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DLN: 93493166010447

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

► Information about Form 990 and its instructions is at <u>www IRS qov/form990</u>

OMB No 1545-0047 2015

Open to Public Inspection

A F	or the 2	2015 cal	lendar year, or tax year b	eginning 08-01-2015 , and ending 0	7-31-201	6				
_	eck ıf ap		C Name of organization Pepperdine University				D Empl	oyer i	dentification number	
_	ddress ch	-					95-1	6440	37	
	ame cha	-	Doing business as							
L EI	ntial retu	rn					E Teleph	one n	ımhor	
	/termina	ted	Number and street (or P O 24255 Pacific Coast Highwa	box if mail is not delivered to street address)	Room/sui	te	E Telepi	ione ni	inibei	
An	nended r	eturn	_				(310	) 506	-4497	
Ар	plication	pending	City or town, state or provir Malibu, CA 902634497	nce, country, and ZIP or foreign postal code			<b>G</b> Gross	recein	ts \$ 498,465,512	
			<b>F</b> Name and adduces as		1			-		
			<b>F</b> Name and address of Andrew K Benton	principal officer			s this a grou	•		
			24255 Pacific Coast Hi	•			ubordinates? No	,	Yes   <b>√</b>	
		-1-1-1	Malibu, CA 90263449	7		H(b) A	re all subord	linate	s	
I 1a	x-exemp	ot status	<b>√</b> 501(c)(3)	( ) ◀ (insert no ) 4947(a)(1) or	527		ncluded?	ما ما		
J W	ebsite:	:► www	v pepperdine edu				r No, attac Group exemp		t (see instructions)	
<b>K</b> For	m of orga	anızatıon	▼ Corporation  Trust	Association  ○ Other ►	'		of formation 1		M State of legal domicile CA	
Pa	rt I	Sum	mary							
				mission or most significant activities						
	Se	e Sched	lule O							
Ce										
ᇎ	_									
le)	<b>2</b> C	heck th	ıs box ▶ ☐ ıf the organiza	ation discontinued its operations or d	ısposed o	of more th	nan 25% of it	s net	assets	
Activities & Governance										
<u>×</u> خ	3 N	umber d	of voting members of the g	governing body (Part VI, line 1a) .				3	39	
Ğ.	4 N	umber o	of independent voting mer	mbers of the governing body (Part VI,	, line 1b)			4	37	
₹	5 T	otal nun	nber of individuals employ	yed ın calendar year 2015 (Part V , lır	ne 2a) .			5	4,930	
Ę	6 T	otal nun	nber of volunteers (estim	ate ıf necessary)				6	1	
•	7a ⊺	otal unr	elated business revenue	from Part VIII, column (C), line 12				7a	2,802,107	
	<b>b</b> Ne	t unrela	ted business taxable inc	ome from Form 990-T, line 34				7b	-119,685	
							Prior Year		Current Year	
	8	Contri	butions and grants (Part '	VIII, line 1h)			30,180	,908	25,472,417	
Ē	9	Progra	m service revenue (Part	360,544	360,544,605 381					
Ravenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)							23,217,070	
æ	11	Other	revenue (Part VIII, colur	mn (A), lines 5, 6d, 8c, 9c, 10c, and 1	11e)		-516	-516,100		
	12	Total	revenue—add lines 8 thro	437,642	.001	430,040,089				
		12)					·		· · ·	
	13		•	d (Part IX, column (A), lines 1–3)			98,133	-	107,352,766	
	14		•	(Part IX, column (A), line 4)				0	0	
&	15	Saları 5-10)		employee benefits (Part IX, column (A	( ), lines		176,116	,352	187,915,632	
Expenses	16a	Profes	ssional fundraising fees (F	Part IX, column (A), line 11e)			292	,181	328,458	
Ř	ь	Total fu	ndraising expenses (Part IX. co	olumn (D), line 25) ▶6,792,833						
ш	17			nn (A), lines 11a-11d, 11f-24e) .	<del></del> .		131,305	,008	142,185,250	
	18	Total	expenses Add lines 13-:	17 (must equal Part IX, column (A), I	ıne 25)		405,846	,900	437,782,106	
	19	Reven	ue less expenses Subtra	ct line 18 from line 12			31,795	,101	-7,742,017	
≽ 8						Beginn	ing of Current	Year	End of Year	
Net Assets or Fund Balances	20	Total :	assets (Part X, line 16)				1,584,264	932	1,592,155,360	
AB	21		• • • • • •	)			384,042		408,939,669	
şŝ	22			ubtract line 21 from line 20			1,200,222		1,183,215,691	
Pai	rt II		ature Block				, ,			
my k	nowled	ties of p	perjury, I declare that I h	ave examined this return, including a and complete Declaration of preparer		, -				
		****					2017-06-08			
Sigr	,	Signa	ture of officer				Date			
Her			Thomason Assoc VP and Contr	roller						
		Туре	or print name and title							
			nnt/Type preparer's name racy S Paglia	Preparer's signature Tracy S Paglia		ate 017-06-08	Check   ıf	PTIN	I 366884	
Paid	d			1 ' -			self-employed			
Pre	pare	r ⊢	ırm's name ► Moss Adams L				Firm's EIN > 1			
Use	Only	y  ⁺	ırm's address ► 3121 W March				Phone no (20	9) 955	-0100	
	-	- 1	Stockton, CA	952192367			I			

