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Form **990**

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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 08-01-2013 , 2013, and ending 07-31-2014

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
PEPPERDINE UNIVERSITY

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
24255 PACIFIC COAST HIGHWAY

City or town, state or province, country, and ZIP or foreign postal code
MALIBU, CA 902634497

D Employer identification number
95-1644037

E Telephone number
(310) 506-4497

G Gross receipts $ 475,066,126

F Name and address of principal officer
ANDREW K BENTON
24255 PACIFIC COAST HIGHWAY
MALIBU,CA 902634497

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW PEPPERDINE EDU

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1937

M State of legal domicile CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SEE SCHEDULE O

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	38
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	36
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	5,013
6	Total number of volunteers (estimate if necessary)	**6**	1
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	3,612,774
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	25,387,351	33,939,405
9	Program service revenue (Part VIII, line 2g)	330,194,412	341,260,909
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	52,879,247	68,695,262
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-112,383	-309,208
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	408,348,627	443,586,368
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	88,797,079	96,604,063
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	166,724,453	171,826,147
16a	Professional fundraising fees (Part IX, column (A), line 11e)	207,365	253,565
b	Total fundraising expenses (Part IX, column (D), line 25) ▶7,559,746		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	111,990,716	119,481,978
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	367,719,613	388,165,753
19	Revenue less expenses Subtract line 18 from line 12	40,629,014	55,420,615

Revenue

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,421,502,321	1,528,278,869
21	Total liabilities (Part X, line 26)	344,535,595	334,218,578
22	Net assets or fund balances Subtract line 21 from line 20	1,076,966,726	1,194,060,291

Net Assets or Fund Balances

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

****** | 2015-06-11
Signature of officer | Date

BRIAN THOMASON ASSOC VP AND CONTROLLER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
TRACY S PAGLIA				P00366884

Firm's name ▶ MOSS ADAMS LLP | Firm's EIN ▶ 91-0189318

Firm's address ▶ 3121 W MARCH LN STE 100
STOCKTON, CA 952192367 | Phone no (209) 955-6100

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a	(Code) (Expenses $	94,986,985	including grants of $	4,605,005) (Revenue $	315,692,157)	
	INSTRUCTION AND RESEARCH					
4b	(Code) (Expenses $	49,964,495	including grants of $	317,885) (Revenue $	7,012,539)	
	ACADEMIC SUPPORT					
4c	(Code) (Expenses $	130,159,103	including grants of $	91,681,173) (Revenue $	12,303,318)	
	STUDENT SERVICES INCLUDING SCHOLARSHIPS TO ENROLLED STUDENTS					
	(Code) (Expenses $	14,201,776	including grants of $	0) (Revenue $	3,282,182)	
	PUBLIC SERVICE					
4d	Other program services (Describe in Schedule O)					
	(Expenses $	14,201,776	including grants of $	0) (Revenue $	3,282,182)	
4e	**Total program service expenses** ▶	289,312,359				

Part 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)?	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		No
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 for escrow or custodial account liability, 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			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *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	
e	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? *If "Yes," complete Schedule D, Parts XI and XII*	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 and XII 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, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts 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 other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts 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 (see instructions)*	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 hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants or 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, line 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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *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	
c	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 direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, 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**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V . . . . . ☑

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	10,529		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	5,013			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			3b	Yes	
4a	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, securities account, or other financial 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					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	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 as charitable contributions?			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		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	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	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
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 Form 1098-C?			7h		
8	**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
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		No
10	**Section 501(c)(7) organizations.** Enter					
a	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	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**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	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b		

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 or note to any line in this Part VI . . . . . ☑

Section 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	**1a**	38		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	36		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was 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 or appoint one or more members of the governing body?	**7a**			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 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 body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this 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 that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe 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**		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	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 arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section 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 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☑ Own website ☐ Another's website ☑ Upon request ☑ Other (explain in Schedule O)

19 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 during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

▶ BRIAN THOMASON 24255 PACIFIC COAST HIGHWAY
MALIBU,CA 902634497 (310) 506-4497

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☑

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 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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless 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-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless 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-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								6,428,983	0	1,974,926

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 291

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
SODEXO AMERICA LLC CAMPUS MAIL-TCC RM 110 MALIBU CA 90263	CATERING	7,448,602
HATHAWAY DINWIDDIE CONSTRUCTION COMPANY 811 WILSHIRE BLVD 1500 LOS ANGELES CA 90017	CONTRACTOR	6,459,185
CLUNE CONSTRUCTION COMPANY LP 10 S LASALLE ST STE 300 CHICAGO IL 60603	CONTRACTOR	3,054,460
PALISADES MEDIA GROUP INC 1620 26TH ST SANTA MONICA CA 90404	ADVERTISING	1,404,696
FLAGSHIP FACILITY SERVICES INC PO BOX 612140 SAN JOSE CA 951612140	JANITORIAL	1,294,651

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 57

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	405,895			
	d	Related organizations . . .	1d	1,000,000			
	e	Government grants (contributions)	1e	3,678,926			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	28,854,584			
	g	Noncash contributions included in lines 1a-1f $		5,990,448			
	h	**Total.** Add lines 1a-1f . . . . . ▶			33,939,405		
Program Service Revenue			Business Code				
	2a	STUDENT TUITION AND FEES	611710	298,110,787	298,110,787		
	b	ROOM AND BOARD	611710	34,424,852	34,424,852		
	c	SALES AND SERVICES	611710	6,430,232	3,459,519	2,970,713	
	d	OTHER REVENUE	611710	2,295,038	2,295,038		
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		341,260,909			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		20,279,636		642,061	19,637,575
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . . ▶					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	79,255,843				
	b	Less cost or other basis and sales expenses	30,840,217				
	c	Gain or (loss)	48,415,626				
	d	Net gain or (loss) . . . . . ▶			48,415,626		48,415,626
Other Revenue	8a	Gross income from fundraising events (not including $ 405,895 of contributions reported on line 1c) See Part IV, line 18 . .	a 330,333				
	b	Less direct expenses . . .	b 639,541				
	c	Net income or (loss) from fundraising events . . ▶			-309,208		-309,208
	9a	Gross income from gaming activities See Part IV, line 19 . . .	a				
	b	Less direct expenses . . .	b				
	c	Net income or (loss) from gaming activities . . ▶					
	10a	Gross sales of inventory, less returns and allowances .	a				
	b	Less cost of goods sold . .	b				
	c	Net income or (loss) from sales of inventory . . ▶					
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶					
	12	**Total revenue.** See Instructions . . . . . ▶		443,586,368	338,290,196	3,612,774	67,743,993

