## **PUBLIC DISCLOSURE COPY**

|                  | T OO                                   | l E          | Exempt Organizatio   | n Business               | Inc       | ome Tax Re           | turn        | OI               | MB No. 1545-0047                                   |
|------------------|--|--------------|--|--------------------------|-----------|----------------------|-------------|------------------|--|
| Form             | 990-T                                  |              | (and proxy ta  |                          |           |                      |             |                  |  |
|                  |  | F            | `  |                          |           | . ,,                 | 20          |                  | 20 <b>19</b>                                       |
|                  |  | For cale     | ndar year 2019 or other tax year beg                             |                          |           |                      |             |                  |  |
|                  | ent of the Treasury<br>Revenue Service | ▶ Do i       | ► Go to www.irs.gov/Form99<br>not enter SSN numbers on this form |                          |           |                      |             | Open 5<br>501(c) | to Public Inspection for<br>(3) Organizations Only |
| $\Delta \Box$    | heck box if<br>ddress changed          |              | Name of organization ( Check I                                   | oox if name changed      | and see   | instructions.)       | D Emp       | oloyer i         | dentification number                               |
|                  | pt under section                       | <b>D</b> · · | UNIVERSITY OF THE PACIFIC  |                          |           |                      | (Emp        | oloyees'         | trust, see instructions.)                          |
| <b>∠</b> 50      | 1 <sub>1(</sub> C)(3)                  | Print<br>or  | Number, street, and room or suite ne                             | o. If a P.O. box, see in | nstructio | ns.                  |             | 94               | -1156266   |
| ☐ 40             | 8(e) 220(e)                            | Type         | 3601 PACIFIC AVENUE  |                          |           |                      | l l         |                  | usiness activity code                              |
| ☐ 40             | 8A 530(a)                              | "            | City or town, state or province, cour                            | ntry, and ZIP or foreig  | n postal  | code                 | (See        | instruc          | tions.)  |
| 52               | 9(a)                                   |              | STOCKTON, CA 95211   |                          |           |                      |             |                  | 52   |
| C Book<br>at end | value of all assets<br>d of year       |              | oup exemption number (See i                                      |                          |           |                      |             |                  |  |
|                  | 1,134,390,428                          |              | neck organization type 🕨 🔽                                       |                          |           | ☐ 501(c) trust       | 401(a       | <u> </u>         |  |
|                  |  |              | organization's unrelated trades                                  |                          |           |                      |             | • •              | first) unrelated                                   |
|                  |  |              | SECURITIES, COMMODITY CONTRACTS                                  |                          |           |                      |             |                  |  |
|                  |  |              | at the end of the previous ser                                   | ntence, complete         | Parts     | s I and II, complete | e a Schedul | e M t            | or each additional                                 |
|                  |  |              | omplete Parts III-V.   |                          |           |                      |             |                  |  |
|                  |  |              | e corporation a subsidiary in an                                 |                          |           | nt-subsidiary contro | lea group?  | •                | ∐ Yes 🛂 No   |
|                  |  |              | and identifying number of the                                    | parent corporation       | on. ►     | Talambanana          | wash au N   |                  | (000) 040 7070                                     |
|                  |  |              | e or Business Income   |                          |           | Telephone nu         | (B) Expens  |                  | (209) 946-7372<br>(C) Net                          |
| 1a               | Gross receipts                         |              |  |                          |           | (A) Illcome          | (b) Expens  |                  | (C) Net  |
| b                | Less returns a                         |              |  | c Balance ►              | 1c        | 0                    |             |                  |  |
| 2                |  |              | Schedule A, line 7)  |                          | 2         | 0                    |             |                  |  |
| 3                | _                                      |              | t line 2 from line 1c  |                          | 3         | 0                    |             |                  | 0  |
| 4a               |  |              | ne (attach Schedule D)   |                          | 4a        | 239,662              |             |                  | 239,662  |
| b                |  |              | 4797, Part II, line 17) (attach F                                |                          | 4b        | 0                    |             |                  | 0  |
| С                | Capital loss de                        |              |  | •                        | 4c        | 0                    |             |                  | 0  |
| 5                | •                                      |              | a partnership or an S corp                                       |                          |           |                      |             |                  |  |
|                  | statement) .                           |              |  |                          | 5         | (756,774)            |             |                  | (756,774)  |
| 6                |  |              | le C)  |                          | 6         | 0                    |             | 0                | 0  |
| 7                | Unrelated deb                          | t-financ     | ced income (Schedule E)  |                          | 7         | 0                    |             | 0                | 0  |
| 8                |  |              | s, and rents from a controlled organiz                           |                          | 8         | 0                    |             | 0                | 0  |
| 9                |  |              | ection 501(c)(7), (9), or (17) organiza                          |                          | 9         | 0                    |             | 0                | 0  |
| 10               |  | -            | ivity income (Schedule I)  |                          | 10        | 0                    |             | 0                | 0  |
| 11               | Advertising inc                        |              | •  |                          | 11        | 0                    |             | 0                | 0  |
| 12               |  | •            | structions; attach schedule) .                                   |                          | 12        | (547.440)            |             | 0                | (547.442)  |
| 13<br>Part       | Doduction                              | ne Mot       | 3 through 12   | ructions for limi        | tations   | (517,112)            | (Doduction  |                  | \ , ,  |
| ı art            |  |              | he unrelated business incon                                      |                          |           | •                    | •           | 5 IIIus          | st be directly                                     |
| 14               |  |              | cers, directors, and trustees (                                  |                          |           |                      |             | 14               | 0  |
| 15               |  |              |  |                          |           |                      |             | 15               | 0  |
| 16               |  |              | ance   |                          |           |                      |             | 16               | 0  |
| 17               | Bad debts .                            |              |  |                          |           |                      |             | 17               | 0  |
| 18               | Interest (attack                       | h sched      | lule) (see instructions)   |                          |           |                      |             | 18               | 0  |
| 19               |  |              |  |                          |           |                      |             | 19               | 945  |
| 20               | Depreciation (                         | attach F     | Form 4562)   |                          |           | 20                   | 0           |                  |  |
| 21               |  |              | imed on Schedule A and else                                      |                          |           |                      |             | 21b              | 0  |
| 22               | •                                      |              |  |                          |           |                      |             | 22               | 0  |
| 23               |  |              | rred compensation plans .  |                          |           |                      |             | 23               | 0  |
| 24               |  |              | grams  |                          |           |                      |             | 24               | 0  |
| 25<br>26         |  |              | nses (Schedule I)  |                          |           |                      |             | 25<br>26         | 0  |
| 20<br>27         |  | -            | ach schedule)  |                          |           |                      |             | 27               | 34,093   |
| 28               |  | •            | dd lines 14 through 27   |                          |           |                      |             | 28               | 35,038   |
| 29               |  |              | axable income before net oper                                    |                          |           |                      |             | 29               | (552,150)  |
| 30               |  |              | perating loss arising in tax y                                   |                          |           |                      |             |                  | (552,150)  |
|                  |  |              |  |                          |           |                      |             | 30               | 0  |
| 31               | Unrelated bus                          | iness ta     | axable income. Subtract line 3                                   | 0 from line 29           |           |                      |             | 31               | (552,150)  |