. √Yes No

Page 2

Par	t 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 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 뉯	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			
	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	
	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	
	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	<b>11</b> c		No
	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	<b>11</b> d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?  If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII 2	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	
	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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule G, Part I</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?	20h		

Par	t 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 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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? <i>If "Yes," complete Schedule J</i>	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
С	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), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Pait 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, Pait 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 "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	<b>28</b> c		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		No
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? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	

Part V	Statements	Regarding	Other	IRS Filinas	and Tax	Compliance

	Check if Schedule O contains a response or note to any line in this Part V			. 🗸
12	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   10	,752	Yes	No
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b	,/52		
	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			
b	by this return	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		Yes	
4a .	At any time during the calendar year, did the organization have an interest in, or a signature or other authorit over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		Yes	
	If "Yes," enter the name of the foreign country ►AR,GM,IT,SZ,UK,CH See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
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?			
-		5с		
	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
	If "Yes," did the organization include with every solicitation an express statement that such contributions or were not tax deductible?	gıfts 6b		
	Organizations that may receive deductible contributions under section 170(c).		1	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods a services provided to the payor?		Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was requir		Yes	
	file Form 8282?	7c		No
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract	,		
Ū	bid the organization receive any lands, an eetily of manifectly, 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? $$ .	. <b>7</b> f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 889 required?	9 as <b>7g</b>		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any ti during the year?	me <b>8</b>		No
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No
	Did the sponsoring organization make any taxable distributions and section 4500°	9b		No
	Section 501(c)(7) organizations. Enter		+	
	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			
	Section 501(c)(12) organizations. Enter			
	Gross Income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	<b>12</b> a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions additional information the organization must report on Schedule O	for <b>13a</b>		
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			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	İ	No
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	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.

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year  1a			
	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 37			
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			
а	The governing body?	8a	Yes	
	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
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	<b>10</b> a		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	<b>12</b> a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12</b> c	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	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
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?	<b>16</b> a		Νo
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		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
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			
19	▼ Own website  Another's website  Upon request  Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of			
20	Interest policy, and financial statements available to the public during the tax year  State the name, address, and telephone number of the person who possesses the organization's books and record  Brian Thomason 24255 Pacific Coast Highway Malibu, CA 902634497 (310) 506-4497	S		

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) A verage hours per week (list any hours for related organizations below dotted line)	more t	tion ( han d on is	one l both	oox, an d	officer stee)	Former	(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
See Additional Data Table										_
										Form <b>990</b> (2015)

Par	t VIII Section A. Officers, I	Directors, Trus	stees, l	Key	Emp	loy	ees, a	nd H	lighest Compens	ated Employees	(cont	tinued)	
	( <b>A)</b> Name and Title	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					i	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W-	C	(F) Estima mount o ompens from t	ted f other ation he
		for related organizations below dotted line)	Institutional Trustee Individual trustee or director		Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization ar related organizations		ed
See	Addıtıonal Data Table												
											+		
1b	Sub-Total			•	•		•						
c d	Total from continuation sheet Total (add lines 1b and 1c).	s to Part VII, S	ection A	١.	•	•	. ▶		6,134,277	0		1.8	388,127
2	Total number of individuals (in \$100,000 of reportable compa	cluding but not					d abov	e) wl		nan			
												Yes	No
3	Did the organization list any <b>fo</b> on line 1a? <i>If "Yes," complete S</i>	•				key •		yee,	or highest compen	sated employee	3		No
4	For any individual listed on line organization and related organ	•									4	Yes	
5	Did any person listed on line 1	a receive or acc	rue cor	npen	satio	on fr	om anv	unr	elated organization	or individual for	_	165	

3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		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 I for such person	5		No

