PUBLIC DISCLOSURE COPY

Form **990-T**

Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

<i>9</i> (0) 2 0

OMB No. 1545-0047

For calendar year 2020 or other tax year beginning 07/01 , 2020, and ending 06/30

Department of the Treasury Internal Revenue Service	▶ Do r	► Go to www.irs.gov/Form990T for instructions and the latest information. not enter SSN numbers on this form as it may be made public if your organization is a 501	(c)(3).	Open o	to Public Inspection for 501(c)(3) ganizations Only
A Check box if address changed.	Duint	Name of organization (Check box if name changed and see instructions.) UNIVERSITY OF THE PACIFIC	D Emp	-	lentification number 1156266
B Exempt under section	Print or	Number, street, and room or suite no. If a P.O. box, see instructions.			nption number
☑ 501(C)(3)	Type	3601 PACIFIC AVENUE	(see	instruct	ions)
408(e) 220(e)	',	City or town, state or province, country, and ZIP or foreign postal code			
408A 530(a)		STOCKTON, CA 95211	F 🗍	Check	box if
529(a) 529A	C Bool	value of all assets at end of year		an ame	ended return.
G Check organization	n type	▶ 🗹 501(c) corporation 🗌 501(c) trust 🗌 401(a) trust 🔲 Other trust 🗍	Applio	cable re	einsurance entity
H Check if filing only	/ to ►	☐ Claim credit from Form 8941 ☐ Claim a refund shown on Form 2	2439		
I Check if a 501(c)(3) orgai	nization filing a consolidated return with a 501(c)(2) titleholding corporation .			▶ 🗆
J Enter the number	of atta	ched Schedules A (Form 990-T)		. ▶	• 5
K During the tax year	ır, was t	the corporation a subsidiary in an affiliated group or a parent-subsidiary controlle	ed gro	up? ▶	☐ Yes 🗹 No
If "Yes," enter the	name	and identifying number of the parent corporation ▶			
L The books are in	care of	► (SEE STATEMENT) Telephone number	>	(209	9) 946-7704
Part I Total U	nrelate	ed Business Taxable Income			
1 Total of unrela	ated bu	usiness taxable income computed from all unrelated trades or businesses (s	see		
instructions)				1	8,604
2 Reserved				2	
3 Add lines 1 an	d2 .		. [3	8,604
4 Charitable cor	ntributio	ons (see instructions for limitation rules)		4	0
5 Total unrelated	d busin	ess taxable income before net operating losses. Subtract line 4 from line 3 .	. [5	8,604
6 Deduction for	net ope	erating loss. See instructions	. [6	8,604
7 Total of unrela	ated bu	usiness taxable income before specific deduction and section 199A deduction			
Subtract line 6	from I	ine 5		7	0
8 Specific dedu	ction (g	enerally \$1,000, but see instructions for exceptions)	. [8	0
9 Trusts. Section	n 199A	deduction. See instructions	. [9	0
10 Total deducti	ons. Ad	dd lines 8 and 9	. [10	0
11 Unrelated bu	siness	taxable income. Subtract line 10 from line 7. If line 10 is greater than line	7,		
enter zero .		<u> </u>		11	0
Part II Tax Cor				•	
1 Organizations	s taxab	le as corporations. Multiply Part I, line 11 by 21% (0.21)	•	1	0
2 Trusts taxabl	e at tr	ust rates. See instructions for tax computation. Income tax on the amount	on		
		☐ Tax rate schedule or ☐ Schedule D (Form 1041)		2	
		ctions	_	3	0
		ee instructions		4	0
5 Alternative mir	nimum	tax (trusts only)		5	0
		nt facility income. See instructions		6	0
	-	ough 6 to line 1 or 2, whichever applies		7	0

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 11291J

Form **990-T** (2020)

Part	Tax and Payments					
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a	0	20130	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
b	Other credits (see instructions)	1b	0			
С	General business credit. Attach Form 3800 (see instructions)	1c	0	1		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d	0			
е	Total credits. Add lines 1a through 1d			1e		0
2	Subtract line 1e from Part II, line 7			2		0
3	Other taxes. Check if from: Form 4255 Form 8611 Form 86		66		Control (C)	
	Other (attach statement)			3		0
4	Total tax. Add lines 2 and 3 (see instructions). Check if includes tax pre-					
	section 1294. Enter tax amount here	•	0.	4		0
5	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column	n (k), line 4	•	5		0
6a	Payments: A 2019 overpayment credited to 2020	6a	0			
b	2020 estimated tax payments. Check if section 643(g) election applies ▶ □	6b	0			
С	Tax deposited with Form 8868	6c	0			
d	Foreign organizations: Tax paid or withheld at source (see instructions) .	6d	0			
е	Backup withholding (see instructions)	6e	0			
f	Credit for small employer health insurance premiums (attach Form 8941) .	6f	0			
g	Other credits, adjustments, and payments: Form 2439 0					
	☐ Form 4136 0 Other 0 Total ►	6g	0			
7	Total payments. Add lines 6a through 6g			7		0
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached		· 🗆	8		0
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount ov	ved	. ▶	9		0
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amour	nt overpaid	.▶	10		0
	Enter the amount of line 10 you want: Credited to 2021 estimated tax ▶	0 Refund		11		0
Part I						
1	At any time during the 2020 calendar year, did the organization have an interest	est in or a signature	e or ot	her auth	nority Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Y	es," the organization	on ma	y have t	o file	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," here ► AU	enter the name of	the for	eign cou		
						S PAROZANI
	During the tax year, did the organization receive a distribution from, or was		or tra	nsferor	1	
	foreign trust?					0.0000000000000000000000000000000000000
	If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax ye	> ^				
4a	Did the organization change its method of accounting? (see instructions)	ear ► \$			787	
b	If 4a is "Yes," has the organization described the change on Form 990, 990					V
	explain in Part V	-EZ, 990-PF, OF FO	orm 11	28? If "	No,"	
Part \			• •	• • •		<u></u>
	the explanation required by Part IV, line 4b. Also, provide any other additional	al information See	inetruc	tions		
	the organism required by tractive, and to the provide any other additions	i momation, oee	monuc	, dons.		
	Under penalties of perjury, I declare that I have examined this return, including accompanying sc	hedules and statements	and to	the best	of my knowled	dge and
Sian	belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all	I information of which pr	eparer h	as any kno	owledge.	ago una
Sign	1/ man as the		ſ	May the II	RS discuss this	roturn
Here	VP FOR BU	SINESS & FINANCE			reparer shown	
	Signature of officer Date Title	3111200 a 7 117 1102		(see instru	uctions)? 🗹 Yes	з □Nо
Paid	Print/Type preparer's name Preparer's signature	Date	Chec	k \square if	PTIN	
	JOCELYNE MILLER Jocelyne C. Miller	5/2/22		mployed	P006343	378
Prepa	Finds and FRNST & VOLNO LIGHT	V: 4: 44	+	EIN►	34-656559	
Use C	Inly Firm's address ► 4365 EXECUTIVE DR, SUITE 1600, SAN DIEGO, CA 92121		Phone		(858) 535-72	
			Linoite	(= 000 T	

Form **990-T** (2020)