| Part       |          | Total Unrelate                                   | ed Business Taxab  | e Income   |                       | A*****                   |             |                    |                                 |
|------------|----------|--|--|--|-----------------------|--------------------------|-------------|--------------------|---------------------------------|
| 32         | Total    | of unrelated bu                                  | siness taxable incom   | e computed from a  | II unrelated trade    | es or businesses         | (see        |                    |                                 |
|            | instru   | ctions)  |  |  |                       |                          |             | 32                 | 34,04                           |
| 33         | Amou     | nts paid for disa                                | allowed fringes  |  |                       |                          |             | 33                 |                                 |
| 34         | Charit   | able contributio                                 | ns (see instructions fo  | r limitation rules) .                                    |                       |                          |             | 34                 | (                               |
| 35         | Total    | unrelated busin                                  | ess taxable income be  | efore pre-2018 NOL                                       | s and specific de     | eduction. Subtrac        | t line      |                    |                                 |
|            |          | m the sum of lir                                 |  |  |                       |                          |             | 35                 | 34,044                          |
| 36         | Deduc    | ction for net o                                  | perating loss arising  | in tax years beg   | inning before J       | anuary 1, 2018           | (see        |                    |                                 |
|            | instru   | ctions)  |  | · · · · · · · ·  |                       |                          |             | 36                 | 34,044                          |
| 37         | Total o  | of unrelated bus                                 | iness taxable income   | before specific dedu                                     | ction. Subtract I     | ine 36 from line 3       | 5.          | 37                 | (                               |
| 38         | Specif   | fic deduction (G                                 | enerally \$1,000, but se   | e line 38 instruction                                    | s for exceptions)     | )                        |             | 38                 | (                               |
| 39         | Unrela   | ated business                                    | taxable income. Sub  | tract line 38 from lin                                   | e 37. If line 38 is   | s greater than line      | e 37.       |                    |                                 |
|            | enter t  | the smaller of ze                                | ero or line 37   |  |                       |                          |             | 39                 | C                               |
| Part       | Y 7      | Fax Computat                                     | tion   |  |                       |                          |             |                    |                                 |
| 40         | Organ    | nizations Taxab                                  | le as Corporations.  | Multiply line 39 by 21                                   | % (0.21)              |                          | . >         | 40                 | (                               |
| 41         | Trusts   | s Taxable at                                     | Trust Rates. See   | instructions for   | tax computation       | on. Income tax           | on          | 168500             |                                 |
|            | the an   | nount on line 39                                 | from: Tax rate sch   | edule or Sch   | edule D (Form 1       | 041)                     | . 🕨         | 41                 |                                 |
| 42         | Proxy    | tax. See instruc                                 | ctions   |  |                       |                          | . 🔊         | 42                 |                                 |
| 43         | Alterna  | ative minimum t                                  | ax (trusts only)   |  |                       |                          | [           | 43                 |                                 |
| 44         | Tax or   | n Noncomplian                                    | it Facility Income. Se   | e instructions   |                       |                          | [           | 44                 |                                 |
| 45         | Total.   | Add lines 42, 4                                  | 3, and 44 to line 40 or  | 41, whichever applie                                     | es                    |                          | [           | 45                 | C                               |
| Part       | V T      | ax and Paym                                      | ents   |  |                       |                          |             |                    |                                 |
| 46a        |          |  | porations attach Form  |  |                       | 46a                      |             | 1734               |                                 |
| b          | Other    | credits (see inst                                | ructions)  |  |                       | 46b                      |             |                    |                                 |
| С          | Genera   | al business crec                                 | dit. Attach Form 3800 (  | see instructions) .                                      |                       | 46c                      |             | 77.558A<br>58.37.4 |                                 |
| d          | Credit   | for prior year m                                 | inimum tax (attach Fo  | rm 8801 or 8827) .                                       |                       | 46d                      |             |                    |                                 |
| е          | Total of | <b>credits.</b> Add line                         | es 46a through 46d   |  |                       |                          |             | 46e                | 0                               |
| 47         | Subtra   | ıct line 46e from                                | ı line 45  |  |                       |                          | [           | 47                 | 0                               |
| 48         | Other to | axes. Check if from                              | n: 🗌 Form 4255 🗌 Forr  | n 8611 🔲 Form 8697 🗌                                     | ] Form 8866 🔲 (       | Other (attach sched      | ule)        | 48                 | 0                               |
| 49         |          |  | 7 and 48 (see instructi  |  |                       |                          |             | 49                 | 0                               |
| 50         |          |  | ity paid from Form 965   |  |                       | ), line 3                | [           | 50                 |                                 |
| 51a        |          |  | erpayment credited to  |  |                       | 51a                      |             | 1//5/20            |                                 |
| b          |          |  | yments   |  |                       | 51b                      | 0           |                    |                                 |
| C          |          |  | rm 8868  |  |                       | 51c                      |             |                    |                                 |
| d          |          |  | Tax paid or withheld   |  |                       | 51d                      |             |                    |                                 |
| е          | Backu    | p withholding (s                                 | ee instructions)   |  |                       | 51e                      |             |                    |                                 |
| f          | Credit   | for small emplo                                  | yer health insurance p   | remiums (attach For                                      | m 8941)               | 51f                      |             |                    |                                 |
| g          |          |  | ents, and payments:  | Form 2439  |                       |                          |             |                    |                                 |
|            |          | m 4136   | Oth  |  | 0 Total ►             | 51g                      | 0           |                    |                                 |
| 52         |          |  | lines 51a through 51g  |  |                       |                          |             | 52                 | 0                               |
| 53         |          |  | (see instructions). Che  |  |                       |                          |             | 53                 |                                 |
| 54         |          |  | ess than the total of lin  |  |                       |                          | <b>&gt;</b> | 54                 | 0                               |
| 5 <b>5</b> | Overpa   | <b>ayment.</b> If line 5                         | 32 is larger than the to   | al of lines 49, 50, ar                                   | ıd 53, enter amoı     | unt overpaid             | ▶ [         | 55                 | 0                               |
| 56         |          |  | 55 you want: Credited  |  |                       | 0 Refunde                | d ▶         | 56                 | 0                               |
| Part \     |          |  | egarding Certain Ad  |  |                       |                          |             |                    |                                 |
| 57         | At any   | time during the                                  | 2019 calendar year, c  | lid the organization I                                   | nave an interest i    | n or a signature o       | or other    | author             | rity Yes No                     |
|            | over a   | financial accour                                 | nt (bank, securities, or   | other) in a foreign of                                   | ountry? If "Yes,"     | ' the organization       | may h       | ave to '           | file                            |
|            | FINCE    | N Form 114, Rep                                  | port of Foreign Bank a   | nd Financial Accour                                      | nts. If "Yes," ente   | er the name of the       | e foreig    | n coun             | try                             |
|            | here >   |  |  |  |                       | ******                   |             |                    | V                               |
| 58         | During t | the tax year, did t                              | he organization receive a  | distribution from, or v                                  | as it the grantor o   | f, or transferor to, a   | foreign     | trust?             |                                 |
|            |          |  | ns for other forms the   |  |                       |                          |             |                    |                                 |
| _59        | Enter th | he amount of ta                                  | x-exempt interest rece   | ived or accrued dur                                      | ing the tax year      | ▶ \$                     |             | 1,1:               | 39                              |
| Cian       | true, c  | penalties of perjury, I<br>orrect. and complete. | I declare that I have examined<br>Declaration of preparer (other | this return, including according taxpaver) is based on a | npanying schedules an | d statements, and to the | e best of   | my knowl           | edge and belief, it is          |
| Sign       | l k      | Marris   | and and  |  |                       |                          | Ma          |                    | discuss this return             |
| Here       |          |  |  |  | V                     | ESS & FINANCE            |             |                    | parer shown below ons)? PYes No |
|            | Signati  | ure of officer                                   |  | Pate   | Title                 |                          | تّل         |                    | ,, e, res [] ito                |
| Paid       |          | Print/Type prepare                               |  | Preparer's signature                                     | 10.01                 | Date                     | Check       | if                 | PTIN                            |
| Prepa      | irer     | JOCELYNE MILI                                    |  | Vocelyne C.  | miller                | 5/4/21                   | self-em     |                    | P00634378                       |
| Use C      |          | Firm's name ▶                                    | ERNST & YOUNG US I   |  |                       |                          | Firm's E    | IN►                | 34-6565596                      |
|            |          | Firm's address                                   | 4365 EXECUTIVE DR.   | SUITE 1600, SAN DIF                                      | GO CA 92121           |                          | Dhone       | (8                 | 58) 535-7200                    |

