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DLN: 93493168001193

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)

OMB No 1545-0047

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

Open to Public

A Fo	r the 2	2011 ca		3-01-2011 and ending 07-31-2012	2		•
<b>B</b> Ch	eck ıf a <sub>l</sub>	pplicable	C Name of organization PEPPERDINE UNIVERSITY			D Employer i	dentification number
☐ Ad	dress ch	nange				95-16440	
┌ Na	me cha	nge	Doing Business As			E Telephone	
Ini	tıal retu	rn	Number and street (or P O box if mail is	not delivered to street address) Room/su	ite	(310) 506	
<b>Г</b> Те	rmınate	d	24255 PACIFIC COAST HIGHWAY			<b>G</b> Gross receip	ts \$ 518,532,479
☐ Am	nended	return	City or town, state or country, and ZIP + MALIBU, CA 902634497	4	_		
Гар	plication	pending	MALIBO, CA 902634497				
			<b>F</b> Name and address of principa	lofficer	<b>H(a)</b> Is th	• ıs a group retı	ırn for
			ANDREW K BENTON 24255 PACIFIC COAST HIGHV	VAY	affilia	ites?	⊤Yes 🔽 No
			MALIBU,CA 902634497		H(b) Are a	II affiliates incl	uded?
		nt status	[ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		•	st (see instructions)
		npt status	▼ 501(c)(3)	no )   494/(a)(1) or   52/	H(c) Grou	ıp exemption i	number 🟲
J W	ebsite	e:► WW	W PEPPERDINE EDU		<u> </u>		
		ganızatıon	Corporation Trust Association	Other 🕨	<b>L</b> Year of fo	rmation 1937	<b>M</b> State of legal domicile CA
Pa	rt I	Sum	mary				
			escribe the organization's mission or HEDULE O	most significant activities			
8		SEE SCI	IEDOLE O				
Governance	-						
Yell	, -	Chack th	ıs box ► fif the organization discon	tinued its operations or disposed o	of more than 2	5% of its not	accate
ŝ			of voting members of the governing b			.5 % of its fiet	38
			of independent voting members of th				36
<u>ties</u>			mber of individuals employed in cale		. 5	4,991	
Activities &			mber of volunteers (estimate if neces			6	1
ă			related business revenue from Part V			7a	2,842,545
	ь	Net unre	lated business taxable income from	Form 990-T , line 34		7b	0
					Pric	r Year	Current Year
۵.	8	Contril	outions and grants (Part VIII, line 1	h)		28,578,060	25,338,071
al Lie	9		m service revenue (Part VIII, line 2		309,248,179	314,260,616	
Reveni	10		ment income (Part VIII, column (A)		47,494,321	29,911,929	
_	11		revenue (Part VIII, column (A), line: evenue—add lines 8 through 11 (mu	_ —	-487,155	-1,600,353	
	12		evenue—add lines 8 through 11 (mu	e   :	384,833,405	367,910,263	
	13		and similar amounts paid (Part IX,			80,213,459	81,350,122
	14		ts paid to or for members (Part IX, co			0	0
82	15	Salarıe 5–10)	es, other compensation, employee be	nefits (Part IX, column (A), lines		158,363,990	162,485,201
Expenses	16a	•	sional fundraising fees (Part IX, colu	mn (A), line 11e)		228,538	272,084
χĐ	Ь		ndraising expenses (Part IX, column (D), line			· ·	
ш	17		expenses (Part IX, column (A), lines			120,708,792	120,060,897
	18	Totale	expenses Add lines 13–17 (must ed	ual Part IX, column (A), line 25)		359,514,779	364,168,304
	19	Reveni	ue less expenses Subtract line 18 f	om line 12		25,318,626	3,741,959
\$ €					_	g of Current	End of Year
Net Assets or Fund Balances	20	Totala	issets (Part X, line 16)			<b>'ear</b> 330,529,199	1,335,920,727
t As d B	21		iabilities (Part X, line 26)			317,448,087	
200	22		sets or fund balances Subtract line			013,081,112	
Pa	rt II	Sign	ature Block		_		
			erjury, I declare that I have examined th				
	ledge a ledge.	and Delle	f, it is true, correct, and complete. Decl	aration of preparer (other than oπice	r) is based on	ali intormation	or which preparer has any
		т.					
		Signa	ture of officer			013-06-13 ate	
Sigr Her		'			Di	ate	
1161	_		N THOMASON ASSOC VP AND CONTRLR or print name and title				
		· · · · ·		Date	Check If	Preparer's tax	payer identification number
Paid		Preparer signature		9	self- employed •	(see instruction	
	arer's	Firm's na	nme (or yours PricewaterhouseCoopers L		improyed F		
Use		ıf self-en	nployed),	<u>-</u>		EIN 🕨	
	-	auuless,	-			Phone no 🕨	(617) 530-5000
May	the IR	L S discus	Boston, MA 02110 s this return with the preparer shown	above? (see instructions)			Yes □ No
ı ı a y	CITE IN	o uiotub	S GOS ICCUIN WITH THE PIEPAICI SHOW	. above: (566 HBCHUCHUH5)			1. 1.03   140

Forn	n 990 (2011)					Pa			
Par		of Program Serv	-	<b>lishments</b> Jestion in this Part III					
1	Briefly describe the	organization's missio	n						
SEE	SCHEDULE O								
2	Did the organization i the prior Form 990 oi			ervices during the year	r which were not listed on	┌ Yes ┌ No			
	If "Yes," describe the	se new services on S	Schedule O						
3	Did the organization of services?		make significar	nt changes in how it co	nducts, any program	┌ Yes ┌ No			
	If "Yes," describe these changes on Schedule O								
4	expenses Section 50	01(c)(3) and 501(c)(	4) organizations	s and section 4947(a)	ree largest program service (1) trusts are required to re th program service reported	port the amount of			
4a	(Code	) (Expenses \$	88,963,593	ıncludıng grants of \$	4,800,756 ) (Revenue \$	273,832,826 )			
	INSTRUCTION & RESEAR	RCH							
4b	(Code	) (Expenses \$	49,890,865	ıncludıng grants of \$	384,994 ) (Revenue \$	4,270,153 )			
	ACADEMIC SUPPORT								
4c	(Code	) (Expenses \$	124,969,468	ıncludıng grants of \$	76,164,372 ) (Revenue \$	11,289,102 )			
	STUDENT SERVICES INC	LUDING SCHOLARSHIPS T	O ENROLLED STUD	ENTS					
	Other program serv	ıces (Describe in Sc	hedule O )						
·	(Expenses \$	•	cluding grants o	of\$	) (Revenue \$	24,868,535)			

278,830,588

Total program service expenses►\$

art IV	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 (see instructions)? $^{f 2}$	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		N o
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		No
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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	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.	11b	Yes	
C	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.	11c		No
d	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.	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? 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 and IV	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 and IV	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	Yes	
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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

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 $\blacksquare$	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		N o
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)			
a	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	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) 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 Ma	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		N o
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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	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		N o
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	
		Fo	orm <b>990</b>	(2011)

	· · · ·
Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	•	.┏	
			Yes	No
a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 10,882			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		v	
a	gaming (gambling) winnings to prize winners?	1c	Yes	
	Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
а	Did the organization have unrelated business gross income of \$1,000 or more during the	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
а	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account or securities account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country ▶AR, GM, IT, SZ, UK			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b		
		5c		
а	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
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	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
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		Νo
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	Yes	
0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?			
-	<b>Note.</b> All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the aggregate amount of reserves on hand			
<b>.</b>	13c	_		R.
<del>4</del> a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No

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.

Check if Schedule O contains a response to any question in this Part VI . . . . . . . . . . . . . .

Se	ection A. Governing Body and Management				
		_		Yes	No
_					
1a	Enter the number of voting members of the governing body at the end of the tax year	38			
b	Enter the number of voting members included in line 1a, above, who are independent	36			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation other officer, director, trustee, or key employee?	nship with any	2		No
3	Did the organization delegate control over management duties customarily performed by or unde supervision of officers, directors or trustees, or key employees to a management company or other company.		3		No
4	Did the organization make any significant changes to its governing documents since the prior Fo filed?	·	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's	assets?	5		No
6	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect o	rappoint one or			
	more members of the governing body?	. [	7a		Νo
b	Are any governance decisions of the organization reserved to (or subject to approval by) membe or persons other than the governing body?	rs, stockholders,	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertak year by the following	en during the			
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 organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No
Se	ection B. Policies (This Section B requests information about policies not required by	the Internal	•		
Re	venue Code.)				
		г		Yes	No
	Did the organization have local chapters, branches, or affiliates?		10a		Νo
b	If "Yes," did the organization have written policies and procedures governing the activities of suc affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing the form?	body before filing	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990 .				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests the rise to conflicts?	nat could give	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? In Schedule O how this was done	·	12c	Yes	
13	Did the organization have a written whistleblower policy?		13	Yes	
14	Did the organization have a written document retention and destruction policy?		14		Νο
15	Did the process for determining compensation of the following persons include a review and approint independent persons, comparability data, and contemporaneous substantiation of the deliberation				
а	The organization's CEO, Executive Director, or top management official		15a	Yes	
ь	Other officers or key employees of the organization	[	15b		No
	If "Yes," to line 15a or 15b, 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 arr taxable entity during the year?		16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation in joint venture arrangements under applicable federal tax law, and take steps to sa	feguard the			
	organization's exempt status with respect to such arrangements?		16b		
	ection C. Disclosure				
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 (3)s only) available for public inspection. Indicate how you made these available. Check all that				

Own website Another's website V Upon request

- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 BRIAN THOMASON 24255 PACIFIC COAST HIGHWAY

MALIBU, CA 902634497 (310)506-7269

# 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

- 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, if any 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

(a) Name and Title  A verage hours par week (describe hours for related organizations in Schedule O)  See Additional Data Table  (b) Position (do not check more than one box, unless person is both an officer and a director/trustee)  (c) Position (do not check more than one box, unless person is both an officer and a director/trustee)  (describe hours for related organizations is not should be a director/trustee)  (describe hours for related organizations is not should be a director/trustee)  (describe hours for related organizations is not should be a director/trustee)  (describe hours for related organizations)  (describe hours for related organizations)  (describe hours for the director/trustee)  (describe hours for related organizations)  (describe hours for the director/trustee)  (describe hours for related organizations)  (describe hours for the director/trustee)  (de	Check this box if neither the organiz	•	lated o	rganı	ızatı	ons	compe	ensat	ed any current or fo	ormer officer, direct	tor, or trustee
for related organizations in Schedule Officer Schedule O) organizations	(A)	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a			Position (do not check more than one box, unless person is both an officer and a			(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
See Additional Data Table		for	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former		MI3C)	I
	See Additional Data Table										

