Form 990	_	E	xempt Organization Bus			ax Returr	ו ו	OMB No. 1545-0687
Department of the Internal Revenue	ne Treasury e Service	For ca	alendar year 2006 or other tax year beginning $$			JN 30. 20	07	Open to Public Inspection for 501(c)(3) Organizations Only
	k box if ess changed		Name of organization (Check box if name of THE UNIVERSITY OF THE	hanged	and see instructions.)	21, 20, 20	DEmple (Emp	over identification number loyees' trust, see instructions ock D on page 9.)
B Exempt ur	nder section	Print	C/O FINANCE CENTER				9	4-1156266
X 501(C		or	Number, street, and room or suite no. If a P.O. box	x see na	age 9 of instructions		E Unrel	ated business activity codes
408(e)		Туре	3601 PACIFIC AVENUE	х, ооо ро	igo o or mon donono.		(See i	nstructions for Block E ge 9.)
408A	530(a)		City or town, state, and ZIP code				1	
529(a)			STOCKTON, CA 95211				900	002 541800
		F Group	exemption number (see instructions for Block F.)	>				
at end of ye	ear	G Check	c organization type 🕨 🔃 X 501(c) corporation	n 🗀	501(c) trust	401(a) trust		Other trust
	515,093.							
			ary unrelated business activity. $ ightharpoonup$ ADVERTI			LS ·		
-		-	oration a subsidiary in an affiliated group or a parei	nt-subsi	diary controlled group?	> [Ye	es X No
			ifying number of the parent corporation.				200	\ 046 7272
			AUDREY GEORGE			ne number 🕨 (B) Expense		
			de or Business Income 85,810.	- +	(A) Income	(B) Expense	s	(C) Net
	eceipts or sale			.	05 010			
	urns and allo		c Balance ▶	1c	85,810. 60,067.			
			A, line 7)	2	25,743.			25,743.
	rofit. Subtrac			3	25,743.			25,745.
			h Schedule D)	4a				
			art II, line 17) (attach Form 4797)	4b				
			sts	4c	1,457.	STMT 2) 2	1 / 57
			ips and S corporations (attach statement)	5 6	109,650.	113,7		1,457. -4,050.
	ome (Schedu	, .	na (Cahadula E)	7	109,030.	113,1	00.	-4,030.
			ne (Schedule E)	8				
		-	and rents from controlled organizations (Sch. F)	8				
	. 0\		on 501(c)(7), (9), or (17) organization					
(Schedu	/		ma (Cahadula I)	9				
			me (Schedule I)	11	51,567.	121,0	100	-69,433.
11 Advertis	sing income (Scriedule	; J)	12	31,307.	141,0		-03,433.
			s; attach schedule.) gh 12	13	188,417.	234,7	700	-46,283.
			ot Taken Elsewhere (See instructions for			234,1	00.	-40,203.
			utions, deductions must be directly connected			s income.)		
14 Compe	ensation of of	ficers, di	rectors, and trustees (Schedule K)				14	
15 Salarie	s and wages						15	
16 Repairs	s and mainter	nance .					16	
17 Bad de	bts						17	
							18	
19 Taxes a	and licenses						19	
			e instructions for limitation rules.)				20	
			562)					
		aimed or	Schedule A and elsewhere on return		22a		22b	
23 Depleti							23	
			mpensation plans				24	
	yee benefit pr	-					25	
26 Excess	exempt expe	enses (So	chedule I)				26	
27 Excess	readership c	osts (Sc	hedule J)		are are -		27	00 01 4
28 Other of	deductions (a	ttach sch	nedule)		SEE STATI	EMENT 24	28	28,014.
29 Total	deductions	. Add lin	es 14 through 28				29	28,014.
			ncome before net operating loss deduction. Subtrac				30	-74,297.
31 Net ope	erating loss d	eauction	(limited to the amount on line 30)				31	0. -74,297.
			ncome before specific deduction. Subtract line 31 fr				32	
			/ \$1,000, but see instructions for exceptions)				33	1,000.
	ated busine or line 32	ess taxa	able income. Subtract line 33 from line 32. If line	oo is gre	taiti illali IIIIt 32, ellier tr	ic siliailti	34	-74 297.