| Sche    | dule A-Cost of Good  | ls Sold. E       | nter      | method of in                        | vent    | tory va  | aluation >                 |      |  |          |                                   | -         |       |
|---------|--|------------------|-----------|-------------------------------------|---------|----------|----------------------------|------|--|----------|-----------------------------------|-----------|-------|
| 1       | Inventory at beginning of  | of year          | 1         |                                     | 0       | 6        | Inventory                  | at ( | end of year  | 6        |                                   |           | 0     |
| 2       | Purchases  |                  | 2         | 12,                                 | 841     | 7        | Cost of g                  | joc  | ds sold. Subtract line                                   |          |                                   |           |       |
| 3       | Cost of labor  | [                | 3         |                                     | 0       |          | 6 from line                | e 5  | . Enter here and in Part                                 |          |                                   |           |       |
| 4a      | Additional section 263   |                  |           |                                     |         |          | I, line 2                  |      |  | 7        |                                   | 1         | 2,841 |
|         | (attach schedule)  |                  | 4a        |                                     | 0       | 8        |                            |      | s of section 263A (wit                                   |          |                                   | Yes       | No    |
| b       | Other costs (attach sche   | · · · -          | 4b        |                                     | 0       |          |                            |      | duced or acquired for                                    |          |                                   |           |       |
| 5       | Total. Add lines 1 through   |                  | 5         |                                     | 841     |          |                            |      | zation?  |          |                                   |           | ~     |
|         | edule C—Rent Income instructions)  | (From Re         | eal P     | roperty and                         | Per     | sonal    | Property                   | Le   | eased With Real Pro                                      | perty    | )                                 |           |       |
|         | ription of property  |                  |           |                                     |         |          |                            |      |  |          |                                   |           |       |
|         | NTAL OF FACILITIES (CON  | FERENCES         | PRIV      | ATE EVENTS                          | FTC     | )        |                            |      |  |          |                                   |           |       |
| (2)     | THINE OF THOLETTEO (OCH  | LINEINOLO        | ,         | 7112 2 7 2 1 1 1 0 ,                |         | •/       |                            |      |  |          |                                   |           |       |
| (3)     |  |                  |           |                                     |         |          |                            |      |  |          |                                   |           |       |
| (4)     |  |                  |           |                                     |         |          |                            |      |  |          |                                   |           |       |
|         |  | 2. Rent rece     | ived or   | accrued                             |         |          |                            |      |  |          |                                   |           |       |
|         | om personal property (if the perco<br>personal property is more than 1<br>more than 50%)       |                  | ре        | (b) From real an reentage of rent f | for per | sonal pr | operty exceeds             | 3    | <b>3(a)</b> Deductions directly in columns 2(a) and      |          |                                   |           | ne    |
| (1)     |  | 78,476           | 3         |                                     |         |          |                            |      |  |          |                                   | 7         | 1,234 |
| (2)     |  |                  |           |                                     |         |          |                            |      |  |          |                                   |           |       |
| (3)     |  |                  |           |                                     |         |          |                            |      |  |          |                                   |           |       |
| (4)     |  |                  |           |                                     |         |          |                            |      |  |          |                                   |           |       |
| Total   |  | 78,476           | Tota      | al                                  |         |          |                            | 0    | (b) Total deductions.                                    |          |                                   |           |       |
|         | tal income. Add totals of col  |                  |           |                                     |         |          |                            |      | Enter here and on page                                   |          |                                   |           |       |
|         | nd on page 1, Part I, line 6, c  |                  |           |                                     |         |          | 78,4                       | 76   | Part I, line 6, column (B)                               | <u> </u> |                                   | 7         | 1,234 |
| Scne    | dule E-Unrelated De  | ept-Financ       | cea i     | ncome (see                          | ınstrı  | uctions  | S)                         | _    | 3. Deductions directly con                               | nected   | with or all                       | ncable t  |       |
|         | 1. Description of deb  | t-financed pro   | narty     |                                     |         |          | come from or debt-financed |      | debt-finance   | ed prop  | erty                              |           |       |
|         | i. Description of deb  | r-ililariced pro | рену      |                                     | ano     |          | perty                      | (    | (a) Straight line depreciation (attach schedule)         |          | ) Other de<br>(attach sc          |           |       |
| (1)     |  |                  |           |                                     |         |          |                            |      |  |          |                                   |           |       |
| (2)     |  |                  |           |                                     |         |          |                            |      |  |          |                                   |           |       |
| (3)     |  |                  |           |                                     |         |          |                            | ┸    |  |          |                                   |           |       |
| (4)     |  |                  |           |                                     |         |          |                            | _    |  |          |                                   |           |       |
|         | Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | of c<br>debt-fi  | or alloca | l property                          |         | 4 di     | olumn<br>vided<br>olumn 5  |      | 7. Gross income reportable (column 2 × column 6)         |          | Allocable on 6 × tota<br>3(a) and | al of col |       |
| (1)     |  |                  |           |                                     |         |          | %                          |      |  |          |                                   |           |       |
| (2)     |  |                  |           |                                     |         |          | %                          | -    |  |          |                                   |           |       |
| (3)     |  |                  |           |                                     |         |          | %                          |      |  |          |                                   |           |       |
| (4)     |  |                  |           |                                     |         |          | %                          | _    |  |          |                                   |           |       |
|         |  |                  |           |                                     |         |          |                            |      | inter here and on page 1,<br>Part I, line 7, column (A). |          | here and<br>I, line 7,            |           |       |
| Totals  |  |                  |           |                                     |         |          | ▶                          |      | 0  |          |                                   |           | 0     |
| Total o | dividends-received deducti   | ons included     | d in co   | lumn 8                              |         |          |                            |      |  |          |                                   |           | 0     |