LOS ANGELES, CA 90012

\$100,000 of compensation from the organization  $\blacktriangleright$ 40

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) Average hours per week (describe	mor unles an	(C) Sition (do not check nore than one box, less person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W- 2/1099-MISC)		(E) Reportable compensation from related organizations (W- 2/1099-		(F) Estimated amount of othe compensation from the organization an	
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former			MISC)		relat organiza	
See A	Addıtıonal Data Table													
												+		
												+		
												+		
												+		
												+		
												+		
							-					+		
												+		
												+		
												-		
							_	_				_		
												_		
1b c	Sub-Total	to Part VII Sec		• •	•	•		<u>►</u>						
d	Total (add lines 1b and 1c) .			•	•	•		<b>P</b>		6,136,086		0	:	1,743,494
2	Total number of individuals (incl \$100,000 of reportable compen	-					above	) who	o receive	ed more tha	ın	•		
													Yes	No
3	Did the organization list any <b>for</b> on line 1a? <i>If</i> "Yes," complete Sci					ey e			or highes		ated employee	_		
4	For any individual listed on line	1a, is the sum o	f report	able	com		sation	and	other co	mpensatioi		3	Yes	
	organization and related organiz	• • • •		•	•	•	• •	•	• • •	• • •		4	Yes	
5	Did any person listed on line 1a								_					
	services rendered to the organiz	ration / IT Tes,	compiet	e Scn	eaui	елт	or suci	n pen	son .		•	5		No
S	ection B. Independent Con	tractors												
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	n the organizatio												
	Nar	(A) ne and business ad	dress							Desci	(B) ription of services		(C Comper	
CAME	XO AMERICA LLC PUS MAIL-TCC RM 110 BU, CA 90263									CATERING			5	,980,749
PALIS 1620	ADES MEDIA GROUP INC 26TH STREET A MONICA, CA 90404									ADVERTISING	G		2	,071,207
LATH.	AM WATKINS LLP DX 894256 NGELES, CA 90189									CONSULTING	i .		1	,267,413
RAME PO B	ELLI JANITORIAL SVC DX 51193 ORLEANS, LA 70151									JANITORIAL			1	,196,289
ENVI	RONMENTAL CONTRACTING CORP									CONSTRUCT	ION		1	,160,408

2 Total number of independent contractors (including but not limited to those listed above) who received more than

Form 99		Statement of Revenue					Page <b>9</b>
Pall	<del>,</del>	Statement 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
<u> </u>	1a	Federated campaigns 1a					
표들	b	Membership dues 1b					
ΣĔ	c	Fundraising events 1c	633,988				
差	d	Related organizations 1d	460,960				
°, E	e	Government grants (contributions) 1e	3,626,172				
동 교	f	All other contributions, gifts, grants, and <b>1f</b>	20,616,951		į		
Contributions, gifts, grants and other similar amounts	g	similar amounts not included above  Noncash contributions included in lines 1a-1f \$ 4,888,908					
Ş.≝.	h	Total. Add lines 1a-1f	►	25,338,071			
		Busine	ss Code				
Ĭ	2a	STUDENT TUITION AND FEES	611710	269,884,252	269,884,252		
9.A.e.	ь	ROOM AND BOARD	611710	32,464,671	32,464,671		
ው ፲	<sub>c</sub>	SALES AND SERVICES	722210	6,272,680	3,824,175	2,448,505	
Z Z	d	EDUCATIONAL AND GENERAL	611710	5,428,388	5,428,388	2,110,303	
B		OTHER PROGRAM SERVICES	-				
Program Serwoe Revenue	e f	All other program service revenue	611710	210,625	210,625		
Š	'	All other program service revenue					
	g	Total. Add lines 2a-2f	. ▶	314,260,616			
	3	Investment income (including dividends, intere	est				
		and other similar amounts)	<u> </u>	16,437,216		394,040	16,043,176
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
	 		ersonal				
	6a	Gross rents Less rental					
	b	expenses					
	C	Rental income or (loss)					
	d	Net rental income or (loss)	🕨				
		(ı) Securities (ıı)	Other				
	7a	Gross amount 163,060,657 from sales of assets other					
	ь	than inventory Less cost or 149,385,779	200,165				
		other basis and sales expenses	,				
	l c	Gain or (loss) 13,674,878	-200,165				
	d	Net gain or (loss)		13,474,713			13,474,713
Other Revenue	8a	Gross income from fundraising events (not including \$ 633,988 of contributions reported on line 1c) See Part IV, line 18					
Ě		a	298,173				
<u> </u>	ь	Less direct expenses b	1,036,272				
돌	c	Net income or (loss) from fundraising events .		-738,099			-738,099
•	9a	Gross income from gaming activities See Part IV, line 19					
	ь	Less direct expenses b					
	С	Net income or (loss) from gaming activities .	►	o			
	10a	Gross sales of inventory, less returns and allowances .					
	ь	Less cost of goods sold b					
	c	Net income or (loss) from sales of inventory .	, 1	0			
			ss Code				
		LOSS ON EARLY EXTINGUISHMENT OF DEBT		-862,254			-862,254
	b						
	°						
	d	All other revenue					
	e	Total. Add lines 11a-11d	•	-862,254			
	12	<b>Total revenue.</b> See Instructions		367,910,263	311,812,111	2,842,545	27,917,536

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX

Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0	·		· .
2	Grants and other assistance to individuals in the United States See Part IV, line 22	81,350,122	81,350,122		
3	Grants and other assistance to governments, organizations, and individuals outside the United States 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	5,560,877	1,806,007	3,389,493	365,377
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,146,213	541,785	604,428	0
7	Other salaries and wages	117,162,214	86,911,419	25,997,650	4,253,145
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	8,815,853	5,800,897	2,653,206	361,750
9	Other employee benefits	21,113,208	15,900,585	4,323,805	888,818
10	Payroll taxes	8,686,836	5,594,213	2,768,221	324,402
11	Fees for services (non-employees)				<u> </u>
а	Management	700,309		700,309	
b	Legal	1,513,897	38,844	1,475,053	
c	Accounting	516,501	5,831	510,670	
d	Lobbying	177,119	-,	177,119	
e	Professional fundraising See Part IV, line 17	272,084		2.17,225	272,084
f	Investment management fees	4,512,817		4,512,817	
g	Other	11,745,893	5,180,228	6,344,047	221,618
12	Advertising and promotion	5,942,439	4,456,350	1,227,604	258,485
13	Office expenses	6,645,565	3,276,730	3,292,622	76,213
14	Information technology	, ,	, ,	, ,	
15	Royalties	0			
16	Occupancy	20,955,990	10,775,516	10,018,726	161,748
17	Travel	8,973,049	6,380,423	2,448,640	143,986
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	5,554,125	_,,,,,,,,	
19	Conferences, conventions, and meetings	3,313,248	2,278,414	995,887	38,947
20	Interest	11,083,471	9,066,279	1,972,858	44,334
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	19,685,444	16,102,693	3,504,009	78,742
23	Insurance	3,981,495	55,244	3,926,251	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	CONSTRUCTION & EQUIPMENT	3,575,929	4,594,593	-1,023,924	5,260
b	EQUIPMENT RENTAL/MAINTENANCE	2,798,611	1,032,148	1,751,783	14,680
c	PRINTING & PUBLICATIONS	1,462,264	816,020	594,194	52,050
d	OTHER EXPENSES	12,476,856	16,866,247	-4,535,002	145,611
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	364,168,304	278,830,588	77,630,466	7,707,250
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				rm <b>990</b> (2011)

Form 990 (2011) Page **11** Part X **Balance Sheet** (A) (B) Beginning of year End of year 1 1 43, 166, 649 63,536,621 2 2 3 27,752,378 3 28,904,711 7.323.208 5.232.132 4 Accounts receivable, net . 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . . . 1.072.459 5 408.518 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 0 Schedule L . . . . . 0 6 23,812,474 24,512,531 7 8 5,458,727 4.902.961 9 9 Prepaid expenses and deferred charges . . . . 509.192.999 Land, buildings, and equipment cost or other basis *Complete* 10a Part VI of Schedule D 10a 10b 168,428,987 b Less accumulated depreciation . . . . 346,237,573 **10c** 340,764,012 299,346,145 260,747,004 11 11 461, 164, 471 333,875,097 12 12 Investments—other securities See Part IV, line 11 . . . . . . 13 13 0 Investments—program-related See Part IV, line 11 . . 0 14 Intangible assets . . . . . . . . . 14 114,495,058 273,737,197 15 15 1,330,529,199 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 1,335,920,727 27,013,643 17 24,719,076 17 Accounts payable and accrued expenses . 18 18 19 8,542,516 19 9,937,303 20 177.089.530 20 189.530.577 21 38,588,543 21 40.754.212 Escrow or custodial account liability Complete Part IV of Schedule D . . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 0 persons Complete Part II of Schedule L $\ldots$ . $\ldots$ . $\ldots$ 0 0 23 Secured mortgages and notes payable to unrelated third parties . . . 0 23 24 Unsecured notes and loans payable to unrelated third parties . . . . 49,888,429 24 49,891,018 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 16,325,426 25 16,845,749 D . . . . . 26 317,448,087 26 331,677,935 **Total liabilities.** Add lines 17 through 25 . . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 575,703,978 27 Unrestricted net assets . . . . 595,418,296 132,377,532 28 103,043,413 28 Temporarily restricted net assets . . . . . Fund 29 304,999,602 29 305,781,083 Permanently restricted net assets . . . . Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds . . . . . 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds ž 33 Total net assets or fund balances . . . . . 1.013.081.112 33 1,004,242,792 34 Total liabilities and net assets/fund balances . . . . . 1.330.529.199 1.335.920.727 34

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				_
	Check if Schedule O Contains a response to any question in this Part XI	· · ·	•	.   *	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		367,9	910,263
2	Total expenses (must equal Part IX, column (A), line 25)	2		364,1	.68,304
3	Revenue less expenses Subtract line 2 from line 1	3		3,7	41,959
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,013,0	81,112
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-12,5	580,279
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		1,004,2	242,792
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		•	୮	
		ı		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	
С	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight or 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				
	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 on a separate basis, consolidated basis, or both	issued			
	Separate basis Consolidated basis Both consolidated and separated basis		ı	1	1
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Single Audit Act and OMB Circular A-133?	ne	За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b	Yes	

**Employer identification number** 

# OMB No 1545-0047

## **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

h

Name of the organization

# **Public Charity Status and Public Support**

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.