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

A Name of the organization

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

► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

B Employer identification number

UNIVI	NIVERSITY OF THE PACIFIC							94-115	56266	
C Un	related business activity code (see instructions) ▶	52	2	D	Se	eque	ence:	1	of of	5
E De	scribe the unrelated trade or business ► SECURITIES, COMMOD	ITY CO	ONTRACTS AND O	тн	FRI	FINA	NCIAL	INI/F	STMENT	S AND REL
Pa		11100	(A) Income				xpense			C) Net
1a	Gross receipts or sales0			1						
b	Less returns and allowances	1c		0						
2	Cost of goods sold (Part III, line 8)	2		0						
3	Gross profit. Subtract line 2 from line 1c	3		0						0
4a	Capital gain net income (attach Sch D (Form 1041 or Form									
	1120)) (see instructions)	4a	49,18	_					_	49,180
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b	(1,406						_	(1,406)
С	Capital loss deduction for trusts	4c		0					-	0
5	Income (loss) from a partnership or an S corporation (attach	_								
•	statement)	5	(468,450	_						(468,450)
6	Rent income (Part IV)	6		0				0		0
7	Unrelated debt-financed income (Part V)	7		0				0		0
8	Interest, annuities, royalties, and rents from a controlled							_		
_	organization (Part VI)	8		0				0		0
9	Investment income of section 501(c)(7), (9), or (17)							0		0
40	organizations (Part VII)	9		0				0		0
10	Exploited exempt activity income (Part VIII)	10		0				0		0
11	Advertising income (Part IX)	11		0				0		0
12	Other income (see instructions; attach statement)	12		0						(400,070)
13	Total. Combine lines 3 through 12		(420,676	_		\ D.	- d t:	0		(420,676)
Par	Deductions Not Taken Elsewhere (See instructions connected with the unrelated business income	tor iin	nitations on dedu	CU	ons	s) De	eaucti	ons r	nust be	airectly
1	Compensation of officers, directors, and trustees (Part X)							1		0
2	Salaries and wages							2		0
3	Repairs and maintenance							3		0
4	Bad debts							4		0
5	Interest (attach statement) (see instructions)							5		0
6	Taxes and licenses							6		10,234
7	Depreciation (attach Form 4562) (see instructions)		7				0			
8	Less depreciation claimed in Part III and elsewhere on return .		8a				0	8b		0
9	Depletion							9		0
10	Contributions to deferred compensation plans							10		0
11	Employee benefit programs							11		0
12	Excess exempt expenses (Part VIII)							12		0
13	Excess readership costs (Part IX)							13		0
14	Other deductions (attach statement)							14		25,874
15	Total deductions. Add lines 1 through 14							15		36,108
16	Unrelated business income before net operating loss deductio	n. Suk	otract line 15 from	Pa	art I	, line	e 13,			
	column (C)							16		(456,784)
17	Deduction for net operating loss (see instructions)							17		0
18	Unrelated business taxable income. Subtract line 17 from lin	e 16						18		(456,784)

Schedule A (Form 990-T) 2020 Page 2

Dort	Cost of Goods Sold Enter me	thad of inventory val	luction		
					0
1	Inventory at beginning of year				0
2	Purchases				0
3	Cost of labor				0
4	Additional section 263A costs (attach statement)				0
5	Other costs (attach statement)				0
6	Total. Add lines 1 through 5				0
7	Inventory at end of year				0
8	Cost of goods sold. Subtract line 7 from line 6. Do the rules of section 263A (with respect to proper				
9 Port	Rent Income (From Real Property an				Yes V No
1	Description of property (property street address,				
•		•	•	,	
	_				
	B □				
	D 🗆	Α	В	С	D
2	Rent received or accrued	A	ь	-	<u> </u>
а	From personal property (if the percentage of rent for personal property is more than 10%				
	but not more than 50%)				
	· • • • • • • • • • • • • • • • • • • •				
b	From real and personal property (if the percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income) .				
_	· · · · · · · · · · · · · · · · · · ·				
С	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
	Add lines 2a and 2b, coldinis A through b				
3	Total rents received or accrued. Add line 2c column	ns A through D. Enter	here and on Part I, li	ne 6, column (A) ►	0
4	Deductions directly connected with the income				
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
	in lines z(a) and z(b) (attach statement) [
5	Total deductions. Add line 4 columns A through	D. Enter here and o	n Part I, line 6, colu	mn (B) 🕨	0
Par	t V Unrelated Debt-Financed Income (se	e instructions)			
1	Description of debt-financed property (street add	<u> </u>	code) Check if a d	lual-use (see instructio	ns)
-	A — ·				,
	D [
	C □				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt -				
_	financed property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
•	to debt - financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
•	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6	70	70	,,,	70
8	Total gross income (add line 7, columns A throu	ugh D). Enter here ar	nd on Part I, line 7, o	column (A) . 🕨	0
9	Allocable deductions. Multiply line 3c by line 6				
		A.I	,	7 1 /5	
10	Total allocable deductions. Add line 9, columns	A through D. Enter h	ere and on Part I, lir	ne /, column (B) ►	0
11	Total dividends - received deductions included	d in line 10		🕨	0

Schedule A (Form 990-T) 2020

Par	t VI Interest, Annuit	ies, Royaltie	es, and Rent	s fro		•	ction	s) rage 3
					Exempt Co	entrolled Organizations		
	Name of controlled organization	2. Employer identification number	3. Net unrela income (los (see instruction)	s)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income		Deductions directly connected with acome in column 5
(1)								
(2)								
(3)								
(4)								
1.7			Nonexem	ot Co	ntrolled Organizatior	าร		
	7. Taxable income	inco	t unrelated me (loss) nstructions)	ne (loss) payments mad		10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)								
(2)								
(3)								
(4)								
Tota Par					▶), or (17) Organiza 3. Deductions directly connected	Enter here and on Part I, line 8, column (A) ation (see instructions) 4. Set-asides (attach statement))	er here and on Part I, line 8, column (B) O Total deductions and set-asides
				1	(attach statement)	(undon oldiomoni)	(ac	Id columns 3 and 4)
(1)								
(2)								
(3)								
(4)	ala.	Enter here	nts in column 2. e and on Part I, column (A)				Ente	amounts in column 5. er here and on Part I, line 9, column (B)
	VIII Exploited Exem	not Activity I	0	r Th	an Advarticina In	oomo (coo instructions	2)	0
1	Description of exploited		ilcome, Othe	71 111	an Auvertising in	come (see mshachons	>) 	
2		·	n trada ar busi	2000	Enter here and on D	Part I, line 10, column (A)	2	
3						Enter here and on Part I,		
4	line 10, column (B)					e 2. If a gain, complete	3	
	lines 5 through 7						4	
5	Gross income from acti	-					5	
6	Expenses attributable to						6	
7	Excess exempt expense 4. Enter here and on Pa					than the amount on line	7	

Schedule A (Form 990-T) 2020 Page **4**

Part	X Advertising Income						
1	Name(s) of periodical(s). Check box if re	oorting t	wo or more periodi	cals on a consol	idated basis.		
	A 🗆						
	В 🗌						
	C 🗆						
	D 🗌						
Enter	amounts for each periodical listed above	n the co	rresponding colum	n.			
			Α	В	С	D	
2	Gross advertising income						
а	Add columns A through D. Enter here an	d on Pa	rt I, line 11, column	(A)		>	0
3	Direct advertising costs by periodical						
а	Add columns A through D. Enter here an	d on Pa	rt I, line 11, column	(B)		>	0
4	Advertising gain (loss). Subtract line 3 fr. 2. For any column in line 4 showing complete lines 5 through 8. For any colline 4 showing a loss or zero, do not collines 5 through 7, and enter zero on line	a gain, umn in mplete					
5	Readership costs						
6	Circulation income						
7	Excess readership costs. If line 6 is les line 5, subtract line 6 from line 5. If line 5 than line 6, enter zero	is less					
8	Excess readership costs allowed deduction. For each column showing a line 4, enter the lesser of line 4 or line 7	gain on					
а	Add line 8, columns A through D. Enter Part II, line 13						0
Par							
	1. Name		2. Title		3. Percentage of time devoted to business	Compensation attributable to unrelated business	
(1)					%		
(2)					%		
(3)					%		
(4)					%		
Tota	I. Enter here and on Part II, line 1 .						0
	Supplemental Information (see				l		_
	Сарринана постана (се		<u> </u>				
(SEE S	STATEMENT)						
75							