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)

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2 Grants and other assistance to individuals in the United States See Part IV, line 22	96,604,063	96,604,063		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	6,540,929	2,274,810	3,497,377	768,742
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	405,832	387,926	17,906	
7 Other salaries and wages	123,349,589	90,219,138	29,377,624	3,752,827
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	9,397,228	6,296,617	2,744,308	356,303
9 Other employee benefits	23,063,554	16,637,442	5,546,913	879,199
10 Payroll taxes	9,069,015	6,039,774	2,720,756	308,485
11 Fees for services (non-employees)				
a Management				
b Legal	545,884	50,398	495,486	
c Accounting	585,453	4,059	581,394	
d Lobbying	48,478		48,478	
e Professional fundraising services See Part IV, line 17	253,565			253,565
f Investment management fees	4,400,000		4,400,000	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	13,574,036	7,332,019	5,571,042	670,975
12 Advertising and promotion	4,280,292	3,547,890	588,982	143,420
13 Office expenses	8,717,892	4,544,564	4,003,190	170,138
14 Information technology				
15 Royalties . .				
16 Occupancy	19,780,097	10,391,460	9,380,381	8,256
17 Travel	9,341,419	6,220,722	3,057,200	63,497
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,370,442	2,288,447	1,045,776	36,219
20 Interest	10,738,765	8,784,310	1,911,500	42,955
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	18,723,217	15,315,591	3,332,733	74,893
23 Insurance	4,372,942	47,818	4,325,124	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a CONSTRUCTION AND EQUIPM	8,687,136	5,129,098	3,555,693	2,345
b EQUIPMENT AND MAINTENAN	6,220,608	1,100,896	5,091,785	27,927
c				
d				
e All other expenses	6,095,317	6,095,317		
25 **Total functional expenses.** Add lines 1 through 24e	388,165,753	289,312,359	91,293,648	7,559,746
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			1	
	2	Savings and temporary cash investments		60,814,529	2	27,953,865
	3	Pledges and grants receivable, net		30,596,837	3	33,877,219
	4	Accounts receivable, net		5,535,513	4	5,790,405
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		307,851	5	282,649
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		5,511,922	9	6,149,449
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 558,137,263			
	b	Less accumulated depreciation	10b 196,897,731	362,018,991	10c	361,239,532
	11	Investments—publicly traded securities		260,896,000	11	277,403,323
	12	Investments—other securities See Part IV, line 11		387,683,675	12	478,505,746
	13	Investments—program-related See Part IV, line 11		22,749,216	13	22,037,845
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		285,387,787	15	315,038,836
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,421,502,321	16	1,528,278,869
Liabilities	17	Accounts payable and accrued expenses		38,342,982	17	29,152,542
	18	Grants payable			18	
	19	Deferred revenue		9,965,837	19	11,047,001
	20	Tax-exempt bond liabilities		188,846,047	20	186,629,260
	21	Escrow or custodial account liability Complete Part IV of Schedule D		40,215,438	21	39,844,545
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties		49,904,081	24	49,917,903
	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 D		17,261,210	25	17,627,327
	26	**Total liabilities.** Add lines 17 through 25		344,535,595	26	334,218,578
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		630,777,127	27	703,267,530
	28	Temporarily restricted net assets		118,604,660	28	137,942,686
	29	Permanently restricted net assets		327,584,939	29	352,850,075
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		1,076,966,726	33	1,194,060,291
	34	Total liabilities and net assets/fund balances		1,421,502,321	34	1,528,278,869

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	443,586,368
2	Total expenses (must equal Part IX, column (A), line 25)	2	388,165,753
3	Revenue less expenses Subtract line 2 from line 1	3	55,420,615
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,076,966,726
5	Net unrealized gains (losses) on investments	5	15,301,610
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	46,371,340
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,194,060,291

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

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

Additional Data

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 week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless 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-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANDREW K BENTON PRESIDENT AND CEO	40 00 3 00	X		X				505,218	0	214,998
EDWIN L BIGGERS CHAIRMAN	1 00	X		X				0	0	0
SHEILA K BOST REGENT	1 00	X						0	0	0
CHARLES L BRANCH JR REGENT	1 00	X						0	0	0
DALE A BROWN REGENT	1 00	X						0	0	0
JANICE R BROWN REGENT	1 00	X						0	0	0
JOSE A COLLAZO REGENT	1 00 1 00	X						0	0	0
JERRY S COX REGENT (THROUGH 6/2014)	1 00	X						0	0	0
TERRY M GILES REGENT (THROUGH 6/2014)	1 00 2 00	X						0	0	0
MICHELLE R HEIPLER REGENT	1 00	X						0	0	0
GLEN A HOLDEN REGENT	1 00	X						0	0	0
GAIL E HOPKINS REGENT	1 00	X						0	0	0
PETER JAMES JOHNSON JR REGENT	1 00	X						0	0	0
JOHN D KATCH REGENT	1 00	X						0	0	0
DENNIS S LEWIS REGENT	1 00	X						0	0	0
KIMBERLY J LINDLEY REGENT	1 00	X						0	0	0
EFF W MARTIN REGENT	1 00	X						0	0	0
FAYE W MCCLURE REGENT	1 00	X						0	0	0
MICHAEL T OKABAYASHI REGENT	1 00	X						0	0	0
DANNY PHILLIPS REGENT	1 00	X						0	0	0
TIMOTHY C PHILLIPS REGENT	1 00	X						0	0	0
JOHN L PLEUGER REGENT	1 00	X						0	0	0
JAMES R PORTER VICE CHAIRMAN	1 00 2 00	X		X				0	0	0
RUSSELL L RAY JR REGENT	1 00	X						0	0	0
SUSAN F RICE SECRETARY	1 00	X		X				0	0	0

