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DLN: 93493165004311

Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A F	or the	2009 ca	alendar yea	r, or tax year beginniı	ng 08-01-2009 and	d ending 07-31-2010	)			
B Ch	neck if a	pplicable	Please	C Name of organization Pepperdine University				D Employer	identif	ication number
☐ Ad	dress ch	hange	use IRS label or					95-1644		
Г№	me cha	inge	print or	Doing Business As				E Telephone	numb	er
┌ In	ıtıal retu	ırn	type. See Specific	Number and street (or	P.O. how if mail is not de	elivered to street addres	s) Room/suite	(310) 50	6-449	7
Гте	mınate	ed	Instruc- tions.	24255 PACIFIC COAST		chivered to street address	Noom, suite	<b>G</b> Gross receip	ots \$ 36	5,079,761
	nended			City or town, state or c	ountry and ZIP + 4					
		n pending		MALIBU, CA 90263449						
i Ah	plication	ir perioring			1 66					
				ne and address of prir EW BENTON	cipal officer		<b>H(a)</b> Is th affilia	is a group ret	urn for	□Yes ▼ No
			24255	PACIFIC COAST HI	GHWAY		aiiiiid	ites		) 165 J* NO
			MALIB	U,CA 902634497			H(b) Are a	ll affiliates incl	uded?	┌ Yes ┌ No
		ont status	<u> </u>	· · · · · · · · · · · · · · · · · · ·	4047( )(4)					e instructions)
1 '	ax-exem	npt status	<b>v</b> 501(c	) ( 3 ) ◀ (insert no )	4947(a)(1) or   527		H(c) Grou	ıp exemption	numbe	er 🟲
J W	/ebsite	e: 🕨 www	w pepperdır	ne edu						
<b>K</b> Fo	m of or	ganızatıon	✓ Corporat	tion Trust Associatio	n		L Year of fo	rmation 1937	M Sta	te of legal domicile CA
Pa	rt I	Sum	mary				•			
Governance	1	PEPPE	RDINE IS A HRISTIAN	e organization's missi A CHRISTIAN UNIVE VALUES, WHERE ST	RSITY COMMITTE	D TO THE HIGHES				
oye.	_			<del>-</del>				250/ 61		
			,	if the organization d						
8	3		=	members of the govern		•			_	
Activities &	5			ndent voting members nployees (Part V , line			,	•		37 4,872
ទ្ធ	6			olunteers (estimate if					5 <u> </u>	1
•										2,244,590
	<ul> <li>7a Total gross unrelated business revenue from Part VIII, column (C), line 12</li> <li>b Net unrelated business taxable income from Form 990-T, line 34</li> </ul>						•		74 — 7b	-375,193
	+-				,		Prio	r Year	Ι	Current Year
	8	Contri	butions and	d grants (Part VIII, lıı	ne 1h)			23,977,809		39,144,062
≗	9			revenue (Part VIII, lı					1	299,835,961
Rayenue	10			me (Part VIII, column				-24,207,604	+	25,811,054
ά	11	Other	revenue (P	art VIII, column (A),	lınes 5, 6d, 8c, 9c,	10c, and 11e)		-412,402		-292,114
	12			dd lines 8 through 11			!		254 400 050	
	+							286,888,088	+	364,498,963
	13			ar amounts paid (Part				69,755,274		79,187,347
	14			or for members (Part I				0		
8	15	Salarie 10)	es, other co	ompensation, employe	e benefits (Part 1X,	column (A), lines 5		154,862,305		149,317,807
Expenses	16a	Profes	sional fund	lraising fees (Part IX,	column (A), line 11	e)		0		0
×	ь	Total fu	ındraising exp	enses (Part IX, column (D)	. line 25) -7,549,816					
Ш	17			(Part IX, column (A), l	·		114,793,677		106,852,264	
	18	Total	expenses /	Add lines 13-17 (mus	st equal Part IX, col	umn (A), line 25)		339,411,256		335,357,418
	19	Reven	ue less exp	penses Subtract line	18 from line 12 .			-52,523,168		29,141,545
Net Assets or Fund Balances								g of Current Year		End of Year
98 e	20	Total	assets (Pai	rt X, line 16)			1,	211,356,614		1,282,802,946
4 P	21			Part X, line 26)				358,282,899	1	354,285,610
žĒ	22	Netas	sets or fun	d balances Subtract	line 21 from line 20			853,073,715		928,517,336
Pa	rt II	Sign	ature Bl	ock			•			
				erjury, I declare that I have correct, and complete Dec						
Sig	n						2011-	-06-13		
Her		Sign	ature of office	er			Date			
			n Thomasom							
		Туре	e or print nam	ne and title	<u>.</u>					
		Preparer			Date	I	heck if	Preparer's ide	, ,	number
Paid		signature	e 🚩			I	elf- mpolyed 🕨 🦵	(see instruction	nis)	
•	arer's		ame (or your	s PricewaterhouseCoop	ers LLP		·	ETAL M-		
Use	Only		nployed), and ZIP + 4	125 High Street				EIN Þ		
				Boston, MA 02110				Phone no 🕨	(617)	530-5000
May	the IR	S discus	s this retu	rn with the preparer s	nown above? (see ir	nstructions)			Г	Yes No

#### Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

PEPPERDINE IS A CHRISTIAN UNIVERSITY COMMITTED TO THE HIGHEST STANDARDS OF ACADEMIC EXCELLENCE AND CHRISTIAN VALUES, WHERE STUDENTS ARE STRENGTHENED FOR LIVES OF PURPOSE, SERVICE, AND LEADERSHIP

4e	Total program conv	ice expenses►\$	262.475.33	5		
	(Expenses \$	15,162,687 ind	luding grants o	of\$	) (Revenue \$	1,310,128)
ld	Other program serv	vices (Describe in Sch	nedule O )			
	210DENT SEKVICES INC	CLODING SCHOLARSHIPS TO	O ENKULLED STUD	ENIS		
ŀc	(Code	) (Expenses \$ CLUDING SCHOLARSHIPS To	118,100,171	including grants of \$	72,898,390 ) (Revenue \$	2,767,991)
	-					
	ACADEMIC SUPPORT	, , , ,			, , ,	, , ,
4b	(Code	) (Expenses \$	44,896,568	including grants of \$	952,993 ) (Revenue \$	3,356,638 )
	INSTRUCTION & RESEA	RCH				
4a	(Code	) (Expenses \$	84,315,909	including grants of \$	5,335,964 ) (Revenue \$	292,401,204)
	Section 501(c)(3) a	nd 501(c)(4) organıza	tions and section		largest program services by tre required to report the am service reported	
4	,	ese changes on Sched		aa arganization'a thras	largest program coruses by	u aynanaa
3	services?			nt changes in how it co	nducts, any program • • • • • • •	┌ Yes ┌ No
	If "Yes," describe the	ese new services on S	chedule O			
2	_			ervices during the year	which were not listed on	┌ Yes ┌ No

Part TV	Checklist of	Required	Schedules

	·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		Νo
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	į		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note: All Form 990 filers are required to complete Schedule O	38	Yes	

	•
Part V	Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
of U.S. Information Returns. Enter -0- if not applicable			
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
Statements filed for the calendar year ending with or within the year covered by this			
If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	2b	Yes	
Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this	20	Vas	
	4a	Yes	
If "Yes," enter the name of the foreign country AR, IT, GM, SZ, UK See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
were not tax deductible?	6b		
services provided to the payor?	7a	Yes	
	7b	Yes	
file Form 8282?	7c		No
benefit contract?	7e		Νo
Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	_		
	8		No
	0-		NI ~
-			N c
	00		INC
Section 501(c)(12) organizations. Enter			
1 1			
Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Enter the number of Forms W-2G included in line 1a. Enter-0- (finot applicable)  1b. 0  1d the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  Enter the number of employees reported on Form W-3, Transmittal of Wage and Tas Statements filed for the calendary eare ending with or within the year covered by this return.  1st least one is reported on line 2a, did the organization file all required faderal employment tax returns? Note: if the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions).  1st least one is reported on line 2a, did the organization file all required to e-file this return (see instructions).  1st was a state of the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  1st "Yes," has it filed a Form 990-T for this year? If "No," provide an explication in Schedule 0.  4.4 carry time during the calendar year, did the organization have an interest in, or a signature or other authority over, a filmancial account; an foreign country (such as a bank account, securities account, or other financial accounts?)  1st "Yes," and first the name of the foreign country (such as a bank account, securities account, or other financial accounts?  Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  1st "Yes," and the organization file Form 888+T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax shelter Transaction?  1st "Yes," and one Sar of Sb, did the organization file Form 888+T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax shelter transaction?  1st "Yes," and one organization analognoss receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  1st "Yes," and one organization and unall gross receipts that are normally greater than \$100,000, and did the organization and o	Enter the number of Forms W-2G included in line 1a. Enter-0- if not applicable 1b 0  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (appling) winning to a prize winners?  Enter the number of employees reported on Form W-2, Transmitted of Wage and Trac Statements filled for the catendary avar ending with or within the year covered by this return.  If all east one is reported on line 2a, did the organization file all required federal employment tax returns?  Notes if the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions).  Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  At any time during the calendar year, did the organization have an interest in, or a signature or other authority account?  If "Yes," shas it filed a Form 990-T for this year? If "No," provide an explanation in Schedule D.  At any time during the calendar year, did the organization have an interest in, or a signature or other authority account?  If "Yes," after the name of the foreign country year has a bank account, securities account, or other account?  Was the organization of exceptions and fling requirements for Form TD FD0-221, Report of Foreign Bank and Financial Accounts  Was the organization apprit to a prohibited tax shelter transaction?  If "Yes," after the name of the foreign country year as a party to a prohibited tax shelter transaction?  If "Yes," did no organization have a minual gross receipts that are normally greater than \$10,000, and did the organization have a minual gross receipts that are normally greater than \$10,000, and did the organization have a minual gross receipts that are normally greater than \$10,000, and did the organization have a minual gross receipts that are normally greater than \$10,000, and did the organization have a minual gross receipts that are normally greater than \$10,000, and did the organization have a minual gros	Enter the number reported in Bax. 3 of Form 1086, Annual Summary and Transmitted of U.S. Information Returns. Enter -0 in find applicable  Enter the number of Forms W-20 included in line 1a. Enter -0 into applicable  Do the organization comply with Sackup withholding roles for reportable payments to vandors and reportable gaming (genating) winnings to prize winner?  Each sith number of Forms W-20 included in line 1a. Enter -0 into applicable  Do the programation comply with Sackup withholding roles for reportable payments to vandors and reportable gaming (genating) winnings to graze winner?  Statements field for the calendar year ending with or within the year covered by the state of the calendar year ending with or within the year covered by the state of the calendar year ending with or within the year covered by the return?  If at least one is reported on line 2a, did the organization file all required feedfall employment tax returns?  Do the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  If yes, in the file a form 990-T for this year? If You' provide an explanation in Schedule 0 . 35 Yes  At any time during the calendar year, did the organization have an interest in, or as signiture or other authority over, a film nacial account in a foreign country year. A provide an explanation in schedule 0 . 36 Yes  At any time during the calendar year, did the organization has the variety of the programation and accountry of the provide accounts of the provide and accountry of the provide accounts of the provide accountry year. A provide an exception and file group accountry years of the provide accountry of the provide acco