2011

Open to Public Inspection

PEPPERDINE UNIVERSITY Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i).  $\overline{\mathbf{v}}$ 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II ) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated Type III - Other Type I **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	pe of Is the organization in col (i) listed in your governing see  (v) Did you notify the organization in col (i) of your support?		(vi) Is the organizati col (i) orga in the U	on in anized	(vii) A mount of support?		
		ınstructions))	Yes	No	Yes	No	Yes	No	
Total									

Provide the following information about the supported organization(s)

instructions

Sch	edule A (Form 990 or 99	90-EZ)2011						Page <b>2</b>
	(Complet	e only if you	checked the	box on line 5,	7, or 8 of Part	<b>(b)(1)(A)(iv)</b> I or if the orgar	nızatıon faıle	d to qualify
			<u>organızatıon f</u>	fails to qualify ι	<u>under the tests</u>	listed below, pl	<u>lease comple</u>	ete Part III.)
	ection A. Public Su			1		Т	1	
Cal	endar year (or fiscal ye in)	ar beginning	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	(d) 2010	(e) 2011	( <b>f</b> ) Total
1	Gifts, grants, contribut	ions, and						
	membership fees recei							
	ınclude any "unusual							
_	grants ") Tax revenues levied fo	rtho						
2	organization's benefit a							
	paid to or expended on							
	behalf							
3	The value of services of							
	furnished by a governme the organization withou							
4	Total. Add lines 1 thro	_						
5	The portion of total cor	-						
-	by each person (other	than a						
	governmental unit or p	•						
	supported organization line 1 that exceeds 2%							
	amount shown on line 1							
	(f)	21,0014						
6	Public Support. Subtractine 4	ct line 5 from						
S	ection B. Total Sup	port						
Cal	<b>endar year</b> (or fiscal yea	r beginning	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
_	ın)	_	(4) 2007	(2) 2000	(4) 2005	(4) 2020	(0) 2022	(1) 1 3 4 4
7 8	A mounts from line 4 Gross income from inte	rost –						
0	dividends, payments re							
	securities loans, rents							
	and income from simila	ır						
_	sources							
9	Net income from unrela business activities, wh							
	not the business is reg							
	carried on							
10	Other income (Explain							
	IV ) Do not include gai from the sale of capital							
11	Total support (Add line							
	through 10)							
12	Gross receipts from re	lated activities	s, etc (See inst	ructions )			12	
13	First Five Years If the		r the organizati	on's first, second	l, thırd, fourth, or	fıfth tax year as a	501(c)(3) or	
	check this box and <b>sto</b>	p here						<b>▶</b> □
S	ection C. Computat	ion of Publ	ic Support F	Percentage				
14	Public Support Percen	tage for 2011	(line 6 column	(f) dıvıded by lıne	11 column (f))		14	
15	Public Support Percen	tage for 2010	Schedule A , Pa	rt II, line 14			15	
16a	33 1/3% support test-					line 14 is 33 1/3%	% or more, che	
h	and <b>stop here.</b> The org  33 1/3% support test					6a and line 15 is	33 1/20% or m	ore check this
D	box and <b>stop here.</b> The					oa, and inte 15 IS	1/3%0 UI M	ore, check this
17a	10%-facts-and-circum	-	•		-	ne 13, 16a, or 16	b and line 14	٠,
	ıs 10% or more, and ıf							
	in Part IV how the orga	anızatıon meet	s the "facts and	d circumstances"	test The organiz	zatıon qualıfıes as	a publicly su	
b	organization 10%-facts-and-circum	stances test—	<b>2010.</b> If the ora	anization did not	check a hov on li	ne 13, 16a 16b	or 17a and lin	<b>▶</b> □
,	15 is 10% or more, an							-
	Explain in Part IV how	the organizati						
10	supported organization  Private Foundation If t		n did not chools	a hov on line 12	16a 16h 17a a	or 17h chack this	hov and coc	<b>►</b> □

**▶**□

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not

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

33 1/3% support tests-2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

**▶**[

Part IV	<b>Supplemental Information.</b> 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. Also complete this part for any additional information. (See instructions).							
	Facts And Circumstances Test							
Explanation								

Schedule A (Form 990 or 990-EZ) 2011

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493168001193

OMB No 1545-0047

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

Political Campaign and Lobbying Activities

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

Name	of the	orga	nızatıon
<b>PEPPER</b>	DINE U	JNIVER	SITY

Employer identification number

Yes

95-1644037

Part I-A	Complete if the organiz	ation is exempt unde	r section 501(c)	) or is a s	section 527	organızatıon.

- Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV
- Political expenditures
- 3 Volunteer hours

art I-R	Complete if the or	ganization is evem	pt under section 501(c	1(3)
air T-D	complete if the or	yanızandı is exem	branaei secnon sorfc	)(J).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
- Enter the amount of any excise tax incurred by organization managers under section 4955
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
- Was a correction made?
- b If "Yes," describe in Part IV

## Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- Did the filing organization file Form 1120-POL for this year?

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0 -

**f** Grassroots lobbying expenditures

(The term "expenditures" means amounts paid or incurred.)  Lia Total lobbying expenditures to influence public opinion (grass roots lobbying)  b Total lobbying expenditures to influence a legislative body (direct lobbying)  c Total lobbying expenditures (add lines 1a and 1b)  d Other exempt purpose expenditures  e Total exempt purpose expenditures (add lines 1c and 1d)  f Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  The lobbying nontaxable amount is:  Not over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 over \$1,000,000 but not over \$1,000,000 \$1,000,000  g Grassroots nontaxable amount (enter 25% of line 1f)  Subtract line 1g from line 1a If zero or less, enter -0-  i Subtract line 1f from line 1c If zero or less, enter -0-  j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h)  (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)	ווטפ	edule C (F	01111 9 9 0 01 9 9 0 - EZ ) 2 0 1 1					Page <b>∠</b>
A Check   If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member expenses, and share of excess lobbying expenditures)    Check   If the filing organization checked box A and "limited control" provisions apply    Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)   Organization Total Incurred (The term "expenditures" means amounts paid or incurred.)   Organization Total Incurred (The term "expenditures to influence a legislative body (direct lobbying)	Pa	rt II-A		n is exempt under	section 501(	c)(3) and fi	iled Form 5768	(election
expenses, and share of excess lobbying expenditures)  Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)  Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)  Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)  Limits on Lobbying Expenditures (The term "expenditures to influence public opinion (grass roots lobbying)  Lobbying expenditures to influence a legislative body (direct lobbying)  Total lobbying expenditures (add lines 1a and 1b)  Other exempt purpose expenditures  Total obtaining purpose expenditures (add lines 1c and 1d)  Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  If the amount on line 1e, column (a) or (b) is:  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  S1,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000 but not over \$1,500,000  S1,000 but not over \$1,500,000  Over \$1,0	١	Check		an affiliated group (and	lıst ın Part IV ea	ch affiliated gr	oup member's nam	e, address, EIN,
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)  Total lobbying expenditures to influence public opinion (grass roots lobbying)  Total lobbying expenditures (add lines 1 aand 1b)  Other exempt purpose expenditures (add lines 1 aand 1b)  Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line Le, column (a) or (b) is:  If the amount on line Le, column (a) or (b) is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S10,000,000  Over \$1,000,000 but not over \$1,000,000  S10,000,000  Fig. Soon over \$1,000,000  Fig. Soon ov			expenses, and share of excess lob	bying expenditures)		_	•	
Total lobbying expenditures to influence public opinion (grass roots lobbying)  b Total lobbying expenditures to influence a legislative body (direct lobbying)  c Total lobbying expenditures (add lines 1a and 1b)  d Other exempt purpose expenditures  e Total exempt purpose expenditures (add lines 1c and 1d)  f Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000  Diver \$500,000  Diver \$500,000  Diver \$500,000 but not over \$1,000,000  Diver \$1,000,000 but not over \$1,000,0	3	Check	ıf the filing organization checked bo	ox A and "limited contro	ol" provisions app	ly	1	1
(The term "expenditures" means amounts paid or incurred.)  Ital Total lobbying expenditures to influence public opinion (grass roots lobbying)  b Total lobbying expenditures (add lines 1a and 1b)  d Other exempt purpose expenditures  e Total exempt purpose expenditures (add lines 1c and 1d)  f Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  The lobbying nontaxable amount is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1225,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1225,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but			Limits on Lobbying	Expenditures			(a) Filing	(b) Affiliated
Total lobbying expenditures to influence public opinion (grass roots lobbying)  b Total lobbying expenditures (add lines 1a and 1b)  d Other exempt purpose expenditures  Total exempt purpose expenditures (add lines 1c and 1d)  f Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  The lobbying nontaxable amount is: Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S175,000 plus 15% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S100,000 plus 15% of the excess over \$1,000,000  Over \$1,000,000  Over \$1,000,000  Over \$1,000,000  The lobbying nontaxable amount is:  Not over \$500,000  Over \$1,000,000  Over \$1,000,00					l.)		Organization's Totals	Group Totals
b Total lobbying expenditures to influence a legislative body (direct lobbying)  c Total lobbying expenditures (add lines 1a and 1b)  d Other exempt purpose expenditures  e Total exempt purpose expenditures (add lines 1c and 1d)  f Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is: Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,7000,000  Over \$1,000,000 but not over \$1,7000,000  S225,000 plus 15% of the excess over \$1,000,000  Over \$1,7000,000  Over \$1,7000,000  F17,000,000  S225,000 plus 5% of the excess over \$1,500,000  Over \$1,7000,000  F17,000,000  F17,000		<b>-</b>			1 \		100013	1 ocars
c Total lobbying expenditures (add lines 1a and 1b)  d Other exempt purpose expenditures  e Total exempt purpose expenditures (add lines 1c and 1d)  f Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  In the excess over \$1,000,000  F1,000,000  F1,000,0				· -				
d O ther exempt purpose expenditures  Total exempt purpose expenditures (add lines 1c and 1d)  Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  The lobbying nontaxable amount is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000					ying)			
Total exempt purpose expenditures (add lines 1c and 1d)    Lobbying nontaxable amount Enter the amount from the following table in both columns   If the amount on line 1e, column (a) or (b) is:			,	b)				
f Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$17,000,000 but not over \$1,7000,000  Over \$17,000,000 but not over \$17,000,000  S225,000 plus 10% of the excess over \$1,000,000  Over \$17,000,000  Over \$17,000,000  Over \$17,000,000  S225,000 plus 5% of the excess over \$1,000,000  Over \$17,000,000  Over \$17,000,000  S1,000,000  S1,000,0	d	Otherexe	empt purpose expenditures					
Columns  If the amount on line 1e, column (a) or (b) is: Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$500,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,7000,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,000,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000  Over \$1,500,000  S1,000,000	e	Total exe	mpt purpose expenditures (add lines 1	.c and 1d)				
Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,7000,000  Over \$1,500,000 but not over \$1,7000,000  Over \$1,500,000 but not over \$1,000,000  Over \$1,500,000 but not over \$1,000,000  S225,000 plus 5% of the excess over \$1,500,000  Over \$17,000,000  S1,000,000  Grassroots nontaxable amount (enter 25% of line 1f)  Subtract line 1g from line 1a If zero or less, enter -0-  Subtract line 1f from line 1c If zero or less, enter -0-  If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h)  (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008  (b) 2009  (c) 2010  (d) 20  Lobbying celling amount	f		nontaxable amount Enter the amount	from the following table	in both			
Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,000,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,00		If the an	ount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Section \$225,000 plus 5% of the excess over \$1,500,000  Over \$17,000,000  g Grassroots nontaxable amount (enter 25% of line 1f)  h Subtract line 1g from line 1a If zero or less, enter -0-  i Subtract line 1ffrom line 1c If zero or less, enter -0-  j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h)  (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008  (b) 2009  (c) 2010  (d) 20  2a Lobbying ceiling amount		Not over \$5	500,000	20% of the amount on lii	ne 1e			
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,00		Over \$500,	000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20  Lobbying celling amount		Over \$1,00	0,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	,000		
g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1ffrom line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20  Lobbying non-taxable amount		Over \$1,50	0,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,	000		
h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount		Over \$17,0	00,000	\$1,000,000				
h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount								
i Subtract line 1f from line 1c If zero or less, enter -0-  j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008  (b) 2009  (c) 2010  (d) 20  Lobbying non-taxable amount		Grassroo	ts nontaxable amount (enter 25% of li	ne 1f)				
i Subtract line 1f from line 1c If zero or less, enter -0-  j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008  (b) 2009  (c) 2010  (d) 20  Lobbying non-taxable amount	h	Subtract	line 1a from line 1a If zero or less. en	ter -0 -				
Jection 4911 tax for this year?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008  (b) 2009  (c) 2010  (d) 20  Lobbying ceiling amount								
4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete al columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20  Lobbying non-taxable amount					organization file	Form 4720 re	portina	
(Some organizations that made a section 501(h) election do not have to complete al columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20  Lobbying non-taxable amount							F - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	┌ Yes ┌ No
Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 2009  Lobbying non-taxable amount		(Sor	ne organizations that made a	section 501(h) el	ection do not	have to co		ne five
beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20  2a Lobbying non-taxable amount  b Lobbying ceiling amount			Lobbying Exp	enditures During	4-Year Avera	ging Period	d	
<b>b</b> Lobbying ceiling amount				(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> Total
	2a	Lobbyin	g non-taxable amount					
	b							
c Total lobbying expenditures	c	Total loi	obying expenditures					
d Grassroots non-taxable amount	d	Grassro	ots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))	e							

	,	<u> </u>	~ 9 '
Part II-B	Complete if the o	organization is exempt under section 501(c)(3) and has NOT filed Form 576	8
	(election under s	section 501(h)).	