Form 990-T (2019) Page **4** 

| Schedule F-Interest, Ann              | uities, Royalties,  |                         |  |  | anizations (se   | e instru    | ctions)                      |   |
|---------------------------------------|---|-------------------------|--|--|--|-------------|------------------------------|---|
|                                       |   | Exempt                  | Controlled   | Organizations  |  |             | -                            |   |
| Name of controlled<br>organization    | 2. Employer identification number                         |                         | lated income<br>instructions)                                | 4. Total of specified payments made  | 5. Part of colum included in the corganization's gro                         | controlling | conne                        | eductions directly<br>ected with income<br>in column 5  |
| (1)                                   |   |                         |  |  |  |             |                              |   |
| (2)                                   |   |                         |  |  |  |             |                              |   |
| (3)                                   |   |                         |  |  |  |             |                              |   |
| (4)                                   |   |                         |  |  |  |             |                              |   |
| Nonexempt Controlled Organiz          | zations   |                         |  |  |  |             | _                            |   |
| 7. Taxable Income                     | 8. Net unrelated ind<br>(loss) (see instructi             |                         |  | otal of specified<br>yments made   | 10. Part of column included in the corganization's grounds.                  | controlling | conne                        | eductions directly<br>cted with income in<br>column 10  |
| (1)                                   |   |                         |  |  |  |             |                              |   |
| (2)                                   |   |                         |  |  |  |             |                              |   |
| (3)                                   |   |                         |  |  |  |             |                              |   |
| (4)                                   |   |                         |  |  |  |             |                              |   |
|                                       |   |                         |  |  | Add columns 5<br>Enter here and c<br>Part I, line 8, co                      | n page 1,   | Enter h                      | columns 6 and 11.<br>here and on page 1,<br>line 8, column (B).                                 |
| Totals                                |   |                         |  | ▶  |  |             | 0                            | 0   |
| Schedule G-Investment                 | ncome of a Sect   | ion 501(                |  |  | zation (see inst   | ructions    |                              |   |
| 1. Description of income              | 2. Amount of  | fincome                 | dire   | Deductions<br>ctly connected<br>ach schedule)  | 4. Set-aside (attach schedu  |             | and s                        | otal deductions<br>et-asides (col. 3<br>plus col. 4)  |
| (1)                                   |   |                         |  |  |  |             |                              |   |
| (2)                                   |   |                         |  |  |  |             |                              |   |
| (3)                                   |   |                         |  |  |  |             |                              |   |
| (4)                                   |   |                         |  |  |  |             |                              |   |
|                                       | Enter here and<br>Part I, line 9, c                       |                         | ,  |  |  |             |                              | re and on page 1,<br>ne 9, column (B).  |
| Totals                                | <b>&gt;</b>   |                         | 0  |  |  |             |                              | 0   |
| Schedule I—Exploited Exe              | empt Activity Inco  | ome, Otl                | ner Than   | Advertising In   | come (see inst   | ructions    | s)                           |   |
| 1. Description of exploited activ     | 2. Gross unrelated business income from trade of business | me conn<br>prod<br>r ui | Expenses directly nected with duction of nrelated ess income | 4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7. | 5. Gross income<br>from activity that<br>is not unrelated<br>business income | attribu     | penses<br>Itable to<br>Imn 5 | 7. Excess exempt<br>expenses<br>(column 6 minus<br>column 5, but not<br>more than<br>column 4). |
| (1)                                   |   |                         |  |  |  |             |                              |   |
| (2)                                   |   |                         |  |  |  |             |                              |   |
| (3)                                   |   |                         |  |  |  |             |                              |   |
| (4)                                   |   |                         |  |  |  |             |                              |   |
| Totals                                | Enter here and page 1, Part line 10, col. (A              | I, pag                  | here and on<br>e 1, Part I,<br>10, col. (B).                 |  |  |             |                              | Enter here and on page 1, Part II, line 25.   |
| Schedule J-Advertising I              | ncome (see instruc  |                         |  |  |  |             |                              |   |
|                                       | eriodicals Repor  |                         | Consoli  | dated Basis  |  |             |                              |   |
| 1. Name of periodical                 | 2. Gross advertising income                               | 3                       | . Direct<br>tising costs                                     | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.                             | 5. Circulation income  | 1           | adership<br>osts             | 7. Excess readership costs (column 6 minus column 5, but not more than column 4).               |
| (1)                                   |   |                         |  |  |  |             |                              |   |
| (2)                                   |   |                         |  |  |  |             |                              |   |
| (3)                                   |   |                         |  |  |  |             |                              |   |
| (4)                                   |   |                         |  |  |  |             |                              |   |
| Totals (carry to Part II, line (5)) . | <b>•</b>  | 0                       | 0  | 0  |  |             |                              | 0   |
| , , , ,                               | l   |                         |  |  |  |             |                              | orm <b>QQN_T</b> (2010)   |

Form 990-T (2019)

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

|                             | ,  |  |  |                       |                     |   |
|-----------------------------|--|--|--|-----------------------|---------------------|---|
| 1. Name of periodical       | 2. Gross<br>advertising<br>income                    | 3. Direct advertising costs                                | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
| (1) ATHLETIC MEDIA          | 111,280  | 188,815  | (77,535)   |                       |                     |   |
| (2) DENTISTRY PUBLICATIONS  | 210  | 42   | 168  |                       |                     | 0   |
| (3)                         |  |  |  |                       |                     |   |
| (4)                         |  |  |  |                       |                     |   |
| Totals from Part I          | 0  | 0  |  |                       |                     | 0   |
|                             | Enter here and on page 1, Part I, line 11, col. (A). | Enter here and on<br>page 1, Part I,<br>line 11, col. (B). |  |                       |                     | Enter here and<br>on page 1,<br>Part II, line 26.                                 |
| Totals, Part II (lines 1–5) |  | 188,857  |  |                       |                     | 0   |

Schedule K—Compensation of Officers, Directors, and Trustees (see instructions)

| 1. Name   | 2. Title | 3. Percent of time devoted to business | Compensation attributable to unrelated business |
|---|----------|--|---|
| (1)   |          | %                                      |   |
| (2)   |          | %                                      |   |
| (3)   |          | %                                      |   |
| (4)   |          | %                                      |   |
| Total. Enter here and on page 1, Part II, line 14 |          | 🕨                                      | 0   |

Form **990-T** (2019)

# SCHEDULE M (Form 990-T)

## Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No. 1545-0047

2019

Department of the Treasury Internal Revenue Service Name of the organization For calendar year 2019 or other tax year beginning 07/01 , 2019, and ending 06/30 , 20 20 ► 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

UNIVERSITY OF THE PACIFIC

Employer identification number

94-1156266

Unrelated Business Activity Code (see instructions) ▶ \_\_\_\_\_453000

Describe the unrelated trade or business ► ATHLETIC SALES & SCHOOL OF DENTISTRY ONLINE STORE

| Part I Unrelated Trade or Business Income |   |    | (A) Income | (B) Expenses | (C) Net |
|---|---|----|------------|--------------|---------|
| 1a  | Gross receipts or sales 21,532  |    |            |              |         |
| b   | Less returns and allowances 0 <b>c</b> Balance ▶                                      | 1c | 21,532     |              |         |
| 2   | Cost of goods sold (Schedule A, line 7)   | 2  | 12,841     |              |         |
| 3   | Gross profit. Subtract line 2 from line 1c  | 3  | 8,691      |              | 8,691   |
| 4a  | Capital gain net income (attach Schedule D)   | 4a | 0          |              | 0       |
| b   | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)                      | 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 (Schedule C)  | 6  | 0          | 0            | 0       |
| 7   | Unrelated debt-financed income (Schedule E)   | 7  | 0          | 0            | 0       |
| 8   | Interest, annuities, royalties, and rents from a controlled organization (Schedule F) | 8  | 0          | 0            | 0       |
| 9   | Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)      | 9  | 0          | 0            | 0       |
| 10  | Exploited exempt activity income (Schedule I)   | 10 | 0          | 0            | 0       |
| 11  | Advertising income (Schedule J)   | 11 | 0          | 0            | 0       |
| 12  | Other income (See instructions; attach schedule)                                      | 12 | 0          |              | 0       |
| 13  | Total. Combine lines 3 through 12   | 13 | 8,691      | 0            | 8,691   |

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

| 14 | Compensation of officers, directors, and trustees (Schedule K)                                       | 14  | 0       |
|----|--|-----|---------|
| 15 | Salaries and wages   | 15  | 0       |
| 16 | Repairs and maintenance  | 16  | 0       |
| 17 | Bad debts  | 17  | 0       |
| 18 | Interest (attach schedule) (see instructions)  | 18  | 0       |
| 19 | Taxes and licenses   | 19  | 0       |
| 20 | Depreciation (attach Form 4562)  |     |         |
| 21 | Less depreciation claimed on Schedule A and elsewhere on return 21a 0                                | 21b | 0       |
| 22 | Depletion  | 22  | 0       |
| 23 | Contributions to deferred compensation plans   | 23  | 0       |
| 24 | Employee benefit programs  | 24  | 0       |
| 25 | Excess exempt expenses (Schedule I)  | 25  | 0       |
| 26 | Excess readership costs (Schedule J)   | 26  | 0       |
| 27 | Other deductions (attach schedule)   | 27  | 9,810   |
| 28 | Total deductions. Add lines 14 through 27  | 28  | 9,810   |
| 29 | Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 | 29  | (1,119) |
| 30 | Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see     |     | 0       |
|    | instructions)  | 30  | U       |
| 31 | Unrelated business taxable income. Subtract line 30 from line 29                                     | 31  | (1,119) |
|    |  |     |         |

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 71329Y

Schedule M (Form 990-T) 2019

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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning 07/01, 2019, and ending ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

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

Name of the organization **Employer identification number** UNIVERSITY OF THE PACIFIC 94-1156266 Unrelated Business Activity Code (see instructions) ▶ 532000