24255 PACIFIC COAST HIGHWAY

MALIBU, CA 902634497

(310) 506-4497

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management			
	some the second		Yes	No
1a	Enter the number of voting members of the governing body	)		
b	Enter the number of voting members that are independent 1b 3	,		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.	3		N o
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was	4		
5	filed?  Did the organization become aware during the year of a material diversion of the organization's assets?	5		No No
6	Does the organization have members or stockholders?	6		No
0 7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	-		NO
	governing body?	7a		No
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νο
	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	venue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νο
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form	7 11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b		No
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	461		
6-		16b		
<u>5e</u> 17	List the States with which a copy of this Form 990 is required to be filed CA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			
10	(3)s only) available for public inspection. Indicate how you make these available. Check all that apply  Own website. Another's website. Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of	he ora:	anization	n <b>▶</b> -
20	PAUL B LASITER	ne orga	201101	

# Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
<b>(A)</b> Name and Title	(B) Average hours	<b>(C)</b> Position (check all that apply)						( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

		<u> </u>
1b Total	5,783,48	1 0 1,775,077

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization -242

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	Yes	
4	organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

#### **Section B. Independent Contractors**

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A)	(B)	(C)
Name and business address	Description of services	Compensation
MILLIE SEVERSON INC PO BOX 3601 LOS ALAMITOS, CA 907200399	contractor	14,268,700
SODEXO AMERICA LLC CAMPUS MAIL-TCC RM 110 MALIBU, CA 90263	Catering	5,103,563
US OUTDOOR 1201 ALTA LOMA RD LOS ANGELES, CA 90069	Advertising	2,361,350
RAMELLI JANITORIAL SVC PO BOX 51193 NEW ORLEANS, LA 70151	JANITORIAL	1,314,071
HELLMUTH OBATA KASSABAUM INC DEPT 2233 LOS ANGELES, CA 90084	FURNITURE AND SPACE	1,277,014
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►21	who received more than	

Form 99								Page <b>9</b>
Part \	<u>/1111</u>	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
#\$ #	1a	Federated cam	paigns 1a					
g a	ь	Membership du	es <b>1b</b>					
ું. ⊞	С	Fundraising eve	ents <b>1c</b>	502,036				
<u>≅,≅</u>	d		zations 1d					
å. Si⊞	e	Government grants						
e E	f	All other contribute similar amounts no	ons, gifts, grants, and <b>1f</b> ot included above	35,332,363				
きき	g	Noncash contri	butions included in 0,985,122					
Contributions, gifts, grants and other similar amounts	h	lines 1a-1f \$ _ Total. Add lines	s 1a-1f	▶	39,144,062			
				Business Code				
anne	2a	STUDENT TUITION	AND FEES	611,710	256,637,615	256,637,615		
Be K	ь	ROOM AND BOARD	)	611,710	31,482,749	31,482,749		
- 60 	c	SALES AND SERVICE	CES	722,210	6,281,183	3,849,772	2,431,411	
ž.	d	EDUCATIONAL AND	GENERAL	611,710	5,431,542	5,431,542		
Ē	e	OTHER PROGRAM	SERVICES	611,710	2,872	2,872		
Program Serwce Revenue	f	All other progra	am service revenue					
Δ	g	Total. Add lines	s 2a-2f		299,835,961			
	3		ome (including dividen	. h	40.000.700			10,000,700
	١,		ar amounts) stment of tax-exempt bond	F	19,038,788			19,038,788
	4   5			proceeds	0			
		,	(ı) Real	(II) Personal				
	6a	Gross Rents						
	ь	Less rental expenses						
	c	Rental income or (loss)						
	d		me or (loss)					
	_	Gross amount	(ı) Securities	(II) O ther				
	7a	from sales of assets other						
	١.	than inventory Less cost or						
	Ь	other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (los	s)		6,772,266		-186,821	6,959,087
Other Revenue	8a	events (not inc \$ 502 of contributions	rom fundraising luding ,036 s reported on line 1c) ne 18					
<u>.</u>	ь	1.00- 4	a	288,684				
퉏	c		penses <b>b</b> (loss) from fundraising	580,798 events . ►	-292,114			-292,114
	9a	Gross income f	rom gamıng actıvıtıes					
		See Part IV, lin	ne 19 <b>a</b>					
	ь	Less directex	penses b					
	c		(loss) from gamıng actı	vities	0			
	10a	Gross sales of returns and allo						
	b c		oods sold <b>b</b>	entory ►	0			
		Miscellaneous	s Revenue	Business Code				
	11a							
	Ь							
	c   .	A.II 1						
	d e	All other reven						
	"	rotal. A du lines	3 11a-11u		0			
	12	Total revenue.	See Instructions .	▶↑	364,498,963	297,404,550	2,244,590	25,705,761
	-			<u></u>	_ : ., .50,500	,,,,550		Form <b>990</b> (2009)

## Part IX Statement of Functional Expenses

	Section 501(c)(3) and 501(c)(4) organizations me				
	ll other organizations must complete column (A) but are not required to		ns (B), (C), and ( (B)	D).	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	79,187,347	79,187,347		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	5,700,715	4,103,546	1,397,986	199,183
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	666,068	394,125	86,003	185,940
7	Other salaries and wages	107,452,032	76,861,021	26,630,599	3,960,412
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	8,552,296	5,654,376	2,577,016	320,904
9	Other employee benefits	19,065,825	14,689,851	3,503,195	872,779
10	Payroll taxes	7,880,871	5,362,638	2,226,343	291,890
11	Fees for services (non-employees)	7,000,071	3,302,030	2,220,313	231,030
a	Management	2,150,000		2,150,000	
_	-	843,344	42,355	800,873	116
b	Legal	· ·	,	· +	
С.	Accounting	622,101	24,646	597,404	51
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	2,145,126		2,145,126	
g	Other	9,588,562	4,405,725	4,568,427	614,410
12	Advertising and promotion	5,109,872	4,120,373	747,737	241,762
13	Office expenses	6,105,374	2,623,688	3,341,486	140,200
14	Information technology	0			
15	Royalties	0			
16	Occupancy	18,314,757	10,195,648	8,095,493	23,616
17	Travel	7,336,090	5,301,974	1,784,510	249,606
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	3,351,299	2,303,025	997,015	51,259
20	Interest	11,171,454	9,135,321	1,991,462	44,671
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	17,788,523	14,550,903	3,166,466	71,154
23	Insurance	2,695,133	122,195	2,572,938	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	CONSTRUCTION & EQUIPMENT	4,242,006	5,758,913	-1,521,893	4,986
ь	EQUIPMENT RENTAL/MAINTENANCE	3,946,197	968,663	2,960,189	17,345
c	OTHER EXPENSES	10,094,058	16,009,363	-6,083,437	168,132
d	PRINTING & PUBLICATIONS	1,348,368	659,639	597,329	91,400
e		1	,	, 1	
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	335,357,418	262,475,335	65,332,267	7,549,816
26	Joint costs. Check here ► ☐ If following SOP 98-2	333,337,410	202,773,333	03,332,207	7,575,010
	Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	65,977,046	2	54,478,763
	3	Pledges and grants receivable, net	25,853,343	3	25,959,487
	4	Accounts receivable, net	9,407,229	4	10,657,586
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees  Complete Part II of	1		
		Schedule L	33,042	5	986,330
	6	Receivables from other disqualified persons (as defined under section $4958(f)(1)$ ) are persons described in section $4958(c)(3)(B)$ Complete Part II of	d		
		Schedule L		6	
ssets	7	Notes and loans receivable, net	41,168,912	7	36,657,487
8	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges	5,716,446	9	5,905,291
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  481,556,62	6		
	ь	Less accumulated depreciation 10b 135,658,49	2 334,502,098	10c	345,898,134
	11	Investments—publicly traded securities	124,886,112	11	212,815,868
	12	Investments—other securities See Part IV, line 11	498,824,944	12	478,259,000
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	104,987,442	15	111,185,000
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,211,356,614	16	1,282,802,946
	17	Accounts payable and accrued expenses .	39,770,280	17	32,033,014
	18	Grants payable		18	
	19	Deferred revenue	9,858,913	19	9,916,029
	20	Tax-exempt bond liabilities	226,734,071	20	227,172,075
Sel	21	Escrow or custodial account liability Complete Part IV of Schedule D	65,810,953	21	68,664,805
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	16,108,682	25	16,499,687
	26	Total liabilities. Add lines 17 through 25	358,282,899	26	354,285,610
se:		Organizations that follow SFAS 117, check here ► ✓ and complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	485,358,146	27	521,280,898
Fund Balance	28	Temporarily restricted net assets	104,701,244	28	119,063,363
Į Pi	29	Permanently restricted net assets	263,014,325	29	288,173,075
un:		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete			
or I		lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	853,073,715	33	928,517,336
	34	Total liabilities and net assets/fund balances	1,211,356,614	34	1,282,802,946

### Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
C	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both  Separate basis  Consolidated basis  Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Form **990** (2009)

#### OMB No 1545-0047

# **Public Charity Status and Public Support**

Department of the Treasury Internal Revenue Service

Pepperdine University

**SCHEDULE A** 

(Form 990 or 990EZ)

Name of the organization

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

Attach to Form 990 or Form 990-EZ. See separate instructions.