94-1156266

THE UNIVERSITY OF THE PACIFIC C/O FINANCE CENTER

Form 990-T	(2006)	C/O FINANC	E CE	NTER				9	4-115	56266	Page 2
Part II	l l	Tax Computation									
35	Orgai	nizations Taxable as Corpo	rations. S	see instructions for tax co	mputation.						
	Contr	olled group members (sect	ions 1561	and 1563) check here	See	instructions and	d:				
		your share of the \$50,000,		•							
		 \$	(2)		(3)	•	,				
b		organization's share of: (1)						_			
		dditional 3% tax (not more									
c		ne tax on the amount on lin							•	35c	0.
36	Trust	s Taxable at Trust Rates. S	see instruc	tions for tax computation	Income tax of	on the amount	on line 3			000	
		Tax rate schedule or	_	·					•	36	
37		tax. See instructions								37	
										38	
39	Total	native minimum tax \dots Add lines 37 and 38 to line	 250 or 26	S whichover applies							0.
		Tax and Payments		, willchever applies						1 38	
				n 1110 turrete ette ele Ferre	- 1110\		140-				
		gn tax credit (corporations a					40a				
		credits (see instructions)					40b				
С		ral business credit. Check h					ا ا				
		Form 3800 Form(s									
		t for prior year minimum tax									
		credits. Add lines 40a thro								40e	
41	Subtr	act line 40e from line 39								41	0.
42		taxes. Check if from:	Form 425	5 Form 8611	Form 8697	Form 88	66	Other (attac	h schedule)	42	
43										43	0.
		ents: A 2005 overpayment									
		estimated tax payments									
		eposited with Form 8868 $_{\cdot\cdot}$					44c				
		gn organizations: Tax paid o					44d				
		up withholding (see instruct									
f	Credit	t for federal telephone excis	e tax paid				44f				
g	Other	credits and payments:		Form 2439							
		Form 4136		Other		Total ▶	44g				
45	Total	payments. Add lines 44a th	rough 44							45	
46	Estim	ated tax penalty (see instru	ctions). Ch	neck if Form 2220 is attacl	ned 🕨 🗀]				46	
47	Tax d	lue. If line 45 is less than th	e total of li	nes 43 and 46, enter amo	unt owed					47	0.
48	Overp	payment . If line 45 is larger	than the t	otal of lines 43 and 46, en	ter amount o	verpaid				48	0.
49	Enter	the amount of line 48 you v	vant: Cred	lited to 2007 estimated to	ax 🕨			Refund	ed 🕨	49	
Part V	7 5	Statements Regard	ding Ce	ertain Activities a	nd Other	Information	on (Se	e instructio	ns on pag	ge 18)	
1 At a	ny tim	e during the 2006 calendar	year, did t	he organization have an ir	nterest in or a	signature or of	ther auth	nority over a	financial ac	count	Yes No
(ban	ık, sec	curities, or other) in a foreig	n country?	If YES, the organization i	may have to f	ile Form TD F 9	0-22.1.	If YES, enter	the name	of the	X
forei	ign co	untry here		I	AUSTRI	A					
Durir	ng the ta S, see p	ax year, did the organization recoage 5 of the instructions for oth	eive a distrit er forms the	oution from, or was it the grant organization may have to file.	or of, or transfer	ror to, a foreign tru	ust?				X
3 Ente	r the a	amount of tax-exempt intere	est receive	d or accrued during the ta	ıx year ▶ \$						
Sched	ule /	A - Cost of Goods	Sold.	nter method of invento	ory valuation	N/A	7				
				- 1							
1 Inve	ntory	at beginning of year	. 1	0.	6 Inventor	y at end of year	r			6	0.
2 Puro	chases	S	. 2		7 Cost of (goods sold. Sul	btract lir	ne 6			
3 Cos	t of lat	oor	. 3		from line	e 5. Enter here a	and in Pa	art I, line 2		7	60,067.
4a Add	itional	section 263A costs	4a	60,067.	8 Do the	rules of section	263A (v	with respect t	to		Yes No
		ts (attach schedule)			propert	y produced or a	acquired	d for resale) a	pply to		
5 Tota		d lines 1 through 4b		60,067.		anization?					Х
<u> </u>	Un	nder penalties of perjury, I declar rrect, and complete. Declaration	e that I have	examined this return, including	g accompanyin	g schedules and s	statement	s, and to the be	est of my kno	owledge and be	elief, it is true,
Sign		Sampleto. Decidiation	p. opai 0	, unpayor, to based		VΡ, Β̈́̈́̈̈́̈́S	INE	SS AND	N	May the IRS dis	scuss this return with
Here						FINANCE	<u> </u>			_	own below (see
		Signature of officer		Date		itle			ir	nstructions)?	X Yes No
		Preparer's				Date	Che	ck if	Pr	eparer's SSI	N or PTIN
Paid Prepare	r'e	signature						-employed			
Use Only		Firm's name (or wTAS	LLC		•		•	E	IN 33	3-1197	384
	-	employed), address, and	1ST	STREET 16TH	FLOOR			F	Phone no.	(415)	764-2700
623711		ZIP code SAN	FRAN	CISCO CA 94	1105						Form 990-T (2006)