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 week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless 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-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CAROL RICHARDS REGENT	1 00	X						0	0	0
FREDERICK L RICKER REGENT	1 00	X						0	0	0
B JOSEPH ROKUS REGENT	1 00 1 00	X						0	0	0
BUI SIMON REGENT	1 00	X						0	0	0
HAROLD R SMETHILLS REGENT	1 00 3 00	X						0	0	0
ROSA MERCADO SPIVEY REGENT	1 00	X						0	0	0
WILLIAM W STEVENS REGENT	1 00	X						0	0	0
STEPHEN M STEWART REGENT	1 00	X						0	0	0
AUGUSTUS TAGLIAFERRI REGENT	1 00	X						0	0	0
MARTA B TOOMA REGENT	1 00	X						0	0	0
ROBERT L WALKER REGENT	1 00	X						0	0	0
MARYLYN M WARREN REGENT	1 00	X						0	0	0
WILLIAM H AHMANSON REGENT	1 00	X						0	0	0
JOHN T LEWIS REGENT	1 00	X						0	0	0
DEE ANNA SMITH REGENT	1 00	X						0	0	0
GARY A HANSON EXECUTIVE VICE PRESIDENT AND COO	40 00			X				380,336	0	153,349
SAMUEL K HINKLE SVP FOR ADVANCEMENT	40 00 1 00			X				195,283	0	180,199
PAUL B LASITER VICE PRESIDENT AND CFO	40 00 3 00			X				184,358	0	184,411
CHARLES J PIPPIN SENIOR VP & CIO	40 00 3 00			X				372,291	0	101,386
DARRYL L TIPPENS PROVOST AND CHIEF ACADEMIC OFFICER	40 00			X				227,533	0	144,091
MARC GOODMAN GENERAL COUNSEL	40 00				X			213,497	0	35,499
VELIOS KODOMICHALOS DIRECTOR OF INVESTMENTS (THRU 6/14)	40 00				X			238,915	0	52,525
LEE KATS VICE PROVOST	40 00				X			217,283	0	34,658
LINDA LIVINGSTONE DEAN, GRAZIADIO SCHOOL OF BUS & MGT	40 00				X			296,051	0	55,267
RICK MARRS DEAN, SEAVER COLLEGE	40 00				X			174,924	0	112,920

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 week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless 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-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ALEXANDER PANG ASSOCIATE VICE PRESIDENT	40 00				X			175,992	0	28,011
PHIL PHILLIPS CHIEF ADMINISTRATIVE OFFICER	40 00				X			187,518	0	113,845
EDNA POWELL CHIEF BUSINESS OFFICER	40 00				X			195,179	0	41,646
MARK ROOSA DEAN, UNIVERSITY LIBRARIES	40 00				X			180,952	0	37,359
JONATHAN SEE CHIEF INFORMATION OFFICER	40 00				X			189,211	0	31,330
DEANELL TACHA DEAN, SCHOOL OF LAW	40 00				X			357,943	0	29,135
MARGARET WEBER DEAN, GRADUATE SCHOOL OF ED & PSYCH	40 00				X			152,751	0	139,044
JAMES WILBURN DEAN, SCHOOL OF PUBLIC POLICY	40 00				X			223,169	0	51,560
RONALD PHILLIPS DEAN EMERITUS, VICE CHANCELLOR	40 00				X			176,465	0	122,391
JACK GREEN PROFESSOR, GRAZIADIO SCHOOL OF BUS	40 00					X		323,703	0	1,278
RICK HESSE PROFESSOR, GRAZIADIO SCHOOL OF BUS	40 00					X		313,884	0	2,674
EDWARD J LARSON DARLING PROFESSOR OF LAW	40 00					X		338,826	0	47,770
BRUCE SAMUELSON PROFESSOR, GRAZIADIO SCHOOL OF BUS	40 00					X		286,119	0	2,703
LAMAR MARTY WILSON HEAD MEN'S BASKETBALL COACH	40 00					X		321,582	0	56,877

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

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.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
PEPPERDINE UNIVERSITY

Employer identification number
95-1644037

Part I 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)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

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).**

4 ☐ 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 _____

5 ☐ 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)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ 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)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% 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 33 1/3% 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 See **section 509(a)(4).**

11 ☐ 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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

e ☐ 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)

f 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 ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of 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)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section **(see instructions))**	**(iv)** Is the organization in col **(i)** listed in your governing document?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of monetary support
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	39,144,062	28,578,060	25,338,071	25,387,351	33,939,405	152,386,949
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	39,144,062	28,578,060	25,338,071	25,387,351	33,939,405	152,386,949
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,684,625
6 **Public support.** Subtract line 5 from line 4						150,702,324

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	39,144,062	28,578,060	25,338,071	25,387,351	33,939,405	152,386,949
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	19,038,788	17,199,308	16,043,176	14,735,875	19,637,575	86,654,722
9 Net income from unrelated business activities, whether or not the business is regularly carried on				475,743	1,251,355	1,727,098
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						240,768,769

12 Gross receipts from related activities, etc (see instructions) **12** 1,581,334,008

13 **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

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	**14**	62 590 %
15 Public support percentage for 2012 Schedule A, Part II, line 14	**15**	

16a **33 1/3% support test—2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 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 in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b 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						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **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

15	Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** 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 more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2012.** 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 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶☐

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test		
Return Reference	Explanation	

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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

- 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, Part V, line 35c (Proxy Tax), then

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

Name of the organization	Employer identification number
PEPPERDINE UNIVERSITY	95-1644037

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 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? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

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).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 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)** Amount 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-

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B 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.)	(a) Filing organization's totals	(b) Affiliated group totals
1a 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		
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-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
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 $17,000,000	$1,000,000

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? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) 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			
a	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?		No	
e	Publications, or published or broadcast statements?		No	
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?	Yes		48,478
j	Total Add lines 1c through 1i			48,478
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			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	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	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
PART II-B, LINE 1	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
PART II-B, LINE 1I	THE ORGANIZATION HIRED A LOBBYING FIRM TO PURSUE HIGHER EDUCATION INITIATIVES