Inspection **Employer identification number** 

Do	rt I	Done	on for Dul	blic Charity Stat	ua (All ora	anizations	must sampl	lata this pai	95-164403			
				<b>blic Charity Stat</b> e foundation because						ucuons		
1	r gain			on of churches, or as					,			
2	<u> </u>							( <b>1</b> )( <b>A</b> )( 1).				
				in section 170(b)(1)				170/5//1//	/ ::: .			
3	<u> </u>			perative hospital serv						= ·		
4	ı			organization operate y, and state	ed in conjunc	tion with a h	ospital desci	ribed in <b>secti</b>	on 1/0(b)(1)	( <b>A</b> )(III). Ent	erthe	
5	Г	=	-	erated for the benefit		or university	owned or op	erated by a g	jovernmental	unıt describ	— ed ın	
	_			<b>A)(iv).</b> (Complete Pa	•							
6	<u> </u>	A feder	al, state, or	local government or	governmenta	al unit descri	bed in <b>sectio</b>	n 170(b)(1)(	(A)(v).			
7		describ	ed in	t normally receives a  A)(vi) (Complete Pa		part of its s	upport from a	ı government	al unit or fror	m the genera	l public	C
8	Γ	A comn	nunity trust	described in <b>section</b>	170(b)(1)(A	(Com	olete Part II	)				
9	$\sqcap$	An orga	nization tha	t normally receives	(1) more tha	n 331/3% of	fits support f	rom contribu	tions, membe	ership fees, a	nd gro	SS
		receipt	s from activi	ties related to its ex	empt functio	ns—subject	to certain ex	ceptions, and	d (2) no more	than 331/3%	of of	
		ıts supp	ort from gro	ss investment incom	ne and unrela	ated busines	s taxable ınc	ome (less se	ction 511 ta	x) from busır	iesses	
		acquire	d by the org	anızatıon after June 3	30,1975 Se	e section 50	<b>9(a)(2).</b> (Co	mplete Part 1	III )			
10	Г	An orga	nization org	anized and operated	exclusively	to test for pu	ublic safety S	see <b>section 5</b> 0	09(a)(4).			
11	_	-	_	anized and operated	•	•	•			carry out the	nurno	ses of
	_	the box a [	that describ	y supported organiza pes the type of suppo <b>b</b> Type II ox, I certify that the o	orting organiz <b>c</b>	zation and co	omplete lines - Functionally	11e through ⁄ integrated	11h d	┌ ⊤ype II	I - Ot	her
e	'	other th section	nan foundatio 509(a)(2)	on managers and oth	er than one o	or more publ	cly supporte	d organizatio	ns described	ın section 5	09(a)(	1) or
f				received a written de	termination f	from the IRS	that it is a T	ype I, Type I	II or Type III	[ supporting	organız	zation,
g				006, has the organiz	ation accept	ted any gift o	or contributio	n from any of	the .			,
		(i) a pe	rson who dir	ectly or indirectly co	ntrols, eithe	r alone or to	gether with p	ersons descr	rıbed ın (ıı)		Yes	No
		and (III)	below, the g	governing body of the	the support	ed organizat	ion?			11g(i)		
		(ii) a fa	mily membe	r of a person describ	ed in (i) abov	ve?				11g(ii)		
		(iii) a 3	5% controll	ed entity of a person	described in	n (ı) or (ıı) ab	ove?			11g(iii		
h		Provide	the followin	g information about t	the supported	d organizatio	n(s)				•	
	(i) Namo suppo rganiz	e of	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizat col (i) list your gove docume	e ion in ted in rning	(v) Did you no organizat col (i) of suppor	ion in your	(vi) Is the organizat col (i) org	e ıon ın anızed	Am	( <b>vii)</b> ount of pport?
				instructions))	Yes	No	Yes	No	Yes	No		
Tota	ı											

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	÷·/		
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	( <b>b)</b> 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f) <b>Dublic Support</b> Subtract line F from						
6	<b>Public Support.</b> Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	( <b>b</b> ) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV ) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and <b>stop here</b>						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
<b></b>	and <b>stop here.</b> The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	<b>▶</b> □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and <b>stop here.</b> The organization				,		▶
17a	10%-facts-and-circumstances test-	<b>-2009.</b> If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						<b>▶</b> ┌
10	Deiveta Farmdation Ifthe averages	on did not about	a hay an line 12	16- 16- 17-	17	hay and cas	•

**▶**□

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6 )						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	( <b>d)</b> 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12 ) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and <b>stop here</b>	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	<b>▶</b> ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	<b>009</b> (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	<b>2008</b> Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind <b>stop here.</b> T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(	us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

Software ID: Software Version:

**EIN:** 95-1644037

Name: Pepperdine University

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per		tion ( that a	che				( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Andrew k Benton President and ceo	40 0	х		х				383,944	0	120,878
CHARLES B RUNNELS Chancellor Emeritus	40 0	Х		х				156,149	0	118,909
MATTHEW K FONG	1 0	Х						0	0	0
REGENT TERRY M GILES	1 0	X						0	0	0
REGENT GLEN A HOLDEN	+							, and the second		
REGENT	1 0	X						0	0	0
GAIL E HOPKINS REGENT	1 0	Х						0	0	0
JOHN D KATCH REGENT	1 0	X						0	0	0
EFF W MARTIN REGENT	1 0	х						0	0	0
MICHAEL T OKABAYASHI REGENT	1 0	Х						0	0	0
RUSSELL L RAY JR REGENT	1 0	×						0	0	0
TRAVIS E REED REGENT	1 0	Х						0	0	0
CAROL RICHARDS REGENT	1 0	Х						0	0	0
B JOSEPH ROKUS REGENT	1 0	Х						0	0	0
W L FLETCHER III REGENT	1 0	Х						0	0	0
WILLIAM W STEVENS REGENT	10	х						0	0	0
STEPHEN M STEWART REGENT	1 0	Х						0	0	0
THOMAS J TRIMBLE REGENT	1 0	х						0	0	0
ROBERT L WALKER REGENT	1 0	х						0	0	0
EDWARD V YANG REGENT	1 0	Х						0	0	0
Susan F Rice SECRETARY	1 0	Х						0	0	0
WILLIAM S BANOWSKY REGENT	1 0	Х						0	0	0
TIMOTHY C PHILLIPS REGENT	1 0	Х						0	0	0
A UGUSTUS TA GLIA FERRI REGENT	1 0	Х						0	0	0
Edwin L Biggers CHAIRMAN OF THE BOARD	1 0	Х						0	0	0
VIRGINIA B BRAUN REGENT	1 0	х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

<b>(A)</b> Name and Title	(B) Average hours per		tion (	(che	)			(D) Reportable compensation from the	( <b>E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
JANICE R BROWN REGENT	1 0	х						0	0	0
JOSE A COLLAZO REGENT	1 0	Х						0	0	0
JERRY S COX REGENT	1 0	х						0	0	0
ROSA MERCADO SPIVEY REGENT	1 0	Х						0		0
Marylyn M Warren REGENT	1 0	Х						0	0	0
JAMES R PORTER VICE CHAIRMAN	1 0	х						0	0	C
FREDERICK L RICKER REGENT	1 0	Х						0	0	C
CHARLES L BRANCH REGENT	1 0	Х						0	0	C
MICHELLE HIEPLER REGENT	1 0	Х						0	0	C
DENNIS LEWIS REGENT	1 0	Х						0	0	0
DANNY PHILLIPS REGENT	1 0	Х						0	0	C
SHEILA BOST REGENT	1 0	х						0	0	C
MARK KIRK REGENT	1 0	Х						0	0	C
BOI SIMON REGENT	1 0	Х						0	0	(
MARTA TOOMA REGENT	1 0	Х						0	0	(
Nancy Magnusson Durham Senior Vice President	40 0			х				231,236	0	45,326
Gary Hanson Executive Vice President/COO	40 0			х				317,292	0	95,709
Samuel Hınkle Vıce President, Advancement	40 0			х				138,121	0	123,419
Paul Lasiter Chief Financial Officer	40 0			х				102,551	0	153,501
Charles Pippin Senior Vice President INV CIO	40 0			х				368,000	0	84,712
Darryl Tippens Provost	40 0			х				349,418	0	91,203
TIMOTHY CHESTER CHIEF INFORMATION OFFICER	40 0				х			197,602	0	27,291
MARC GOODMAN GENERAL COUNSEL	40 0				х			184,960	0	31,484
LINDA LIVINGSTONE DEAN-GSBM	40 0				х			258,580	0	44,265
PHIL PHILLIPS CHIEF ADMIN OFFICER	40 0				х			156,789	0	92,151

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours		(( tion ( hat a	che		I		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
EDNA POWELL CHIEF BUSINESS OFFICER	40 0				х			181,886	0	35,966
KENNETH STARR DEAN-SOL	40 0				х			362,380	0	39,764
velios kodomichalos director of investments	40 0				x			199,860	0	41,181
alexander pang associate vice president	40 0				х			157,870	0	29,858
RICK MARRS DEAN - SEAVER	40 0				х			156,277	0	97,113
MARK ROOSA DEAN - LIBRARIANS	40 0				х			162,326	0	33,281
MARGARET WEBER DEAN - GSEP	40 0				х			129,536	0	133,663
THOMAS STIPANOWICH PROFESSOR	40 0					Х		233,941	0	40,323
GRANT NELSON WILLIAM H REHNQUIST PROFESSOR	40 0					Х		247,614	0	39,602
EDWARD LARSON DARLING PROFESSOR	40 0					х		270,456	0	40,192
THOMAS ASBURY HEAD COACH, MENS BASKETBALL	40 0					х		267,845	0	48,120
RONALD FORD PRACTITIONER FAC ASSOC DEAN	40 0					Х		252,363	0	40,329
w david baird DEAN EMERITUS AND PROFIII	40 0						х	111,302	0	79,700
james wilburn dean school of public policy	40 0						Х	205,183	0	47,137

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

-					
	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
STUDENT TUITION AND FEES	611,710	256,637,615	256,637,615		
ROOM AND BOARD	611,710	31,482,749	31,482,749		
SALES AND SERVICES	722,210	6,281,183	3,849,772	2,431,411	
EDUCATIONAL AND GENERAL	611,710	5,431,542	5,431,542		
OTHER PROGRAM SERVICES	611,710	2,872	2,872		