Describe the unrelated trade or business ▶ RENTAL OF FACILITIES

| Part | Unrelated Trade or Business Income  | (A) Income | (B) Expenses | (C) Net |        |
|------|---|------------|--------------|---------|--------|
| 1a   | Gross receipts or sales 0   |            |              |         |        |
| b    | Less returns and allowances 0 <b>c</b> Balance ▶                                      | 1c         | 0            |         |        |
| 2    | Cost of goods sold (Schedule A, line 7)   | 2          | 0            |         |        |
| 3    | Gross profit. Subtract line 2 from line 1c  | 3          | 0            |         | 0      |
| 4a   | Capital gain net income (attach Schedule D)   | 4a         | 0            |         | 0      |
| b    | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)                      | 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 (Schedule C)  | 6          | 78,476       | 71,234  | 7,242  |
| 7    | Unrelated debt-financed income (Schedule E)   | 7          | 0            | 0       | 0      |
| 8    | Interest, annuities, royalties, and rents from a controlled organization (Schedule F) | 8          | 0            | 0       | 0      |
| 9    | Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)      | 9          | 0            | 0       | 0      |
| 10   | Exploited exempt activity income (Schedule I)   | 10         | 0            | 0       | 0      |
| 11   | Advertising income (Schedule J)   | 11         | 0            | 0       | 0      |
| 12   | Other income (See instructions; attach schedule)                                      | 12         | 75,319       |         | 75,319 |
| 13   | <b>Total.</b> Combine lines 3 through 12  | 13         | 153,795      | 71,234  | 82,561 |

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

| 14 | Compensation of officers, directors, and trustees (Schedule K)                                       | 14  | 0      |
|----|--|-----|--------|
| 15 | Salaries and wages   | 15  | 0      |
| 16 | Repairs and maintenance  | 16  | 0      |
| 17 | Bad debts  | 17  | 0      |
| 18 | Interest (attach schedule) (see instructions)  | 18  | 0      |
| 19 | Taxes and licenses   | 19  | 0      |
| 20 | Depreciation (attach Form 4562)  |     |        |
| 21 | Less depreciation claimed on Schedule A and elsewhere on return 21a 0                                | 21b | 0      |
| 22 | Depletion  | 22  | 0      |
| 23 | Contributions to deferred compensation plans   | 23  | 0      |
| 24 | Employee benefit programs  | 24  | 0      |
| 25 | Excess exempt expenses (Schedule I)  | 25  | 0      |
| 26 | Excess readership costs (Schedule J)   | 26  | 0      |
| 27 | Other deductions (attach schedule)   | 27  | 72,600 |
| 28 | Total deductions. Add lines 14 through 27  | 28  | 72,600 |
| 29 | Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 | 29  | 9,961  |
| 30 | Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see     |     | 0      |
|    | instructions)  | 30  | O      |
| 31 | Unrelated business taxable income. Subtract line 30 from line 29                                     | 31  | 9,961  |

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 71329Y

Schedule M (Form 990-T) 2019

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

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

OMB No. 1545-0047

Department of the Treasury

For calendar year 2019 or other tax year beginning 07/01, 2019, and ending ► Go to www.irs.gov/Form990T for instructions and the latest information.

501(c)(3) Organizations Only

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). Internal Revenue Service Name of the organization **Employer identification number** UNIVERSITY OF THE PACIFIC 94-1156266 Unrelated Business Activity Code (see instructions) ▶ 541800 Describe the unrelated trade or business ▶ ADVERTISING AND RELATED SERVICES, CLINICAL SERVICES PROVIDED BY SCHOOL OF Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net Gross receipts or sales Less returns and allowances 0 c Balance ▶ 1c 0 2 2 0 Cost of goods sold (Schedule A, line 7) . . . . . . . Gross profit. Subtract line 2 from line 1c . . . . . . . . 3 0 3 0 0 0 Capital gain net income (attach Schedule D) . . . . . 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b 0 0 4c 0 0 5 Income (loss) from a partnership or an S corporation (attach 5 0 0 6 6 0 0 0 7 Unrelated debt-financed income (Schedule E) . . . . . 7 0 0 0 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) . . . . . . . . . . . . . . . 8 0 Investment income of a section 501(c)(7), (9), or (17) 9 9 0 0 0 10 Exploited exempt activity income (Schedule I) . . . . . 10 0 0 0 11 Advertising income (Schedule J) . . . . . . . . . 11 111.490 188.857 (77,367)12 34,332 12 Other income (See instructions; attach schedule) . . . . . 34,332 13 Total. Combine lines 3 through 12 . . . . . . . . . 13 145,822 188.857 (43,035)Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K) 0 14 0 15 15 0 16 Repairs and maintenance 16 17 Bad debts . . . . . . . . . . . . . . . . 17 0 18 0 18 19 19 20 20 21 Less depreciation claimed on Schedule A and elsewhere on return . . . 21b 0 22 22 23 Contributions to deferred compensation plans . . . . . . 23 0

For Paperwork Reduction Act Notice, see instructions.

Employee benefit programs . . . . . . . . . . . . . . . . . .

Other deductions (attach schedule) . . . . . . .

**Total deductions.** Add lines 14 through 27

Excess exempt expenses (Schedule I) . . . . . . . . . . . .

Excess readership costs (Schedule J) . . . . . . . . . . . . . . . .

Unrelated business taxable income. Subtract line 30 from line 29 . . .

Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13

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

Cat. No. 71329Y

Schedule M (Form 990-T) 2019

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30.394

(73,429)

(73,429)

24

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30

31

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

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

OMB No. 1545-0047

For calendar year 2019 or other tax year beginning 07/01, 2019, and ending ▶ Go to www.irs.gov/Form990T for instructions and the latest information.

Open to Public Inspection for

Department of the Treasury Internal Revenue Service

▶ 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 Name of the organization **Employer identification number** UNIVERSITY OF THE PACIFIC 94-1156266 Unrelated Business Activity Code (see instructions) ▶ 812900 Describe the unrelated trade or business ► COMMISSIONS RELATED TO ALUMNI SALES TRANSACTIONS,ATHLETICS PARKING Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net Gross receipts or sales Less returns and allowances 0 c Balance ▶ 1c 0 2 2 0 Gross profit. Subtract line 2 from line 1c . . . . . . . . 3 0 3 0 0 0 Capital gain net income (attach Schedule D) . . . . . 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b 0 0 4c 0 0 5 Income (loss) from a partnership or an S corporation (attach 5 0 0 6 6 0 0 0 7 Unrelated debt-financed income (Schedule E) . . . . . 7 0 0 0 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) . . . . . . . . . . . . . . . 8 0 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) . . . . . . . . . . . . 9 0 0 0 10 Exploited exempt activity income (Schedule I) . . . . . 10 0 0 0 11 Advertising income (Schedule J) . . . . . . . . . 11 0 0 0 12 12 Other income (See instructions; attach schedule) . . . . . 43,311 43,311 13 Total. Combine lines 3 through 12 . . . . . . . . . 13 43,311 43,311 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K) 0 14 0 15 15 0 16 Repairs and maintenance 16 17 Bad debts . . . . . . . . . . . . . . . 17 0 18 0 18 19 19 20 20 21 Less depreciation claimed on Schedule A and elsewhere on return . . . 21b 0 22 22 23 23 0 Contributions to deferred compensation plans . . . . . . 24 Employee benefit programs . . . . . . . . . . . . . . . . . . 24 0

For Paperwork Reduction Act Notice, see instructions.

Excess exempt expenses (Schedule I) . . . . . . . . . . . .

Excess readership costs (Schedule J) . . . . . . . . . . . . . . . .

Unrelated business taxable income. Subtract line 30 from line 29 . . .

Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13

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

Other deductions (attach schedule) . . . . . . .