Saction	<b>D</b>	Independent	Contractors
Section	о.	Tunebellaelir	CUIILI aCLUI S

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	Catering	7,155,388
CAMPUS MAIL-TCC RM 110		
MALIBU, CA 90263		
CLUNE CONSTRUCTION COMPANY LP	Contractor	4,994,764
10 S RIVERSIDE PLAZA STE 2200		
CHICAGO, IL 60606		
NCS PEARSON INC	E-Learning	3,115,276
13036 COLLECTION CTR DR		
CHICAGO, IL 60693		
ORACLE AMERICA INC	Hosting	1,548,135
PO BOX 203448		
DALLAS, TX 753203448		
HARLEY ELLIS DEVEREAUX CORPORATION	Architectual	1,504,313
PO BOX 8294		
PASADENA, CA 911098294		
Total number of independent contractors (including but not limited to the	uose listed above) who received more than	

Part VIII		Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII										
		Check if Sched	ule O contains a respor	nse or note to any lir	ne 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				
(0	1a	Federated cam	paigns 1a									
nts	ь	Membership du	ıes <b>1b</b>	-								
Sra not		Fundraising ev		442,019								
ls. (	С	_										
Gifi ilar	d	<del>-</del>	zations 1d	3,600,000								
ns,	е	Government grant	s (contributions) 1e	3,661,701								
er S	f	All other contributions and similar amounts no	ons, gifts, grants, and <b>1f</b> ot included above	17,768,697								
Contributions, Giffs, Grants and Other Similar Amounts	g	Noncash contributi 1a-1f \$	ons included in lines	2,061,289		İ						
Cont	h		s 1a-1f		25,472,417							
				Business Code								
골	2a	Student Tuition an	d Fees	611710	333,493,765	333,493,765						
ž	ь	Room and Board		611710	36,923,020	36,923,020						
υ CE	c	Sales and Services		611710	6,178,747	3,698,107	2,480,640					
<u>۲</u>	d	OTHER REVENUE	<u>,                                      </u>	611710	5,208,767	5,208,767	2,400,040					
፠	e			011710	3,200,707	3,200,707						
ran	f	All other progra	am service revenue									
Program Service Revenue												
			s 2a-2f		381,804,299							
			ome (including dividend ar amounts)		11,466,448		321,467	11,144,981				
	4	Income from inves	stment of tax-exempt bond	proceeds ►								
	5	Royalties .		•								
	6a	Gross rents	(ı) Real	(II) Personal								
	ь	Less rental										
	c	expenses Rental income										
	۔ ا	or (loss)	ma or (loss)									
	d	Net rental inco	(i) Securities	(II) O ther								
	7a	Gross amount from sales of assets other than inventory	79,459,000	(ii) o circi								
	ь	Less cost or other basis and sales expenses	67,664,445	43,933								
	С	Gain or (loss)	11,794,555	-43,933								
	d	Net gain or (los	ss)		11,750,622			11,750,622				
Other Revenue	8a	·	luding 1,019 s reported on line 1c)	263,348								
the	ь	Less direct ex	penses b	717,045								
0	С	Net income or	(loss) from fundraising (		-453,697			-453,697				
	9a		rom gaming activities ne 19 a									
	b c		penses <b>b</b> (loss) from gaming activ									
	10a	Gross sales of		<b>•</b>								
		returns and allo	a									
	b c	Net income or	oods sold <b>b</b> [ (loss) from sales of inve									
	_	Miscellaneou	s Revenue	Business Code								
	11a											
	b											
	С											
	d		ue									
	e	Total. Add line	s 11a-11d	•								
	12	Total revenue.	See Instructions	🖊	430,040,089	379,323,659	2,802,107	22,441,906				

# 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)

	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and		·		
	domestic governments See Part IV, line 21	5,239,060	5,239,060		
2	Grants and other assistance to domestic individuals See Part IV, line 22	102,113,706	102,113,706		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	. ,	, ,		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	6,892,780	2,074,295	4,228,995	589,490
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$ .	98,733	46,221	52,512	
7	Other salaries and wages	132,393,793	97,378,951	31,786,859	3,227,983
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	9,971,877	6,732,798	2,933,349	305,730
9	Other employee benefits	29,245,903	18,429,070	10,075,513	741,320
10	Payroll taxes				
		9,312,546	6,294,733	2,749,854	267,959
11	Fees for services (non-employees)				
а	Management				
b	Legal	262,921	46,016	216,905	
С	Accounting	485,340	6,546	478,794	
d	Lobbying	54,822		54,822	
е	Professional fundraising services See Part IV, line 17	328,458			328,458
f	Investment management fees	4,706,094		4,706,094	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	18,896,475	11,271,322	7,155,290	469,863
12	Advertising and promotion	4,861,076	4,060,109	612,338	188,629
13	Office expenses	9,633,830	5,133,797	4,347,779	152,254
14	Information technology				
15	Royalties				
16	Occupancy	22,926,212	12,529,852	10,390,430	5,930
17	Travel	9,772,136	6,551,600	3,126,468	94,068
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,709,095	2,554,680	1,121,368	33,047
20	Interest	11,040,138	9,030,833	1,965,144	44,161
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	20,900,584	17,098,899	3,718,072	83,613
23	Insurance	4,771,809	38,299	4,733,510	
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)				
а	Equipment and Maintenan	7,639,361	4,965,824	2,669,422	4,115
b	LOSS EARLY EXTENSION OF	7,053,821		7,053,821	
c	Construction and Equipm	6,676,660	1,808,613	4,832,204	35,843
d	LOSS VALUATION ON BENEF	1,767,338		1,767,338	
е	All other expenses	7,027,538	6,807,168		220,370
25	Total functional expenses. Add lines 1 through 24e	437,782,106	320,212,392	110,776,881	6,792,833
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