DLN: 93493165004311

## OMB No 1545-0047

Open to Public Inspection

#### **SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

**Political Campaign and Lobbying Activities** 

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities),

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

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

◆ SeIf th	ection 501(c)(3) organizations that	t have filed Form 5768 (election unde t have NOT filed Form 5768 (election s," to Form 990, Part IV, Line 5 (F	under section 501	(h)) Complete Part II-B Do r	not complete Part II-A
Na	me of the organization	zationo complete i are iii		Employer ider	ntıfıcatıon number
Pep	pperdine University			95-1644037	
Par	t I-A Complete if the or	ganization is exempt under	section 501(		
	-	ganization's direct and indirect polit			
1 2	'	ganization's direct and indirect poin	icai campaign aci	tivities in Part IV	
3	Political expenditures			•	\$
,	Volunteer hours				
Par	t I-B Complete if the or	ganization is exempt under	section 501(	c)(3).	
1	Enter the amount of any excise	e tax incurred by the organization ui	nder section 4955	5 <b>►</b>	\$
2	Enter the amount of any excise	e tax incurred by organization mana	gers under sectio	n 4955 🕨	\$
3	If the organization incurred a s	ection 4955 tax, did it file Form 47	20 for this year?		┌ Yes ┌ No
4a	Was a correction made?				┌ Yes ┌ No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt under	section 501(	c) except section 50:	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for s	ection 527 exem	pt function activities 🕨	\$
2	Enter the amount of the filing of exempt funtion activities	rganızatıon's funds contributed to o	ther organization	s for section 527 ▶-	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 112	.0-POL, line 17b ►	¢
4	Did the filing organization file <b>I</b>	Form 1120-POL for this year?			↑ Yes
5	were made For each organizat contributions received that we	nd employer identification number (file) in the listed, enter the amount paid from the promptly and directly delivered the listee (PAC). If additional space is resulted.	m the filing organ o a separate polit	ızatıon's funds Also enter t ıcal organızatıon, such as a	the amount of political
	(a) Name	( <b>b)</b> Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0 -

e Grassroots ceiling amount (150% of line 2d, column (e))

**f** Grassroots lobbying expenditures

Pa	rt II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c	)(3) and file	d Form 5768	(election
	Check   If the filing organization belongs to a Check   If the filing organization checked box		d" provisions apply	,		
<u> </u>	Limits on Lobbying E  (The term "expenditures" means ar	Expenditures			(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	ıbyıng)			
b	Total lobbying expenditures to influence a legisla					
c	Total lobbying expenditures (add lines 1a and 18	b)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount f	from the following table	ın both			
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,000,000				
		•				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1 f)				
h	Subtract line 1g from line 1a If zero or less, enter	er -0-				
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -				
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No
	(Some organizations that made a columns below. See the	he instructions fo	ection do not l r lines 2a thro	nave to com ugh 2f on pa		ne five
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı
	Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	( <b>d)</b> 2009	<b>(e)</b> Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					

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

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

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

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

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

- answered "Yes".

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

#### Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation
Lobbying Expenditures	,	THE ORGANIZATION PAID MEMBERSHIP DUES TO MEMBER ORGANIZATIONS WHICH MAY ENGAGE IN LOBBYING ACTIVITIES THEREFORE, A PORTION OF THE DUES MAY BE ATTRIBUTABLE TO LOBBYING ACTIVITIES

2a

2b

2c 3

4

5

DLN: 93493165004311

OMB No 1545-0047

Open to Public Inspection

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Name of the organization **Employer identification number** Pepperdine University

				164403/
Part	Organizations Maintaining Donor A organization answered "Yes" to Form S	990, Part IV, line 6.		·
		(a) Donor advised funds	(	(b) Funds and other accounts
1 T	Total number at end of year	3		
<b>2</b> A	Aggregate contributions to (during year)	0		
<b>3</b> A	Aggregate grants from (during year)	418,000		
<b>4</b> A	Aggregate value at end of year	1,684,431		
	Did the organization inform all donors and donor ad funds are the organization's property, subject to th		or advı	sed <b>Ves N</b>
ι	Did the organization inform all grantees, donors, ar used only for charitable purposes and not for the be conferring impermissible private benefit			
Part	II Conservation Easements. Complet	e if the organization answered "Yes" to	o Form	n 990, Part IV, line 7.
Г Г	Purpose(s) of conservation easements held by the Preservation of land for public use (e g , recreated Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a quality	Preservation of an Preservation of a c	ertified	d historic structure
	easement on the last day of the tax year	annea conservation contribution in the form	or a co	niservation
				Held at the End of the Year
a T	Total number of conservation easements		2a	
<b>b</b> 7	Total acreage restricted by conservation easemen	ts	2b	
<b>c</b> 1	Number of conservation easements on a certified h	nstoric structure included in (a)	2c	
d P	Number of conservation easements included in (c)	acquired after 8/17/06	2d	
3 1	Number of conservation easements modified, trans	ferred, released, extinguished, or terminate	d by th	ie organization during
t	the taxable year 🛌			
<b>1</b> N	Number of states where property subject to conser	wation eacoment is located by		
			—	Constant and
	Does the organization have a written policy regardi enforcement of the conservation easements it hold		illing of	Yes T
5 9	Staff and volunteer hours devoted to monitoring, in	specting and enforcing conservation easem	ents dı	uring the year 🟲
<b>7</b> /	A mount of expenses incurred in monitoring, inspec	ting, and enforcing conservation easements	during	j the year ► \$
	Does each conservation easement reported on line			•
	170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?	, ,		Г Yes
b	In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text o the organization's accounting for conservation eas	f the footnote to the organization's financial		•
Part	Organizations Maintaining Collect Complete if the organization answered		or Oth	her Similar Assets.
 a	If the organization elected, as permitted under SFA art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its t	ld for public exhibition, education or researc	h ın fui	
ŀ	If the organization elected, as permitted under SFA historical treasures, or other similar assets held fo provide the following amounts relating to these iter	r public exhibition, education, or research ir		
(	(i) Revenues included in Form 990, Part VIII, line	1		<b>►</b> \$
(	(ii) Assets included in Form 990, Part X			<b>►</b> \$
2 I	If the organization received or held works of art, his following amounts required to be reported under SF		r finan	
a p	Revenues included in Form 990. Part VIII. line 1			<b>▶</b> \$

**b** Assets included in Form 990, Part X

Yes 90,	√ No
_ Yes	<b>▽</b> No
_ Yes	√ No
_ Yes	▼ No
_ Yes	√ No
	√ No
90,	
•	
Yes	▼ No
ount	
✓ Yes	┌ No
(-)FV	/ D
(e)Four Y	rears bac
Yes	No
	l Na
	No I
( <b>d)</b> Bo	ok value
2	22,212,05
<del>                                     </del>	33,441,39
	<u> </u>
3	39,247,56
1	50,997,12
	Yes  (e)Four Y  Yes  (d) Bo

345,898,134

Part VII Investments—Other Securities. See  (a) Description of security or category			od of valuation
(including name of security)	( <b>b)</b> Book value		f-year market value
Financial derivatives			
Closely-held equity interests			
Other ALTERNATIVE INVESTMENTS	449,464,000		С
OTHER INVESTEMENTS	3,036,000	1	C
REAL ESTATE	25,759,000		С
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )	478,259,000		
Part VIII Investments—Program Related. See	Form 990, Part X, line		
(a) Description of investment type	(b) Book value		od of valuation f-year market value
		Cost of cha o	year market varae
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, lin			
(a) Descrip			( <b>b</b> ) Book value
AMOUNTS HELD AS AGENT/TRUSTEE			111,185,000
<b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B) line 1		<b>.</b>	111,185,000
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes	0		
U S GOV FUNDED STUDENT LOANS	14,393,687		
DUE UNDER AGENCY AGREEMENTS	2,106,000		
I			
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 ) ▶	16,499,687		

T	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments 2a		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
Ь	Other (Describe in Part XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per R	eturn
1	Total expenses and losses per audited financial statements	<b> </b>	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	-	
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	
Par	t XIV Supplemental Information		
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	rt IV , Iı	nes 1b and 2b,

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
schedule d, part III, line 4	I .	collections consist of items acquired by the university's Library that require special handling due to their rarity, value, and/or physical condition the university also maintains an archival collection of official documents, papers, publications, and artifacts of Pepperdine and persons connected with the University these collections are protected and preserved for education, research and public exhibition purposes. Schedule D, Part IV, Line 2b The University acts as the fiscal agent for funds related to University sponsored and/or affiliated programs. The University does not own the funds associated with these programs schedule d, part v, line 4 the intent of the university's endowment fund is to generate the revenues necessary to support the university's exempt purposes, including education, research and scholarships schedule d, part x Pepperdine university does not have a fin 48 footnote reported in its financial statements.

**Employer identification number** 

#### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Pepperdine University

Name of the organization

## **Schools**

►Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public

	95-1644037			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No,"		163	
	please explain	3	Yes	
	A DESCRIPTION OF THE UNIVERSITY NON-DISCRIMINATORY POLICY IS PUBLISHED IN THE UNIVERSITY'S ACADEMIC CATALOGS AND JOB POSTINGS ON THE HUMAN RESOURCES WEBSITE		162	
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990)			
	, va a, va a, va a, p. a a. y a a y a a y a a y a a y a a y a			
		1		
5	Does the organization discriminate by race in any way with respect to			
а	Students' rights or privileges?	5a		Νo
b	Admissions policies?	5b		Νo
c	Employment of faculty or administrative staff?	5c		Νo
d	Scholarships or other financial assistance?	5d		Νo
е	Educational policies?	5e		Νo
f	Use of facilities?	5f		Νo
g	Athletic programs?	5g		Νo
h	Other extracurricular activities?  If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990)	5h		Νo
	Does the organization receive any financial aid or assistance from a governmental agency?  Has the organization's right to such aid ever been revoked or suspended?	6a 6b	Yes	Νo
7	If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990) .  Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05			
	of Rev Proc 75-50, 1975-2 CB 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 990)	7	Yes	

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**SCHEDULE F** 

(Form 990)

Totals.