THE UNIVERSITY OF THE PACIFIC Form 990-T (2006) C/O FINANCE CENTER Page 3 94-1156266 Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)(see instr. on pg 20) 1 Description of property (1) RENTAL OF WEDDING CHAPEL: SERVICES OF WEDDING HOSTESS (2)(3)(4)2 Rent received or accrued ${f 3}$ Deductions directly connected with the income in (a) From personal property (if the percentage of rent for personal property is more than (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if columns 2(a) and 2(b) (attach schedule) SEE STATEMENT 10% but not more than 50%) the rent is based on profit or income) 113,700. 109,650. (1) (2)(3)(4)Total Ō. Total 109,650. Total income. Add totals of columns 2(a) and 2(b). Enter Total deductions Enter here and on page 1. here and on page 1, Part I, line 6, column (A) 109,650 113,700. Part I, line 6, column (B) Schedule E - Unrelated Debt-Financed Income (See instructions on page 20) 3 Deductions directly connected with or allocable to debt-financed property or allocable to debt-(a) Straight-line depreciation (attach schedule) (b) Other deductions 1 Description of debt-financed property financed property (attach schedule) (1)(2)(3)(4)4 Amount of average acquisition 5 Average adjusted basis 6 Column 4 divided 7 Gross income 8 Allocable deductions of or allocable to debt-financed property (attach schedule) debt on or allocable to debt-financed by column 5 reportable (column (column 6 x total of columns property (attach schedule) 2 x column 6) 3(a) and 3(b)) (1) % (2)% % (3)% (4)Enter here and on page 1, Enter here and on page 1. Part I, line 7, column (A), Part I, line 7, column (B), 0 Total dividends-received deductions included in column 8 Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (See instructions on page 21) **Exempt Controlled Organizations** 1 Name of Controlled Organization 5 Part of column 4 that is included in the controlling 6 Deductions directly Total of specified payments made Employer Identification Net unrelated income connected with income in column (5) Number (loss) (see instructions) organization's gross income (1) (2)(3)(4)Nonexempt Controlled Organizations 9 Total of specified payments 7 Taxable Income 8 Net unrelated income (loss) 10 Part of column 9 that is included 11 Deductions directly connected with income in column 10 in the controlling organization's gross income (see instructions) made (1) (2)(3)(4)Add columns 6 and 11. Add columns 5 and 10.

Enter here and on page 1, Part I,

line 8, column (B).

0.

Enter here and on page 1, Part I,

line 8, column (A).