Par	LX	Check if Schedule O contains a response or note to ar	ıy lıne ın tl	nis Part X			
		·	<u>.                                      </u>		(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			, <u>, , , , , , , , , , , , , , , , , , </u>	1	•
	2	Savings and temporary cash investments			184,468,060	2	118,813,144
	3	Pledges and grants receivable, net			35,871,948	3	34,717,290
	4	Accounts receivable, net			6,845,136	4	12,512,779
	5	Loans and other receivables from current and former trustees, key employees, and highest compensated e II of Schedule L					
		Selledate 2			350,000	5	200,000
Assets	6	Loans and other receivables from other disqualified p section 4958(f)(1)), persons described in section 49 contributing employers and sponsoring organizations voluntary employees' beneficiary organizations (see Part II of Schedule L	58(c)(3)(l of section	3), and n 501(c)(9)		6	
As	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			2,330,204	9	3,767,058
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	579,467,178	2,000,201	-	0,101,000
	ь	Less accumulated depreciation	10b	221,846,637	358,786,665	10c	357,620,541
	11	Investments—publicly traded securities			151,653,000	11	144,921,988
	12	Investments—publicly traded securities		ŀ	422,726,010	12	655,808,454
	13	Investments—program-related See Part IV, line 11		ŀ	21,481,056	13	20,930,782
	14	Intangible assets		ŀ	21,401,000	14	20,000,702
	15	Other assets See Part IV, line 11			399,752,853	15	242,863,324
	16			ŀ	1,584,264,932	16	1,592,155,360
	-	<b>Total assets.</b> Add lines 1 through 15 (must equal line Accounts payable and accrued expenses	· ·		32,676,655		34,566,690
	17	• •		ŀ	32,676,633	17 18	34,360,690
	18	Grants payable			9,136,359		11,093,448
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		i	211,970,877 62,377,924	20	310,081,666 36,317,707
bilities	21 22	Escrow or custodial account liability Complete Part I  Loans and other payables to current and former office key employees, highest compensated employees, and	ers, directo	ors, trustees,	02,311,924	21	30,317,707
<u>:=</u>		persons Complete Part II of Schedule L	•			22	
<u>.e</u>	23	Secured mortgages and notes payable to unrelated th		ŀ		23	
_	24	Unsecured notes and loans payable to unrelated third		ŀ	49,932,525	24	0
	25	Other liabilities (including federal income tax, payabl and other liabilities not included on lines 17-24) Complete Part X of Schedule D	•	ŀ			
					17,948,578	25	16,880,158
	26	<b>Total liabilities.</b> Add lines 17 through 25			384,042,918	26	408,939,669
ses		Organizations that follow SFAS 117 (ASC 958), check complete lines 27 through 29, and lines 33 and 34.	c here ▶	<b></b> and			
arx	27	Unrestricted net assets			710,373,835	27	699,527,108
Bal	28	Temporarily restricted net assets		[	127,308,193	28	119,398,732
Þ	29	Permanently restricted net assets			362,539,986	29	364,289,851
Assets or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958 complete lines 30 through 34.	), check he	ere 🕨 🦵 and			
S 0	30	Capital stock or trust principal, or current funds .				30	
set	31	Paid-in or capital surplus, or land, building or equipm	ent fund			31	
	32	Retained earnings, endowment, accumulated income,	or other fo	unds		32	
Net	33	Total net assets or fund balances			1,200,222,014	33	1,183,215,691
~	34	Total liabilities and net assets/fund balances			1,584,264,932	34	1,592,155,360

