTTING COUNTRIES:

COUNTRY	STUDENTS FROM	STAFF TRAVELED	DONOR
SAUDI ARABIA	18		
KUWAIT	14		
TOTAL	32	0 .	0

## 8991 Form

(Rev. December 2020)

Department of the Treasury Internal Revenue Service

**Applicable Taxpayer Determination** 

# Tax on Base Erosion Payments of Taxpayers With Substantial Gross Receipts

For tax year beginning 07/01 , 20 21 , and ending 06/30 , 20 22

► Go to www.irs.gov/Form8991 for instructions and the latest information.

► See instructions.

Name Employer identification number
University of the Pacific 94-1156266

Check	box if this form is being filed by a taxpayer with which another taxpayer has been	aggregate	ed und	er Regs. s	ection	1.59A-2(c) ▶ 🗌
If the	above box is checked, attach a statement listing the names and EINs of all nination of "1 person" under Regs. section 1.59A-2(c).			_		
		(a)		(b)		(c)
		First Precedi Tax Ye	ng	Secon Precedi Tax Ye	ng	Third Preceding Tax Year
1a	Gross receipts of the taxpayer. See instructions	1,114,85	54,512	1,267,57	75,551	1,118,476,714
b	Gross receipts from partnerships					
С	Gross receipts of all other persons treated as 1 person pursuant to Regs. section 1.59A-2(c)					
d	Gross receipts. Combine lines 1a through 1c	1,114,85	54,512	1,267,57	75,551	1,118,476,714
е	Gross receipts of first, second, and third preceding tax years. Combine column 1d	ns (a), (b)	-	·-	1e	3,500,906,777
f	3-year average annual gross receipts. See instructions				1f	1,166,968,926
g	Is line 1f \$500 million or more?					, , , , , , , ,
_	Yes. Continue to line 2.					
	☐ No. STOP here and attach this form to your tax return.					
<b>2</b> a	Base erosion tax benefit (from Schedule A, line 15, column (a-2))				2a	
b	Amount of deductions allowed under Chapter 1 of the Internal Revenue Code .				2b	471,817
С	Base erosion tax benefits resulting from reductions in insurance premiur reported on Schedule A, line 8, column (a-2)					
d	Base erosion tax benefits resulting from reductions in gross receipts reported Schedule A, line 10, column (a-2)					
е	Add lines 2c and 2d				2e	
f	Total deductions for amounts paid or accrued for services to which the exception under Regs. section 1.59A-3(b)(3)(i) applies (from Schedule A, line 5b)					
g	Qualified derivative payments excepted by Regs. section 1.59A-6(b)					
h	Total deductions allowed under sections 172, 245A, and 250 for the tax year	2h				
i	Does the taxpayer elect to waive deductions in accordance with Regulation					
	section 1.59A-3(c)(6)(i)?	2i				
	Yes. Complete Schedule B. Enter the amount from line 15 of Schedule B.  No. Enter -0					
	Deductions for exchange losses from section 988 transactions described	in				
j	Regulations section 1.59A-2(e)(3)(ii)(D)					
k	Deductions for TLAC securities and foreign TLAC securities described					
	Regulations section 1.59A-2(e)(3)(ii)(E)	2k				
I	Reinsurance losses incurred and claims payments described in Regulation section 1.59A-2(e)(3)(ii)(F)					
m	Combine lines 2f through 2l		٠		2m	
n	<b>Total Deductions.</b> Subtract line 2m from the sum of line 2b and line 2e				2n	471,817
ο	Base Erosion Percentage. Divide line 2a by line 2n				20	%
р	Is the taxpayer's base erosion percentage on line 20 3% or higher (2% or higher	for a bar	nk or s	ecurities		
	dealer)?					
	<ul> <li>Yes. Continue to Part II.</li> <li>No. STOP after completing Part I and Schedule A (and, if necessary, Scheduform to your tax return.</li> </ul>	ıle B) anc	l attach	n this		

OMB No. 1545-0123

Part	II Modified Taxable Income (MTI)		
3a	Taxable income after net operating loss. See instructions	3a	
b	Base erosion tax benefits for the tax year from Schedule A, line 15, column (b-2)	3b	
С	Base erosion percentage of the net operating loss deduction allowed under section 172 for the tax year. See instructions	3c	
d	Modified Taxable Income. See instructions	3d	
<b>Part</b>	III Regular Tax Liability Adjusted for Purposes of Computing Base Erosion Minimum Ta	x Amount	
4a	Regular tax liability	4a	
b	Allowed credits, as adjusted (from Schedule C, line 7)	4b	
С	Regular tax liability adjusted for purposes of computing Base Erosion Minimum Tax Amount. Subtract		
	line 4b from line 4a	4c	
<b>Part</b>	Computation of Base Erosion Minimum Tax Amount		
5a	Modified Taxable Income (from line 3d)	5a	
b	BEAT Tax rate applicable for current tax year	5b	%
С	Base Erosion Minimum Tax. Multiply line 5a by line 5b	5c	
d	Regular tax liability adjusted for purposes of computing Base Erosion Minimum Tax Amount (from		
	line 4c)	5d	
е	Base Erosion Minimum Tax Amount. Subtract line 5d from line 5c. If zero or less, enter -0	5e	