	, , , , , , , , , , , , , , , , , , ,	(6	a)	(b)
		Yes	No	Amount
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)?		No	
C	Media advertisements?		No	
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?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		177,11
j	Total lines 1c through 1i			177,11
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$ ?		No	
b	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		İ	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c	)(5), o	r 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".

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).		
а	Current year	2a	
b	Carryover from last year	2b	
C	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
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?	4	
5	Tayable amount of lobbying and political expenditures (see instructions)	5	

### Supplemental Information

Dues, assessments and similar amounts from members

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

Identifier	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 THE ORGANIZATION HIRED A LOBBYING FIRM TO PURSUE HIGHER EDUCATION INITIATIVES

1 1

**Supplemental Financial Statements** 

► Attach to Form 990. ► See separate instructions.

DLN: 93493168001193

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Department of the Treasury Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

Open to Public Inspection

Name	of	the	orga	niza	tior
CODED	D TA		ID IED.	cm,	

	me of the organization PERDINE UNIVERSITY		Employer identifica	tion numbe	г		
PLF	FERDINE UNIVERSITY		95-1644037				
Pa	organizations Maintaining Donor A organization answered "Yes" to Form 99	0, Part IV, line 6.		•			
		(a) Donor advised funds	(b) Funds and o	ther accou	nts		
1	Total number at end of year	3					
2	Aggregate contributions to (during year)						
3	Aggregate grants from (during year)	116,036					
4	Aggregate value at end of year	453,742					
5	Did the organization inform all donors and donor adv funds are the organization's property, subject to the		or advised	✓ Yes	┌ No		
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ber conferring impermissible private benefit	efit of the donor or donor advisor, or for an	y other purpose	✓ Yes	┌ No		
	rt II Conservation Easements. Complete		Form 990, Part IV	/, line 7.			
2	Preservation of land for public use (e.g., recreation or pleasure) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation						
	easement on the last day of the tax year	Г	Held at the	End of the	Year		
а	Total number of conservation easements		2a				
ь	Total acreage restricted by conservation easements		2b				
c	Number of conservation easements on a certified his	storic structure included in (a)	2c				
d	Number of conservation easements included in (c) a	cquired after 8/17/06	2d				
3	Number of conservation easements modified, transfer the taxable year -	erred, released, extinguished, or terminated	d by the organization	during			
4	Number of states where property subject to conserv	ation easement is located ►	_				
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds		ling of violations, and	☐ Yes	☐ No		
6	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easeme	ents during the year 🕨	·			
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easements	during the year				
8	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2 (d) above satisfy the requirements of sect	ion	☐ Yes	┌ No		
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements						
Par	<b>t III</b> Organizations Maintaining Collection Complete if the organization answered		or Other Similar	Assets.			
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fir	for public exhibition, education or researc	h ın furtherance of pu		,		
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research in					
	(i) Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$				
	(ii) Assets included in Form 990, Part X		<b>►</b> \$	2,75	4,301		
2	If the organization received or held works of art, hist following amounts required to be reported under SFA		r financial gain, provid	de the			

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part	•••• Organizations Maintaining Co	llections of Art	<u>, His</u>	torio	<u>cal Tre</u>	asures, or O	<u>the</u>	<u>r Similar Ass</u>	ets (c	ontinued)
3	Using the organization's accession and other items (check all that apply)	r records, check any	y of th	ne foll	owing th	at are a significa	ınt u	se of its collection	n	
а	Public exhibition		d	$\vdash$	Loan or	r exchange progr	ams			
b	Scholarly research		e	$\vdash$	Other					
c	✓ Preservation for future generations									
4	Provide a description of the organization's c Part XIV	ollections and expla	ın hov	w they	further	the organization	's ex	kempt purpose in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than								Yes	√ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an ar	ements. Comple	ete ıf	the o	organiz	ation answere		es" to Form 99	0,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other interme	dıary	for c	ontributi	ons or other ass	ets		Yes	√ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	/ıng ta	ble	Г				
_							4 .	Amo	unt	
C C	Beginning balance					-	1c			
d	Additions during the year					F	1d			
e	Distributions during the year						1e			
f	Ending balance					L	1f		_	
2a	Did the organization include an amount on F		e 21?					F	Yes	∏ No
	If "Yes," explain the arrangement in Part XIV									
Pa	rt V Endowment Funds. Complete								<b>(-</b> \\	V DI-
1-	Reginning of year balance	(a)Current Year 622,580,000	(b)	Prior Y 564	ear 591,000	(c)Two Years Back 528,735,00	_	1)Three Years Back 673,531,000	(e)Four	Years Back
1a L	Beginning of year balance	10,344,000			222,000	7,913,00	+-	3,903,000		
b	Contributions	7,866,000			921,000	58,356,00	+-	-116,941,000		
с	Investment earnings or losses	7,866,000		79,	.921,000	38,336,00		-116,941,000		
d	Grants or scholarships	22 927 000		22	154,000	20 412 00	0	21 759 000		
е	Other expenditures for facilities and programs	32,837,000		33,	154,000	30,413,00		31,758,000		
f	Administrative expenses									
g	End of year balance	607,953,000		622,	580,000	564,591,00	10	528,735,000		
2	Provide the estimated percentage of the year	r end balance held a	as		I					
– a	Board designated or quasi-endowment	47 810 %								
_	Permanent endowment 44 800 %									
b	7 300 %									
c 3a	reilireildowilleilt F	colon of the organiza	ation i	+62+2	ro bold i	and administers	l for	tha		
3a	Are there endowment funds not in the posse organization by	ssion of the organiza	ation	triat a	ire neid a	and administered	1 101	trie	Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		No
b	If "Yes" to 3a(II), are the related organization	ns listed as required	d on S	ched	ule R?			3b		
4	Describe in Part XIV the intended uses of the	ie organization's end	dowme	ent fu	nds					
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	0, Pa	rt X,	line 10	). 				
	Description of property				Cost or oth (investme			(c) Accumulated depreciation	( <b>d</b> ) Bo	ok value
1a	and					25,712,	050			5,712,050
Ь	Buildings					367,054,	068	137,938,102	22	9,115,966
c I	_easehold improvements									
d i	Equipment					64,454,	389	30,490,885	3	3,963,504
е (	Other					51,972,				1,972,492
	I. Add lines 1a-1e <i>(Column (d) should equal Fe</i>	orm 990, Part X, colum	nn (B)	), line	10(c).)			►		0,764,012
	•	· · · · · · · · · · · · · · · · · · ·						Schedule D (	Form 9	90) 2011

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b)Book value	d of valuation f-year market value
(1)Financial derivatives		,
(2)Closely-held equity interests		
(3)Other		
(A) ALTERNATIVE INVESTMENTS	329,263,360	F_
(B) CASH & CASH EQUIVALENT	2,550,803	F
		<u> </u>
(C) OTHER	2,060,934	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 ) ▶	333,875,097	
Part VIII Investments—Program Related. See		
		d of valuation
(a) Description of investment type	(b) Book value	f-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )		
Part IX Other Assets. See Form 990, Part X, lin	e 15.	
(a) Descrip	tion	(b) Book value
(1) ASSETS HELD AS TRUSTEE		197,093,359
(2) INVESTMENTS IN SUBSIDIARIES		49,202,064
(3) INVESTMENTS - REAL ESTATE		15,815,770
(4) INVESTMENTS - NOTES RECEIVABLE		9,786,639
(5) HELD UNDER AGENCY AGREEMENTS		1,839,365
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.	5)	 273,737,197
Part X Other Liabilities. See Form 990, Part X		 213,131,131
1 (a) Description of Liability	( <b>b)</b> Amount	
	_	
Federal Income Taxes	1 020 265	
DUE UNDER AGENCY AGREEMENTS	1,839,365	
US GOVERNMENT FUNDED STUDENT LOANS	15,006,384	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 ) ▶	16,845,749	 

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	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
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	Amounts 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		
b	Other (Describe in Part XIV)		
C	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per F	leturn
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses	1	
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	Amounts 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		
b	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	Supplemental Information		
	minto this mant to married the decomptions are consider Book II lines 2. F. and O. Book III lines 4. and 4. Bo		

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

Identifier	Return Reference	Explanation
SCHEDULE D, PART III, LINE 4	MAINTAINS SPECIAL COLLECTIONS AND ARCHIVES THE	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 COLLLECTIONS 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

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DLN: 93493168001193

OMB No 1545-0047

# **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **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.

**Employer identification number** 

Name of the organization PEPPERDINE UNIVERSITY  Employer identification			ation number				
FLFFI	95-164	4037					
Pa	rt I		YES	NO			
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its chart other governing instrument, or in a resolution of its governing body?	er, bylaws,	Yes				
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all in brochures, catalogues, and other written communications with the public dealing with student admissions	s,					
3	programs, and scholarships?  Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast me	dia during	Yes				
3	the period of solicitation for students, or during the registration period if it has no solicitation program, in that makes the policy known to all parts of the general community it serves? If "Yes," please describe I	ı a way					
	please explain If you need more space use Part II	3	Yes				
4	Does the organization maintain the following?						
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes				
	<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondisc	riminatory					
	basis?	4b	Yes				
•	Copies of all catalogues, brochures, announcements, and other written communications to the public dea	iling					
	with student admissions, programs, and scholarships?	<u>4c</u>	Yes				
C	d Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes				
_							
5 a	Does the organization discriminate by race in any way with respect to  a Students' rights or privileges?	5a_		No			
	<b>b</b> Admissions policies?	   5b		N.			
	, Admissions poneres	30		No			
•	c Employment of faculty or administrative staff?			No			
c	d Scholarships or other financial assistance?	5d		No			
•	e Educational policies?	5e		No			
f	F Use of facilities?	5f		No			
	g Athletic programs?	_					
ŗ	, Atmetic programs?	<u>5g</u>		No			
ŀ	h Other extracurricular activities?	<u>5h_</u>		No			
	If you answered "Yes" to any of the above, please explain If you need more space, use Part II						
6a	6a Does the organization receive any financial aid or assistance from a governmental agency?						
ŀ	h Has the organization's right to such aid ever been revoked or suspended?	6b		No			
_	If you answered "Yes" to either line 6a or line 6b, explain on Part II						
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 thro of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	ugh 4 05	Yes				

### Part II Supplemental Information

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions)

Identifier	Return Reference	Explanation
SCHEDULE E, LINE 3	A DESCRIPTION OF THE UNIVERSITY NON- DISCRIMINATORY POLICY IS PUBLISHED IN	THE UNIVERSITY'S ACADEMIC CATALOGS AND JOB POSTINGS ON THE HUMAN RESOURCES WEBSITE SCHEDULE E, LINE 6a THE UNIVERSITY PARTICIPATES IN THE FOLLOWING FEDERAL PROGRAMS PELLGRANT SEOG GRANT AC GRANT SMART GRANT BYRD HONOR SCHOLARSHIP LOANS - SUBSIDIZED AND UNSUBSIDIZED PLUS LOANS FEDERAL WORK STUDY