Totals

Form 990-T (2006)

Schedule G Investment Income of a Section 501(c)(7) (9) or (17) Organization

1 Desc	cription of income			2 Amount of income	3 Dedu directly co (attach so	nnected	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col. 3 plus col. 4)
(1)					,			(22.0 2 21.0 2 2 2 1)
(2)								
(3)								
(4)								
				nter here and on page 1, art I, line 9, column (A).				Enter here and on page 1, Part I, line 9, column (B).
Totals			▶	0.				0.
Schedule I - Exploited	Exempt Activit	y Income	, Other	Than Advertis	ing Inco	me		
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Exper directly con with produ of unrela business ir	nected action ated	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5 Gross from activis not unibusiness	rity that related	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)								
(2)								
(3)								
(4)								
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here a page 1, P line 10, co	art I, II. (B).					Enter here and on page 1, Part II, line 26.
Totals • Advantisi	0.		0.	20)				0.
Schedule J - Advertisi	ng income (see Periodicals Rep							
Part I Income From	Terrodicais nep		a Cons		<u> </u>	-		7 Excess
1 Name of periodical	2 Gross advertising income		Direct sing costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.		culation ome	6 Readership costs	readership costs (column 6 minus column 5, but not more than column 4).
(1)								
(2)								
(3)								
(4)								
Totals (carry to Part II, line (5))	▶	0.	0.					0.
Part II Income From columns 2 through	Periodicals Rep 7 on a line-by-line b		a Sepai	rate Basis (For e	each period	dical listed	in Part II, fill in	
(1) VARIOUS								
(2) PERIODICALS	51,56	7. 121	,000.	-69,433	•			
(3)								
(4)								
(5) Totals from Part I		0.	0.					0.
7	Enter here and page 1, Part line 11, col. (A	l, page N). line 11	ere and on 1, Part I 1, col. (B).					Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	► 51,56	7 • 121	,000.	d Tructe en (e.e.	in admination		. 00\	0.
Schedule K - Compens	sation of Office	rs, Direct	ors, and	u Trustees (see	Instruction	3 Percent	of .	
1 N	lame			2 Title		time devote business	d to to un	pensation attributable related business
							%	
							%	
							%	
Total Faton / / 15	S-411 B- 44						%	
Total. Enter here and on page 1, F	art II, line 14						▶	0.

Form **2220**

Department of the Treasury

Underpayment of Estimated Tax by Corporations

➤ See separate instructions.
➤ Attach to the corporation's tax return.

FORM 990-T

OMB No. 1545-0142

Name THE UNIVERSITY OF THE PACIFIC C/O FINANCE CENTER

Employer identification number 94-1156266

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 34 on the estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220.

F	Part I Required Annual Payr	nent								
1	Total tax (see instructions)								1	
0 -	to Developed helding company toy (Cabadyla D	II /Farma 4400) lim	- 00\	included on line 4		ا مما				
	a Personal holding company tax (Schedule P	, , , , , , , , , , , , , , , , , , , ,	,			2a				
L	b Look-back interest included on line 1 under contracts or of section 167(g) for depreciat	. , . ,				2b				
	contracts of of section 107(g) for deprecial	ion under the inco	iie ic	necasi memou		20				
	c Credit for Federal tax paid on fuels (see inst	tructions)				2c				
	d Total. Add lines 2a through 2c								2d	
	Subtract line 2d from line 1. If the result is I									
•					•				3	
4	Enter the tax shown on the corporation's 20									
	or the tax year was for less than 12 month		,	,					4	
	•									
5	Required annual payment. Enter the smal	ler of line 3 or line	4. If	the corporation is require	d to skip lir	ne 4,				
	enter the amount from line 3								5	
F	Part II Reasons for Filing - Ch		w th	at apply. If any boxes are	checked, tl	ne corp	oration r	nust file Form 22	220	
	even if it does not owe a penalty	,								
6										
7	'									
8			t req	juired installment based o	n the prior	year's	tax.			
ŀ	Part III Figuring the Underpay	ment		()		<i>(</i> 1.)				1 7 8
^	. Jack-Harris due dates Catacia estamas (s	\		(a)		(b)		(c)		(d)
9	Installment due dates. Enter in columns (a (d) the 15th day of the 4th (Form 990-PF fi	i) through lers:								
	(d) the 15th day of the 4th (Form 990-PF fi Use 5th month), 6th, 9th, and 12th months	of the	9							
10	corporation's tax year		9							
10	above is checked, enter the amounts from S									
	the box on line 8 (but not 6 or 7) is checked	•								
	for the amounts to enter. If none of these b	•								
	enter 25% of line 5 above in each col. Spec	,								
	corporations with assets of \$1 billion or mo		10							
11										
•	instructions). For column (a) only, enter the	,								
	from line 11 on line 15		11							
	Complete lines 12 through 18 of one colu									
	going to the next column.									
12	Enter amount, if any, from line 18 of the pre	eceding column	12							
	Add lines 11 and 12	-	13							
	Add amounts on lines 16 and 17 of the pre		14							
	Subtract line 14 from line 13. If zero or less		15							
	If the amount on line 15 is zero, subtract lin									
	14. Otherwise, enter -0-		16							
17	Underpayment. If line 15 is less than or eq									
	subtract line 15 from line 10. Then go to lin	e 12 of the next								
	column. Otherwise, go to line 18		17							
18	Overpayment. If line 10 is less than line 15	, subtract line 10						<u> </u>		
	from line 15. Then go to line 12 of the next	column	40							