Form	990 (2015)				Page <b>12</b>
Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>	🔽
1	Total revenue (must equal Part VIII, column (A), line 12)	1		430 (	040,089
2	Total expenses (must equal Part IX, column (A), line 25)	2			782,106
3	Revenue less expenses Subtract line 2 from line 1				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	3		-/,,	742,017
_		4		1,200,2	222,014
5	Net unrealized gains (losses) on investments	5		-43,3	386,373
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			30,670
9	Other changes in net assets or fund balances (explain in Schedule O)	9		34.1	091,397
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
Dar	t XII Financial Statements and Reporting	10		1,183,2	215,691
Par	<u> </u>				_
	Check if Schedule O contains a response or note to any line in this Part XII	<del></del>		Yes	No
1	Accounting method used to prepare the Form 990	_			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revi- a separate basis, consolidated basis, or both	ewed o	n		
	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 sep basis, consolidated basis, or both	arate			
	Separate basis  Consolidated basis  Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign of the audit, review, or compilation of its financial statements and selection of an independent accountant		<b>2</b> c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Single Audit Act and OMB Circular A-133?	ne	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 III, Line 4a

4a (Code ) (Expenses \$ 99,297,769 including grants of \$ 11,756,044) (Revenue \$ 319,296,072)

INSTRUCTION & RESEARCH - Pepperdine University, a top Christian institution for higher education, serves approximately 3,500 undergraduate students and 4,000 graduate students. In addition to our campuses in California, Pepperdine maintains seven student learning programs between Europe, Asia, South America and Washington D C Pepperdine believes in a lower student-faculty ratio (13 1) with an average class size of 19 The University offers 44 majors that undergraduates can pursue, as well as nine graduate degrees

### Form 990, Part III, Line 4b

of our students

4b (Code ) (Expenses \$ 60,651,954 including grants of \$ 78,299 ) (Revenue \$ 8,999,387 )

ACADEMIC SUPPORT - Pepperdine University equips students with academic to ensure students reach their educational goals. University services such as the library, tech central, Pepperdine Counseling Center, the Health Center, and One Stop, the primary academic advising center, assist in the well-being and academic progress.

### Form 990, Part III, Line 4c

(Code (Expenses \$ 149.102.384 including grants of \$ 95.518.423 ) (Revenue \$ STUDENT SERVICES INCLUDING SCHOLARSHIPS TO ENROLLED STUDENTS - There are many auxiliary services offered to the students to promote their intellectual.

emotional, and spiritual development. Pepperdine University maintains multiple dining and housing facilities, a bookstore, banking services, parking facilities located all over campus, transportation services, recreational fields, and mail services. In addition to these facilities, Pepperdine offers 75% of its student body financial aid in the form of various scholarships, grants, and loans

37,099,153 )

### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions) (Code ) (Expenses \$ 11.160.285 including grants of \$ 0)(Revenue \$ 13.929.047

PUBLIC SERVICE - THE UNIVERSITY OFFERS NUMEROUS SERVICES TO THE GENERAL PUBLIC, INCLUDING ART EXHIBITS.

CONCERTS, PRODUCTIONS, AND OTHER PUBLIC BENEFIT ACTIVITIES

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

(A) (B) (C) (D) (E)

Name and Title	A verage hours per week (list any hours	Posit more th perso and a	han o n is b	ne b oth	ox, ι an oi ⁄trus	ınles s fficer tee)	į	Reportable compensation from the organization (W-	Reportable compensation from related organizations (W-	Estimated amount of other compensation from the
	for related organizations below dotted line)	ganizations below below otted line)  In structional Trustee  In structional Trustee						2/1099-MISC)	organization and related organizations	
ANDREW K BENTON President and CEO	40 00 3 00	x		x				650,386	0	228,050
Edwin Biggers Chairman	1 00	×		x				0	0	0
James Porter Vice Chairman	1 00	×		x				0	0	0
Susan Rice Secretary	1 00	×		x				0	0	0
William H Ahmanson Regent	1 00	Х						0	0	0
Sheila Bost Regent	1 00	Х						0	0	0
Charles Branch Regent	1 00	×						0	0	0

1 00

1 00

1 00

1 00

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Regent

Regent

Regent

Janice Brown

Jose Collazo

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(F)

0

0

(F) Estimated amount of other

> compensation from the

organization and related organizations

0

0

0

0

0

0

Form 990, Part VII - Compensation Compensated Employees, and Inde				Tru	ıste	es, i	(ey	Employees, Hig	hest
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	Position or director	ion ( han o n is b	ne b ooth	ox, ι an o	unless fficer stee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)
Terry Giles Regent	1 00	х						0	0
Michelle Hiepler Regent	1 00	х						0	0
Glen Holden Regent	1 00	х						0	0
Gail Hopkins Regent	1 00	х						0	0
Peter James Johnson Regent	1 00	×						0	0

1 00

1 00

1 00

1 00

1 00

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John Katch

Dennis Lewis

John T Lewis

Kımberly Lındley

Faye McClure

Regent

Regent

Regent

Regent

Regent

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

(A)

(B)

(C)

(D)

(E)