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

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

- 011	Totaled business delivity code (see instructions)		-	ocquerice.		
E De	scribe the unrelated trade or business > ATHLETIC SALES & SCH	HOOL	OF DENTISTRY ONLI	NE STORE		
Par			(A) Income	(B) Expenses		(C) Net
1a	Gross receipts or sales 15,942					
b	Less returns and allowances 0 c Balance ▶	1c	15,942			
2	Cost of goods sold (Part III, line 8)	2	18,027			
3	Gross profit. Subtract line 2 from line 1c	3	(2,085)			(2,085)
4a	Capital gain net income (attach Sch D (Form 1041 or Form					
	1120)) (see instructions)	4a	0			0
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b	0			0
С	Capital loss deduction for trusts	4c	0			0
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5	0			0
6	Rent income (Part IV)	6	0		0	0
7	Unrelated debt-financed income (Part V)	7	0		0	0
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Part VI)	8	0		0	0
9	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)	9	0		0	0
10	Exploited exempt activity income (Part VIII)	10	0		0	0
11	Advertising income (Part IX)	11	0		0	0
12	Other income (see instructions; attach statement)	12	0			0
13	Total. Combine lines 3 through 12	13	(2,085)		0	(2,085)
Par		for lin	nitations on deducti	ions) Deductior	ns mu	ust be directly
	connected with the unrelated business income					
1	Compensation of officers, directors, and trustees (Part X)			_	1	0
2	Salaries and wages				2	0
3	Repairs and maintenance			-	3	0
4	Bad debts				4	0
5	Interest (attach statement) (see instructions)				5	0
6	Taxes and licenses				6	0
7	Depreciation (attach Form 4562) (see instructions)			0		_
8	Less depreciation claimed in Part III and elsewhere on return .				Bb	0
9	Depletion				9	0
10	Contributions to deferred compensation plans				10	0
11	Employee benefit programs			📙	11	0
12	Excess exempt expenses (Part VIII)				12	0
13	Excess readership costs (Part IX)				13	0
14	Other deductions (attach statement)				14	9,464
15	Total deductions. Add lines 1 through 14				15	9,464
16	Unrelated business income before net operating loss deductio					/// = /5\
4-	column (C)				16	(11,549)
17	Deduction for net operating loss (see instructions)			T-	17	(14.540)
18 Fax Da	Unrelated business taxable income. Subtract line 17 from lin			· · · · `	18	(11,549)

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 74036O

Schedule A (Form 990-T) 2020 Page 2

Par	Cost of Goods Sold Enter me	thod of inventory val	uation ►		
1	Inventory at beginning of year			1	0
2	Purchases			2	18,027
3	Cost of labor				0
4	Additional section 263A costs (attach statement)				0
5	Other costs (attach statement)			5	0
6					18,027
7	Inventory at end of year			7	0
8	Cost of goods sold. Subtract line 7 from line 6.	Enter here and in Pa	rt I, line 2	8	18,027
9					on? ☐ Yes 🗹 No
Par				<u> </u>	
1	Description of property (property street address,	city, state, ZIP code). Check if a dual-u	se (see instructions	s)
	A 🗌				
	В 🔲				
	C 🗆				
	D 🗌				
		Α	В	С	D
2	Rent received or accrued				
а					
	·				
b					
С					
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c column	ns A through D. Enter	here and on Part I, li	ne 6, column (A) ▶	0
4	Deductions divestly connected with the income				
4					
5	Total deductions. Add line 4 columns A through	D. Enter here and o	n Part I, line 6, colu	mn (B) ▶	0
Par	t V Unrelated Debt-Financed Income (se	e instructions)			
1	Description of debt-financed property (street add	dress, city, state, ZIP	code). Check if a c	ual-use (see instru	ctions)
	A 🗌				
	B 🗆				
	C 🗆				
	D 🗌				
		Α	В	С	D
2					
3					
а	• • • • • • • • • • • • • • • • • • • •				
b	· · · · · · · · · · · · · · · · · · ·				
С					
	<u> </u>				
4					
E					
5					
6	to the state of th	0/_	0/2	0/_	0/_
7	-	/0	70	70	70
	Inventory at end of year				
8	Total gross income (add line 7, columns A throu	ugh D). Enter here an	d on Part I, line 7, o	column (A) .	0
9	Allocable deductions. Multiply line 3c by line 6				
10		A through D. Fnter h	ere and on Part I. lir	ne 7. column (R) ▶	0
11		_			

Schedule A (Form 990-T) 2020

Par	Interest, Annuit	ties, Royaltie	s, and Rents	s fro	m Controlled Org	anizations (see instru	ctions	S) Fage 3	
					Exempt Co	ntrolled Organizations			
,	Name of controlled organization	2. Employer identification number	3. Net unrela income (los (see instruction)	s)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income		Deductions directly connected with scome in column 5	
(1)									
(2)									
(3)									
(4)									
			Nonexemp	ot Co	ntrolled Organization	ns	•		
	7. Taxable income	inco	t unrelated me (loss) estructions)	9. Total of specified payments made		10. Part of column 9 that is included in the controlling organization's gross income		11. Deductions directly connected with income in column 10	
(1)									
(2)									
(3)									
(4)									
Tota				 7) (0		Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Ente	d columns 6 and 11. er here and on Part I, line 8, column (B)	
Part				7), (9		ation (see instructions)			
	1. Description of income	2. Amou	int of income	1	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)		Total deductions and set-asides Id columns 3 and 4)	
(1)									
(2)									
(3)									
(4)									
		Enter here	nts in column 2. and on Part I, column (A)				Ente	amounts in column 5. er here and on Part I, line 9, column (B)	
Tota		>	0			,	Ļ	0	
Part			ncome, Othe	r Th	an Advertising In	come (see instructions	S)	1	
1	Description of exploited								
2						art I, line 10, column (A)	2		
3	Expenses directly conn line 10, column (B)	Enter here and on Part I,	3						
4	lines 5 through 7		4						
5	Gross income from act						5		
6	Expenses attributable t						6		
7	Excess exempt expens		ne 5 from line (6, but	t do not enter more t	than the amount on line	7		

Schedule A (Form 990-T) 2020 Page **4**

Par	IX Advertising Income						_
1	Name(s) of periodical(s). Check box if re	norting t	wo or more periodic	sale on a consol	idated basis		
•	A [` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `		•		idated basis.		
	C						
	D						
Enter	amounts for each periodical listed above	in the co	rresponding colum	า.			
	μ		Α	В	С	D	
2	Gross advertising income						
а	Add columns A through D. Enter here a	nd on Pa	rt I, line 11, column	(A)		>	0
3	Direct advertising costs by periodical						
а	Add columns A through D. Enter here a	nd on Pa	rt I, line 11, column	(B)		>	0
4	Advertising gain (loss). Subtract line 3 ft 2. For any column in line 4 showing complete lines 5 through 8. For any coline 4 showing a loss or zero, do not colines 5 through 7, and enter zero on line	a gain, lumn in omplete					
5	Readership costs						
6	Circulation income						
7	Excess readership costs. If line 6 is le line 5, subtract line 6 from line 5. If line 5 than line 6, enter zero	5 is less					
8	Excess readership costs allowed deduction. For each column showing a line 4, enter the lesser of line 4 or line 7	gain on					
а	Add line 8, columns A through D. Ent Part II, line 13	_				on 🕨	0
Par		rectors	, and Trustees (s	ee instructions	s)		
	1. Name		2. Title		3. Percentage of time devoted to business	4. Compensation attributable to unrelated business	
(1)					%		
(2)					%		
(3)					%		
(4)					%		
Tota	I. Enter here and on Part II, line 1 .				🕨		0
	Supplemental Information (se					-	
			,				
(SEE	STATEMENT)						

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047 2020

Department of the Treasury Internal Revenue Service

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

501(c)(3) Organizations Only

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). B Employer identification number A Name of the organization UNIVERSITY OF THE PACIFIC 94-1156266