As Filed Data -

DLN: 93493165004311

OMB No 1545-0047

2009

### **Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ See separate instructions.

Open to Public **Inspection** 

Department of the Treasury Internal Revenue Service

	ne of the organization					Employer ide	ntification number
Рер	perdine University					95-1644037	7
Pa	General Infor "Yes" to Form 9			de the United States	<b>s.</b> Complete	e if the organ	nization answered
1		•		ecords to substantiate	the amount	of the grant	s or
	assistance, the grantees' eligibility for the grants or assistance, and the selection c					rıa used to a	ward
	the grants or assistan	ce ?					. Tyes No
2	<b>For grant makers.</b> Descri United States	be in Part IV the	organization's pr	ocedures for monitoring th	ne use of grai	nt funds outsıd	e the
3	Activites per Region (U:	se Schedule F-1	(Form 990) ıf add	ditional space is needed )			
	(a) Region	(b) Number of offices in the	(c) Number of employees or	(d) Activities conducted in region (by type) (i e , fundraising, program services,	ıs a progr	ty listed in (d) am service,	<b>(f)</b> Total expenditures for region
		region	agents in region	grants to recipients located in the region)		pecific type of s) in region	
	ope (Including Iceland and enland)	4	24	Program Services	EDUCATIO PROGRAMS		5,601,592
Eas	t Asia and the Pacific	1	3	Program Services	EDUCATIO PROGRAMS		1,122,017
Sou	th America	1	8	Program Services	EDUCATIO PRO GRAMS		898,17
	tral America and the bbean			Program Services	INVESTME	NTS	
<u> </u>	2004H						

35

7,621,786

Part IV	, line 15, for an	sistance to Orgar y recipient who recensional	eived more than \$5	es Outside the Ur ,000. Check this box	nited States. Composite of the composite	plete if the organiza received more tha	tion answered "Yes' n \$5,000	'to Form 990, ► 厂
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 Enter total n tax-exempt	umber of recipions of the interest of the inte	ent organizations lis or which the grante	ted above that are e or counsel has pr	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ►	
3 Enter total n	umber of other	organizations or en	tities					: (Earm 990) 2009

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. (c) Number of (b) Region (d) A mount of (e) Manner of cash (a) Type of grant or (f) A mount of (g) Description (h) Method of assistance cash grant disbursement of non-cash valuation recipients non-cash (book, FMV, assistance assistance appraisal, other)

Schedule F (Form 990) 2009

Co	mplete this part to	provide the information required	ın Part I, line 2, and any addıtıonal information.
Id	lentifier	ReturnReference	Explanation
Schedule F, Par	t I, Column (F)	expenses identified in column (f) are the expenses incurred in the region	per the organization's general ledger Per the IRS frequently asked questions, the disclosure of investments in the Central America/Caribbean region does not require the disclosure of tota expenditures in column (f)

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DLN: 93493165004311

OMB No. 1545-0047

**Supplemental Information Regarding Fundraising or Gaming Activities** 

Department of the Treasury Internal Revenue Service

SCHEDULE G

(Form 990 or 990-EZ)

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

Name of the organization Employer identification number Pepperdine University Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Internet and e-mail solicitations Solicitation of government grants Special fundraising events Phone solicitations In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table (iii) Dıd fundraiser have (v) A mount paid to (vi) A mount paid to (i) Name of individual (iv) Gross receipts (or retained by) custody or (ii) Activity (or retained by) or entity (fundraiser) fundraiser listed in control of from activity organization contributions? col (i) No Yes

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Pa	rt I	Fundraising Events. Commore than \$15,000 on Form					repor	ted
		, ,	(a) Event #1	<b>(b)</b> Event #2	(c) O ther Events	<b>(d)</b> Tot		
			GOLF TOURNAMENT (event type)	ANNUAL DINNER (event type)	5 (total number)	(Add col	(a) th I (c))	rougn
Revenue	1	Gross receipts	252,384	286,961	251,375		79	0,720
	2 Less Charitable contributions		147,732	147,732 227,200 12		502,036		2,036
	3	Gross income (line 1 minus line 2)	104,652	59,761	124,271		28	8,684
	4	Cash prizes						
မွာ	5	Non-cash prizes						
Expenses	<b>6</b> Rent/facility costs		91	4,492	7,268		1	1,851
	7	Food and beverages						
Direct	8	Entertainment						
ā	9 Other direct expenses .		150,138	150,138 156,861 26		48 568,947		
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)			58	0,798
	11	Net income summary Combine li						2,114
Par	t II	<b>Gaming.</b> Complete if the oil \$15,000 on Form 990-EZ, lii	rganization answered ' ne 6a.	"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted mor	e thar	1
			(a) Bingo	(b) Pull tabs/Instant	(c) O ther gaming	(d) Total gaming (Add col (a) through		
Revenue				bingo/progressive bingo			(a) th	rougn
æ	1	Gross revenue						
	2	Cash prizes						
nseg								
Expenses	3	Non-cash prizes						
Direct	4	Rent/facility costs						
툽	5	Other direct expenses						
	6	Volunteer labor	Г Yes	Г Yes	Г Yes			
		D A A						
		Direct expense summary Add line						
	8	Net gaming income summary Com	ibine lines 1, column d, ar	nd line 7	<u> </u>		Yes	No
9		ter the state(s) in which the organiza						
a b		the organization licensed to operate 'No," Explain	gaming activities in each	n of these states?		· 9a	-	_
_	_							
10a	— We	ere any of the organization's gaming	licenses revoked, suspen	ided or terminated during	the tax year?			
ь		'Yes," Explain	,	g	<b>,</b>	104		
						_		
11	D o	oes the organization operate gaming activities with nonmembers?						<u> </u>
12		s the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity ormed to administer charitable gaming?						
	101	to damminoter enatitable gailing	,		Schedule G (Form 9	12	 -EZ) 2(	<u> </u>  09

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name 🟲		
	Address -		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	,	
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the	+	
	amount of gaming revenue retained by the third party 🟲 \$		
c	If "Yes," enter name and address		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Director/officer I Employee I Independent contractor		
<b>.7</b>	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		
	in the organization's own exempt activities during the tax year ▶ \$	1	

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DLN: 93493165004311

OMB No 1545-0047

Schedule I (Form 990)

## **Grants and Other Assistance to Organizations,** Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

Open to Public

Department of the Treasury Internal Revenue Service		complete ii the organizat	Attach to Form 9		: 21 OI 22.		Open to Public Inspection
Name of the organization Pepperdine University						Employer identifica	ation number
						95-1644037	
Part I General Infor	mation on Gran	its and Assistance					
the selection criteria use	ed to award the gran	ubstantiate the amount of t ts or assistance? dures for monitoring the us					✓ Yes 🗀
		to Governments and			Complete if the ora	anization answered	"Vas" to
Form 990, Part	IV, line 21 for an	y recipient that receive 990) if additional space	d more than \$5,000	. Check this box if n	io one recipient receiv	ved more than \$5,00	0. Use
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	, , ,	(h) Purpose of grant or assistance
		government organizations					

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
FINANCIAL AID PAID	4114	79,187,347			
See Additional Data Table					
	•	•	•	•	•

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
Part I, Line 2		PEPPERDINE UNIVERSITY AWARDS FINANCIAL ASSISTANCE TO ITS STUDENTS ON THE BASIS OF VERIFIED FINANCIAL NEED OR MERIT AND DOES NOT UNLAWFULLY DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL OR ETHNIC ORIGIN, RELIGION, AGE, SEX, DISABILITY OR PRIOR MILITARY SERVICE financial assistance is monitored so that it is in compliance with awarding terms and conditions expenditures are reviewed for allowability and compliance students are required to submit appropriate documents prior to approval part iii cash grants are credits to student accounts
-		

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DLN: 93493165004311

OMB No 1545-0047

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Inspection

#### Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Name of the organization Pepperdine University

**Employer identification number** 

95-1644037

Pa	rt I Questions Regarding Compensation			
			Yes	Νο
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel			
	▼ Travel for companions			
	Tax idemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b		Νo
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	_	.,	
	officers, directors, trustees, and the CLO/Executive Director, regarding the items checked in fine 1a.	2	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		Νo
b	Any related organization?	5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		Νo
b	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8	Yes	
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	Yes	

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name  (B) Breakdown of W-2 and/or 1099-MISC compensation (I) Base compensation (I) Davis compensation (II) Davis compensation (III) Other comp								
(i) Base incentive reportable compensation reportable compensation Form 990 or Form 990-EZ	(A) Name	(B) Breakdown of	W-2 and/or 1099-MI		(C) Retirement and		(E) Total of columns	
See Additional Data Table	_	(i) Base compensation	ıncentive	(iii) Other reportable compensation		benefits	(B)(ı)-(D)	Form 990 or
	See Additional Data Table							

### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

		,
Ident if ier	Return Reference	Explanation
·		FIRST CLASS TRAVEL IS PERMITTED TO CERTAIN OFFICERS AND KEY EMPLOYEES FOR BUSINESS PURPOSES TRAVEL FOR BUSINESS PURPOSES IS NOT INCLUDED IN TAXBLE WAGES TRAVEL FOR COMPANIONS PURSUANT TO A WRITTEN POLICY, CERTAIN OFFICERS AND KEY EMPLOYEES'S SPOUSES ARE PERMITTED TO TRAVEL ON OCCASION WHEN NECESSARY FOR BUSINESS PURPOSES TRAVEL FOR BUSINESS PURPOSES IS NOT INCLUDED IN TAXABLE WAGES GROSS SUP PAYMENTS PURSUANT TO CALIFORNIA CIVIL CODE, PEPPERDINE UNIVERSITY PROVIDES GROSS-UPS TO EMPLOYEES THAT PROVIDED LATE SUBSTANTIATON OF EXPENSES UNDER ACCOUNTABLE PLAN RULES FOR ORDINARY AND NECESSARY BUSINESS EXPENSES PARTICIPANTS IN THE UNIVERSITY'S ministerial housing program receive gross-up payments related to FICA withholding HOUSING The value of THE housing allowance provided to participants in the University's ministerial housing program is included as a non-taxable benefit HOUSING IS ROVIDED FOR THE PRESIDENT, EXECUTIVE VICE PRESIDENT AND THE PROVOST AS A CONDITION OF EMPLOYMENT FOR THE CONVENIENCE OF THE EMPLOYER AND IS NOT INCLUDED IN TAXABLE WAGES THE CHANCELLOR EMERITUS IS PROVIDED UNIVERSITY HOUSING THE FAIR MARKET VALUE OF THIS HOUSING IS INCLUDED AS TAXABLE WAGES THE PROVISION OF SUCH HOUSING IS INCLUDED IN THE CHANCELLOR EMERITUS' CONTRACT APPROVED BY THE PRESIDENT AND THE CHAIRMAN OF THE BOARD OF REGENTS SOCIAL CLUBS TWO OF THE LISTED INDIVIDUALS RECEIVED REIMBURSEMENT FOR EXPENDITURES ASSOCIATED WITH SOCIAL CLUB MEMBERSHIPS ALL EXPENDITURES ARE FOR BUSINESS PURPOSES AND APPROVED PURSUANT TO UNIVERSITY'S REIMBURSEMENT POLICIES PERSONAL SERVICE THE PRESIDENT IS PROVIDED CERTAIN HOUSE CLEANING SERVICES IN CONNECTION WITH TRAVEL ASSOCIATED WITH SOCIAL CLUB MEMBERSHIPS ALL EXPENDITURES ARE FOR BUSINESS PURPOSES AND APPROVED PURSUANT TO UNIVERSITY'S REIMBURSEMENT POLICIES PERSONAL SERVICE THE PRESIDENT IS PROVIDED CERTAIN HOUSE CLEANING SERVICES TO AND APPROVED PURSUANT TO UNIVERSITY'S REIMBURSEMENT POLICIES PERSONAL SERVICE THE PRESIDENT IS PROVIDED CERTAIN HOUSE CLEANING SERVICES AND ATTIFURED AND AND APPROVED

Software ID: Software Version:

**EIN:** 95-1644037

Name: Pepperdine University

Form 990, Schedule J, P	art I	I - Officers, Direct	ors, Trustees, Ke	y Employees, and	Highest Compens	sated Employees		
(A) Name		<b>(B)</b> Breakdown of	W-2 and/or 1099-MIS	C compensation	(C) Deferred		(E) Total of columns	<b>(F)</b> Compensation reported in prior Form
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
Andrew k Benton	(ı) (ıı)	353,793 0	0 0	30,151 0	24,500 0	96,378 0	504,822	26,563 0
Nancy Magnusson Durham	(ı) (ıı)	209,128 0	0 0	22,108 0	21,467 0	23,859 0	276,562 0	16,436 0
Gary Hanson	(ı) (ıı)	278,389 0	0	38,903 0	24,500 0	71,209 0	413,001	33,987 0
Samuel Hinkle	(ı) (ıı)	125,731 0	0	12,390 0	38,000 0	85,419 0	261,540 0	0
Paul Lasiter	(ı) (ıı)	90,355 0	0	12,196 0	53,761 0	99,740	256,052 0	0
Charles Pippin	(ı) (ıı)	265,850 0	50,000 0	52,150 0	39,840 0	<b>44</b> ,872 0	452,712 0	33,397 0
Darryl Tippens	(ı) (ıı)	173,807 0	0	175,611 0	60,925 0	30,278 0	440,621 0	158,572
CHARLES B RUNNELS	(1) (11)	64,243 0	0 0	91,906 0	22,639 0	96,270 0	275,058 0	0
THOMAS STIPANOWICH	(1) (11)	188,917 0	0	45,024 0	19,468 0	20,855 0	274,264 0	0
GRANT NELSON	(ı) (ıı)	231,726 0	0	15,888 0	23,702 0	15,900 0	287,216 0	0
EDWARD LARSON	(ı) (ıı)	236,778 0	0 0	33,678 0	24,099 0	16,093 0	310,648 0	0
w david baird	(ı) (ıı)	95,584 0	0	15,718 0	36,417 0	43,283	191,002	0
TIMOTHY CHESTER	(1) (11)	194,982 0	0	2,620 0	19,507 0	7,78 <b>4</b> 0	224,893	0
MARC GOODMAN	(ı) (ıı)	178,109 0	0	6,851 0	18,233 0	13,251 0	216,444	0
LINDA LIVINGSTONE	(ı) (ıı)	255,904 0	0	2,676 0	24,500 0	19,765 0	302,845 0	0
PHIL PHILLIPS	(ı) (ıı)	143,697 0	0	13,092	30,054 0	62,097 0	248,940	0
EDNA POWELL	(1) (11)	178,381 0	0 0	3,505 0	18,147 0	17,819 0	217,852	0
KENNETH STARR	(ı) (ıı)	352,889 0	0 0	9,491 0	24,500 0	15,264 0	402,144	0
james wilburn	(ı) (ıı)	196,461 0	0	8,722 0	20,500 0	26,637 0	252,320 0	0
velios kodomichalos	(ı) (ıı)	196,734 0	0	3,126 0	20,223 0	20,958 0	241,041 0	0
alexander pang	(ı) (ıı)	153,509 0	0	4,361 0	15,637 0	14,221 0	187,728 0	0
RICK MARRS	(ı) (ıı)	143,017 0	0 0	13,260 0	48,653 0	48,460 0	253,390 0	0
MARK ROOSA	(1) (11)	159,292 0	0 0	3,034 0	16,178 0	17,103 0	195,607 0	0
MARGARET WEBER	(ı) (ıı)	109,467 0	0	20,069 0	40,733 0	92,930 0	263,199 0	0
THOMAS ASBURY	(ı) (ıı)	242,149 0	10,000	15,696 0	24,500 0	23,620 0	315,965 0	0
RO NALD FORD	(ı) (ıı)	164,044 0	0 0	88,319 0	17,000 0	23,329 0	292,692 0	0

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DLN: 93493165004311 OMB No 1545-0047

Open to Public

## Schedule K (Form 990)

Pepperdine University

# **Supplemental Information on Tax Exempt Bonds**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).

► Attach to Form 990. ► See separate instructions. Department of the Treasury Internal Revenue Service Name of the organization

**Inspection** Employer identification number

95-1644037

									95-164	4037			
rt I Bond Issues								· · ·	· · ·				
(a) Issuer Name	(b) Issuer EIN	<b>(c)</b> CUSIP #	(d) Date	Issued	(e) Issue	Price	<b>(f)</b> Des	cription of P	urpose	<b>(g)</b> De	feased	Beh	On alf of uer
										Yes	No	Yes	No
CEFA SERIES 2005 A&B	52-1705592	1301757M8	08-03-	2005	115,6	573,727	REFUND 19 2002 B	96,1999,2	2000 AND		x		х
CEFA SERIES 2003A	52-1705592	130175YUO	04-30-	2003	46,0	007,550	REFUND 19 BOND	93, 1994 A	ND 1999		х		х
CEFA SERIES 2010 63-0304653 13033W4L4			04-28-	2010	16,	347,846	REFUND 19	99 SERIES	Α		х		х
rt III Proceeds													
		-										E	
!			108	3,705,000	4.	5,000,00	0 1	5,345,000					
Gross proceeds in reserve funds	5												
Proceeds in refunding or defeasa	ance escrows												
4 Other unspent proceeds													
Issuance costs from proceeds			:	1,058,759		777,96	1	319,146					
Working capital expenditures fro	m proceeds												
Capital expenditures from proce	eds			676,451									
Year of substantial completion													
			Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
Were the bonds issued as part o	f a current refunding is	ssue?	Х		Х		Х						
Were the bonds issued as part o	f an advance refundınç	ıssue?	Х		Х			Х					
Has the final allocation of procee	eds been made?		х		Х		X						
Does the organization maintain a the final allocation of proceeds?		cords to support	Х		Х		Х						
t III Private Business Us	e										•	•	
				Ą		3	(	Ç	D			E	
			Yes	No	Yes	No	Yes	No	Yes	No	Yes	5	No
Was the organization a partner in a partnership, or a member of an LLC which owned property financed by tax-exempt bonds?				Х									
		financed property		х									
	(a) Issuer Name  CEFA SERIES 2005 A&B  CEFA SERIES 2003A  CEFA SERIES 2010  IT II Proceeds  Total proceeds of issue  Gross proceeds in reserve funds  Proceeds in refunding or defease  Other unspent proceeds  Issuance costs from proceeds  Working capital expenditures from  Capital expenditures from proce  Year of substantial completion  Were the bonds issued as part of the bonds issued as par	(a) Issuer Name  CEFA SERIES 2005 A&B  52-1705592  CEFA SERIES 2010  63-0304653  TIT Proceeds  Total proceeds of Issue  Gross proceeds in reserve funds  Proceeds in refunding or defeasance escrows  Other unspent proceeds  Issuance costs from proceeds  Working capital expenditures from proceeds  Capital expenditures from proceeds  Year of substantial completion  Were the bonds issued as part of a current refunding is  Were the bonds issued as part of an advance refunding  Has the final allocation of proceeds been made?  Does the organization maintain adequate books and rethe final allocation of proceeds?  till Private Business Use  Was the organization a partner in a partnership, or a methic howned property financed by tax-exempt bonds?	(a) Issuer Name (b) Issuer EIN (c) CUSIP #  CEFA SERIES 2005 A&B 52-1705592 1301757M8  CEFA SERIES 2003A 52-1705592 130175YUO  CEFA SERIES 2010 63-0304653 13033W4L4  IT Proceeds  Total proceeds of Issue Gross proceeds in reserve funds  Proceeds in refunding or defeasance escrows  Other unspent proceeds  Usuance costs from proceeds Working capital expenditures from proceeds  Capital expenditures from proceeds  Year of substantial completion  Were the bonds issued as part of a current refunding issue?  Has the final allocation of proceeds been made?  Does the organization maintain adequate books and records to support the final allocation of proceeds?  III Private Business Use  Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?  Are there any lease arrangements with respect to the financed property	(a) Issuer Name (b) Issuer EIN (c) CUSIP # (d) Date  CEFA SERIES 2005 A&B 52-1705592 1301757M8 08-03-  CEFA SERIES 2003A 52-1705592 1301757U0 04-30-  CEFA SERIES 2010 63-0304653 13033W4L4 04-28-  TETT Proceeds  Total proceeds of issue And 108  Gross proceeds in reserve funds  Proceeds in refunding or defeasance escrows  Other unspent proceeds  Usuance costs from proceeds  Working capital expenditures from proceeds  Capital expenditures from proceeds  Year of substantial completion  Were the bonds issued as part of a current refunding issue?  Were the bonds issued as part of an advance refunding issue?  Was the final allocation of proceeds been made?  Does the organization maintain adequate books and records to support the final allocation of proceeds?  **TIT Private Business Use**  Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?  Are there any lease arrangements with respect to the financed property	(a) Issuer Name (b) Issuer EIN (c) CUSIP # (d) Date Issued  CEFA SERIES 2005 A&B 52-1705592 1301757M8 08-03-2005  CEFA SERIES 2003A 52-1705592 1301757U0 04-30-2003  CEFA SERIES 2010 63-0304653 13033W4L4 04-28-2010  ***TII Proceeds  Total proceeds of Issue 108,705,000  Gross proceeds in reserve funds  Proceeds in refunding or defeasance escrows  Other unspent proceeds  Issuance costs from proceeds  Capital expenditures from proceeds  Capital expenditures from proceeds  Veer of substantial completion  Were the bonds issued as part of an advance refunding issue?  Were the bonds issued as part of an advance refunding issue?  Were the bonds insued as part of an advance refunding issue?  Were the final allocation of proceeds been made?  Does the organization maintain adequate books and records to support the final allocation of proceeds?  **TIII Private Business Use**  Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?  Are there any lease arrangements with respect to the financed property	(a) Issuer Name (b) Issuer EIN (c) CUSIP # (d) Date Issued (e) Issuer  CEFA SERIES 2005 A&B  52-1705592 1301757W0 04-30-2003 46,6  CEFA SERIES 2010 63-0304653 13033W4L4 04-28-2010 16,6  ***Total proceeds**  Total proceeds of issue 70 tall proceeds in reserve funds Proceeds in reserve funds Proceeds in refunding or defeasance escrows Other unspent proceeds Issuance costs from proceeds Sovering capital expenditures from proceeds Capital expenditures from proceeds Were the bonds issued as part of a current refunding issue?  Were the bonds issued as part of an advance refunding issue?  Were the bonds issued as part of an advance refunding issue?  Were the final allocation of proceeds been made?  Does the organization maintain adequate books and records to support the final allocation of proceeds?  Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? Are there any lease arrangements with respect to the financed property  **Total Proceeds**  104-28-2010 16,0 16,0 16,0 16,0 16,0 16,0 16,0 1	(a) Issuer Name (b) Issuer EIN (c) CUSIP # (d) Date Issued (e) Issue Price  CEFA SERIES 2005 A&B 52-1705592 1301757M8 08-03-2005 115,673,727  CEFA SERIES 2003A 52-1705592 1301757U0 04-30-2003 46,007,550  CEFA SERIES 2010 63-0304653 13033W4L4 04-28-2010 16,347,846  TOTAL Proceeds  A B Total proceeds of issue 108,705,000 45,000,00  Gross proceeds in reserve funds Proceeds in reserve funds Other unspent proceeds Issuance costs from proceeds Ussuance costs from proceeds  Capital expenditures from proceeds Working capital expenditures from proceeds Capital expenditures from proceeds Were the bonds issued as part of a current refunding issue? Were the bonds issued as part of an advance refunding issue? Were the bonds issued as part of an advance refunding issue? X X X Has the final allocation of proceeds been made? Does the organization maintain adequate books and records to support the final allocation of proceeds?  **TIP Private Business Use**  **A B **Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?  Are there any lease arrangements with respect to the financed property  **TIP Private Business Wise**  **TIP Private Business Wise**  **TIP Private Business Use**  *	(a) Issuer Name (b) Issuer EIN (c) CUSIP # (d) Date Issued (e) Issue Price (f) Des  CEFA SERIES 2005 A&B 52-1705592 1301757M8 08-03-2005 115,673,727 REFUND 19 2002 B 1 2002 B	(a) Issuer Name (b) Issuer EIN (c) CUSIP # (d) Date Issued (e) Issue Price (f) Description of Pr	(a) Issuer Name (b) Issuer EIN (c) CUSIP # (d) Date Issued (e) Issue Price (f) Description of Purpose (EFA SERIES 2005 A&B 52-1705592 1301757M8 08-03-2005 115,673,727 REFUND 1996, 1999, 2000 AND 2002 A6,007,550 REFUND 1993, 1994 AND 1999 BOND (CEFA SERIES 2003 A 52-1705592 130175YU0 04-30-2003 46,007,550 REFUND 1993, 1994 AND 1999 BOND (CEFA SERIES 2010 63-0304653 13033W4L4 04-28-2010 16,347,846 REFUND 1999 SERIES A (CEFA SERIES 2010 A108,705,000 45,000,000 15,345,000 (CEFA SERIES 2010 A108,705,000 45,000,000 15,345,000 (CEFA SERIES 2010 A108,705,000 A108,705,000 A109,000 A1099 SERIES A (CEFA SERIES 2010 A108,705,000 A1099,000 A1099 SERIES A (CEFA SERIES 2010 A108,705,000 A1099,000 A15,345,000 (CEFA SERIES 2010 A108,705,000 A1099,000 A1099 SERIES A (CEFA SERIES 2010 A108,705,000 A1099,000 A1099 SERIES A (CEFA SERIES 2010 A108,705,000 A1099,000 A1099 SERIES A (CEFA SERIES 2010 A108,705,000 A1099,000 A15,345,000 A1099,000 A1099,0	CEFA SERIES 2005 A&B   52-1705592   1301757M8   08-03-2005   115,673,727   REFUND 1996, 1999, 2000 AND 2002 B   2002 B	(a) Issuer Name	(a) Issuer Name (b) Issuer EIN (c) CUSIP # (d) Date Issued (e) Issue Price (f) Description of Purpose (label Name   label