Name and Title	A verage hours per week (list any hours	Posit more tl perso and a	tion ( han o n is b	ne b oth	ox, ι an o /trus	inless fficer tee)		Reportable compensation from the organization (W-	Reportable compensation from related organizations (W-	Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
Michael Okabayashi Regent	1 00	х						0	0	0
Danny Phillips Regent	1 00	x						0	0	0
Timothy Phillips Regent	1 00	х						0	0	0
John Pleuger Regent	1 00	х						0	0	0
Russell Ray Regent	1 00	х						0	0	0
Carol Richards Regent	1 00	х						0	0	0
Fred Ricker Regent	1 00	х						0	0	0
B Joseph Rokus	1 00									

1 00

1 00

3 00

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Regent

Regent

Regent

Bui Simon

Harold Semethills

(F)

0

0

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

(F) Estimated amount

of other

compensation

from the

organization and related organizations

0

0

0

0

0

0

0

0

compensated Employees, and Inde	penaent co.						1	1	i
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	Position and Position or director	ion ( nan o n is b	ne b ooth	ox, l an o /trus	unless fficer tee)	Former	( <b>D</b> ) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)
Dee Anna Smith Regent	1 00	×						0	0
Rosa Mercado Spivey Regent	1 00	×						0	0
William Stevens Regent	1 00	х						0	0
Stephen Stewart Regent	1 00	×						0	0

1 00

1 00

1 00

1 00

1 00

1 00

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Augustus Tagliafern

Regent

Regent

Regent

Regent

Regent

Martin Eff

Regent (Thru 06/2016)

Marta Tooma

Robert Walker

Marylyn Warren

Jay S Welker

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	Posit more th persoi and a	tion (d han o in is b	one bo both a	ox, u an of	unless fficer		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
Michael Adams Chancellor	40 00 3 00			x				173,440	0	92,209
Gary Hanson  Executive Vice President and COO	40 00			x				437,099	0	161,640
Samuel Hinkle SVP for Advancement	1 00			x				230,443	0	210,052
Paul Lasiter Vice President and CFO	40 00 3 00			х				228,241	0	196,551
Charles Pippin Senior VP and CIO	40 00 3 00			x				594,653	0	135,422
Rick Marrs Dean, Seaver College	40 00				х			295,007	0	176,029

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40 00

40 00

5 00 40 00

40 00

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. . . . . . . . . . . . . . . . . . .

Michael Feltner

Faye E Holton

Lee Kats

Phil Phillips

Dean, Seaver College

Director of Investments

Vice President for Administration

......

..... Vice Provost for Research and Strategic Initiative

55,961

31,069

38,227

121,466

0

0

0

0

238,127

178,116

236,178

211,588

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

(F) Estimated amount

of other

compensation

from the

organization and related organizations

44,783

27,783

31,275

61,401

15,264

32,160

62,744

51,091

52,949

62,001

0

0

0

0

0

0

238,990

259,584

346,096

264,104

255,599

353,538

Compensated Employees, and Independent Contractors												
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	Position or director	ion ( han o n is b	ne b ooth	ox, ι an o /trus	inless fficer tee)	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)			
Edna Powell Chief Business Officer	40 00				х			204,737	0			
Jeffrey Rhode Director of Investments	40 00				х			201,239	0			
Jonathan See Chief Information Officer	40 00				х			200,263	0			
David M Smith  Dean of Graziadio School of Bus & Mgt	40 00				х			336,849	0			

40 00

40 00

40 00

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Helen F Williams

Peggy Crawford

Edward Larson

Darling Professor of Law

Robert J Pushaw Jr

Thomas Stipanowich

Head Basketball Coach

Professor of Law

Professor of Law

Lamar Wilson

Dean, GSEP

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..... Graziadio School of Business and Management Facul

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efile GRAPHIC print - DO NOT PROCESS

hospital's name, city, and state

170(b)(1)(A)(iv). (Complete Part II)

As Filed Data -

DLN: 93493166010447

# **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.

OMB No 1545-004

Open to Public Inspection

Department of the Treasury

Pepperdine University

Internal Revenue Service Name of the organization

**SCHEDULE A** 

(Form 990 or

990EZ)

Part I

1

2 3

5

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

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization that normally receives a substantial part of its support from a governmental unit or from the general public