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
PEPPERDINE UNIVERSITY

Employer identification number
95-1644037

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	3	0
2	Aggregate contributions to (during year)	0	0
3	Aggregate grants from (during year)	97,550	0
4	Aggregate value at end of year	1,128,579	0

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☑ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☑ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, 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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ 1

(ii) Assets included in Form 990, Part X ▶ $ 4,527,350

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ 0

b Assets included in Form 990, Part X ▶ $ 0

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☑ Public exhibition
- b ☑ Scholarly research
- c ☑ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☑ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☑ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☑ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☑

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

		(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	715,660,000	607,953,000	622,580,000	564,591,000	528,735,000
b	Contributions	8,987,000	3,354,000	10,344,000	11,222,000	7,913,000
c	Net investment earnings, gains, and losses	100,441,000	132,447,000	7,866,000	79,921,000	58,356,000
d	Grants or scholarships					
e	Other expenditures for facilities and programs	34,605,000	28,094,000	32,837,000	33,154,000	30,413,000
f	Administrative expenses					
g	End of year balance	790,483,000	715,660,000	607,953,000	622,580,000	564,591,000

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ 51 700 %
- b Permanent endowment ▶ 39 700 %
- c Temporarily restricted endowment ▶ 8 600 %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)	Yes	
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		28,613,150		28,613,150
b Buildings		460,768,777	165,188,004	295,580,773
c Leasehold improvements				
d Equipment		55,686,516	31,709,727	23,976,789
e Other		13,068,820		13,068,820
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				361,239,532

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) ALTERNATIVE INVESTMENTS	475,720,855	F
(B) LIMITED PARTNERSHIPS	1,920,064	F
(C) CASH & CASH EQUIVALENT	685,232	F
(D) OTHER	179,595	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	478,505,746	

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) ASSETS HELD AS TRUSTEE	224,630,110
(2) INVESTMENTS IN SUBSIDIARIES	61,013,010
(3) INVESTMENTS - REAL ESTATE	20,231,923
(4) INVESTMENTS - NOTES RECEIVABLE	6,183,327
(5) HELD UNDER AGENCY AGREEMENTS	1,932,737
(6) OTHER INVESTMENTS	1,047,729
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	315,038,836

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
DUE UNDER AGENCY AGREEMENTS	1,932,737
US GOVERNMENT FUNDED STUDENT LOANS	15,694,590
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	17,627,327

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	

Part XIII Supplemental Information

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 X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
PART III, LINE 4	COLLECTIONS CONSIST OF ITEMS ACQUIRED BY THE UNIVERSITY'S LIBRARY THAT REQUIRE SPECIAL HANDLING DUE TO THEIR RARITY, VALUE, AND/OR PHYSICAL CONDITION THE UNIVERSITY ALSO MAINTAINS AN ARCHIVAL COLLECTION OF OFFICIAL DOCUMENTS, PAPERS, PUBLICATIONS, AND ARTIFACTS OF PEPPERDINE AND PERSONS CONNECTED WITH THE UNIVERSITY THESE COLLECTIONS ARE PROTECTED AND PRESERVED FOR EDUCATION, RESEARCH AND PUBLIC EXHIBITION
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
PART V, LINE 4	THE INTENT OF THE UNIVERSITY'S ENDOWMENT FUND IS TO GENERATE REVENUES NECESSARY TO SUPPORT THE UNIVERSITY'S EXEMPT PURPOSE, INCLUDING EDUCATION, RESEARCH, AND SCHOLARSHIP
SCHEDULE D, PART X	PEPPERDINE UNIVERSITY DOES NOT HAVE A FIN 48 FOOTNOTE REPORTED IN ITS FINANCIAL STATEMENTS

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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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.
▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
PEPPERDINE UNIVERSITY

Employer identification number
95-1644037

Part I

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II	3	Yes	
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Part II			
5	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
e	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	Other extracurricular activities?	5h		No
	If you answered "Yes" to any of the above, please explain If you need more space, use Part II			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
b	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 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7	Yes	

Part II Supplemental Information. 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)

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

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

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.

▶ Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
PEPPERDINE UNIVERSITY

Employer identification number
95-1644037

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , 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	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	6	74			258,137,167
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	6	74			258,137,167

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1 **(a)** Name of organization	**(b)** IRS code section and EIN (if applicable)	**(c)** Region	**(d)** Purpose of grant	**(e)** Amount of cash grant	**(f)** Manner of cash disbursement	**(g)** Amount of non-cash assistance	**(h)** Description of non-cash assistance	**(i)** Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

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. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☑ Yes	☐ No
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, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
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	☐ 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, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*	☑ Yes	☐ 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)*	☑ Yes	☐ 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).*	☐ Yes	☑ No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 3	EXPENSES IDENTIFIED IN COLUMN (F) ARE THE EXPENSES INCURRED IN THE REGION PER THE ORGANIZATION'S GENERAL LEDGER

Additional Data

Software ID:
Software Version:
EIN: 95-1644037
Name: PEPPERDINE UNIVERSITY

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND AND GREENLAND)	4	50	PROGRAM SERVICES	EDUCATIONAL PROGRAMS	7,018,687
EAST ASIA AND THE PACIFIC	1	4	PROGRAM SERVICES	EDUCATIONAL PROGRAMS	1,911,808
SOUTH AMERICA	1	20	PROGRAM SERVICES	EDUCATIONAL PROGRAMS	1,782,013

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	EDUCATIONAL PROGRAMS	205,252
EAST ASIA AND THE PACIFIC	0	0	INVESTMENTS		97,921,134
SOUTH AMERICA	0	0	INVESTMENTS		26,195,529

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	INVESTMENTS		118,304,198
SUB-SAHARAN AFRICA	0	0	INVESTMENTS		4,798,546

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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. ▶ See separate instructions.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
PEPPERDINE UNIVERSITY

Employer identification number
95-1644037

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☑ Mail solicitations
- **b** ☑ Internet and email solicitations
- **c** ☑ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☑ Solicitation of government grants
- **g** ☑ Special fundraising events

2a 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? ☑ **Yes** ☐ **No**

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

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
1	RUFFALOCODY 1025 KIRKWOOD PARKWAY SW CEDAR RAPIDS, IA 52404	PROGRAM FUNDRAISING		No	222,284	253,565	-31,281
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . . ▶					222,284	253,565	-31,281

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

AK, CA, KY

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 WAVE CLASSIC GOLF TOURNAMENT (event type)	(b) Event #2 ASSOCIATES DINNER (event type)	(c) Other events 5 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	294,436	207,850	233,942	736,228
	2 Less Contributions	153,778	121,000	131,117	405,895
	3 Gross income (line 1 minus line 2)	140,658	86,850	102,825	330,333
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	80,441	172,410	163,322	416,173
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	75,047	73,612	74,709	223,368
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(639,541)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-309,208

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11

Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ 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 gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ .....