C Un	related business activity code (see instructions) ▶	53	3	D Sequence:	3	of	5
E De:	scribe the unrelated trade or business RENTAL OF FACILITIES	i					
Par	Unrelated Trade or Business Income		(A) Income	(B) Expense	es	(C) N	et
1a	Gross receipts or sales 0						
b	Less returns and allowances0 c Balance ▶	1c	(
2	Cost of goods sold (Part III, line 8)	2	(
3	Gross profit. Subtract line 2 from line 1c	3	(0
4a	Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	4a	(0
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b					0
C	Capital loss deduction for trusts	4c					0
5	Income (loss) from a partnership or an S corporation (attach	10		,			
3	statement)	5	(0
6	Rent income (Part IV)	6			0		0
7	Unrelated debt-financed income (Part V)	7			0		0
8	Interest, annuities, royalties, and rents from a controlled			<u> </u>			
Ū	organization (Part VI)	8	(0		0
9	Investment income of section 501(c)(7), (9), or (17)						
	organizations (Part VII)	9	(0		0
10	Exploited exempt activity income (Part VIII)	10	()	0		0
11	Advertising income (Part IX)	11	(0		0
12	Other income (see instructions; attach statement)	12	12,473	3			12,473
13	Total. Combine lines 3 through 12	13	12,473	3	0		12,473
Par		for lin	nitations on deduc	ctions) Deduct	ions m	ust be dire	ectly
					4		
1	Compensation of officers, directors, and trustees (Part X)				2		0
2	Salaries and wages				3		0
3 4	•				4		0
5	Bad debts				5		0
6	Taxes and licenses				6		0
7	Depreciation (attach Form 4562) (see instructions)			0	-		
8	Less depreciation claimed in Part III and elsewhere on return.			0			0
9	Depletion				9		0
10	Contributions to deferred compensation plans				10		0
11	Employee benefit programs				11		0
12	Excess exempt expenses (Part VIII)				12		0
13	Excess readership costs (Part IX)				13		0
14	Other deductions (attach statement)				14		17,497
15	Total deductions. Add lines 1 through 14				15		17,497
16	Unrelated business income before net operating loss deduction						17,707
.0	column (C)				16		(5,024)
17	Deduction for net operating loss (see instructions)				17		0
18	Unrelated business taxable income. Subtract line 17 from lin				18		(5,024)
	T T.E.T. B BROWNESS TANADIO INVOING CONTROL IN TO 17 HOUR IIII	.5 ,0	<u> </u>				(0,027)

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 74036O

Schedule A (Form 990-T) 2020 Page 2

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

Schedule A (Form 990-T) 2020 Page 3

Scried	ule A (Form 990-1) 2020							Page 3
Pai	t VI Interest, Annuit	ies, Royaltie	es, and Rents	s fro	m Controlled Org	janizations (see instru	ctions	s)
					Exempt Co	ontrolled Organizations		
	Name of controlled organization	2. Employer identification number	3. Net unrela income (los (see instruction	s)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income		Deductions directly connected with come in column 5
(1)								
(2)								
(3)								
(4)								
			Nonexemp	ot Co	ntrolled Organization	าร		
	7. Taxable income	income 8. Net uni income (see instru			Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income		Deductions directly connected with come in column 10
(1)								
(2)								
(3)								
(4)								
	als		<u> </u>	· ·		Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Ente	d columns 6 and 11. er here and on Part I, ine 8, column (B)
Par	t VII Investment Inco	me of a Se	ction 501(c)(7), (9), or (17) Organiza	ation (see instructions))	
	1. Description of income	2. Amou	unt of income	3. Deductions directly connected (attach statement)		4. Set-asides (attach statement)		Total deductions and set-asides d columns 3 and 4)
(1)								
(2)								
(3)								
(4)								
		Enter here	nts in column 2. e and on Part I, column (A)				Ente	amounts in column 5. er here and on Part I, ine 9, column (B)
	als	<u> </u>	0	-	. A.I I' I.		<u> </u>	0
Par	Exploited Exem		ncome, Othe	rin	an Advertising in	come (see instructions	5)	
1	Description of exploited		a karala 1 1		Fotosban 1 B	No. at 1 15 - 2 4 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
2	Gross unrelated busines						2	
3	Expenses directly conner line 10, column (B)	Enter here and on Part I,	3					
4	Net income (loss) from lines 5 through 7		• .	4				
5	Gross income from activ						5	
6		-		e5				
7	Excess exempt expense 4. Enter here and on Pa	es. Subtract li					7	

Schedule A (Form 990-T) 2020 Page **4**

Par	IX Advertising Income						_
1	Name(s) of periodical(s). Check box if re	norting t	wo or more periodic	sale on a consol	idated basis		
•	A [` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `		•		idated basis.		
	C						
	D						
Enter	amounts for each periodical listed above	in the co	rresponding colum	า.			
	μ		Α	В	С	D	
2	Gross advertising income						
а	Add columns A through D. Enter here a	nd on Pa	rt I, line 11, column	(A)		>	0
3	Direct advertising costs by periodical						
а	Add columns A through D. Enter here a	nd on Pa	rt I, line 11, column	(B)		>	0
4	Advertising gain (loss). Subtract line 3 ft 2. For any column in line 4 showing complete lines 5 through 8. For any coline 4 showing a loss or zero, do not colines 5 through 7, and enter zero on line	a gain, lumn in omplete					
5	Readership costs						
6	Circulation income						
7	Excess readership costs. If line 6 is le line 5, subtract line 6 from line 5. If line 5 than line 6, enter zero	5 is less					
8	Excess readership costs allowed deduction. For each column showing a line 4, enter the lesser of line 4 or line 7	gain on					
а	Add line 8, columns A through D. Ent Part II, line 13	_				on 🕨	0
Par		rectors	, and Trustees (s	ee instructions	s)		
	1. Name		2. Title		3. Percentage of time devoted to business	4. Compensation attributable to unrelated business	
(1)					%		
(2)					%		
(3)					%		
(4)					%		
Tota	I. Enter here and on Part II, line 1 .				🕨		0
	Supplemental Information (se					-	
			,				
(SEE	STATEMENT)						

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service	Open to 501(c)(3	Open to Public Inspection for 501(c)(3) Organizations Only					
A Name of the organizati	on	В	B Employer identification number				
UNIVERSITY OF THE PA		94-1156266					
C Unrelated business a	activity code (see instructions) ▶	54	D	Sequence:	4	of	5

C Un	related business activity code (see instructions) ▶	l .	D Sequenc	e: 4	of ⁵	
E Des	scribe the unrelated trade or business ADVERTISING AND CLIF	NICAL	SERVICES			
Par	Unrelated Trade or Business Income		(A) Income	(B) Expenses		(C) Net
1a	Gross receipts or sales 0					
b	Less returns and allowances 0 c Balance ▶	1c	0			
2	Cost of goods sold (Part III, line 8)	2	0			
3	Gross profit. Subtract line 2 from line 1c	3	0			0
4a	Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	4a	0			0
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b	0			0
C	Capital loss deduction for trusts	4c	0			0
5	Income (loss) from a partnership or an S corporation (attach		•			
•	statement)	5	0			0
6	Rent income (Part IV)	6	0		0	0
7	Unrelated debt-financed income (Part V)	7	0		0	0
8	Interest, annuities, royalties, and rents from a controlled	_	•			
•	organization (Part VI)	8	0		0	0
9	Investment income of section 501(c)(7), (9), or (17)		•			
•	organizations (Part VII)	9	0		0	0
10	Exploited exempt activity income (Part VIII)	10	0		0	0
11	Advertising income (Part IX)	11	9,637		4,058	5,579
12	Other income (see instructions; attach statement)	12	31,096		1,000	31,096
13	Total. Combine lines 3 through 12	13	40,733		4,058	36,675
Par						
	connected with the unrelated business income			,		,
1	Compensation of officers, directors, and trustees (Part X)				1	0
2	Salaries and wages				2	0
3	Repairs and maintenance				3	0
4	Bad debts				4	0
5	Interest (attach statement) (see instructions)				5	0
6	Taxes and licenses				6	0
7	Depreciation (attach Form 4562) (see instructions)				0	
8	Less depreciation claimed in Part III and elsewhere on return .				0 8b	0
9	Depletion				9	0
10	Contributions to deferred compensation plans				10	0
11	Employee benefit programs				11	0
12	Excess exempt expenses (Part VIII)				12	0
13	Excess readership costs (Part IX)				13	0
14	Other deductions (attach statement)				14	32,409
15	Total deductions. Add lines 1 through 14				15	32,409
16	Unrelated business income before net operating loss deduction					
-	column (C)				16	4,266
17	Deduction for net operating loss (see instructions)				17	0
18	Unrelated business taxable income. Subtract line 17 from lin				18	4,266
						