**Total deductions.** Add lines 14 through 27

Cat. No. 71329Y

Schedule M (Form 990-T) 2019

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0

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25,037

25.037

18,274

18.274

25

27

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## Form 990T Part I, Line 5

| Name of Partnership                                     | EIN        | UBI      |
|---|------------|----------|
| INCOME/LOSS FROM PARTNERSHIPS AND S CORPORATIONS        |            |          |
| (1) AG REALTY FUND VIII LP                              | 27-2996434 | -45,329  |
| (2) BLUE WATER ENERGY FUND II, L.P.                     | 98-1316093 | -53,494  |
| (3) CERBERUS INSTITUTIONAL PARTNERS VI, LP (POWELL)     | 98-1246143 | -5,366   |
| (4) CERBERUS INSTITUTIONAL PARTNERS VI, LP              | 98-1246143 | -8,944   |
| (5) CROW HOLDINGS SELF-STORAGE FUND-A, L.P. (POWELL)    | 82-4170177 | -21,597  |
| (6) CROW HOLDINGS SELF-STORAGE FUND-A, L.P.             | 82-4170177 | -35,239  |
| (7) DAVIDSON KEMPNER INSTITUTIONAL PARTNERS (POWELL)    | 13-3597020 | -275     |
| (8) DAVIDSON KEMPNER INSTITUTIONAL PARTNERS L.P.        | 13-3597020 | -443     |
| (9) HARVEST MLP INCOME FUND II LLC (POWELL)             | 45-3134479 | 57       |
| (10) HARVEST MLP INCOME FUND II LLC                     | 45-3134479 | 73       |
| (11) INDUSTRY VENTURES PARTNERSHIP HOLDINGS III, L.P.   | 46-3098818 | -368     |
| (12) INDUSTRY VENTURES PARTNERSHIP HOLDINGS IV, L.P.    | 47-5022248 | -21,557  |
| (13) INDUSTRY VENTURES PARTNERSHIP HOLDINGS V, L.P.     | 82-4774625 | -32      |
| (14) INDUSTRY VENTURES PARTNERSHIP HOLDINGS V, LP (PE). | 82-4774625 | -20      |
| (15) KAYNE ANDERSON ENERGY FUND IV (QP), L.P.           | 20-5659373 | -75      |
| (16) MONTAUK TRIGUARD FUND IV, LP                       | 26-1969234 | -14,119  |
| (17) MONTAUK TRIGUARD FUND V, LP                        | 90-0660126 | -27,306  |
| (18) NORTHGATE VENTURE PARTNERS II, LP                  | 76-0742261 | -220     |
| (19) SILVER LAKE PARTNERS IV CAYMAN (AIV II), L.P.      | 98-1165460 | -336     |
| (20) SILVER LAKE PARTNERS IV DE (AIV II), LP            | 47-4589432 | 32,337   |
| (21) SILVER LAKE PARTNERS IV DE (AIV III), LP           | 81-3377238 | -1,385   |
| (22) SILVER LAKE PARTNERS IV DE (AIV IV), LP            | 82-2375315 | -1,976   |
| (23) SILVER LAKE PARTNERS IV DE (AIV V), LP             | 83-2850851 | -4,093   |
| (24) SILVER LAKE PARTNERS IV DE (AIV VI), LP            | 82-4655805 | -564     |
| (25) VORTUS INVESTMENTS II, LP (POWELL)                 | 82-0714861 | -207,670 |
| (26) VORTUS INVESTMENTS II, LP                          | 82-0714861 | -338,833 |
|   | Total      | -756,774 |

## Form 990T Part I, Line 12

Other Income

| Description  | Amount  |
|--|---------|
| RENTAL OF FACILITIES   |         |
| (1) FACILITY RENTALS WITH SERVICES PROVIDED (WEDDINGS, ATHLETIC FACILITIES, ETC.)  | 75,319  |
| CLINICAL SERVICES PROVIDED BY SCHOOL OF DENTISTRY  |         |
| (2) CLINICAL SERVICES PROVIDED BY SCHOOL OF DENTISTRY TO EXTERNAL PARTIES  | 34,332  |
| COMMISSIONS RELATED TO ALUMNI SALES TRANSACTIONS   |         |
| (3) COMMISSIONS RELATED TO TRANSACTIONS WITH AFFILIATED 3RD PARTY VENDORS ON ALUMNI<br>RELATED SALES AND SALES OF ATHLETIC MERCHANDISE | 25,444  |
| ATHLETICS PARKING  |         |
| (4) ATHLETICS PARKING  | 17,867  |
| Total for Part I, Line 12  | 152,962 |

Form 990T Part II, Line 19

Taxes and Licenses

| Description                                      | Amount |  |  |
|--|--------|--|--|
| INCOME/LOSS FROM PARTNERSHIPS AND S CORPORATIONS |        |  |  |
| (1) STATE TAXES                                  | 945    |  |  |

## Form 990T Part II, Line 27

Other Deductions

| Description   | Amount |
|---|--------|
| INCOME/LOSS FROM PARTNERSHIPS AND S CORPORATIONS  |        |
| (1) 990T K1 PREPARATION & ANALYSIS  | 34,093 |
| ATHLETIC SALES & SCHOOL OF DENTISTRY ONLINE STORE   |        |
| (2) ATHLETIC SALES & SCHOOL OF DENTISTRY ONLINE STORE - SYSTEM MAINT. FEES  | 5,631  |
| (3) ATHLETIC SALES & SCHOOL OF DENTISTRY STORE - ADM. AND UTILITIES   | 3,818  |
| (4) 990-T TAX PREPARATION FEES  | 361    |
| Total   | 9,810  |
| RENTAL OF FACILITIES  |        |
| (5) RENTAL OF FACILITIES WITH SERVICES PROVIDED (WEDDING ATTENDANT, PHYSICAL PLANT FEES, ETC.)                            | 70,019 |
| (6) 990-T TAX PREPARATION FEE   | 2,581  |
| Total   | 72,600 |
| ADVERTISING AND RELATED SERVICES  |        |
| (7) 990-T TAX PREPARATION FEES  | 1,871  |
| CLINICAL SERVICES PROVIDED BY SCHOOL OF DENTISTRY   |        |
| (8) CLINICAL SERVICES PROVIDED BY THE SCHOOL OF DENTISTRY - ADM & UTILITIES   | 6,866  |
| (9) CLINICAL SERVICES PROVIDED BY THE SCHOOL OF DENTISTRY - LAB SUPPLIES, FEES, ETC.                                      | 21,081 |
| (10) 990-T TAX PREPARATION FEES   | 576    |
| Total   | 28,523 |
| COMMISSIONS RELATED TO ALUMNI SALES TRANSACTIONS  |        |
| (11) COMMISSIONS ON ALUMNI RELATED 3RD PARTY SALES - LODGING, TRAVEL, ETC.  | 15,648 |
| (12) COMMISSIONS ON ALUMNI RELATED 3RD PARTY SALES & SALES OF ATHLETIC MERCHANDISE BY 3RD PARTY VENDORS - ADM & UTILITIES | 5,089  |
| (13) 990-T TAX PREPARATION FEES   | 427    |
| Total   | 21,164 |
| ATHLETICS PARKING   |        |
| (14) PARKING FOR ATHLETIC EVENTS (ADMINISTRATION FEES)  | 3,573  |
| (15) 990-T TAX PREPARATION FEES   | 300    |
| Total   | 3,873  |

## Form 990T Part III, Line 36

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

| Year Generated | Amount Generated | Converted<br>Contributions | Amount Used in Prior<br>Years | Amount Used in<br>Current Year | Amount Remaining | NOL Expires |
|----------------|------------------|----------------------------|-------------------------------|--------------------------------|------------------|-------------|
| 2012           | 149,747          |                            | 68,545                        | 34,044                         | 47,158           | 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                          | 68,545                        | 34,044                         | 264,459          |             |

| Sched | lule | C I | ine | 31 | a' |
|-------|------|-----|-----|----|----|
|       |      |     |     |    |    |

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

| RENTAL OF FACILITIES  |                           |        |  |  |  |  |  |  |  |
|---|---------------------------|--------|--|--|--|--|--|--|--|
| (1) RENTAL OF FACILITIES (CONFERENCES,  | Description               | Amount |  |  |  |  |  |  |  |
| PRIVATE EVENTS, ETC.)   | SALARIES & BENEFITS       | 29,273 |  |  |  |  |  |  |  |
|   | ADM & PHYSICAL PLANT FEES | 41,961 |  |  |  |  |  |  |  |
|   | Total                     | 71,234 |  |  |  |  |  |  |  |
| Total for Schedule C, Line 3(a), Deductions directly connected with the income in columns 2(a) and 2(b) |                           | 71,234 |  |  |  |  |  |  |  |