Address ▶ .....

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
PEPPERDINE UNIVERSITY

Employer identification number
95-1644037

Part I General Information on Grants and Assistance

1 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? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II 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. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) FINANCIAL AID PAID	4721	96,604,063			

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	BASIS OF VERIFIED FINANCIAL NEED OR MERIT AND DOES NOT UNLAWFULLY DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL OR ETHNIC ORIGIN, RELIGION, AGE, SEX DISABILITY OR PRIOR MILITARY SERVICE FINANCIAL ASSISTANCE IS MONITORED SO THAT IT IS IN COMPLIANCE WITH AWARDING TERMS AND CONDITIONS EXPENDITURES ARE REVIEWED FOR ALLOWABILITY AND COMPLIANCE STUDENTS ARE REQUIRED TO SUBMIT APPROPRIATE DOCUMENTS PRIOR TO APPROVAL PART III CASH GRANTS ARE CREDITS TO STUDENT ACCOUNTS AND THE NUMBER OF RECIPIENTS REPRESENTS ONLY THE NUMBERS OF STUDENTS RECEIVING INSTITUTIONAL FUNDING OUTSIDE GRANTS, OR APPLICATIONS OF FUNDS PROVIDED BY OUTSIDE AGENCIES (E G FEDERAL LOAN PROGRAMS) IS NOT INCLUDED

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
PEPPERDINE UNIVERSITY

Employer identification number
95-1644037

Part I Questions Regarding Compensation

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is 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, applicable column (D) and (E) amounts for that individual

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported as deferred in prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Return Reference	Explanation
PART I, LINE 1A	FIRST CLASS TRAVEL PURSUANT TO A WRITTEN POLICY AND APPROPRIATE APPROVAL, FIRST CLASS TRAVEL IS PERMITTED TO CERTAIN OFFICERS AND KEY EMPLOYEES FOR BUSINESS PURPOSES TRAVEL FOR BUSINESS PURPOSES IS NOT INCLUDED IN TAXABLE WAGES ONE OFFICER LISTED IN FORM 990, PART VII FLEW FIRST CLASS DURING CALENDAR YEAR 2013 TRAVEL FOR COMPANIONS PURSUANT TO A WRITTEN POLICY, CERTAIN OFFICERS' AND KEY EMPLOYEES' SPOUSES ARE PERMITTED TO TRAVEL ON OCCASION WHEN NECESSARY FOR BUSINESS PURPOSE TRAVEL FOR BUSINESS PURPOSE IS NOT INCLUDED IN TAXABLE WAGES TWO OFFICERS LISTED IN FORM 990, PART VII WERE PROVIDED WITH COMPANION TRAVEL FOR BUSINESS PURPOSES DURING CALENDAR YEAR 2013 GROSS-UP PAYMENT PURSUANT TO CALIFORNIA CIVIL CODE, PEPPERDINE UNIVERSITY PROVIDES GROSS-UP TO EMPLOYEES THAT PROVIDE LATE SUBSTANTIATION OF EXPENSES UNDER ACCOUNTABLE PLAN RULES FOR ORDINARY AND 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 EMPLOYER'S SHARE OF THE PARTICIPANTS' SELF-EMPLOYMENT TAX THE INDIVIDUALS LISTED IN FORM 990, PART VII WERE PROVIDED WITH GROSS-UP PAYMENTS DURING CALENDAR YEAR 2013 INCLUDE 1 KEY EMPLOYEE HOUSING INCLUDED IN NON-TAXABLE 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 THE INDIVIDUALS LISTED IN FORM 990, PART VII WHO WERE PROVIDED WITH MINISTERIAL HOUSING DURING CALENDAR YEAR 2013 INCLUDE 3 OFFICERS AND 4 KEY EMPLOYEES HOUSING IS PROVIDED FOR 3 OFFICERS 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 RECEIVED REIMBURSEMENTS FOR EXPENDITURES ASSOCIATED WITH SOCIAL CLUB MEMBERSHIPS ALL EXPENDITURES ARE FOR BUSINESS PURPOSES AND ARE APPROVED PURSUANT TO THE UNIVERSITY'S REIMBURSEMENT POLICIES PERSONAL SERVICE ONE OFFICER IS PROVIDED CERTAIN HOUSE CLEANING SERVICES IN CONNECTION WITH HIS OCCUPANCY OF ON-CAMPUS HOUSING THE PROVISION OF SUCH SERVICES IS NOT INCLUDED AS TAXABLE WAGES
PART I, LINE 4B	PEPPERDINE UNIVERSITY HAS A INCENTIVE COMPENSATION PLAN FOR CERTAIN KEY EXECUTIVES UNDER THE PLAN, UPON ACHIEVEMENT OF CERTAIN EXPECTATIONS AND GOALS AND AT THE DISCRETION 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 2013 ANDREW K BENTON- $97,021 GARY HANSON - $54,039 CHARLES PIPPIN - $54,357 SAMUEL HINKLE - $38,784 PAUL B LASITER - $40,069 THE FOLLOWING AMOUNTS WERE VESTED AND INCLUDED IN THE EMPLOYEE'S COMPENSATION IN 2013 ANDREW K BENTON - $77,854 PAUL LASITER - $9,797 GARY HANSON - $31,282 CHARLES PIPPIN - $36,810 SAMUEL HINKLE - $28,672 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' SERVICE IN HIS EMPLOYMENT AS PRESIDENT OF PEPPERDINE UNIVERSITY IN 2015
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
FORM 990, SCHEDULE J, PART II, COLUMN (F)	CERTAIN AMOUNTS INCLUDED IN SCHEDULE J, PART II, COLUMN B(III), WERE PREVIOUSLY REPORTED ON THE PRIOR YEAR'S FORM 990, AS AMOUNTS AWARDED UNDER THE INCENTIVE COMPENSATION PLAN DISCLOSED IN RESPONSE TO SCHEDULE J, PART I, LINE 4B