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 74036O

Schedule A (Form 990-T) 2020 Page 2

Part	Cost of Goods Sold Enter me	thod of inventory val	uation ►							
1	Inventory at beginning of year			1	0					
2	Purchases			2	0					
3	Cost of labor			3	0					
4	Additional section 263A costs (attach statement)			4	0					
5	Other costs (attach statement)			5	0					
6	Total. Add lines 1 through 5			6	0					
7	Inventory at end of year			7	0					
8	Cost of goods sold. Subtract line 7 from line 6.	Enter here and in Pa	rt I, line 2	8	0					
9	Do the rules of section 263A (with respect to prope	erty produced or acq	uired for resale) appl	y to the organizatio	n? ☐ Yes 🗹 No					
Part	IV Rent Income (From Real Property an	d Personal Prope	erty Leased with	Real Property)						
1	Description of property (property street address,	city, state, ZIP code	e). Check if a dual-us	se (see instructions)					
	A 🗌									
	В 🔲									
	C 🗆									
	D 🗆									
		Α	В	С	D					
2	Rent received or accrued									
а	From personal property (if the percentage of									
	rent for personal property is more than 10%									
	but not more than 50%)									
b	From real and personal property (if the									
	percentage of rent for personal property exceeds									
	50% or if the rent is based on profit or income) .									
С	Total rents received or accrued by property.									
	Add lines 2a and 2b, columns A through D									
3	Total rents received or accrued. Add line 2c column	ns A through D. Enter	here and on Part I li	ne 6 column (A)	0					
•	1	I I I I I I I I I I I I I I I I I I I	Thore and on ranti, ii							
4	Deductions directly connected with the income									
	in lines 2(a) and 2(b) (attach statement)									
5	Total deductions. Add line 4 columns A through	D. Enter here and o	n Part I. line 6. colu	mn (B) >	0					
Dow										
	Unrelated Debt-Financed Income (se) - \ O - f		- +!\					
1	Description of debt-financed property (street add		,	uai-use (see instru	ctions)					
	A									
	B □									
	D □									
		Α	В	С	D					
•	Cuara imagene from an allocable to debt	A	ь	<u> </u>	<u> </u>					
2	Gross income from or allocable to debt -									
•	financed property									
3	Deductions directly connected with or allocable to debt-financed property									
_	Straight line depreciation (attach statement) .									
a	Other deductions (attach statement)									
b	` '									
С	Total deductions (add lines 3a and 3b, columns A through D)									
4	Amount of average acquisition debt on or allocable									
4	to debt - financed property (attach statement)									
_										
5	Average adjusted basis of or allocable to debt- financed property (attach statement)									
6	Divide line 4 by line 5	%	%	%	%					
6 7	-	70	70	%	70					
7	Gross income reportable. Multiply line 2 by line 6									
8	Total gross income (add line 7, columns A throu	ugh D). Enter here ar	nd on Part I, line 7, c	column (A) . ►	0					
9	Allocable deductions. Multiply line 3c by line 6									
9	, ,				1					
10	Total allocable deductions. Add line 9, columns	A through D. Enter h	ere and on Part I, lir	ne 7, column (B) ▶	0					
11	Total dividends - received deductions included in line 10									

Sched	dule A (Form 990-T) 2020							Page 3
Pa	rt VI Interest, Annuit	ies, Royaltie	es, and Rent	s fro	m Controlled Org	anizations (see instru	ctions	s)
					Exempt Co	ntrolled Organizations		
	Name of controlled organization	2. Employer identification number	3. Net unrela income (los (see instruction)	s)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income		Deductions directly connected with come in column 5
(1)								
(2)								
(3)								
(4)								
			Nonexemp	ot Co	ntrolled Organization	ns		
	7. Taxable income			9. Total of specified payments made		10. Part of column 9 that is included in the controlling organization's gross income		Deductions directly connected with come in column 10
(1)								
(2)								
(3)								
(4)								
Tot						Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Ente	d columns 6 and 11. er here and on Part I, line 8, column (B)
Pai	t VII Investment Inco	ome of a Se	ction 501(c)(7), (9), or (17) Organiza	ation (see instructions))	
	1. Description of income	2. Amou	unt of income	of income 3. Deductions directly connected (attach statement)		4. Set-asides (attach statement)		Total deductions and set-asides Id columns 3 and 4)
(1)								
(2)								
(3)								
(4)								
		Enter here	nts in column 2. e and on Part I, column (A)				Ente	amounts in column 5. er here and on Part I, line 9, column (B)
Tot	als	>	0					0
Par	_		ncome, Othe	r Th	an Advertising In	come (see instructions	s)	
1	Description of exploited							
2	Gross unrelated busines						2	
3	Expenses directly conne line 10, column (B)						3	
4	Net income (loss) from lines 5 through 7						4	
5	Gross income from acti	vity that is not	unrelated bus	iness	income		5	
6	Expenses attributable to						6	
7	Excess exempt expense		ne 5 from line	6, but	do not enter more	than the amount on line	7	

Schedule A (Form 990-T) 2020 Page **4**

Part	X Advertising Income							
1	Name(s) of periodical(s). Check box if re	porting t	wo or more periodic	als on a cor	solidate	d basis.		
	A ATHLETIC MEDIA		·					
	B DENTISTRY PUBLICATIONS							
	C 🗆							
	D 🗌							
Enter	amounts for each periodical listed above	in the co						
•	Cross advantising income		A 4,000	В	F 007	С		D
2	Gross advertising income		, ,		5,637			
а	Add columns A through D. Enter here ar	nd on Pa		(A)			<u> </u>	9,637
3	Direct advertising costs by periodical		2,931		1,127			
а	Add columns A through D. Enter here ar	nd on Pa	rt I, line 11, column ((B)			<u> </u>	4,058
4	Advertising gain (loss). Subtract line 3 fr 2. For any column in line 4 showing complete lines 5 through 8. For any coline 4 showing a loss or zero, do not colines 5 through 7, and enter zero on line	a gain, lumn in omplete	1,069		4.540			
5	Readership costs		0		4,510			
6	Circulation income		0		0			
7	Excess readership costs. If line 6 is le line 5, subtract line 6 from line 5. If line 5	ss than						
•	than line 6, enter zero		0		0			
8	Excess readership costs allowed deduction. For each column showing a line 4, enter the lesser of line 4 or line 7	gain on	0		0			
а	Add line 8, columns A through D. Ente			, columns t			on	0
Par								
	,		,		— í	. Percentage	4. Compe	nsation
	1. Name		2. Title		of	time devoted to business	attributa unrelated b	ble to
(1)						%		
(2)						%		
(3) (4)						% %		
(+)						70		
Tota	I. Enter here and on Part II, line 1 .					🕨		0
Part	XI Supplemental Information (se	e instru	ctions)			1		
(SEE S	STATEMENT)							

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990T for instructions and the latest information.

► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

B Employer identification number A Name of the organization UNIVERSITY OF THE PACIFIC 94-1156266 81 5 5 C Unrelated business activity code (see instructions) ▶ **D** Sequence: of E Describe the unrelated trade or business ► COMMISSIONS RELATED TO ALUMNI SALES TRANSACTIONS Part I **Unrelated Trade or Business Income** (A) Income (B) Expenses (C) Net Gross receipts or sales

	inequals Reduction Act Notice and instructions				dula A (Form 000 T) 2020
18	Unrelated business taxable income. Subtract line 17 from lin				4,338
17	Deduction for net operating loss (see instructions)				0
.0	column (C)				4,338
16	Unrelated business income before net operating loss deduction				13,002
15	Total deductions. Add lines 1 through 14				13,662
13 14	Excess readership costs (Part IX)				13,662
13	Excess exempt expenses (Part VIII)				0
11 12	Employee benefit programs				0
10	Contributions to deferred compensation plans				0
9	Depletion				0
8	Less depreciation claimed in Part III and elsewhere on return .			0 8b	0
7	Depreciation (attach Form 4562) (see instructions)			0	_
6	Taxes and licenses				0
5	Interest (attach statement) (see instructions)				0
4	Bad debts				0
3	Repairs and maintenance				0
2	Salaries and wages				0
1	Compensation of officers, directors, and trustees (Part X)			1	0
Par	Deductions Not Taken Elsewhere (See instructions connected with the unrelated business income	,	must be directly		
13	Total. Combine lines 3 through 12	13	18,000	0	,
12	Other income (see instructions; attach statement)	12	18,000		18,000
11	Advertising income (Part IX)	11	0	0	0
10	Exploited exempt activity income (Part VIII)	10	0	0	
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9	0	0	0
^	organization (Part VI)	8	0	0	0
8	Interest, annuities, royalties, and rents from a controlled				
7	Unrelated debt-financed income (Part V)	7	0	0	0
6	Rent income (Part IV)	6	0	0	
	statement)	5	0		0
с 5	Capital loss deduction for trusts	4c	0		0
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b	0		0
4a	Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	4a	0		0
3	Gross profit. Subtract line 2 from line 1c	3	0		0
2	Cost of goods sold (Part III, line 8)	2	0		
b	Less returns and allowances 0 c Balance ▶	1c	0		
ıu	Gloss receipts of sales	l			