#### 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

2019

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 ☐ Nο If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses (See instructions.) 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 0 with **Box A** checked 2 Totals for all transactions reported on Form(s) 8949 0 0 0 0 with **Box B** checked 3 Totals for all transactions reported on Form(s) 8949 1,023 0 0 1,023 with Box C checked 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 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h 1,023 7 Long-Term Capital Gains and Losses (See instructions.) Part II See instructions for how to figure the amounts to enter on (g) Adjustments to gain (h) Gain or (loss) (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 0 with **Box D** checked Totals for all transactions reported on Form(s) 8949 0 0 0 0 with **Box E** checked 10 Totals for all transactions reported on Form(s) 8949 174,873 0 0 174,873 with **Box F** checked 63.766 **11** Enter gain from Form 4797, line 7 or 9. 11 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) 14 238,639 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 1,023 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 238.639 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 17 239,662 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns . 18 **Note:** If losses exceed gains, see Capital Losses in the instructions.

## 8949

## Sales and Other Dispositions of Capital Assets

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on return

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Sequence No. 12A

Social security number or taxpayer identification number

UNIVERSITY OF THE PACIFIC 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                                | to you on Fo                  | orm 1099-B                        |  |  |                                       |  |
|--|---|-------------------------------|-----------------------------------|--|--|---------------------------------------|--|
| 1 (a) Description of property  | <b>(b)</b> Date acquired                    | (c) Date sold or disposed of  | Proceeds See<br>(sales price) and | (e) Cost or other basis. See the <b>Note</b> below and see <i>Column</i> (e) | 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)                      |
| (Example: 100 sh. XYZ Co.)   | (Mo., day, yr.)                             | (Mo., day, yr.)               | (see instructions)                | in the separate instructions   | (f)<br>Code(s) from<br>instructions  | <b>(g)</b><br>Amount of<br>adjustment | from column (d) and<br>combine the result<br>with column (g) |
| INDUSTRY VENTURES PARTNERSHIP HOLDINGS IV, L.P.  |   |                               | 1,023                             |  |  |                                       | 1,023  |
|  |   |                               |                                   |  |  |                                       |  |
|  |   |                               |                                   |  |  |                                       |  |
|  |   |                               |                                   |  |  |                                       |  |
|  |   |                               |                                   |  |  |                                       |  |
|  |   |                               |                                   |  |  |                                       |  |
|  |   |                               |                                   |  |  |                                       |  |
|  |   |                               |                                   |  |  |                                       |  |
|  |   |                               |                                   |  |  |                                       |  |
|  |   |                               |                                   |  |  |                                       |  |
|  |   |                               |                                   |  |  |                                       |  |
|  |   |                               |                                   |  |  |                                       |  |
|  |   |                               |                                   |  |  |                                       |  |
|  |   |                               |                                   |  |  |                                       |  |
| 2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C) | al here and incl<br>is checked), <b>lin</b> | ude on your<br>le 2 (if Box B | 1,023                             | 0  |  | 0                                     | 1,023  |

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 (2019) 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 |
|---|
|---|

- (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

| (F) Long-term transactions   | not reported  | to you on Fo                  | IIII 1099-D                         |  |   |   |          |
|--|---|-------------------------------|-------------------------------------|--|---|---|----------|
| (a) Description of property  | (b) Date acquired   | (c)<br>Date sold or           | (d)<br>Proceeds                     | (e) Cost or other basis. See the <b>Note</b> below | Adjustment, if<br>If you enter an a<br>enter a co<br>See the sepa | (h) Gain or (loss). Subtract column (e) |          |
| (Example: 100 sh. XYZ Co.)   | Example: 100 sh. XYZ Co.) (Mo., day, yr.) (Mo., day, yr.) (see instructions) and see Countries in the separate instructions |                               | (f)<br>Code(s) from<br>instructions | <b>(g)</b><br>Amount of<br>adjustment              | from column (d) and<br>combine the result<br>with column (g)      |   |          |
| AG REALTY FUND VIII LP   |   |                               | (10,260)                            |  |   |   | (10,260) |
| CERBERUS INSTITUTIONAL PARTNERS VI, LP   |   |                               | 17,622                              |  |   |   | 17,622   |
| CERBERUS INSTITUTIONAL PARTNERS VI, LP (POWELL)  |   |                               | 10,573                              |  |   |   | 10,573   |
| INDUSTRY VENTURES PARTNERSHIP HOLDINGS IV, L.P.  |   |                               | 40,429                              |  |   |   | 40,429   |
| SILVER LAKE PARTNERS IV CAYMAN (AIV II), L.P.  |   |                               | 110,547                             |  |   |   | 110,547  |
| SILVER LAKE PARTNERS IV<br>DE (AIV IV), LP   |   |                               | 5,962                               |  |   |   | 5,962    |
|  |   |                               |                                     |  |   |   |          |
|  |   |                               |                                     |  |   |   |          |
|  |   |                               |                                     |  |   |   |          |
|  |   |                               |                                     |  |   |   |          |
|  |   |                               |                                     |  |   |   |          |
|  |   |                               |                                     |  |   |   |          |
|  |   |                               |                                     |  |   |   |          |
|  |   |                               |                                     |  |   |   |          |
| 2 Totals. Add the amounts in columns<br>negative amounts). Enter each tota<br>Schedule D, line 8b (if Box D above<br>above is checked), or line 10 (if Box | l here and incl<br>is checked), <b>lir</b>  | ude on your<br>ne 9 (if Box E | 174,873                             | 0  |   | 0                                       | 174,873  |