Additional Data

Software ID:
Software Version:
EIN: 95-1644037
Name: PEPPERDINE UNIVERSITY

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
ANDREW K BENTON PRESIDENT AND CEO	(I) (II)	411,733 0	0 0	93,485 0	122,521 0	92,477 0	720,216 0	77,854 0
GARY A HANSON EXECUTIVE VICE PRESIDENT AND COO	(I) (II)	308,916 0	0 0	71,420 0	79,539 0	73,810 0	533,685 0	31,282 0
SAMUEL K HINKLE SVP FOR ADVANCEMENT	(I) (II)	139,883 0	10,000 0	45,400 0	80,574 0	99,625 0	375,482 0	28,672 0
PAUL B LASITER VICE PRESIDENT AND CFO	(I) (II)	162,659 0	0 0	21,699 0	83,069 0	101,342 0	368,769 0	9,797 0
CHARLES J PIPPIN SENIOR VP & CIO	(I) (II)	330,137 0	0 0	42,154 0	79,537 0	21,849 0	473,677 0	36,810 0
DARRYL L TIPPENS PROVOST AND CHIEF ACADEMIC OFFICER	(I) (II)	203,875 0	0 0	23,658 0	66,000 0	78,091 0	371,624 0	0 0
MARC GOODMAN GENERAL COUNSEL	(I) (II)	204,713 0	0 0	8,784 0	20,785 0	14,714 0	248,996 0	0 0
VELIOS KODOMICHALOS DIRECTOR OF INVESTMENTS (THRU 6/14)	(I) (II)	228,182 0	10,000 0	733 0	23,315 0	29,210 0	291,440 0	0 0
LEE KATS VICE PROVOST	(I) (II)	211,309 0	0 0	5,974 0	21,320 0	13,338 0	251,941 0	0 0
LINDA LIVINGSTONE DEAN, GRAZIADIO SCHOOL OF BUS & MGT	(I) (II)	290,077 0	0 0	5,974 0	25,500 0	29,767 0	351,318 0	0 0
RICK MARRS DEAN, SEAVER COLLEGE	(I) (II)	160,986 0	0 0	13,938 0	51,888 0	61,032 0	287,844 0	0 0
ALEXANDER PANG ASSOCIATE VICE PRESIDENT	(I) (II)	168,121 0	3,500 0	4,371 0	16,966 0	11,045 0	204,003 0	0 0
PHIL PHILLIPS CHIEF ADMINISTRATIVE OFFICER	(I) (II)	166,062 0	10,000 0	11,456 0	34,836 0	79,009 0	301,363 0	0 0
EDNA POWELL CHIEF BUSINESS OFFICER	(I) (II)	192,476 0	0 0	2,703 0	19,650 0	21,996 0	236,825 0	0 0
MARK ROOSA DEAN, UNIVERSITY LIBRARIES	(I) (II)	174,344 0	5,000 0	1,608 0	8,949 0	28,410 0	218,311 0	0 0
JONATHAN SEE CHIEF INFORMATION OFFICER	(I) (II)	186,124 0	2,500 0	587 0	18,303 0	13,027 0	220,541 0	0 0
DEANELL TACHA DEAN, SCHOOL OF LAW	(I) (II)	348,205 0	0 0	9,738 0	25,160 0	3,975 0	387,078 0	0 0
MARGARET WEBER DEAN, GRADUATE SCHOOL OF ED & PSYCH	(I) (II)	129,108 0	0 0	23,643 0	38,161 0	100,883 0	291,795 0	0 0
JAMES WILBURN DEAN, SCHOOL OF PUBLIC POLICY	(I) (II)	218,579 0	0 0	4,590 0	22,866 0	28,694 0	274,729 0	0 0
RONALD PHILLIPS DEAN EMERITUS, VICE CHANCELLOR	(I) (II)	139,643 0	20,000 0	16,822 0	34,409 0	87,982 0	298,856 0	0 0

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
JACK GREEN PROFESSOR, GRAZIADIO SCHOOL OF BUS	(I) (II)	11,145 0	0 0	312,558 0	1,115 0	163 0	324,981 0	0 0
RICK HESSE PROFESSOR, GRAZIADIO SCHOOL OF BUS	(I) (II)	14,680 0	0 0	299,204 0	1,122 0	1,552 0	316,558 0	0 0
EDWARD J LARSON DARLING PROFESSOR OF LAW	(I) (II)	266,916 0	0 0	71,910 0	25,500 0	22,270 0	386,596 0	0 0
BRUCE SAMUELSON PROFESSOR, GRAZIADIO SCHOOL OF BUS	(I) (II)	11,463 0	0 0	274,656 0	1,195 0	1,508 0	288,822 0	0 0
LAMAR MARTY WILSON HEAD MEN'S BASKETBALL COACH	(I) (II)	269,985 0	5,000 0	46,597 0	25,500 0	31,377 0	378,459 0	0 0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

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 Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
PEPPERDINE UNIVERSITY

Employer identification number
95-1644037

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	CEFA SERIES 2005 A&B	52-1705592	1301757M8	08-03-2005	115,673,727	REFUND 1996, 1999, 2000, AND 2002		X		X		X
B	CALIFORNIA INFRASTRUCTURE BANK SERIES 2010	63-0304653	13033W4L4	04-28-2010	16,347,846	REFUND 1999 SERIES A		X		X		X
C	CEFA SERIES 2012	52-1705592		06-05-2012	58,548,544	REFUND 2003A, CONSTRUCTION, EQUIPMENT, AND FACILITIES		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired			1,490,000	
2	Amount of bonds legally defeased				
3	Total proceeds of issue	115,673,727	16,347,846	58,548,544	
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	1,058,759	319,146	618,936	
8	Credit enhancement from proceeds	1,236,320			
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	676,451		11,812,381	
11	Other spent proceeds	112,702,197	16,028,700	46,117,227	
12	Other unspent proceeds				
13	Year of substantial completion			2013	