Schedule E (Form 990 or 990-EZ) 2011

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DLN: 93493168001193

OMB No 1545-0047

SCHEDULE F (Form 990)

# 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

Name of the organization

Employer identification number

EPI	PERDINE UNIVERSITY								
					95-1644037				
Pa	rt I General Information "Yes" to Form 990, Pa			he United States. (	Complete if the organiz	ation answered			
1	For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?								
2	<b>For grantmakers.</b> Describe in Pa United States	art V the organi	zatıon's procedu	ires for monitoring the us	e of grant funds outside th	ne			
3	Activites per Region (Use Part	V ıf addıtıonal s	space is needed	)					
	(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , r fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	<b>(f)</b> Total expenditures for region/investments in region			
	Europe (Including Iceland and Greenland)	7	39	Program Services	EDUCATIONAL PROGRAMS	5,678,645			
	East Asia and the Pacific	3	3	Program Services	EDUCATIONAL PROGRAMS	1,437,173			
	South America	1	19	Program Services	EDUCATIONAL PROGRAMS	1,201,348			
	East Asia and the Pacific			Investments		46,930,125			
	Europe (Including Iceland and Greenland)			Investments		62,937,169			
	Sub-Saharan Africa			Investments		28,766,793			
	South America			Investments		69,509,110			
	-								
За	Sub-total	11	. 61	.[		216,460,363			

11

**b** Total from continuation sheets

c Totals (add lines 3a and 3b)

to Part I

216,460,363

Pai	Part IV,	line 15, for any	sistance to Organ recipient who recesspace is needed.	<b>nizations or Entiti</b> erved more than \$5,	<b>es Outside the Ur</b> ,000. Check this box	<b>nited States.</b> Comp x if no one recipient	plete if the organiza received more thai	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	( <b>d)</b> Purpose of grant	(e) A mount of cash grant	<b>(f)</b> 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 nur tax-exempt by	mber of recipie y the IRS, or fo	ent organizations lis or which the grante	ted above that are e or counsel has pro	recognized as chari ovided a section 50	ties by the foreign of 1(c)(3) equivalency	country, recognized letter	as . •	
3	Enter total nui	mber of other o	organizations or en	tities					(Form 990) 2011

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 Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	( <b>d)</b> A mount of cash grant	(e) Manner of cash disbursement	( <b>f</b> ) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
					1		
		+			†		
		+			+		
		+ +			+		
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						1	dula E (Earre 000) 2011

# Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)</i>	<b>V</b>	Yes	Γ	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	⊽	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	⊽	Yes	Г	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	⊽	Yes	Г	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	F	Yes	Г	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	굣	Νo

Schedule F (Form 990) 2011

Schedule F (Form 990) 2011 Page **5** 

Part V Supplemental Information
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

ldentifier	Return Reference	Explanation
Schedule F, Part I, Column (F)	expenses identified in column (f) are the expenses incurred in the region	per the organization's general ledger

Schedule F (Form 990) 2010

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DLN: 93493168001193

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

CA

**Supplemental Information Regarding Fundraising or Gaming Activities** 

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.

Open to Public Inspection

	<u> </u>	
Name of the organization		Employer iden
PEPPERDINE UNIVERS	ITY	
		95-1644037

lover identification number

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- Indicate whether the organization raised funds through any of the following activities. Check all that apply
- ✓ Mail solicitations
- ✓ Internet and e-mail solicitations
- Phone solicitations
- ✓ In-person solicitations

- e Solicitation of non-government grants
- f Solicitation of government grants
- 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 services? **b** 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

(vi) A mount paid to (i) Name and address of (ii) Activity (iii) Did (iv) Gross receipts (v) A mount paid to ındıvıdual fundraiser have from activity (or retained by) (or retained by) or entity (fundraiser) custody or fundraiser listed in organization control of col (i) contributions? Yes No PROGRAM 272,084 RUFFALOCODY Nο 226,827 FUNDRAISING 226,827 272,084

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

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Pai	t II	Fundraising Events. Commore than \$15,000 on Form				
			(a) Event #1  GOLF TOURNAMENT (event type)	(b) Event #2  ANNUAL DINNER (event type)	(c) Other Events  5 (total number)	(d) Total Events (Add col (a) through col (c))
Đ	1	Gross receipts	415,934	203,596	312,631	932,161
Revenue	2	Less Charitable	293,319	146,400	194,269	633,988
<u> </u>	3	Gross income (line 1 minus line 2)	122,615	57,196	118,362	298,173
	4	Cash prizes				
မှာ	5	Non-cash prizes				
Expenses	6	Rent/facility costs	2,520	130,897	11,022	144,439
	7	Food and beverages				
Direct	8	Entertainment				
ឨ	9	Other direct expenses .	142,989	51,603	697,241	891,833
	10	Direct expense summary Add lin	es 4 through 9 ın columr	n (d)	🕨	(1,036,272)
	11	Net income summary Combine li	nes 3 and 10 in column (	d)		-738,099
Par	t III	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted more than
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1	Gross revenue				
နှင့် မို	2	Cash prizes				
Expenses	3	Non-cash prizes				
	4	Rent/facility costs				
Drea	5	Other direct expenses				
	6	Volunteer labor	┌ Yes	┌ Yes	│ Yes	
	7	Direct expense summary Add line	s 2 through 5 ın column (	d)	•	( )
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)	<u> ▶</u>	
9 a b	Is t	er the state(s) in which the organization licensed to operate No," Explain	gaming activities in eac	h of these states?		
		re any of the organization's gaming	icenses revoked, susper	nded or terminated during	the tax year?	

Sche	dule G (Form 990 or 990-EZ) 20	11			Page <b>3</b>	
11	Does the organization operate ga	aming activities with nonmembers? .		Г <sub>Yes</sub> Г	- No	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity					
	formed to administer charitable (	gamıng?		· · · · F Yes F	- No	
13	Indicate the percentage of gamii	ag activity operated in		1 1		
a				13a		
b						
14		f the person who prepares the organiza		<u> </u>		
	Name ►					
	Address ►					
	revenue?	ntract with a third party from whom the			_ No	
		ed by the third party 🟲 \$				
С	If "Yes," enter name and address	S				
	Name 🟲					
	Address ►					
16	Gaming manager information					
	Name 🟲					
	Gaming manager compensation I	<b>\$</b> \$				
	Description of services provided	<b>&gt;</b>				
17 a		Employee er state law to make charitable distribu		· · ·	- No	
b	Enter the amount of distributions	required under state law distributed to	o other exempt organizations or sp		<del>-</del>	
_		activities during the tax year > \$		hadala C /		
Par	t IV Complete this part to proceed instructions.)	provide additional information for	responses to quuestion on Sc	nedule G (see		
	Identifier	ReturnReference	Explana	tion		
		•	•			

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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

OMB No 1545-0047

DLN: 93493168001193

Department of the Treasury **Inspection** Internal Revenue Service Name of the organization Employer identification number PEPPERDINE UNIVERSITY 95-1644037 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (a) Name and address of **(b)** EIN (c) IRC Code (d) Amount of cash (f) Method of (a) Description of (h) Purpose of grant (e) A mount of nonorganization section grant valuation non-cash assistance or assistance cash ıf applicable (book, FMV, or government assistance appraisal, other) 

Part III	Grants and Other Assistance to Individuals in the United States. C	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
(1) FINANCIAL AID PAID	6323	81,350,122			

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

Identifier	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 COMPLAINCE 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

**Compensation Information** 

DLN: 93493168001193

**Employer identification number** 

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Open to Public Inspection

PEP	PERDINE UNIVERSITY			• •			
			9	5-1644037			
Pa	rt I Questions Regarding Compensation						
						Yes	Νo
1a	Check the appropriate box(es) if the organization provide 990, Part VII, Section A, line 1a Complete Part III to						
	First-class or charter travel	·	Housing allowance or residence for pe				
	Travel for companions	<u> </u>	Payments for business use of person				
	<u></u>	,  -					
		, V	Personal services (e.g., maid, chauffe				
	1 Discretionary spending account	,-	r craonar acrivices (e g , maia, enaune	cur, enery			
b	If any of the boxes in line 1a are checked, did the organ reimbursement orprovision of all the expenses describe				1b		No
2	Did the organization require substantiation prior to reim						
	officers, directors, trustees, and the CEO/Executive Dir	recto	or, regarding the items checked in line	1a <sup>?</sup>	2	Yes	
3	Indicate which if any of the following the organization is	16.06	to actablish the compansation of the				
3	Indicate which, if any, of the following the organization u organization's CEO/Executive Director Check all that a						
	Compensation committee	Γ	Written employment contract				
			Compensation survey or study				
	Form 990 of other organizations	굣	Approval by the board or compensati	on committee			
4	During the year, did any person listed in Form 990, Part or a related organization	t VII	, Section A, line 1a with respect to the	e filing organization			
а	Receive a severance payment or change-of-control pay	men	t?		4a		No
b	Participate in, or receive payment from, a supplemental	non	qualified retirement plan?		4b	Yes	
С	Participate in, or receive payment from, an equity-based	d co	mpensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide	de th	e applicable amounts for each item in	Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must c	omi	plete lines 5-9.				
5	For persons listed in form 990, Part VII, Section A, line compensation contingent on the revenues of			<i>'</i>			
а	The organization?				5a		No
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 compensation contingent on the net earnings of	1a,	did the organization pay or accrue any	<i>y</i>			
а	The organization?				6a		No
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 payments not described in lines 5 and 6? If "Yes," desc			fixed	7	Yes	
8	Were any amounts reported in Form 990, Part VII, paid						
	subject to the initial contract exception described in Re in Part III	gs	section 53 4958-4(a)(3)? If "Yes," de	escribe			
					8		Νo
9	If "Yes" to line 8, did the organization also follow the rel section 53 4958-6(c)?	butt	able presumption procedure described	ın Regulations	9		

### 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)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

	_						
(A) Name	<b>(B)</b> Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	( <b>D</b> ) Nontaxable	(E) Total of columns	(F) Compensation
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
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