FORM 990-**T** Form 2220 (2006)

THE UNIVERSITY OF THE PACIFIC C/O FINANCE CENTER

94-1156266 F

Page 2

Part IV Figuring the Penalty

_			(a)	(b)	(c)		(d)
19	Enter the date of payment or the 15th day of the 3rd month after the close of the tax year, whichever is earlier (see instructions). (Form 990-PF and Form 990-T filers: Use 5th month instead of 3rd month.)	19					
20		20					
21	Number of days on line 20 after 4/15/2006 and before 7/1/2006	21				-	
22	Underpayment on line 17 x Number of days on line 21 x 7%	22	\$	\$	\$	\$	
23	Number of days on line 20 after 6/30/2006 and before 4/1/2007	23					
24	Underpayment on line 17 x Number of days on line 23 x 8%	24	\$	\$	\$	\$	
25	Number of days on line 20 after 3/31/2007 and before 7/1/2007	25				-	
26	Underpayment on line 17 x Number of days on line 25 X *%	26	\$	\$	\$	\$	
27	Number of days on line 20 after 6/30/2007 and before 10/1/2007	27				1	
28	Underpayment on line 17 x Number of days on line 27 x *% 365	28	\$	\$	\$	\$	
29	Number of days on line 20 after 9/30/2007 and before 1/1/2008	29					
30	Underpayment on line 17 x Number of days on line 29 x *% 365	30	\$	\$	\$	\$	
31	Number of days on line 20 after 12/31/2007 and before 2/16/2008	31				1	
32	Underpayment on line 17 x Number of days on line 31 x *%	32	\$	\$	\$	\$	
33	Add lines 22, 24, 26, 28, 30, and 32	33	\$	\$	\$	\$	
34	Penalty. Add columns (a) through (d), of line 33. Enter the to Form 1120-A, line 29; or the comparable line for other income			•	34	4	0.

^{*} For underpayments paid after March 31, 2007: For lines 26, 28, 30, and 32, use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

JWA Form **2220** (2006)

				~~~~~	
FORM 990-T	INCOME (LOSS) FR	OM PARTNER	SHIPS 	STATEMENT	23
DESCRIPTION				AMOUNT	
MONTAUK TRIGUARD F	UND III-A LP			1,4	57.
TOTAL TO FORM 990-	T, PAGE 1, LINE 5			1,4	57.
FORM 990-T	OTHER DE	DUCTIONS		STATEMENT	24
DESCRIPTION				AMOUNT	
ADMINISTRATIVE EXP				9,1 18,8	25. 89.
TOTAL TO FORM 990-	T, PAGE 1, LINE 28			28,0	14.
FORM 990-T	ADDITIONAL SECTI	ON 263 COS	TS	STATEMENT	25
DESCRIPTION				AMOUNT	
VARIOUS				60,0	67.
TOTAL TO FORM 990-	T, SCHEDULE A, LINE 4A	1		60,0	67.
FORM 990-T D	EDUCTIONS CONNECTED WI	TH RENTAL	INCOME	STATEMENT	26
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL	
SALARIES AND BENEF OPERATING EXPENSES ADMINISTRATIVE EXP UTILITIES			40,992. 46,714. 21,930. 4,064.		
	- SUBTOTAL -	1	•	113,7	00.
TOTAL TO FORM 990-	T, SCHEDULE C, COLUMN	3		113,7	00.