Schedule K (Form 990) 2009

Part III Private Business Use (Continued)

			A	ı	В		С	D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		Х								
3b	Are there any research agreements with respect to the financed property which may result in private business use?		Х								
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	х									
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 %				•				
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0 %								
6	Total of lines 4 and 5		0 %								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	х									
Da	THV Arbitrage										

Part IV Arbitrage

			4	E	3	(	С		)		E
		Yes	No								
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		x		х		x				
2	Is the bond issue a variable rate issue?		Х		Х		Х				
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		х		Х		х				
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?		Х		Х		Х				
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		×		х		х				
6	Did the bond issue qualify for an exception to rebate?		х		х		х				

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DLN: 93493165004311

OMB No 1545-0047

#### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Transactions with Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Name of the organization Pepperdine University							Er	nployer id	dent if icat i	on numbe	r
reppetuine Oniversity							9:	5-16440	37		
Part I Excess Benefit Trai										401	
Complete if the organizat			Yes" on Form 99	0, P	art IV, line 25a o	r 250,	or Form	990-EZ,	Part V, line		rrected?
1 (a) Name of disq	ualıfıed	person			( <b>b)</b> Desci	ription	oftransa	ection		Yes	No
										Tes	140
2 Enter the amount of tax impos	ed on ti	ne organ	uzation manager	s or	disqualified nerso	ns dur	ing the v	earundei	<u> </u>		
section 4958		·		•				•	· \$ ——		
3 Enter the amount of tax, If any	, on line	2, abo	ve, reimbursed b	y the	e organization .			•	\$		
Part II Loans to and/or											
Complete if the organi			d "Yes" on Form !	990	, Part IV , line 26 ,	or For	m 990-E	Z, Part V			
	1 ' '	oan to				(e)	In	Appro		(g)Writt	en
(a) Name of interested person and purpose	organi	m the zation?	(c)O riginal principal amou	ınt	(d)Balance due	defa	ult?	by boar		agreeme	nt?
parpose			- Frincipal amou			¥	- NI-	commit		<b>V</b>	NI-
CHARLES J PIPPIN	То	From				Yes	No	Yes	No	Yes	No
REAL ESTATE		X	50,0	000	27,387		No	Yes		Yes	
TIMOTHY CHESTER REAL ESTATE		x	100,0	000	100.000		No		N.o.	Yes	
MARK ROOSA		^	100,0	300	100,000		IN O		No	165	
REAL ESTATE		X	200,0	000	200,000		No		No	Yes	
JOHN WATSON REAL ESTATE		x	563,4	480	551,092		No		No	Yes	
MARGARET WEBER		,	1076	254	107.051					V	
REAL ESTATE		X	107,8	851	107,851		No		N o	Yes	
Total				\$	986,330				1		
Part III Grants or Assistan Complete if the orga						lına	27				
(a) Name of interested pers					en interested pers			ount of a	rant or type	ofaccio	tanco
(a) Name of interested pers			and the	e org	janization		(C)AIII	ount or gr	- I ant or type	01 03 515	Lance
Part IV Business Transact						lun a	20- 20	h 20	_		
Complete if the orga	inizatio			T	m 990, Part IV	ine i	∠8a, 28l	υ, or 28	U.	(a) CI	naring of
(a) Name of the house	_		) Relationship veen interested		(c) A mount of	.	-J\ D -		<b>.</b>	lorgan	ızatıon's
(a) Name of interested perso	П	pe	rson and the		transaction	(	a) Descr	iption of	transaction	reve	nues?
		"	organization	_						Yes	No
See Additional Data Table				_							
		-		-		_				_	+
		1		1							

#### **Additional Data**

Software ID: Software Version:

**EIN:** 95-1644037

Name: Pepperdine University

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of Interested person	(b) Relationship between interested person and the	(c) A mount of transaction \$	(d) Description of transaction	organi	aring of zation's nues?
	organization			Yes	No
stephen LUKE BOST	SON OF regent	56,215	university employee		No
KEN DURHAM	HUSBAND OF officer	5,005	university employee		No
GAIL CHESTER	WIFE OF KEY EMPLOYEE	71,448	university employee		No
RONald PHILLIPS	FATHER OF KEY EMPLOYEE	254,720	university employee		No
SHANNON PHILLIPS	SIS-IN-LAW OF KEY EMPLYEE	124,420	university employee		No
lily pang	wife of key employee	87,297	university employee		No
THOMAS BOST	HUSBAND OF REGENT	66,963	UNIVERSITY EMPLOYEE		No

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

# **NonCash Contributions**

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

Name of the organization Pepperdine University

**Employer identification number** 

					95-1644037			
Pa	rt I Types of Property							
		(a) Check If applicable	<b>(b)</b> Number of Contributions	<b>(c)</b> Revenues reported on Form 990, Part VIII, line 1g	<b>(d</b> Method of d reven	etermi	nıng	
1	Art—Works of art	Х	15	99,009	fmv			
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications	X		63	historical cost			
	Clothing and household goods							
	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	X	26	3,060,101	hı/lo avg			
	Securities—Closely held stock .							
	Securities—Partnership, LLC, or trust interests	X	1	873,180				
	Securities—Miscellaneous	X	1	980,000	fmv			
13	Qualified conservation contribution—Historic structures							
14	Q ualified conservation contribution—Other							
15	Real estate—Residential .	Х	5	5,769,162	fmv			
16	Real estate—Commercial							
	Real estate—Other							
	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts	X	190	202.607	E			
	Other ► (other)	^	190	203,607	IIIIV			
	Other ► ()							
	O ther ► () O ther ► ()							
20 29	Number of Forms 8283 received	by the ora	l anization during the tay was	ur for contributions				
	for which the organization compl				29			16
							Yes	No
30a	During the year, did the organiza	ition receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it			
	must hold for at least three year	s from the o	date of the initial contribution	on, and which is not require	d to be used			
	for exempt purposes for the entir	re holdıng p	period?			30a		No
b	If "Yes," describe the arrangeme	ent in Part I	II					
31	Does the organization have a gif	tacceptand	ce policy that requires the r	eview of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or use contributions?	e third parti	ies or related organizations	to solicit, process, or sell i	non-cash	32a	Yes	
Ь	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	revenues i	n column (c) for a type of p	operty for which column (a	) is checked,			

#### Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Ident if ier	Return Reference	Explanation
, , , , , , , , , , , , , , , , , , , ,	The University is reporting the number of contributions received during	the year Schedule M, Part I, Line 32a Pepperdine University uses third parties to sell noncash contributions of domestic and foreign securities, physical certificates, and restricted certificates

Schedule M (Form 990) 2009

Software ID: Software Version:

**EIN:** 95-1644037

Name: Pepperdine University

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As Filed Data -

DLN: 93493165004311

2009

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SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

**Supplemental Information to Form 990** 

Name of the organization Pepperdine University **Employer identification number** 