**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** (2019)

## -orm 4797

Department of the Treasury

Name(s) shown on return

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

2019

Attachment Sequence No. **27** 

Identifying number

| UNI | VERSITY OF THE PACIFIC   |   |   |   |  |   | 94-11 | 56266   |
|-----|--|---|---|---|--|---|-------|---|
| 1   | Enter the gross proceeds substitute statement) that  |   |   |   |  |   | 1     |   |
| Pa  |  | inges of Proper<br>or Theft—Most                |   |   |  |   | sions | From Other  |
| 2   | (a) Description of property  | (b) Date acquired (mo., day, yr.)               | (c) Date sold (mo., day, yr.)             | (d) Gross<br>sales price                    | (e) Depreciation<br>allowed or<br>allowable since<br>acquisition | reciation ed or basis, plusingle since improvements |       | (g) Gain or (loss)<br>Subtract (f) from the<br>sum of (d) and (e) |
| (SE | E STATEMENT)   |   |   |   |  |   |       |   |
|     |  |   |   |   |  |   |       |   |
| 3   | Gain, if any, from Form 46   | ·   |   |   |  |   | 3     |   |
| 4   | Section 1231 gain from ins   |   |   |   |  |   | 4     |   |
| 5   | Section 1231 gain or (loss   | ,   | •   |   |  |   | 5     |   |
| 6   | Gain, if any, from line 32, f  |   | •   |   |  |   | 6     | 00.700  |
| 7   | Combine lines 2 through 6  |   | •   |   |  |   | 7     | 63,766  |
|     | Partnerships and S corp<br>line 10, or Form 1120-S, S  | •   | • ,                                       | •   | ions for Form 1065,  | Schedule K,   |       |   |
|     | iiile 10, 01 1 01111 1 120-3, 0  | ochedule IX, line 9. or                         | ap iiies 0, 5, 11, a                      | ild 12 below.                               |  |   |       |   |
|     | Individuals, partners, S of<br>line 7 on line 11 below at<br>losses, or they were reca<br>Schedule D filed with your | nd skip lines 8 and<br>aptured in an earlier    | 9. If line 7 is a ga                      | ain and you didn't h<br>gain from line 7 as | nave any prior year  | section 1231  |       |   |
| 8   | Nonrecaptured net section  | •   |   |   |  |   | 8     |   |
| 9   | Subtract line 8 from line 7<br>9 is more than zero, ente<br>capital gain on the Schedu                               | er the amount from I<br>ule D filed with your i | ine 8 on line 12 b<br>return. See instruc | pelow and enter the tions                   | gain from line 9 as  | a long-term   | 9     | 63,766  |
|     | rt II Ordinary Gains Ordinary gains and losses   | and Losses (s                                   |   |   | 11 year or local:  |   |       |   |
| 10  | Ordinary gains and losses  | Thou included on line                           | s i i through 16 (ir                      | Triude property neid                        | year or less):   |   |       |   |
|     |  |   |   |   |  |   |       |   |
|     |  |   |   |   |  |   |       |   |
|     |  |   |   |   |  |   |       |   |
| 11  | Loss, if any, from line 7.   |   |   |   |  |   | 11    | ( )   |
| 12  | Gain, if any, from line 7 or   |   |   |   |  |   | 12    | · · · · · ·   |
| 13  | Gain, if any, from line 31   |   |   |   |  |   | 13    | 0   |
| 14  | Net gain or (loss) from For  | m 4684, lines 31 and                            | d 38a                                     |   |  |   | 14    |   |
| 15  | Ordinary gain from installn  | nent sales from Forn                            | n 6252, line 25 or 3                      | 36  |  |   | 15    |   |
| 16  | Ordinary gain or (loss) from   | n like-kind exchange                            | s from Form 8824                          |   |  |   | 16    |   |
| 17  | Combine lines 10 through   | 16  |   |   |  |   | 17    | 0   |
| 18  | For all except individual reand b below. For individual  | ·   |   |   | ne of your return and  | d skip lines a                                      |       |   |
| а   | If the loss on line 11 includ<br>from income-producing property used as an employ                                    | operty on Schedule                              | A (Form 1040 or I                         | Form 1040-SR), line                         | 16. (Do not include  | any loss on   | 18a   |   |
| b   | Redetermine the gain or (Form 1040 or Form 1040  | (loss) on line 17 ex                            | cluding the loss,                         | if any, on line 18a.                        | . Enter here and on  | Schedule 1  | 18b   |   |
| For | Paperwork Reduction Act  |   |   |   | Cat. No. 13086I  |   |       | Form <b>4797</b> (2019)   |

Form 4797 (2019) Page **2** 

| 19            | (a) Description of section 1245, 1250, 1252, 1254, or 125  | 5 prope    | erty:             |                  |       | (b) Date acq |        | (c) Date sold             |
|---------------|--|------------|-------------------|------------------|-------|--------------|--------|---------------------------|
|               |  |            |                   |                  |       | (mo., day,   | yr.)   | (mo., day, yr.)           |
| <u>А</u><br>В |  |            |                   |                  |       |              |        |                           |
| C             |  |            |                   |                  |       |              |        |                           |
| D             |  |            |                   |                  |       |              |        |                           |
|               |  |            |                   |                  | _     |              |        |                           |
|               | These columns relate to the properties on lines 19A through 19D  | ). ▶       | Property A        | Property         | В     | Property     | , C    | Property D                |
| 20            | Gross sales price (Note: See line 1 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         |                   |                  |       |              |        |                           |
| 04            | Total radia Culturat line 00 from line 00  | 04         |                   |                  |       |              |        |                           |
| 24<br>25      | Total gain. Subtract line 23 from line 20  | 24         |                   |                  |       |              |        |                           |
|               | Depreciation allowed or allowable from line 22   | 25a        |                   |                  |       |              |        |                           |
|               | Enter the <b>smaller</b> of line 24 or 25a   | 25b        |                   |                  |       |              |        |                           |
| 26            | If section 1250 property: If straight line depreciation was used,  | 200        |                   |                  |       |              |        |                           |
|               | 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 smaller of line  |            |                   |                  |       |              |        |                           |
|               | 24 or line 26a. See instructions   | 26b        |                   |                  |       |              |        |                           |
| С             | Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e | 26c        |                   |                  |       |              |        |                           |
| d             | Additional depreciation after 1969 and before 1976   | 26d        |                   |                  |       |              |        |                           |
|               | Enter the <b>smaller</b> of line 26c or 26d  | 26e        |                   |                  |       |              |        |                           |
|               | Section 291 amount (corporations only)   | 26f        |                   |                  |       |              |        |                           |
|               | 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        |                   |                  |       |              |        |                           |
|               | Line 27a multiplied by applicable percentage. See instructions   | 27b        |                   |                  |       |              |        |                           |
| С             | Enter the <b>smaller</b> of line 24 or 27b   | 27c        |                   |                  |       |              |        |                           |
| 28            | If section 1254 property:  |            |                   |                  |       |              |        |                           |
| а             | Intangible drilling and development costs, expenditures  |            |                   |                  |       |              |        |                           |
|               | for development of mines and other natural deposits,   | 00-        |                   |                  |       |              |        |                           |
| h             | mining exploration costs, and depletion. See instructions Enter the <b>smaller</b> of line 24 or 28a                       | 28a<br>28b |                   |                  |       |              |        |                           |
| 29            | If section 1255 property:  | 200        |                   |                  |       |              |        |                           |
|               | Applicable percentage of payments excluded from  |            |                   |                  |       |              |        |                           |
| а             | income under section 126. See instructions   | 29a        |                   |                  |       |              |        |                           |
| b             | Enter the <b>smaller</b> of line 24 or 29a. See instructions .   | 29b        |                   |                  |       |              |        |                           |
| Sun           | nmary of Part III Gains. Complete property colur   | nns A      | through D throu   | gh line 29b b    | efore | going to lir | ne 30. |                           |
|               |  |            |                   |                  |       |              |        |                           |
| 30            | Total gains for all properties. Add property columns A thro  | •          |                   |                  |       |              | 30     |                           |
| 31            | Add property columns A through D, lines 25b, 26g, 27c, 2   |            |                   |                  |       |              | 31     | -                         |
| 32            | Subtract line 31 from line 30. Enter the portion from case other than casualty or theft on Form 4797, line 6               |            | theft on Form 468 | 4, line 33. Ente | r the | portion from | 32     |                           |
| Par           |  |            |                   | en Busines       | s Us  | se Drops to  |        |                           |
|               | (555 11.51. 454.61.6)  |            |                   |                  |       | (a) Section  | on     | (b) Section<br>280F(b)(2) |
| 33            | Section 179 expense deduction or depreciation allowable  | in prior   | vears             |                  | 33    |              |        |                           |
| 34            |  |            | years             |                  | 34    |              |        |                           |
| 35            | Reconture amount Subtract line 34 from line 33. See the  |            |                   |                  | 35    |              | 0      |                           |

## 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<br>basis, plus<br>improvements and<br>expense of sale | (g) Gain or (loss)<br>Subtract (f) from the<br>sums of (d) and (e) |
|---|----------------------------------|------------------------------|-----------------------|---|---|--|
| (1) AG REALTY FUND VIII LP                                  |                                  |                              | 19,307                |   |   | 19,307   |
| (2) CROW HOLDINGS SELF-<br>STORAGE FUND-A, L.P.<br>(POWELL) |                                  |                              | 16,912                |   |   | 16,912   |
| (3) CROW HOLDINGS SELF-<br>STORAGE FUND-A, L.P.             |                                  |                              | 27,593                |   |   | 27,593   |
| (4) SILVER LAKE PARTNERS IV<br>DE (AIV IV), LP              |                                  |                              | (2)                   |   |   | (2)  |
| (5) SILVER LAKE PARTNERS IV<br>DE AIV VI, LP                |                                  |                              | (44)                  |   |   | (44)   |

#### EIN: 94-1156266 Tax Year Ending June 30, 2020

## 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, 2020.

## 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, 2020.