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 74036O

Schedule A (Form 990-T) 2020 Page 2

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

Page **3**

Pai	rt VI Interest, Annuit	ties, Royaltie	es, and Rents	s fro	m Controlled Org	anizations (see instru	ctions	s)		
				Exempt Controlled Organizations						
	Name of controlled organization	2. Employer identification number	3. Net unrela income (los (see instruction)	s)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income		Deductions directly connected with come in column 5		
(1)										
(2)										
(3)										
(4)										
		1	Nonexemp	ot Co	ntrolled Organization	าร				
	7. Taxable income			9. Total of specified payments made		10. Part of column 9 that is included in the controlling organization's gross income		Deductions directly connected with come in column 10		
(1)										
(2)										
(3)										
(4)										
Tota		· · · · ·		<u></u>		Enter here and on Part I, line 8, column (A)	ı	er here and on Part I, ine 8, column (B)		
Par	investment inc	ome of a Se	ction 501(c)(7), (9), or (1 /) Organiza	ation (see instructions)				
	1. Description of income	2. Amou	ınt of income		3. Deductions directly connected attach statement)	4. Set-asides (attach statement)		Total deductions and set-asides d columns 3 and 4)		
(1)										
(2)										
(3)										
(4)										
		Enter here	nts in column 2. e and on Part I, column (A)				Ente	amounts in column 5. er here and on Part I, ine 9, column (B)		
	als		0				Ļ	0		
	-		ncome, Othe	r Th	an Advertising In	come (see instructions	5)			
1	Description of exploited				F					
2						art I, line 10, column (A)	2			
3	line 10, column (B)						3			
4	4 Net income (loss) from unrelated trade or business. Subtract line 3 fro lines 5 through 7						4			
5	Gross income from act	ivity that is not	unrelated bus	iness	income		5			
6	Expenses attributable t	to income ente	red on line 5				6			
7	Excess exempt expens		ne 5 from line	6, but	do not enter more	than the amount on line	7			

Schedule A (Form 990-T) 2020 Page **4**

Part	IX Advertising Income					•	
1	Name(s) of periodical(s). Check box if re	porting t	wo or more periodic	als on a consoli	dated basis.		
	A 🗆						
	В 🗌						
	C 🗆						
	D						
Enter	amounts for each periodical listed above	in the co		n. B	С		
2	Gross advertising income		Α	В		D	
_							
а	Add columns A through D. Enter here are	nd on Pa	rt I, line 11, column	(A)		-	0
3	Direct advertising costs by periodical						
а	Add columns A through D. Enter here are	nd on Pa	rt I, line 11, column	(B)		>	0
4	Advertising gain (loss). Subtract line 3 ft 2. For any column in line 4 showing complete lines 5 through 8. For any co- line 4 showing a loss or zero, do not co- lines 5 through 7, and enter zero on line	a gain, olumn in omplete					
5	Readership costs						
6	Circulation income						
7	Excess readership costs. If line 6 is le line 5, subtract line 6 from line 5. If line 5 than line 6, enter zero	5 is less					
8	Excess readership costs allowed deduction. For each column showing a line 4, enter the lesser of line 4 or line 7	as a gain on					
а	Add line 8, columns A through D. Enter Part II, line 13						0
Par						· · ·	
	1. Name		2. Title		3. Percentage of time devoted to business	4. Compensation attributable to unrelated business	
(1)					%		
(2)					%		
(3)					%		
(4)					%		
Tota	I. Enter here and on Part II, line 1 .				▶		0
	XI Supplemental Information (se						0
ran	Supplemental information (36	e instru	Ctions				
(SEE S	STATEMENT)						

Form 990T	Additional Information
Return Reference - Identifier	Explanation
BOOK CARE - NAME AND ADDRESS	KENNETH M. MULLEN 3601 PACIFIC AVENUE, STOCKTON, CA 95211

Form 990T Part I, Line 6

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

Year Generated	Amount Generated	Converted Contributions	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining	NOL Expires
2012	149,747		102,589	8,604	38,554	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	102,589	8,604	255,855	

Name of Partnership	Share of gross income	Share of deductions	Gain or loss
INCOME/LOSS FROM PARTNERSHIPS AND S CORPORATIONS			
(1) AG REALTY FUND VIII LP	11,892	0	11,892
(2) BLUE WATER ENERGY FUND II, L.P.	388	28,965	(28,577)
(3) CERBERUS INSTITUTIONAL PARTNERS VI, LP (POWELL)	(7,751)	0	(7,751)
(4) CERBERUS INSTITUTIONAL PARTNERS VI, LP	(12,915)	0	(12,915)
(5) CROW HOLDINGS SELF-STORAGE FUND-A, L.P. (POWELL)	495	0	495
(6) CROW HOLDINGS SELF-STORAGE FUND-A, L.P.	808	0	808
(7) DAVIDSON KEMPNER INSTITUTIONAL PARTNERS (POWELL)	(258)	841	(1,099)
(8) DAVIDSON KEMPNER INSTITUTIONAL PARTNERS L.P.	(414)	1,354	(1,768)
(9) HARVEST MLP INCOME FUND II LLC (POWELL)	79	0	79
(10) HARVEST MLP INCOME FUND II LLC	153	0	153
(11) INDUSTRY VENTURES PARTNERSHIP HOLDINGS IV, L.P.	(678)	0	(678)
(12) INDUSTRY VENTURES PARTNERSHIP HOLDINGS V, L.P.	0	13,436	(13,436)
(13) INDUSTRY VENTURES PARTNERSHIP HOLDINGS V, LP (PE).	0	8,235	(8,235)
(14) KAYNE ANDERSON ENERGY FUND IV (QP), L.P.	(50)	0	(50)
(15) KHP STRATEGIC 12 LP (GE)	(8,162)	0	(8,162)
(16) KHP STRATEGIC 12 LP (PE)	(4,081)	0	(4,081)
(17) MANULIFE PRIVATE EQUITY PARTNERS, LP (GE)	(21,696)	2,151	(23,847)
(18) MANULIFE PRIVATE EQUITY PARTNERS, LP-PE	(13,180)	1,350	(14,530)
(19) MONTAUK TRIGUARD FUND IV, LP	(16,298)	0	(16,298)
(20) MONTAUK TRIGUARD FUND V, LP	(11,964)	0	(11,964)
(21) NEWQUEST ASIA FUND IV, LP-GE	0	2,962	(2,962)
(22) NEWQUEST ASIA FUND IV, LP-PE	0	1,842	(1,842)
(23) NORTHGATE VENTURE PARTNERS II, LP	(250)	0	(250)
(24) SILVER LAKE PARTNERS IV CAYMAN (AIV II), LP	998	1,844	(846)
(25) SILVER LAKE PARTNERS IV DE (AIV III), LP	3,665	598	3,067
(26) SILVER LAKE PARTNERS IV DE (AIV IV), LP	(13,103)	0	(13,103)
(27) SILVER LAKE PARTNERS IV DE (AIV V), LP	(5,422)	0	(5,422)
(28) SILVER LAKE PARTNERS IV DE (AIV VI), LP	4,333	0	4,333
(29) VORTUS INVESTMENTS II, LP (POWELL)	44,243	162,598	(118,355)
(30) VORTUS INVESTMENTS II, LP	72,184	265,290	(193,106)
Total	23,016	491,466	(468,450)