Identifier	Return Reference	Explanation
	Kererence	
SCHEDULE J,	FIRST CLASS	FIRST CLASS TRAVEL IS PERMITTED TO CERTAIN OFFICERS AND KEY EMPLOYEES FOR BUSINESS PURPOSES TRAVEL FOR BUSINESS PURPOSES
PART I,	TRAVEL	IS NOT INCLUDED IN TAXABLE WAGES TRAVEL FOR COMPANIONS PURSUANT TO A WRITTEN POLICY, CERTAIN OFFICERS AND KEY
LINES 1A	PURSUANT TO A	EMPLOYEE'S SPOUSES ARE PERMITED TO TRAVEL ON OCCASION WHEN NECESSARY FOR BUSINESS PURPOSE TRAVEL FOR BUSINESS PURPOSE
AND 2	WRITTEN	IS NOT INCLUDED IN TAXABLE WAGES GROSS UP PAYMENT PURSUANT TO CALIFORNIA CIVIL CODE, PEPPERDINE UNIVERSITY PROVIDES
	POLICY AND	GROSS UP TO EMPLOYEES THAT PROVIDE LATE SUBSTANTIATION OF EXPENSES UNDER ACCOUNTABLE PLAN RULES FOR ORDINARY AND
	APPROPRIATE	NECESSARY BUSINESS EXPENSES AS PART OF THE MINISTERIAL HOUSING PROGRAM, PEPPERDINE PROVIDED ADDITIONAL COMPENSATION
		TO PARTICIPANTS FOR WAGE WITHHOLDING IN AN AMOUNT EQUAL TO THE EMPLOYERS' SHARE OF THE PARTICIPANTS' SELF-EMPLOYMENT
		TAX HOUSING INCLUED IN NONTAXABLE BENEFITS OF EMPLOYEES WHO ARE MINISTERS IS THE VALUE OF HOUSING ALLOWANCE PROVIDED
		BY PEPPERDINE UNIVERSITY TO MINISTERS THE PROVISION OF MINISTERIAL HOUSING IS SUBJECT TO EXECUTIVE APPROVAL HOUSING IS
		PROVIDED 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 SOCIAL CLUBS TWO OF THE LISTED INDIVIDUALS RECIEVED
		REIMBURSEMENTS 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 CONNNECTION WITH HIS OCCUPANCY OF ON-CAMPUS HOUSING SCHEDULE J, PART I, LINE 4B PEPPERDINE
		UNIVERSITY HAS AN INCENTIVE COMPENSATION PLAN FOR CERTAIN KEY EXECUTIVES UNDER THE PLAN, UPON ACHIEVEMENT OF CERTAIN
		EXPECTATIONS AND GOALS AND AT THE DISCRETIONARY OF THE BOARD OF DIRECTORS THE PARTICIPANT WILL RECEIVE A UNIVERSITY
		CONTRIBUTION TO THE PLAN FOR THAT PLAN YEAR UNIVERSITY CONTRIBUTIONS TO THE PLAN BECOME GRADUALLY VESTED BEGINNING
		WITH THE LAST DAY OF THE 3RD PLAN YEAR FOLLOWING THE CONTRIBUTION AND VEST 100% AT THE COMPLETION OF THE 7TH PLAN YEAR
		FOLLOWING THE AWARD THE FOLLOWING AMOUNTS WERE AWARDED IN CALENDAR YEAR 2011 ANDREW K BENTON - \$88,357 GARY HANSON -
		\$50,177 SAMUEL HINKLE - \$36,913 PAUL B LASITER - \$36,927 THE FOLLOWING AMOUNTS WERE VESTED AND INCLUDED IN THE EMPLOYEE'S
		COMPENSATION IN 2011 ANDREW K BENTON - \$62,207 GARY HANSON - \$37,394 CHARLES PIPPIN - \$47,256 SAMUEL HINKLE - \$15,898 UNDER
		A NONQUALIFIED SUPPLEMENTAL RETIREMENT PLAN, PRESIDENT BENTON RECEIVED COMPENSATION AS THE RESULT OF THE COMPLETION
		OF FOUR YEARS OF SERVICE IN HIS EMPLOYMENT AS PRESIDENT OF PEPPERDINE PRESIDENT BENTON RECEIVED COMPENSATION OF
		\$384,425 IN CALENDAR YEAR 2011 PURSUANT TO THE COMPLETION OF THE YEARS OF SERVICE REQUIREMENT UNDER THIS PLAN, WHICH IS
		REPORTED ON SCHEDULE J, COLUMN B(III) UNDER A NONQUALIFIED SUPPLEMENTAL RETIREMENT PLAN, SUBJECT TO THE PERFORMANCE OF
		FUTURE SERVICES AND OTHER CONDITIONS, PRESIDENT BENTON IS ENTITLED TO RECEIVE COMPENSATION OF APPROXIMATELY ONE YEAR'S
		SALARY AS THE RESULT OF THE COMPLETION OF FOUR YEARS OF SERVICE IN HIS EMPLOYMENT AS PRESIDENT OF PEPPERDINE IN 2015
		SCHEDULE J, PART I, LINE 7 SEE RESPONSE FOR SCHEDULE J, PART I, LINE 4B IN ADDITION, BONUSES MAY BE AWARDED UPON THE
		ACHIEVEMENT OF CERTAIN GOALS SCHEDULE J, PART II, COLUMN (F) CERTAIN AMOUNTS INCLUDED IN SCHEDULE J, PART II, COLUMN B(III),
		WERE PREVIOUSLY REPORTED ON PRIOR YEAR'S FORM 990, AS AMOUNTS AWARDED UNDER THE INCENTIVE COMPENSATION PLAN DISCLOSED
		IN RESPONSE TO SCHEDULE J, PART I, LINE 4B

Software ID: **Software Version:** 

**EIN:** 95-1644037

Name: PEPPERDINE UNIVERSITY

(A) Name		<b>(B)</b> Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
ANDREW K BENTON	(1) (11)	452,578 0	0	388,105 0	24,500 0	96,645 0	961,828 0	62,207 0
W DAVID BAIRD	(1) (11)		0	13,676 0	35,600 0	42,763 0	179,309 0	C
THOMAS BOST	(1) (11)		0	18,904 0	61,748 0	110,727 0	294,987 0	O O
KEN CANFIELD	(1) (11)		0	233,049	8,754 0	16,707 0	341,097 0	C
TIMOTHY CHESTER	(I) (II)	161,577 0	5,000 0	2,308	15,670 0	7,595 0	192,150 0	C
MARC GOODMAN	(I) (II)	185,998 0	13,000	10,449 0	18,752 0	11,388 0	239,587 0	0
GARY HANSON	(1) (11)		0	5,008 0	12,250 0	69,592 0	414,873 0	37,394 0
SAMUEL HINKLE	(1) (11)		0	12,538	38,888 0	95,681 0	289,663 0	15,898 0
CHARLES HUNT	(I) (II)	42,736 0	0	228,971 0	4,699 0	30,915 0	307,321 0	0
LEE KATS	(I) (II)		15,000 0	1,357 0	16,150 0	13,054	213,063	0
VELIOS KODOMICHALOS	(1)	211,633 0	0	13,467 0	21,500	20,716	267,316 0	C
EDWARD LARSON	(1)		0	26,781 0	24,500 0	16,662 0	334,041 0	C
PAUL B LASITER	(I) (II)		10,000	14,574 0	56,163 0	104,137	296,772 0	C
LINDA LIVINGSTONE	(I) (II)	261,404 0	2,000	2,951 0	24,500 0	24,648 0	315,503 0	0
RICK MARRS	(1) (11)		1,000	13,437 0	49,599 0	74,697 0	265,280 0	C
GRANT NELSON	(1)		0	6,567 0	24,428	18,145 0	288,555 0	0
ALEXANDER PANG	(1)		5,000 0	4,403	16,083	12,645	196,612 0	0
PHIL PHILLIPS	(1)		16,000	13,680	31,291	78,842 0	276,474 0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown o	of W-2 and/or 1099-MIS	SC compensation	(C) Deferred	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) O ther compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
CHARLES PIPPIN	(I) (II)	325,598 0	50,000 0	18,536 0	34,250 0	37,402 0	465,786 0	47,256 0
EDNA POWELL	(I) (II)	1	7,000	3,807 0	18,664 0	19,832 0	232,594 0	0
MARK ROOSA	(I) (II)		1,000	3,749 0	8,354 0	19,131 0	196,565 0	0
JONATHAN SEE	(I) (II)	1	5,000 0	2,364 0	16,193 0	8,200 0	193,420 0	0
DEANELL TACHA	(I) (II)	_	0	3,683 0	0	852 0	197,035 0	0 0
DARRYL TIPPENS	(I) (II)	190,677 0	0	14,587 0	62,569 0	85,730 0	353,563 0	0
JAMES WILBURN	(I) (II)	· ·	1,500 0	7,599 0	21,172 0	28,237 0	261,855 0	0
LAMAR WILSON	(I) (II)		5,000 0	11,209 0	23,353 0	28,921 0	304,331 0	0

Schedule K (Form 990)

**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.

OMB No 1545-0047

DLN: 93493168001193

Open to Public Inspection

Department of the Treasury Internal Revenue Service

	ne of the organization									E	Employer identification number				
PEH	PPERDINE UNIVERSITY										95-164	4037			
Р	art I Bond Issues														
		!								(~) Do	fassad		On	(i)	Pool
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue F	Price	(f)	Description	of Purpose	(g) De	feased	I Bena	alf of uer		ncıng
_										Yes	No	Yes	No	Yes	No
A	CEFA SERIES 2003A	52-1705592	130175YU0	04-30-2003	46,00			ND 1993, 19 BONDS	994 AND	×			Х		Х
В	CEFA SERIES 2005 A&B	52-1705592	1301757M8	08-03-2005	115,67			ND 1996, 1 <sup>e</sup> 2002 B	999,2000		Х		Х		Х
С	CEFA SERIES 2010	63-0304653	13033W4L4	04-28-2010	16,34	7,846 R	REFU	ND 1999 SE	RIES A		Х		Х		х
D	CEFA SERIES 2012	52-1705592	130178P83	06-05-2012	58,54	8,544 R	REFU QUI	ND 2003A, P FACIL	CONSTR,		Х		Х		Х
Pā	art III Proceeds				1										
	A mount of bonds retired				-	Α		Е			С		<b>D</b>		
1 2						46,007,5	0 550		0			0	.——		0
3					-	46,007,5		1 1	15,673,846	16,347,846			<del> </del>		,548,544
4		 unds				+0,007,5	0		0		10,	0	,——		0
5							0		0			0	,		0
6	Proceeds in refunding escrow	w				0 0					0	,	46	,117,227	
7	Issuance costs from proceed	ds				777,9	961		1,058,759	319,146			,		618,936
8	Credit enhancement from pro	oceeds				668,2	212		1,236,320	0 0			0 0		
9	Working capital expenditures	s from proceeds					0 0			0				-	0
10	Capital expenditures from pro	oceeds			0			676,451		O		·		0	
11	O ther spent proceeds					44,561,3	377	377 112,702,197			16,	028,700	o		0
12	O ther unspent proceeds						0		0			0	)	11	,812,381
13	Year of substantial completion	on													
					Yes	No		Yes	No	Yes		No	Yes	<u>;</u>	No
14	Were the bonds issued as pa	irt of a current refun	ding issue?		Х			Х		Х			X		
15	Were the bonds issued as part of an advance refunding issue?				Х	$oxed{oxed}$		Х				Χ	$oxed{oxed}$		X
16	Has the final allocation of pro	oceeds been made?			Х			Х		Х					Х
17	Does the organization mainta allocation of proceeds?	aın adequate books	and records to sup	port the final	X			×		Х					
Pa	rt IIII Private Business	Use													
					Yes	A No		Yes	No No	Yes	<u>C</u>	No	Yes	<b>D</b>	No
	Was the organization a partne	ier in a nartnershin	or a member of an I	IIC which owned	res	HO		res		res		NO	Tes	-	
1	was the organization a partit	er in a partnership,	or a member or an E	LC, Willell Owlled					X						X

Are there any lease arrangements that may result in private business use of bond-

property financed by tax-exempt bonds?

financed property?