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X		X			
15	Were the bonds issued as part of an advance refunding issue?	X			X		X		
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X							

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X		X		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X	X			
b	Exception to rebate?		X	X			X		
c	No rebate due?	X			X		X		
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X		
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X			

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X			

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
PART IV, LINE 2C, COLUMN A	DATE THE REBATE COMPUTATION WAS PERFORMED AUGUST 2012

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
PEPPERDINE UNIVERSITY

Employer identification number
95-1644037

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
(1) MARK ROOSA	KEY EMPLOYEE	HOUSING		X	200,000	200,000		No		No	Yes	
(2) LAMAR MARTY WILSON	HIGHEST PAID	HOUSING		X	82,649	82,649		No		No	Yes	
Total		▶ $				282,649						

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 95-1644037
Name: PEPPERDINE UNIVERSITY

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
(1) AKAMINE PHILLIPS JENNIFER	DAUGHTER-IN-LAW OF REGENT	48,058	EMPLOYEE		No
(2) BOST STEPHEN	SON OF REGENT	68,389	EMPLOYEE		No
(3) GOODMAN CHRISTINE	SPOUSE OF KEY EMPLOYEE	176,179	EMPLOYEE		No
(4) MARMION ALEXANDRA	SPOUSE OF KEY EMPLOYEE	121,995	EMPLOYEE		No
(5) MARRS JEREMY	SON OF KEY EMPLOYEE	20,088	EMPLOYEE		No
(6) MARRS NICOLE	DAUGHTER-IN-LAW OF KEY EMPLOYEE	88,680	EMPLOYEE		No
(7) PANG LILY	SPOUSE OF KEY EMPLOYEE	103,864	EMPLOYEE		No
(8) PHILLIPS LANDON	SON OF REGENT	59,686	EMPLOYEE		No
(9) PHILLIPS SHANNON	SISTER-IN-LAW OF KEY EMPLOYEE	153,534	EMPLOYEE		No
(10) WEBER DANIEL	SON OF KEY EMPLOYEE	38,944	EMPLOYEE		No
(11) BOST THOMAS	SPOUSE OF REGENT	229,699	EMPLOYEE		No

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
PEPPERDINE UNIVERSITY

Employer identification number
95-1644037

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art	X	1	1	BOOK VALUE
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications	X		65	BOOK VALUE
5	Clothing and household goods	X		442	FMV
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	32	2,979,482	FMV
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential	X	3	2,990,348	APPRAISAL
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles	X	9	9	BOOK VALUE
19	Food inventory	X	4	98	FMV
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (OTHER)	X	112	20,002	FMV
26	Other ▶(_____)				
27	Other ▶(_____)				
28	Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . **29** 5

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation

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SCHEDULE O
(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.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
PEPPERDINE UNIVERSITY

Employer identification number
95-1644037

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1 AND PART III, LINE 1	
FORM 990, PART VI, SECTION A, LINE 1	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 REGE NTS, SUBJECT TO ANY LIMITATIONS IMPOSED BY THE BOARD OF REGENTS, THE BYLAWS, OR APPLICABLE LAW
FORM 990, PART VI, SECTION B, LINE 11	INFORMATION IS SUPPLIED BY THE UNIVERSITY TO THE PAID PREPARER TO PREPARE THE RETURN A DR AFT VERSION OF THE FORM 990 IS PROVIDED TO SENIOR MANAGEMENT AND THE AUDIT COMMITTEE FOR R EVIEW CHANGES/COMMENTS ARE SUBMITTED TO MANAGEMENT AND ANY NECESSARY CHANGES ARE MADE PRI OR TO THE FINAL REVIEW AND SIGNING OF THE TAX RETURN BY THE UNIVERSITY'S INDEPENDENT AUDIT ORS/TAX CONSULTANTS A FULL COPY OF THE 990 IS PROVIDED TO THE BOARD PRIOR TO FILING
FORM 990, PART VI, SECTION B, LINE 12C	EACH OFFICER, REGENT, AND KEY EMPLOYEE IS REQUIRED TO DISCLOSE ANNUALLY, IN WRITING, ANY F INANCIAL OR BUSINESS RELATIONSHIPS THAT HE OR SHE, OR ANY FAMILY MEMBER HAS WITH PEPPERDIN E UNIVERSITY THESE REGENT AND OFFICER DISCLOSURES ARE REVIEWED BY THE BOARD OF REGENTS A LL OTHER EMPLOYEE DISCLOSURES ARE REVIEWED BY GENERAL COUNSEL AND THE EXECUTIVE VICE PRESI DENT ALL CONFLICT SITUATIONS ARE RESOLVED AT THIS REVIEW IN ACCORDANCE WITH THE UNIVERSIT Y'S CONFLICT OF INTEREST POLICY IF A CONFLICT OF IS FOUND FOR A REGENT, THE REGENT IS ASK ED TO RECUSE HIM OR HERSELF FROM THE MATTER RESOLUTION OF CONFLICTS FOR OFFICERS AND OTHE R EMPLOYEES ARE OVERSEEN BY GENERAL COUNSEL FORM 990, PART VI, SECTION B, LINE 14 INDIVID UAL DEPARTMENTS MAY HAVE A DOCUMENT RETENTION AND DESTRUCTION POLICY THAT IS APPLICABLE TO THE NATURE OF THE INFORMATION THAT THEY COLLECT THERE IS A UNIVERSITY-WIDE DOCUMENT RETE NTION AND DESTRUCTION POLICY, BUT IT IS NOT APPROVED BY THE BOARD
FORM 990, PART VI, SECTION B, LINE 15	PEPPERDINE UNIVERSITY'S BOARD OF REGENTS REVIEWS THE COMPENSATION OF THE PRESIDENT, PROVOS T, EXECUTIVE VICE PRESIDENT, CHIEF INVESTMENT OFFICER, VICE PRESIDENT FOR ADVANCEMENT AND CHIEF FINANCIAL OFFICER ON AN ANNUAL BASIS THE BOARD OF REGENTS CONSIDERS MARKET DATA AND ANALYSIS ASSEMBLED BY INDEPENDENT COMPENSATION CONSULTANTS THE DELIBERATIONS ARE REFLECT ED IN A TRANSACTION REPORT WHICH SUMMARIZES THE DECISIONS MADE BY THE COMMITTEE
FORM 990, PART VI, SECTION C, LINE 18	THE UNIVERSITY'S FORM 990 IS AVAILABLE ON GUIDESTAR ORG
FORM 990, PART VI, SECTION C, LINE 19	THE UNIVERSITY'S FINANCIAL STATEMENTS ARE MADE AVAILABLE VIA THE UNIVERSITY'S WEBSITE THE UNIVERSITY DOES NOT MAKE ITS CONFLICT OF INTEREST POLICIES AND GOVERNING DOCUMENTS AVAILA BLE TO THE PUBLIC UPON REQUEST
FORM 990, PART VII, SECTION A	CERTAIN REGENTS AND OFFICERS LISTED IN PART VII, SECTION ALSO SERVE ON THE BOARDS OF WAVE SERVICES, INC , WAVE ENTERPRISES, INC , AND WAVE PROPERTY, INC
FORM 990, PART XI, LINE 9	ADJUSTMENT OF ACTUARIAL LIABILITY 3,013,700 ENDOWMENT SUPPORT 33,651,347 CHANGE IN NET A SSETS OF SUBSIDIARIES 10,348,354 UBI FROM ALTERNATIVE INVESTMENTS -642,061