Schedule A - Part I, Line 12

Other Income

Description	Amount
RENTAL OF FACILITIES	
(1) FACILITY RENTALS WITH SERVICES PROVIDED (WEDDINGS, ATHLETIC FACILITIES, ETC.)	12,473
ADVERTISING AND CLINICAL SERVICES	
(1) CLINICAL SERVICES PROVIDED BY SCHOOL OF DENTISTRY TO EXTERNAL PARTIES	31,096
COMMISSIONS RELATED TO ALUMNI SALES TRANSACTIONS	
(1) COMMISSIONS RELATED TO TRANSACTIONS WITH AFFILIATED 3RD PARTY VENDORS ON ALUMNI RELATED SALES AND SALES OF ATHLETIC MERCHANDISE	18,000
Total for Schedule A - Part I, Line 12	61,569

Schedule A - Part II I ine 6	
	N

Taxes and Licenses

Description	Amount
INCOME/LOSS FROM PARTNERSHIPS AND S CORPORATIONS	
(1) STATE TAXES	10,234

Schedule A - Part II, Line 14

Other Deductions

Description	Amount
INCOME/LOSS FROM PARTNERSHIPS AND S CORPORATIONS	
(1) 990T K1 PREPARATION & ANALYSIS	25,874
ATHLETIC SALES & SCHOOL OF DENTISTRY ONLINE STORE	
(1) ATHLETIC SALES & SCHOOL OF DENTISTRY ONLINE STORE - SYSTEM MAINT. FEES	5,647
(2) ATHLETIC SALES & SCHOOL OF DENTISTRY STORE - ADM. AND UTILITIES	2,654
(3) 990-T TAX PREPARATION FEES	1,163
Total	9,464
RENTAL OF FACILITIES	
(1) RENTAL OF FACILITIES WITH SERVICES PROVIDED (WEDDING ATTENDANT, PHYSICAL PLANT FEES, ETC.)	16,587
(2) 990-T TAX PREPARATION FEE	910
Total	17,497
ADVERTISING AND CLINICAL SERVICES	
(1) 990-T TAX PREPARATION FEES	2,972
(2) CLINICAL SERVICES PROVIDED BY THE SCHOOL OF DENTISTRY - ADM & UTILITIES	6,219
(3) CLINICAL SERVICES PROVIDED BY THE SCHOOL OF DENTISTRY - LAB SUPPLIES, FEES, ETC.	23,218
Total	32,409
COMMISSIONS RELATED TO ALUMNI SALES TRANSACTIONS	
(1) COMMISSIONS ON ALUMNI RELATED 3RD PARTY SALES - LODGING, TRAVEL, ETC.	8,748
(2) COMMISSIONS ON ALUMNI RELATED 3RD PARTY SALES & SALES OF ATHLETIC MERCHANDISE BY 3RD PARTY VENDORS - ADM & UTILITIES	3,600
(3) 990-T TAX PREPARATION FEES	1,314
Total	13,662

Schedule A - Part II, Line 17

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

Year Generated	Amount Generated	Converted Contributions	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining
INCOME/LOSS FROM P	ARTNERSHIPS AND S	CORPORATIONS			
2018	355,215				355,215
2019	471,741				471,741
2020	456,784				456,784
Totals	1,283,740	0	0	0	1,283,740
ATHLETIC SALES & SC	HOOL OF DENTISTRY	ONLINE STORE			
2019	1,119				1,119
2020	11,549				11,549
Totals	12,668	0	0	0	12,668
RENTAL OF FACILITIES	6				
2020	5,024				5,024
Totals	5,024	0	0	0	5,024
ADVERTISING AND CLI	NICAL SERVICES				
2018	242,183				242,183
2019	73,429		·		73,429
Totals	315,612	0	0	0	315,612

Schedule A - Part IV, Line 4

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

RENTAL OF FACILITIES		
(1)	Description	Amount
	SALARIES & BENEFITS	0
	ADM & PHYSICAL PLANT FEES	0
	Total	0
Total for Schedule A - Part IV, Line 4, Deductions directly connected with the income in lines 2(a) and 2(b)		0

:hedule A - Part I	~ 1	ine 2	

Gross Advertising Income

ADVERTISING AND CLINICAL SERVICES		
(C) ATH ETIC MEDIA	Description	Amount
(1) ATHLETIC MEDIA		4,000
	Description	Amount
(2) DENTISTRY PUBLICATIONS		5,637
	Total	9,637

Schedu	ـ ۸ مار	Dart IX	Line 3

Direct Advertising Costs

ADVERTISING AND CLINICAL SERVICES		
(C) ATH ETIC MEDIA	Description	Amount
(1) ATHLETIC MEDIA		2,931
	Description	Amount
(2) DENTISTRY PUBLICATIONS		1,127
	Total	4,058

Form 990-T	Supplemental Information								
Return Reference	Amount	Explanation							
990-T CORE FORM									
FORM 990-T, SCHEDULE A, PART II, LINE 17	471,741	THE 2019 NET OPERATING LOSS FROM PARTNERSHIPS AND S CORPORATIONS HAS BEEN RESTATED TO REFLECT AN ADJUSTMENT OF (\$80,409) TO ACCOUNT FOR IRC SECTION 514(C)(9) QUALIFIED ORGANIZATION UNRELATED BUSINESS INCOME.							

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, 2021.

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, 2021.

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-REIT, 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

2020

Name					Employe		ntification number
UNIVERSITY OF THE PACIFIC	, ,						94-1156266
Did the corporation dispose of any investment	. ,		•	-			► ☐ Yes ☐ No
If "Yes," attach Form 8949 and see its instructi Part I Short-Term Capital Gains and					or loss.		
See instructions for how to figure the amounts to				(g) Adjust	ments to	nain	(h) Gain or (loss)
the lines below.		(d) Proceeds	(e) Cost	or loss fro	m Form(s		Subtract column (e) from
This form may be easier to complete if you round off whole dollars.	cents to	(sales price)	(or other basis)	8949, Par column (g			column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on	Form			,,,	,		
1099-B for which basis was reported to the IRS							
which you have no adjustments (see instructions if you choose to report all these transactions on							
leave this line blank and go to line 1b							0
1b Totals for all transactions reported on Form	(s) 8949						
with Box A checked							0
2 Totals for all transactions reported on Form	(s) 8949						
with Box B checked							0
3 Totals for all transactions reported on Form	, ,						
with Box C checked		1,328	0			0	1,328
4. Chart town conital agin from installment cal	fram Corne CO	E0 line 06 er 0	7			4	
4 Short-term capital gain from installment sale	es irom Form 62	52, line 26 or 3	07			4	
5 Short-term capital gain or (loss) from like-kii	nd exchanges fro	om Form 8824				5	
Onort term capital gain or (1033) from file kill	na exeriariges in	5111 1 G1111 G024					
6 Unused capital loss carryover (attach comp	utation)					6	(0)
	,						,
7 Net short-term capital gain or (loss). Combin	ne lines 1a throu	gh 6 in column	ıh			7	1,328
Part II Long-Term Capital Gains and	Losses - Ass	ets Held Mo	ore Than One Y	'ear			
See instructions for how to figure the amounts to the lines below.	enter on	(d)	(e)	(g) Adjust			(h) Gain or (loss)
This form may be easier to complete if you round of	f cents to	Proceeds (sales price)	Cost (or other basis)	or loss fro 8949, Par			Subtract column (e) from column (d) and combine
whole dollars.		(салов р.тов)	(6. 61.16. 246.6)	column (g)		the result with column (g)
8a Totals for all long-term transactions reported on 1099-B for which basis was reported to the IRS and the IRS are transactions.							
which you have no adjustments (see instructions	s). However,						
if you choose to report all these transactions on leave this line blank and go to line 8b							0
8b Totals for all transactions reported on Form							
with Box D checked	` '						0
9 Totals for all transactions reported on Form							
with Box E checked							0
10 Totals for all transactions reported on Form	(s) 8949						
with Box F checked		47,852	0			0	47,852
44 5 1 1 1 5 4707 1 7 0							
11 Enter gain from Form 4797, line 7 or 9						11	0
12 Long-term capital gain from installment sale	os from Form 621	52 line 26 or 3	7			12	
Long-term capital gain from installment sale	55 11011111 01111 023	52, III le 20 01 3	<i>,</i>			14	
13 Long-term capital gain or (loss) from like-kir	nd exchanges fro	om Form 8824				13	
Long torm dupital gam or (1886) from line kill	ia oxonangoo ne				· ·		
14 Capital gain distributions (see instructions)						14	
,							
15 Net long-term capital gain or (loss). Combin	e lines 8a throug	gh 14 in columr	nh			15	47,852
Part III Summary of Parts I and II							
16 Enter excess of net short-term capital gain (-				16	1,328
17 Net capital gain. Enter excess of net long-te18 Add lines 16 and 17. Enter here and on Forr	erm capital gain ((line 15) over no	at abort tarm conit	al loss (lir	ne 7)	17	47,852
						18	49,180