Χ

Χ

ĊП	Private business use (Continued)		•							
			A			B I N-		C		D No.
За	Are there any management or service contracts that may result in private b	ousiness	Yes	No	Yes	No	Yes	No	Yes	No
	use?					Х				X
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or o counsel to review any management or service contracts relating to the fina property?									
С	Are there any research agreements that may result in private business use financed property?	of bond-				Х				х
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or o counsel to review any research agreements relating to the financed propert									
4	Enter the percentage of financed property used in a private business use by other than a section 501(c)(3) organization or a state or local government	y entities		0 %		0 %		0 %		0 %
5	Enter the percentage of financed property used in a private business use as unrelated trade or business activity carried on by your organization, anothe 501(c)(3) organization, or a state or local government					0 %				0 %
5	Total of lines 4 and 5					0 %				0 %
7	Has the organization adopted management practices and procedures to enspost-issuance compliance of its tax-exempt bond liabilities? <b>t IV Arbitrage</b>	sure the			Х				Х	
Pell	Arbitrage	А			В		С		D	
		Yes	No	Yes	No	Ye		No	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?		х		×			х		X
2	Is the bond issue a variable rate issue?		Х		X			Х		X
Ba	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		х		х			х		X
b	Name of provider	0		0	•	0	<b>'</b>		•	
С	Term of hedge									
d	Was the hedge superintegrated?									
е	Was a hedge terminated?									
<del>1</del> a	Were gross proceeds invested in a GIC?		Х		Х			Х		Х
b	Name of provider	0		0		0	•	0		
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		х
5	Did the bond issue qualify for an exception to rebate?	Х		х		x			Х	

## Part V Procedures To Undertake Corrective Action

## Part VI Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation
SEE	0	
SCHEDULE O		

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As Filed Data -

DLN: 93493168001193

OMB No 1545-0047

Open to Public Inspection

## Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

► 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.

**Transactions with Interested Persons** 

Name of the organization

Employer identification number

PEPPERDINE UNIVERSITY						9!	5-16440	37				
Part I Excess Benefit Train Complete if the organization						organiz	zations c	nly).	ne 40h			
1 (a) Name of disq			100 0111 01111 0 0 0 1	( <b>b</b> ) Desc				are v, ii		(c) Corrected?		
				(3, 3 63 6					Yes	No		
2 Enter the amount of tax impos section 4958	ed on tl	he organ • •	<del>-</del>	disqualified perso			_	- \$ ——				
3 Enter the amount of tax, If any	, on line	≥ 2, abov	ve, reimbursed by th	e organization .			▶	\$				
Part II Loans to and/or I Complete if the organiz				, Part IV, line 26,	, or Forr	n 990-E	Z, Part V	, line 38:	a			
(a) Name of interested person and purpose	(b) Lo	oan to m the zation?	(c)Original principal amount	(d)Balance due	(e) defau	In	(f) Approved by board or committee?		( <b>g)</b> Writ			
	То	From			Yes	No	Yes	No	Yes	No		
(1) MARK ROOSA REAL ESTATE		х	200,000	200,000		No		No	Yes			
(2) JOHN WATSON REAL ESTATE		х	100,667	100,667		No		No	Yes			
(3) MARGARET WEBER REAL ESTATE		X	107,851	107,851		No		No	Yes			
							1	1				
			_				1					
Total	 ice Be	 enefitti	<b>&gt;</b> \$ ina Interested F	408,518 Persons.								
Complete if the orga		on answ	vered "Yes" on Fo	rm 990, Part IV		27.						
(a) Name of interested pers	on		Relationship betwe and the or	•	Son	<b>(c)</b> A m	ount of gr	ant or ty	pe of assi	stance		

Part TV	Rusiness	<b>Transactions</b>	Involving	Interested	Persons
	Dasilioss	II GIISGCCIOIIS	THEFT	Tillo Colou	

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Complete if the organization answered Tes on Form 550, Fart IV, line 200, 200, or 200.											
(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sha organiz reven	ation's						
	organization			Yes	No						
See Additional Data Table											

## Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
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Schedule L (Form 990 or 990-EZ) 2011

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
HAILEY BENTON	DAUGHTER OF PRESIDENT	37,832	UNIVERSITY EMPLOYEE		No
STEPHEN LUKE BOST	SON OF REGENT	58,753	UNIVERSITY EMPLOYEE		No
GAIL CHESTER	WIFE OF KEY EMPLOYEE	55,873	UNIVERSITY EMPLOYEE		No
CHRISTINE GOODMAN	WIFE OF KEY EMPLOYEE	180,873	UNIVERSITY EMPLOYEE		No
ALEXANDRA MARMION-ROOSA	WIFE OF KEY EMPLOYEE	110,928	UNIVERSITY EMPLOYEE		No
NICOLE MARRS	DGHTR-IN-LAW OF KEY EMPLY	57,726	UNIVERSITY EMPLOYEE		No
LILY PANG	WIFE OF KEY EMPLOYEE	111,467	UNIVERSITY EMPLOYEE		No
SEAN MIKE PHILLIPS	NEPHEW OF KEY EMPLOYEE	65,859	UNIVERSITY EMPLOYEE		No
SHANNON PHILLIPS	SISTER-IN-LAW OF KEY EMPL	135,358	UNIVERSITY EMPLOYEE		No
RONALD PHILLIPS	FATHER OF KEY EMPLOYEE	258,840	UNIVERSITY EMPLOYEE		No
DANIEL WEBER	SON OF KEY EMPLOYEE	72,704	UNIVERSITY EMPLOYEE		No

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DLN: 93493168001193

OMB No 1545-0047

**SCHEDULE M** (Form 990)

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.

**NonCash Contributions** 

Open to Public Inspection

Name of the organization PEPPERDINE UNIVERSITY

**Employer identification number** 

95-1644037

FC	Tt I Types of Property							
		(a) Check If applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of det contribution :		l	
1	Art—Works of art	X	2		FMV			
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications	Х		52	FMV			
5	Clothing and household goods	Х		186,569	FMV			
6	Cars and other vehicles							
7	Boats and planes							
	Intellectual property							
9	Securities—Publicly traded .	Х	27	1,959,313	HI/LO AVG			
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests	Х	1	1	FMV			
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .	Х	3	2,713,816	APPRAISED VALUE			
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles	Х	5	5	FMV			
19	Food inventory	X	5	5	FMV			
20	Drugs and medical supplies .							
	Taxıdermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	Other►( <u>OTHER</u> )	X	261	29,145	FMV			
	O ther ▶()							
	O ther ▶()							
	Other ► ()			<u> </u>				
29	Number of Forms 8283 received for which the organization comp		-		29	Ye		No No
30a	During the year, did the organiza	ation receiv	e by contribution any prope	erty reported in Part I lines	1-28 that it	Te	<u> </u>	
<b>50</b> 0	must hold for at least three year							
	for exempt purposes for the enti			on, and which is not require		20-		No
<b>.</b>					+	30a	+	110
31	<ul> <li>If "Yes," describe the arrangem</li> <li>Does the organization have a gr</li> </ul>			review of any non-standard	contributions?	<b>31</b> Ye	s	
	Does the organization hire or us						T	
JZa	contributions?	· · ·	· · · · · · ·	· · · · · · · · ·		<b>32a</b> Ye	s	
b	If "Yes," describe in Part II							
33	If the organization did not repor describe in Part II	t revenues i	n column (c) for a type of p	roperty 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.

Identifier	Return Reference	Explanation
, , ,	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) 2011

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As Filed Data -

DLN: 93493168001193

OMB No 1545-0047

**SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

FAttach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization PEPPERDINE UNIVERSITY

Employer identification number

95-1644037

		1
ldentifier	Return Reference	Explanation
FORM 990, PART I, LINE 1 AND PART III, LINE 1	PEPPERDINE UNIVERSITY IS AN INDEPENDENT, PRIVATE CHRISTIAN UNIVERSITY	COMMITTED TO THE HIGHEST STANDARDS OF ACADEMIC EXCELLENCE AND CHRISTIAN VALUES, WHERE STUDENTS ARE STRENGTHENED FOR LIVES OF SERVICE, PURPOSE, AND LEADERSHIP THE UNIVERSITY ENROLLS APPROXIMATELY 7,500 STUDENTS IN ITS FIVE COLLEGES AND SCHOOLS SEAVER COLLEGE, THE UNIVERSITY'S UNDERGRADUATE LIBERAL ARTS COLLEGE, THE SCHOOL OF LAW, AND THE SCHOOL OF PUBLIC POLICY ARE HEADQUARTERED ON 830 ACRES IN THE SANTA MONICA MOUNTAINS OVERLOOKING THE PACIFIC OCEAN AT MALIBU, CALIFORNIA THE GRADUATE SCHOOL OF EDUCATION AND PSY CHOLOGY 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.
FORM 990, PART III, LINE 4D	PUBLIC SERVICE	EXPENSES \$15,006,662 REVENUE\$24,868,535 FORM 990, PART VI, SECTION A, LINE 1A THE BOARD OF REGENTS OF PEPPERDINE UNIVERSITY HAS AN EXECUTIVE COMMITTEE WHICH MAY ACT FOR AND IN PLACE OF THE BOARD OF REGENTS BETWEEN REGULAR BOARD MEETINGS AND DURING ANY RECESS ONLY REGENTS CAN BE MEMBERS OF THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE HAS THE POWER TO TRANSACT BUSINESS ON BEHALF OF THE BOARD IN BETWEEN MEETINGS OF THE BOARD OF REGENTS, THE BYLAWS, OR APPLICABLE LAW FORM 900, PART VI, SECTION B, LINE 11A INFORMATION IS SUPPLIED BY THE UNIVERSITY TO THE PAID PREPARER TO REPEARE THE RETURN A DRAFT VERSION OF THE FORM 990 IS PROVIDED TO THE PAID REPEARER TO REPEARE THE RETURN A DRAFT VERSION OF THE FORM 990 IS RROVIDED TO THE SENIOR 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 12C EACH OFFICER, REGENT, AND KEY EMPLOYEE S REQUIRED TO DISCLOSE ANNUALLY, IN WRITING, ANY FINANCIAL OR BUSINESS RELATIONSHIPS THAT HE OR SHE, OR ANY FAMILY MEMBER HAS WITH PEPPERDINE UNIVESITY 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 RECUSE HIMSELF OR HERSELF FROM THE MATTER RESOLUTION AND DESTRUCTION POLICY THAT IS A PPLICABLE TO THE NATURE OF THE INFORMATION HAND OF REGENTS AND OTHER EMPLOYEES ARE HANDLED BY GENERAL COUNSEL. FORM 990, PART VI, SECTION B, LINE 14 INDIVIDUAL DEPARTMENTS MAY HAVE A DOCUMENT RENTENTION AND DESTRUCTION POLICY THAT IS A SPELCABLE TO THE NATURE OF THE INFORMATION THAT THEY COLLECT FORM 990, PART VI, SECTION B, LINE 15 REPPEREDINE UNIVERSITY'S BOARD OF REGENTS REVIEWS THE COMPENSATION OF THE UNIVERSITY'S OFFICERS AND CEPTATIONS ARE REPLECTED IN A TRANSACTION OF THEIR CONSULTANTS. THE DELIBERAT
FORM 990, PART XI, LINE 5	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	UNREALIZED LOSS (\$43,571,336) ENDOWMENT SUPPORT \$32,003,501 ACTUARIAL LIABILITY (\$7,567,665) CHANGE IN NET ASSETS OF SUBSIDIARIES \$3,773,371 MARK TO MARKET ADJ ON ASSETS HELD IN TRUST \$2,781,850 TOTAL (\$12,580,279)
SCHEDULE K, PART VI	THE ORGANIZATION ESTABLISHED WRITTEN PROCESURES TO ENSURE THAT VIOLATIONS	OF FEDERAL TAX REQUIREMENTS ARE TIMELY IDENTIFIED AND CORRECTED THROUGH THE VOLUNTARY CLOSING AGREEMENT PROGRAM IN FISCAL 2013