95-1644037

ldentifier	Return Reference	Explanation
FORM 990,	PEPPERDINE	COMMITTED TO THE HIGHEST STANDARDS OF A CADEMIC EXCELLENCE AND CHRISTIAN VALUES,
PART I, line	UNIVERSITY IS AN	WHERE STUDENTS ARE STRENGTHENED FOR LIVES OF PURPOSE, SERVICE, AND LEADERSHIP THE
1 and part III,	INDEPENDENT,	UNIVERSITY ENROLLS APPROXIMATELY 7,700 STUDENTS IN ITS FIVE COLLEGES AND SCHOOLS
line 1	PRIVATE	SEAVER COLLEGE, THE UNIVERSITY'S UNDERGRADUATE LIBERAL ARTS COLLEGE, THE SCHOOL OF
	CHRISTIAN	LAW AND THE SCHOOL OF PUBLIC POLICY ARE HEADQUARTERED ON 830 ACRES IN THE SANTA
	UNIVERSITY	MONICA MOUNTAINS OVERLOOKING THE PACIFIC OCEAN AT MALIBU, CALIFORNIA THE GRADUATE
		SCHOOL OF EDUCATION AND PSYCHOLOGY AND THE GEORGE L GRAZIADIO SCHOOL OF BUSINESS
		AND MANAGEMENT ARE HEADQUARTERED AT PEPPERDINE UNIVERSITY'S FACILITY IN WEST LOS
		ANGELES FORM 990, PART I, LINE 5 AND PART V, LINE 2A NUMBER OF EMPLOYEES INCLUDES STUDENT
		WORKERS FORM 990, PART I, LINE 6 THERE ARE A NUMBER OF STUDENTS AND ALUMNI THAT
		VOLUNTEER THEIR TIME FOR VARIOUS PURPOSES AT THE UNIVERSITY THESE VOLUNTEERS,

HOWEVER, ARE NOT FORMALLY TRACKED BY THE UNIVERSITY

ldentifier	Return Reference	Explanation
FORM 990, PART III, LINE 4D	PUBLIC SERVICE	EXPENSES \$15, 162,687 REVENUE \$1,310,128 FORM 990, PART VI, SECTION A, LINE 11A INFORMATION IS SUPPLIED BY THE UNIVERSITY TO THE PAID PREPARER TO PREPARE THE RETURN A DRAFT VERSION OF THE FORM 990 IS PROVIDED TO THE SENIOR MANAGEMENT AND THE AUDIT COMMITTEE FOR REVIEW CHANGES/COMMENTS ARE SUBMITTED TO MANAGEMENT AND ANY NECESSARY CHANGES ARE MADE PRIOR TO THE FINAL REVIEW AND SIGNING OF THE TAX RETURN BY THE UNIVERSITY'S INDEPENDENT AUDITORS/TAX CONSULTANTS A FULL COPY OF FORM 990 IS PROVIDED TO THE BOARD PRIOR TO FILING FORM 990, PART VI, SECTION B, LINE 12 EACH OFFICER, REGENT, AND KEY EMPLOYEE IS REQUIRED TO DISCLOSE ANNUALLY, IN WRITING, ANY FINANCIAL OR BUSINESS RELATIONSHIPS THAT HE OR SHE, OR ANY FAMILY MEMBER, HAS WITH PEPPERDINE UNIVERSITY THESE DISCLOSURES ARE REVIEWED BY THE BOARD OF REGENTS AND GENERAL COUNSEL ALL CONFLICT SITUATIONS ARE RESOLVED AT THIS REVIEW IN ACCORDANCE WITH THE UNIVERSITY'S CONFLICT OF INTEREST POLICY IF A CONFLICT IS FOUND FOR A REGENT, THE REGENT IS A SKED TO RECUES HIMSELF OR HERSELF FROM THE MATTER RESOLUTION OF CONFLICTS OF OFFICERS AND OTHER EMPLOYEES ARE HANDLED BY GENERAL COUNSEL FORM 990, PART VI, SECTION B, LINE 15 PEPPERDINE UNIVERSITY'S BOARD OF REGENTS REVIEWS THE COMPENSATION OF THE UNIVERSITY'S OFFICERS AND CERTAIN KEY EMPLOYEES, DEPENDING ON THEIR ROLES THE BOARD OF REGENTS CONSIDERS MARKET DATA AND ANLY SES ASSEMBLED BY INDEPENDENT COMPENSATION CONSULTANTS THE DELIBERATIONS ARE REFLECTED IN ITS MINUTES FORM 990, PART VI, SECTION C, LINE 19 THE UNIVERSITY'S FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICIES, AND GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST FORM 990, PART VI, SECTION A THE FOLLOWING INDIVIDUALS DEVOTED TIME TO WAVE ENTERPRISES, INC. ANDREW K BENTON - 1 HOUR PAUL LASITER - 1 HOUR CHARLES PIPPIN - 1 HOUR TERRY M GILES - 1 HOUR RUSSELL L RAY, JR1 HOUR DAVE PROPERTY, INC. ANDREW K BENTON - 1 HOUR CHARLES PIPPIN - 1 HOUR THE FOLLOWING INDIVIDUALS DEVOTED TIME TO WAVE PROPERTY, INC. ANDREW K BENTON - 1 HOUR FRENTY SHOW AN BILL

DLN: 93493165004311

## OMB No 1545-0047

SCHEDULE R (Form 990)

Department of the Treasury

# **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

Inspection

Internal Revenue Service Name of the organization **Employer identification number** Pepperdine University 95-1644037 Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) Part I (a)
Name, address, and EIN of disregarded entity (c) (d) (e) Legal domicile (state Total income End-of-year assets Direct controlling Primary activity or foreign country) entity Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) (b) (c) (e) Legal domicile (state Exempt Code section Primary activity

(a)
Name, address, and EIN of related organization Public charity status Direct controlling or foreign country) (if section 501(c)(3)) entity WAVE SERVICES INC 24255 PACIFIC COAST HIGHWAY Pepperdine SUPPORT PU  $\mathsf{C}\mathsf{A}$ 501(C)(3) IΙΑ MALIBU, CA 90263 95-4315778 Wave Enterprises Inc 24255 PACIFIC COAST HIGHWAY Pepperdine SUPPORT PU CA 501(C)(3) TΤΔ MALIBU, CA 90263 95-4274572 Wave Property Inc 24255 PACIFIC COAST HIGHWAY Pepperdine SUPPORT PU CA 501(C)(3) MALIBU, CA 90263 95-4297104 PEPPERDINE UNIVERSITY (CALIFORNIA) UK NA EDUCATION UK PEPPERDINE ARGENTINA SRL 11 de septiembre 955 1426 cap NA **EDUCATION** AR fed BUENOS AIRES PEPPERDINE UNIVERSITY LAUSANNE la croisee av marc-dufour 15 SZ N/A education lausanne CINDERELLA IMMOBILIARE SRL viale milton 41 N/A Π education florence 50129

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income		f end-of-year		(g) Share of end-of-year assets		Share of end-of-year		ortionate tions?	rtionate Code V—UBI		(j) General or managing partner?	
								Yes	No			Yes	No				
				s a Corporation of treated as a corpo				nswer	ed "Y	es" on F	orm 990, P	art IV,					
	cause it had one t		ciacca organización.				(f)	)	Ī	(a)	(h)						
(a) Name, address, and EIN of related organization		<b>(b)</b> Primary ad	ctivity	(c) Legal domicile (state or foreign country)	( <b>d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	Share of incor	f total	Sh end-	(g) nare of -of-year issets	(h) Percentag ownership						
									1								
									1								

(6)

Note. Complete line 1 if any entity is listed in Parts II, II	TorIV	· ,		Yes	No	
	he following transactions with one or more related organizations listed in Parts II-	IV?				
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) re		••	1a		No	
<b>b</b> Gift, grant, or capital contribution to other organization(s	·		1b		No	
c Gift, grant, or capital contribution from other organization			1c		No	
<b>d</b> Loans or loan guarantees to or for other organization(s)	· ·		1d		No	
e Loans or loan guarantees by other organization(s)						
6 Colored to the colo			1f		No	
f Sale of assets to other organization(s)			1g		No	
g Purchase of assets from other organization(s)			1h		No	
i Lease of facilities, equipment, or other assets to other or	ganization(s)		1i		No	
j Lease of facilities, equipment, or other assets from other	organization(s)		1j		No	
k Performance of services or membership or fundraising solicitations for other organization(s)						
Performance of services or membership or fundraising solicitations by other organization(s)						
m Sharing of facilities, equipment, mailing lists, or other assets  n Sharing of paid employees						
						• Reimbursement paid to other organization for expenses
<b>p</b> Reimbursement paid by other organization for expenses			<b>1</b> p		No	
<b>q</b> O ther transfer of cash or property to other organization(s			1q	Yes		
r Other transfer of cash or property from other organization			1r		No	
2 If the answer to any of the above is "Yes" see the instru	ctions for information on who must complete this line, including covered relationsh	nins and transaction thres	sholds			
	(a)	(b) Transaction		(c)		
	of other organization	type(a-r)	Amoun	t involve	ed	
WAVE ENTERPRISES INC						
1) See Additional Data Table						
2)						
3)						
(4)						
5)		l	1			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d Are parti sect 501(d organiz	ners ion :)(3) :ations?	<b>(e)</b> Share of end-of-year assets		r) ortionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h Gene mana part	agın tner?
			Yes	No		Yes	No		Yes	N
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Software ID:

**Software Version:** 

**EIN:** 95-1644037

Name: Pepperdine University

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

Form 990, Schedule R, Part II - Identification of Related	lax-Exempt Organiz	ations	1	1	ı
<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary Activity	(c) Legal Domicile (State or Foreign Country)	<b>(d)</b> Exempt Code section	(e) Public charity status (if 501(c)(3))	<b>(f)</b> Direct Controlling Entity
WAVE SERVICES INC	SUPPORT PU	CA	501(C)(3)	IIA	Pepperdine
24255 PACIFIC COAST HIGHWAY MALIBU, CA90263 95-4315778					
Wave Enterprises Inc	SUPPORT PU	CA	501(C)(3)	IIA	Pepperdine
24255 PACIFIC COAST HIGHWAY MALIBU, CA90263 95-4274572					
Wave Property Inc	SUPPORT PU	CA	501(C)(3)	IIA	Pepperdine
24255 PACIFIC COAST HIGHWAY MALIBU, CA90263 95-4297104					
PEPPERDINE UNIVERSITY (CALIFORNIA) UK	EDUCATION	UK			NA
PEPPERDINE ARGENTINA SRL	EDUCATION	AR			N A
11 de septiembre 955 1426 cap fed BUENOS AIRES AR					
PEPPERDINE UNIVERSITY LAUSANNE	education	SZ			N/A
la croisee av marc-dufour 15 lausanne SZ					
CINDERELLA IMMOBILIARE SRL	education	IT			N/A
viale milton 41 florence 50129 IT					