Sc	hedule A Base Erosion Payments and Base Erosion Tax	<b>Benefits</b> (see ir	nstructions)					
	s the taxpayer elect to use financial statements per Regs. section cable to a foreign corporation's effectively connected income?		) for purposes	of calculating int	erest expense	(Check all applicable boxes ir columns (c), (d), and (e) below		
		(a-1)	(a-2)	(b-1)	(b-2)	(c)	(d)	(e)
	Type of Base Erosion Payments	Aggregate Group's Base Erosion Payments	Aggregate Group's Base Erosion Tax Benefits	Taxpayer's Base Erosion Payments	Taxpayer's Base Erosion Tax Benefits	Any 25% Owner of the Taxpayer	Person Related Under Sections 267(b) or 707(b)(1) to the Taxpayer or Any 25% Owner of the Taxpayer	Any Person Related Within the Meaning of Section 482 to the Taxpayer
1	Reserved for future use							
2	Reserved for future use							
3	Purchase or creations of property rights for intangibles (patents, trademarks, etc.)							
4	Rents, royalties, and license fees							
	Compensation/consideration paid for services <b>NOT</b> excepted by Regs. section 1.59A-3(b)(3)(i)							
k	Compensation/consideration paid for services excepted by Regs. section 1.59A-3(b)(3)(i)							
6	Interest expense							
7	Payments for the purchase of tangible personal property							
8	Premiums and/or other considerations paid or accrued for insurance and reinsurance as covered by Regs. section 1.59A-3(b) (1)(iii)							

Schedule A Base Erosion Payments and Base Erosion Tax Benefits (see instructions) (continued from page 3)

				(Check all applicable boxes in columns (c), (d), and (e) below)			
	(a-1)	(a-2)	(b-1)	(b-2)	(c)	(e)	
Type of Base Erosion Payments	Aggregate Group's Base Erosion Payments	Aggregate Group's Base Erosion Tax Benefits	Taxpayer's Base Erosion Payments	Taxpayer's Base Erosion Tax Benefits	Any 25% Owner of the Taxpayer	Person Related Under Sections 267(b) or 707(b)(1) to the Taxpayer or Any 25% Owner of the Taxpayer	Any Person Related Within the Meaning of Section 482 to the Taxpayer
9a Nonqualified derivative payments							
<b>b</b> Qualified derivative payments excepted by Regs. section 1.59A-6(b)	on						
<b>10</b> Payments reducing gross receipts made to surrogate foreign corporation							
<ul><li>11 Other payments—specify</li></ul>							
13 Base erosion tax benefits related to payments reported on lines through 11, on which tax is imposed by section 871 or 881, wi respect to which tax has been withheld under section 1441 1442 at 30% statutory withholding tax rate	th or						
Portion of base erosion tax benefits reported on lines 3 through 11, on which tax is imposed by section 871 or 881, with respet to which tax has been withheld under section 1441 or 1442 reduced withholding rate pursuant to income tax treaty. Multiparation of percentage withheld divided by 30% times tax beneficies instructions	ct at ly it.						
15 Total base erosion tax benefits. Subtract the sum of line 13 ar line 14 from line 12. Enter the amount from column (a-2) in Part line 2a. Enter the amount from column (b-2) in Part II, line 3b							

Schedule B Waiver of Deductions (see instructions)

	(a)  Description of item or property to which the deduction relates	(b) Date on which, or period in which, the waived deduction was paid or accrued	and regulations,	(d) Line number on the controlled group member tax return where the deduction is reported	(e) Name of foreign related party that is or will be the recipient of the payment that generates the deduction	(f) Taxpayer Identification Number of foreign related party	(g) Country of organization of the foreign related party	(h) Amount of deduction claimed for the tax year with respect to the item or property	(i) Amount of deduction being waived for the tax year with respect to the item or property
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14	Totals from attachment, if necessary								
15	Total deductions waived per Regulations s								

Scne	dule C Credits Reducing Regular Tax Liability in Computing Base Erosion Minimum Tax A	Amou	INT (BEMIA)				
Part	Credits Allowed Against Regular Tax (see instructions)						
1	Total credits allowed in current year. See instructions	1					
2	Credits for increasing research activities from line 1c of all Parts III of Form 3800						
3	Total allowed credit for increasing research activities for current year. Enter the amount of research credit reported in Form 3800, Part II, line 38. See instructions	3					
4	·	4					
5	<ul> <li>Enter smaller of Schedule C, Part II, line 11, or Part III, line 16</li> <li>Limitation of applicable section 38 credits. Multiply line 4 by 80% (0.80)</li></ul>						
6	Adjustments to allowed credits. Add lines 3 and 5	5 6					
7							
	Oredits allowed against regular tax in computing BEMTA. Subtract line 6 from line 1. Enter here and on Form 8991, line 4b	7					
Part	II Applicable Section 38 Credits						
8	Low-income housing credit from lines 1d and 4d of all Parts III of Form 3800 8						
9	Renewable electricity production credit but only to extent of the renewable electricity under section 45(a) from lines 1f and 4e of all Parts III of Form 3800 .						
10	Investment credit but only to extent of energy credit property under section 48 from line 4a of all Parts III of Form 3800						
11	Total allowed applicable section 38 credits for current year. Enter the amount of applicable credits						
Dowt	reported in Form 3800, Part II, line 38. See instructions	11	<u> </u>				
Part		40					
12	Base erosion minimum tax (Form 8991, line 5c)	12					
13	Regular tax liability (Form 8991, line 4a)	13					
14	Subtract Schedule C, Part I, line 3, from line 1	14	<del> </del>				
15	Regular tax adjusted for credits that offset BEMTA. Subtract line 14 from line 13	15	1				
16	Base erosion minimum tax determined without adjustment for applicable section 38 credits. Subtract line 15 from line 12; if zero or less, enter -0	16					