Department of the Treasury

Internal Revenue Service

Name of the organization

DLN: 93493168001193

OMB No 1545-0047

Open to Public

Employer identification number

#### **SCHEDULE R Related Organizations and Unrelated Partnerships** (Form 990)

► 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

PEPPERDINE UNIVERSITY						95-164403	7			
Part I Identification of Disregarded Entities (Com	plete if th	ne organization	answered "Yes"	on Form 990, Pa	rt IV	', line 33.)				
(a) Name, address, and EIN of disregarded entity	F	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	End-of	(e) -year assets	ſ	<b>(f)</b> Direct controlling entity		
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during			the organization	answered "Yes"	on F	orm 990, Pa	rt IV	, line 34 because it	had o	ne
(a) Name, address, and EIN of related organization	Prim	(b) nary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Exempt Code section	Pu (if	(e) ublic chanty status section 501(c)(3)	s ))	<b>(f)</b> Direct controlling entity	(g Section (13) cor organi	512( ntroll
(1) WAVE SERVICES INC									Yes	No
24255 PACIFIC COAST HIGHWAY	SUPPORT	PU	CA	501(C)(3)		Ι	IA P	epperdine	Yes	
MALIBU, CA 90263 95-4315778										
(2) WAVE ENTERPRISES INC										
24255 PACIFIC COAST HIGHWAY	SUPPORT	PU	CA	501(C)(3)		Ι	IA P	epperdine	Yes	
MALIBU, CA 90263 95-4274572							$\perp$			
(3) WAVE PROPERTY INC										
24255 PACIFIC COAST HIGHWAY  MALIBU, CA 90263 95-4297104	SUPPORT	PU	CA	501(C)(3)		I	IA P	epperdine	Yes	
(4) PEPPERDINE UNIVERSITY(USA) IN LONDON UK										
56 princess gate london sw7 2pg UK	EDUCATIO	NO	UK				PI	EPPERDINE	Yes	
(5) PEPPERDINE ARGENTINA SRL										
11 de septiembre 955 1426 cap fed BUENOS AIRES AR	EDUCATIO	ON	AR				P	EPPERDINE	Yes	
(6) PEPPERDINE UNIVERSITY LAUSANNE (SWITZ)										
la croisee av marc-dufour 15 lausanne SZ	education	ı	SZ				PI	EPPERDINE	Yes	
(7) CINDERELLA IMMOBILIARE SRL							$\top$			
viale milton 41 florence 50129 IT	education	ı	π				P	EPPERDINE	Yes	

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	<b>(f)</b> Share of total income	(g) Share of end-of- year assets	Disproprtionate allocations? Code V—UI amount in box Schedule K		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?		<b>(k)</b> Percentage ownership
I							Yes	No		Yes	No	
(1) ANDURIL HOLDING LLC 15 LOCKERMN ST DOVER, DE 19904 01-0935824	INVESTMENTS	DE	PEPPERDINE	EXCLUDED	8,729	982,149		No	0		No	99 000 %
DOVER, DE 19904												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total Income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership
(1) CHARITABLE REMAINDER TRUSTS (4)	INVESTING	CA	NA	TRUST			
	•			•			

chedule R (Form 990) 2011		Р	age <b>3</b>
Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.	)		
Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	s No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)	1b	1	No
c Gift, grant, or capital contribution from related organization(s)	<b>1</b> c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e	:	No
f Sale of assets to related organization(s)	1f		No
g Purchase of assets from related organization(s)	1g		No
h Exchange of assets with related organization(s)	1h		No
i Lease of facilities, equipment, or other assets to related organization(s)	1i		No
j Lease of facilities, equipment, or other assets from related organization(s)	<u>1j</u>		No
<b>k</b> Performance of services or membership or fundraising solicitations for related organization(s)	1k		No
I Performance of services or membership or fundraising solicitations by related organization(s)	11		No
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	n	No
n Sharing of paid employees with related organization(s)	1n	Yes	š
• Reimbursement paid to related organization(s) for expenses	10	•	No
p Reimbursement paid by related organization(s) for expenses	1р	·	No
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
q Other transfer of cash or property to related organization(s)	1q		
r Other transfer of cash or property from related organization(s)	1r	Yes	<u>'  </u>
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction threshold			

 Traile diswer to any or the above is tree, see the instructions for information on who must comp	piece cins inie, i	ilelaaling covered relati	onships and cransaccio	on an estiones
(a)		(b) Transaction	(c)	(d) Method of determi

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) WAVE SERVICES INC	R	145,849	FMV
(2) WAVE ENTERPRISES INC	R	315,111	FMV
(3) WAVE SERVICES INC	Q	227,308	FMV
(4)			
(5)			
(6)			

## 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) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		<b>(f)</b> Share of total income	Share of end-of-year otal income assets		(h) Disproprtionate allocations?		Gene man part	<b>j)</b> eral or aging ener?	<b>(k)</b> Percentage ownership
			,	Yes	No			Yes	No		Yes	No			

Schedule R (Form 990) 2011

## Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier Return Reference Explanation

Schedule R (Form 990) 2011

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 - Io	dentification of i	Related Tax	-Exempt Org	janizations	<u> </u>	1
(a) 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	<b>g</b> Section 512 (b)(13) controlled organization
WAVE SERVICES INC  24255 PACIFIC COAST HIGHWAY MALIBU, CA 90263 95-4315778	SUPPORT PU	CA	501(C) (3)	IIA	Pepperdine	Yes
WAVE ENTERPRISES INC	SUPPORT PU	СА	501(C) (3)	IIA	Pepperdine	Yes
MALIBU, CA 90263 95-4297104	SUPPORT PU	СА	501(C) (3)	IIA	Pepperdine	Yes
PEPPERDINE UNIVERSITY(USA) IN LONDON UK 56 princess gate london sw7 2pg UK	EDUCATION	UK			PEPPERDINE	Yes
PEPPERDINE ARGENTINA SRL  11 de septiembre 955 1426 cap fed BUENOS AIRES AR	EDUCATION	AR			PEPPERDINE	Yes
PEPPERDINE UNIVERSITY LAUSANNE (SWITZ)  la croisee av marc-dufour 15 lausanne SZ	education	sz			PEPPERDINE	Yes
CINDERELLA IMMOBILIARE SRL viale milton 41 florence 50129 IT	education	ΙΤ			PEPPERDINE	Yes

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		y)		1	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	ا بامماد ا	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			
ANDREW K BENTON PRESIDENT AND CEO	40 0	Х		x				840,683	0	121,145
WILLIAM S BANOWSKY REGENT	1 0	Х								
EDWIN L BIGGERS CHAIRMAN OF THE BOARD/REGENT	1 0	Х								
SHEILA K BOST REGENT	1 0	Х								
CHARLES L BRANCH REGENT	1 0	Х								
DALE BROWN REGENT	1 0	Х								
JANICE R BROWN REGENT	1 0	Х								
JOSE A COLLAZO REGENT	1 0	Х								
JERRY S COX REGENT	1 0	Х								
W L FLETCHER III REGENT	1 0	Х								
TERRY M GILES REGENT	1 0	Х								
MICHELLE HEIPLER REGENT	1 0	Х								
GLEN A HOLDEN REGENT	1 0	Х								
GAIL E HOPKINS REGENT	1 0	Х								
JOHN D KATCH REGENT	1 0	Х								
MARK KIRK REGENT	1 0	Х								
DENNIS LEWIS REGENT	1 0	Х								
EFF W MARTIN REGENT	1 0	Х								
MICHAEL T OKABAYASHI REGENT	1 0	Х								
DANNY PHILLIPS REGENT	1 0	Х								
TIMOTHY C PHILLIPS REGENT	1 0	Х								
JAMES R PORTER VICE CHAIRMAN	1 0	Х								
RUSSELL L RAY JR REGENT	1 0	Х								
SUSAN F RICE SECRETARY	1 0	Х								
CAROL RICHARDS REGENT	1 0	Х								

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

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours		tion that a		y)			(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	per week	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			
FREDERICK L RICKER REGENT	1 0	Х								
B JOSEPH ROKUS REGENT	1 0	Х								
BUI SIMON REGENT	1 0	Х								
HAROLD SMETHILLS REGENT	1 0	Х								
ROSA MERCADO SPIVEY REGENT	1 0	Х								
WILLIAM W STEVENS REGENT	10	Х								
STEPHEN M STEWART REGENT	1 0	Х								
AUGUSTUS TAGLIAFERRI REGENT	1 0	Х								
MARTA TOOMA REGENT	1 0	Х								
THOMAS J TRIMBLE REGENT	1 0	Х								
ROBERT L WALKER REGENT	10	Х								
MARYLYN M WARREN REGENT	10	Х								
EDWARD V YANG REGENT	1 0	Х								
TIMOTHY CHESTER VICE PROVOST ACAD ADMIN/CIO	400			х				168,885	0	23,265
GARY HANSON EXECUTIVE VICE PRESIDENT/COO	400			Х				333,031	0	81,842
SAMUEL HINKLE VICE PRESIDENT, ADVANCEMENT	400			х				155,094	0	134,569
PAUL B LASITER CHIEF FINANCIAL OFFICER	400			Х				136,472	0	160,300
CHARLES PIPPIN SRVP INV/CHIEF INV OFFICER	400			Х				394,134	0	71,652
DARRYL TIPPENS PROVOST	400			Х				205,264	0	148,299
MARC GOODMAN GENERAL COUNSEL	400				х			209,447	0	30,140
LEE KATS VICE PROVOST	40 0				х			183,859	0	29,204
VELIOS KODOMICHALOS DIRECTOR OF INVESTMENTS	400				х			225,100	0	42,216
LINDA LIVINGSTONE DEAN-GSBM	400				х			266,355	0	49,148
ALEXANDER PANG ASSOCIATE VICE PRESIDENT	400				х			167,884	0	28,728
PHIL PHILLIPS CHIEF ADMIN OFFICER	400				×			166,341	0	110,133

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(A) Name and Title	(B) (C) Average Position (check all that apply)							(D) 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
EDNA POWELL CHIEF BUSINESS OFFICER	40 0				х			194,098	0	38,496
MARK ROOSA DEAN - LIBRARIANS	40 0				х			169,080	0	27,485
JONATHAN SEE CHIEF INFORMATION OFFICER	40 0				х			169,027	0	24,393
DEANELL TACHA DEAN, SCHOOL OF LAW	40 0				х			196,183	0	852
JAMES WILBURN DEAN SCHOOL OF PUBLIC POLICY	40 0				х			212,446	0	49,409
KEN CANFIELD EXEC DIR BOONE CTR FOR FAMILY	40 0					Х		315,636	0	25,461
CHARLES HUNT EXECUTIVE PROGRAMS ADVISOR	40 0					Х		271,707	0	35,614
EDWARD LARSON DARLING PROFESSOR	40 0					Х		292,879	0	41,162
GRANT NELSON WILLIAM H REHNQUIST PROFESSOR	40 0					Х		245,982	0	42,573
LAMAR WILSON HEAD COACH, MEN'S BASKETBALL	40 0					Х		252,057	0	52,274
W DAVID BAIRD DEAN EMERITUS AND PROFIII	40 0						х	100,946	0	78,363
THOMAS BOST INTERIM DEAN, SCHOOL OF LAW	40 0						х	122,512	0	172,475
RICK MARRS DEAN - SEAVER	40 0						Х	140,984	0	124,296