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
PEPPERDINE UNIVERSITY

Employer identification number
95-1644037

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) WAVE VENTURES LLC 24255 PACIFIC COAST HIGHWAY MAILBU, CA 90263 46-4526544	SUPPORT PEPPERDINE UNIVERSITY	CA	0	0	PEPPERDINE UNIVERSITY

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) WAVE ENTERPRISES INC 24255 PACIFIC COAST HIGHWAY MALIBU, CA 90263 95-4274572	SUPPORT PEPPERDINE UNIVERSITY	CA	501(C)(3)	LINE 11A, I	PEPPERDINE UNIVERSITY	Yes	
(2) WAVE SERVICES INC 24255 PACIFIC COAST HIGHWAY MALIBU, CA 90263 95-4315778	SUPPORT PEPPERDINE UNIVERSITY	CA	501(C)(3)	LINE 11A, I	PEPPERDINE UNIVERSITY	Yes	
(3) WAVE PROPERTY INC 24255 PACIFIC COAST HIGHWAY MALIBU, CA 90263 95-4297104	SUPPORT PEPPERDINE UNIVERSITY	CA	501(C)(3)	LINE 11A, I	PEPPERDINE UNIVERSITY	Yes	
(4) PEPPERDINE UNIVERSITY (USA) IN LONDON UK 56 PRINCES GATE LONDON SW7 2PG UK	EDUCATION	UK			PEPPERDINE UNIVERSITY	Yes	
(5) PEPPERDINE ARGENTINA SRL 11 DE SEPTIEMBRE 955 BUENOS AIRES 1426 CAP F AR	EDUCATION	AR			PEPPERDINE UNIVERSITY	Yes	
(6) PEPPERDINE UNIVERSITY LAUSANNE (SWITZ) LA CROISEE AV MARC-DUFOUR 15 LAUSANNE SZ	EDUCATION	SZ			PEPPERDINE UNIVERSITY	Yes	
(7) CINDERELLA IMMOBILIARE SRL VIALE MILTON 41 FLORENCE 50129 IT	EDUCATION	IT			PEPPERDINE UNIVERSITY	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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ANDURIL HOLDINGS LLC 310 ALDER ROAD PO BOX 841 DOVER, DE 19904 01-0935824	INVESTMENTS	DE	PEPPERDINE UNIVERSITY	EXCLUDED	179,612	1,157,441		No			No	99 000 %

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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) CHARITABLE REMAINDER TRUSTS (3)	INVESTING	CA	N/A	T					No

Part V **Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
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 or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
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 Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s		No

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 thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) WAVE PROPERTY INC	R	888,410	BOOK VALUE
(2) WAVE ENTERPRISES INC	C	1,000,000	BOOK VALUE

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

(a) Name, address, and EIN of entity	(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?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V?UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 95-1644037
Name: PEPPERDINE UNIVERSITY

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) WAVE ENTERPRISES INC 24255 PACIFIC COAST HIGHWAY MALIBU, CA 90263 95-4274572	SUPPORT PEPPERDINE UNIVERSITY	CA	501(C)(3)	LINE 11A, I	PEPPERDINE UNIVERSITY	Yes	
(1) WAVE SERVICES INC 24255 PACIFIC COAST HIGHWAY MALIBU, CA 90263 95-4315778	SUPPORT PEPPERDINE UNIVERSITY	CA	501(C)(3)	LINE 11A, I	PEPPERDINE UNIVERSITY	Yes	
(2) WAVE PROPERTY INC 24255 PACIFIC COAST HIGHWAY MALIBU, CA 90263 95-4297104	SUPPORT PEPPERDINE UNIVERSITY	CA	501(C)(3)	LINE 11A, I	PEPPERDINE UNIVERSITY	Yes	
(3) PEPPERDINE UNIVERSITY (USA) IN LONDON UK 56 PRINCES GATE LONDON SW7 2PG UK	EDUCATION	UK			PEPPERDINE UNIVERSITY	Yes	
(4) PEPPERDINE ARGENTINA SRL 11 DE SEPTIEMBRE 955 BUENOS AIRES 1426 CAP F AR	EDUCATION	AR			PEPPERDINE UNIVERSITY	Yes	
(5) PEPPERDINE UNIVERSITY LAUSANNE (SWITZ) LA CROISEE AV MARC-DUFOUR 15 LAUSANNE SZ	EDUCATION	SZ			PEPPERDINE UNIVERSITY	Yes	
(6) CINDERELLA IMMOBILIARE SRL VIALE MILTON 41 FLORENCE 50129 IT	EDUCATION	IT			PEPPERDINE UNIVERSITY	Yes	