8949 Form

Sales and Other Dispositions of Capital Assets

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

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

OMB No. 1545-0074

2020

Attachment
Sequence No. 12A

Internal Revenue Service

Name(s) shown on return

UNIVERSITY OF THE PACIFIC

Department of the Treasury

Social security number or taxpayer identification number

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.

Part I

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see 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✓ (C) Short-term transactions			_	sis wasn't report	ed to the IF	RS	
(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below and see <i>Column</i> (e)	Adjustment, it If you enter an enter a co	(h) Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)		(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
MANULIFE PRIVATE EQUITY PARTNERS, LP (GE)	VARIOUS	06/30/2021	809			0	809
MANULIFE PRIVATE EQUITY PARTNERS, LP-PE	VARIOUS	06/30/2021	508			0	508
SILVER LAKE PARTNERS IV DE AIV VI, LP	VARIOUS	06/30/2021	11			0	11
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	al here and inc is checked), lir	ude on your ne 2 (if Box B	1,328	0		0	1,328

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 (2020) Attachment Sequence No. **12A** Page **2**

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

Social security number or taxpayer identification number 94-1156266

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

Part II

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

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

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

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

(i) Long-term transactions	not reported	to you on i c	JIII 1099-D				
(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	Adjustment, if If you enter an enter a co See the sep	(h) Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Čo.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
CERBERUS INSTITUTIONAL PARTNERS VI, LP (POWELL)	VARIOUS	06/30/2021	3,288			0	3,288
CERBERUS INSTITUTIONAL PARTNERS VI, LP	VARIOUS	06/30/2021	5,479			0	5,479
MANULIFE PRIVATE EQUITY PARTNERS, LP (GE)	VARIOUS	6/30/21	(485)			0	(485)
MANULIFE PRIVATE EQUITY PARTNERS, LP-PE	VARIOUS	6/30/21	(305)			0	(305)
SILVER LAKE PARTNERS IV CAYMAN (AIV II), LP	VARIOUS	6/30/21	35,739			0	35,739
SILVER LAKE PARTNERS IV DE (AIV IV), LP	VARIOUS	6/30/21	4,136			0	4,136
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	al here and inc is checked), lir	lude on your ne 9 (if Box E	47,852	0		0	47,852

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** (2020)

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

Attachment Sequence No. 27

Identifying number

UINI	VERSITY OF THE PACIFIC						94-113	30200
1	Enter the gross proceeds to substitute statement) that you						1	
Pa	rt I Sales or Exchan Than Casualty o	ges of Proper	ty Used in a T	rade or Busines	ss and Involunt	ary Conver	sions	From Other
2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or o basis, plu improvements expense of s	s and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
(SE	E STATEMENT)							
<u> </u>	- ,							
	Gain, if any, from Form 4684	l line 20					3	
3	• • • • • • • • • • • • • • • • • • • •	•					-	
4	Section 1231 gain from insta		·				4	
5	Section 1231 gain or (loss) fi		· ·				5	
6	Gain, if any, from line 32, fro		•				6	(1.406)
7	Combine lines 2 through 6. I	Enter the gain or (lo	oss) here and on th	ne appropriate line a	is follows		7	(1,406)
	Partnerships and S corpor line 10, or Form 1120-S, Sch	•	• ,	•	ions for Form 1065,	Schedule K,		
8	Individuals, partners, S colline 7 on line 11 below and losses, or they were recapt Schedule D filed with your re Nonrecaptured net section 1	skip lines 8 and tured in an earlier eturn and skip lines	9. If line 7 is a ga year, enter the g s 8, 9, 11, and 12 l	iin and you didn't h gain from line 7 as pelow.	ave any prior year	section 1231	8	
9 P a	Subtract line 8 from line 7. If 9 is more than zero, enter to capital gain on the Schedule rt II Ordinary Gains a	the amount from I D filed with your i	ine 8 on line 12 b return. See instruc	elow and enter the tions	gain from line 9 as	a long-term	9	
10	Ordinary gains and losses no			,	1 year or less):			
	Granary game and recess in				1 7 9001 01 1000).			
						+		
							(1 406
11	Loss, if any, from line 7						11 (1,406
12	Gain, if any, from line 7 or ar	•					12	0
13	• • • • • • • • • • • • • • • • • • • •						13	0
14	Net gain or (loss) from Form	4684, lines 31 and	d 38a				14	
15	Ordinary gain from installme	nt sales from Form	n 6252, line 25 or 3	36			15	
16	Ordinary gain or (loss) from I	like-kind exchange	es from Form 8824				16	
17	Combine lines 10 through 16	6					17	(1,406)
18	For all except individual retu and b below. For individual re				ne of your return and	d skip lines a		
а	from income-producing prop	erty on Schedule A	A (Form 1040), line	16. (Do not include	any loss on property	y used as an	100	
_	employee.) Identify as from "F						18a	
	Redetermine the gain or (lo (Form 1040), Part I, line 4	<u> </u>	<u> </u>	<u> </u>			18b	4707
For I	Panerwork Reduction Act N	ntica saa sanara	ta instructions		Cat No. 120861			Form 4797 (2020

Form 4797 (2020) Page **2**

19	(a) Description of section 1245, 1250, 1252, 1254, or 125		(b) Date acquired		(c) Date sold			
						(mo., day,	yr.)	(mo., day, yr.)
A B								
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						
24	Total gain. Subtract line 23 from line 20	24						
25	If section 1245 property:							
	Depreciation allowed or allowable from line 22	25a						
	Enter the smaller of line 24 or 25a	25b						
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.							
•	Additional depreciation after 1975. See instructions	26a						
	Applicable percentage multiplied by the smaller of line	20a						
D	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						
Ч	Additional depreciation after 1969 and before 1976	26d						
	Enter the smaller 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.							
	Soil, water, and land clearing expenses	27a						
	Line 27a multiplied by applicable percentage. See instructions	27b						
	Enter the smaller 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, mining exploration costs, and depletion. See instructions	28a						
b	Enter the smaller of line 24 or 28a	28b						
29	If section 1255 property:	200						
а	Applicable percentage of payments excluded from							
ű	income under section 126. See instructions	29a						
	Enter the smaller 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	pefore	e 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	<u>'</u>
32	·					<u> </u>	32	
Par	Recapture Amounts Under Sections 17 (see instructions)	79 and	l 280F(b)(2) Wh	en Busines	ss Us	se Drops to	50%	or Less
						(a) Section 179	on	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable	in prior	vears.		33			
34					34			
35	Recapture amount. Subtract line 34 from line 33. See the	inetructi	ions for where to re	port	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 basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sums of (d) and (e)
(1) DAVIDSON KEMPNER INSTITUTIONAL PARTNERS (POWELL)			20			20
(2) DAVIDSON KEMPNER INSTITUTIONAL PARTNERS L.P.			33			33
(3) MANULIFE PRIVATE EQUITY PARTNERS, LP-PE			(1,459)			(1,459)