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

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

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

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

A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

**Employer identification number** 95-1644037

^		described in <b>section 1</b> A community trust des				•							
9	Г Г	receipts from activitie from gross investmen	es related to 1 t income and e 30, 1975	ts exempt functions—s unrelated business tax See <b>section 509(a)(2).</b>	ubject to cert xable income ( (Complete Par	ain exceptions less section 5 t III )	ntributions, memberships, and (2) no more than is 511 tax) from businesse ion 509(a)(4).	331/3% of its suppo					
l1 a	Г Г	one or more publicly s the box in lines 11a th <b>Type I.</b> A supporting o	upported orga rough 11d th rganization o n(s) the powe	anizations described in at describes the type operated, supervised, or r to regularly appoint o	section 509(a of supporting of controlled by r elect a major	a)(1) or sectio rganization ar its supported	unctions of, or to carry of the section 509(a)(2) See <b>section</b> documplete lines 11e, 1 dorganization(s), typical ctors or trustees of the	<b>in 509(a)(3).</b> Check .1f, and 11g ly by giving the					
b		Type II. A supporting	organization s pporting orga	supervised or controlle nization vested in the s	d in connectio		ported organization(s), t r manage the supported						
c	Г	Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E.											
d	Г -	Type III non-function not functionally integral (see instructions) You	ally integrate ated The orga u must comple	d. A supporting organisanization generally must ete Part IV, Sections A	zation operate st satisfy a dis and D, and Pa	d in connection requart <b>V.</b>	on with its supported org Jirement and an attentiv						
		Check this box if the d	manization re			AL TOCALLE.	4 T T T. T.	TIT formation aller					
e	•	integrated, or Type III					t is a Type I, Type II, T	ype III functionally					
f	Ente	integrated, or Type III r the number of support	I non-function	nally integrated suppor	tıng organızatı	on	tıs a Type I, Type II, T	ype III functionally					
	Ente		i non-functior ed organizatio	nally integrated suppor	tıng organızatı 	on	t is a Type I, Type II, T	ype III functionally					
f g		r the number of support	i non-functior ed organizatio	nally integrated suppor	tıng organızatı 	) anization r governing	(v) Amount of monetary support (see instructions)	(vi) A mount of other support (see instructions)					
f g		r the number of support Provide the following in (i)	I non-functior ed organization nformation ab	(iii) Type of organization (described on lines 1-9 above (see	ting organizati inization(s)  (iv	) anization r governing	(v) A mount of monetary support	(vi) A mount of other support (see					
f g		r the number of support Provide the following in (i)	I non-functior ed organization nformation ab	(iii) Type of organization (described on lines 1-9 above (see	ting organization (s)  (iv  Is the orgalisted in your docum	) anization r governing ent?	(v) A mount of monetary support	(vi) A mount of other support (see					

instructions

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 (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) ▶ 1 Gifts, grants, contributions, and 25,338,071 25,387,351 33,939,405 30,180,908 25,472,417 140,318,152 membership fees received (Do not include any unusual grants ) 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 Total. Add lines 1 through 3 25,338,071 25,387,351 33,939,405 30,180,908 25,472,417 140,318,152 The portion of total contributions by each person (other than a governmental unit or publicly 332.081 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 139,986,071 from line 4 Section B. Total Support Calendar year (e)2015 (f)Total (a)2011 **(b)**2012 (c)2013 (d)2014 (or fiscal year beginning in) 25,338,071 25,387,351 33,939,405 30,180,908 25,472,417 140,318,152 Amounts from line 4 Gross income from interest, dividends, payments received 78,706,292 on securities loans, rents, 16,043,176 14,735,875 19,637,575 17,144,685 11,144,981 royalties and income from similar sources Net income from unrelated business activities, whether or 475,743 815,733 1,172,667 2,464,143 not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 221,488,587 through 10 **12** Gross receipts from related activities, etc. (see instructions.) 12 1.714.545.993 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 63 200 % Public support percentage for 2014 Schedule A, Part II, line 14 15 15 62 090 % 16a 33 1/3% support test - 2015. 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-2014. 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 - 2015. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ▶□ b 10%-facts-and-circumstances test - 2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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	1 fails to qualify	y under the tes	ts listed below	<u>, piease compie</u>	ete Part .	11.)	
_Se	ction A. Public Support	T	1	1	1			_
/ a = 6	Calendar year	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	(e)20	15	<b>(f)</b> ⊤otal
(OF 1	iscal year beginning in) ► 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							
5	paid to or expended on its behalf The value of services or facilities							
5	furnished by a governmental unit							
	to the organization without charge							
6	<b>Total.</b> 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							
С	Add lines 7a and 7b							
8	Public support. (Subtract line 7c							
_	from line 6 )							
	ction B. Total Support							
	Calendar year	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	(e)20	15	<b>(f)</b> Total
9	iscal year beginning in) ► A mounts from line 6							
10a	Gross income from interest,							
10a	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							
С	Add lines 10a and 10b							
11	Net income from unrelated							
	business activities not included							
	ın lıne 10b, whether or not the							
	business is regularly carried on							
12	Other income Do not include							
	gain or loss from the sale of capital assets (Explain in Part							
	VI)							
13	Total support. (Add lines 9, 10c,							
	11, and 12)	ion the commit	l nia fir-t - '	threat formal	64h +a		017.30	
14	First five years.If the Form 990 is f	or the organization	on's first, second	, tnira, fourth, or	ππ tax year as a	section	01(c)(.	· · · · · · · · · · · · · · · · · · ·
	check this box and stop here	lia Cummant D						<u>▶</u>
	ction C. Computation of Pub			4.2 1 (0)				
15	Public support percentage for 2015			13, column (f))		15		
16	Public support percentage from 20:	14 Schedule A, P	art III, line 15			16		
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge				
17	Investment income percentage for	<b>2015</b> (line 10c, c	olumn (f) dıvıded	by line 13, colur	mn (f))	17		
18	Investment income percentage from	n <b>2014</b> Schedule	A, Part III, line 1	١7		18		
	<b>33 1/3% support tests—2015.</b> If the				t line 15 is more t		3% and	lline 17 is not
1 7 a	more than 33 1/3%, check this box	•		•			•	↑ IIIIe 17 is not
h	<b>33 1/3% support tests—2014.</b> If the							•
	18 is not more than 33 1/3%, check	-						
20	<b>Private foundation.</b> If the organization		-	· ·		•	_	<b>▶</b> □

### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

-	1, complete Sections A and D, and complete Part V )			
Se	ction A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1	100	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)?  If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)?  If "Yes," describe in <b>Part VI</b> when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	<b>3</b> c		
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use			
	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?			
	If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)$ ?  If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year?  If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	<b>9</b> c		
	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	<b>10</b> b		
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI

11c

Par	rt IV Supporting Organizations (continued)			
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions restrictions, if any, applied to such powers during the tax year			
2	Did the organization operate for the benefit of any supported organization other than the supported organization that operated, supervised, or controlled the supporting organization?  If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) to operated, supervised or controlled the supporting organization	`		
Se	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors of trustees of each of the organization's supported organization(s)?  If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same per that controlled or managed the supported organization(s)			
Se	ection D. All Type III Supporting Organizations			
	·		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prictax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies the organization's governing documents in effect on the date of notification, to the extent not previously provided the organization of the extent not previously provided the organization.	of		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization?  If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets all times during the tax year?  If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard			
	ection E. Type III Functionally-Integrated Supporting Organizations			
1 b	The organization is the parent of each of its supported organizations. Complete line 3 below			
2	Activities Test Answer (a) and (b) below.		Yes	No
а	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of supported organization(s) to which the organization was responsive?  If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how to organization determined that these activities constituted substantially all of its activities			
Ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more the organization's supported organization(s) would have been engaged in?  If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement			
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or truster each of the supported organizations? <i>Provide details in Part VI</i>	es of <b>3a</b>		
ь	• Did the organization exercise a substantial degree of direction over the policies, programs and activities of ear of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	<b>3b</b>		

# Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying t	rust on N	ov 20,1970 <b>See inst</b>	ructions. All other
Type III non-functionally integrated supporting organizations must complete 9	Sections	A through E	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
Net short-term capital gain	1		, , , ,
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3	4		
Depreciation and depletion	5		
Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
A verage monthly value of securities	1a		
A verage monthly cash balances	1b		
Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	<b>1</b> d		
Discount claimed for blockage or other factors (explain in detail in Part VI)			
Acquisition indebtedness applicable to non-exempt use assets	2		
Subtract line 2 from line 1d	3		
Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 035	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
Enter 85% of line 1	2		
Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
Enter greater of line 2 or line 3	4		
Income tax imposed in prior year	5		
<b>Distributable A mount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
Check here if the current year is the organization's first as a non-functionally-instructions)	integrate	d Type III supporting o	organization (see

Part V Type III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (c	ontinued)				
Section D - Distributions			Current Year				
1 Amounts paid to supported organizations to accom	plish exempt purposes						
2 Amounts paid to perform activity that directly furth excess of income from activity	ers exempt purposes of supp	ported organizations, in					
3 Administrative expenses paid to accomplish exemp	Administrative expenses paid to accomplish exempt purposes of supported organizations						
4 Amounts paid to acquire exempt-use assets							
5 Qualified set-aside amounts (prior IRS approval rec	auıred)						
6 Other distributions (describe in Part VI) See instru	. ,						
<u> </u>	30013						
7 Total annual distributions. Add lines 1 through 6							
<b>8</b> Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide					
9 Distributable amount for 2015 from Section C, line	6						
10 Line 8 amount divided by Line 9 amount							
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015				
Distributable amount for 2015 from Section C, line 6							
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)							
<b>3</b> Excess distributions carryover, if any, to 2015							
a							
b							
d From 2013							
e From 2014							
f Total of lines 3a through e							
<b>g</b> Applied to underdistributions of prior years							
h Applied to 2015 distributable amount							
i Carryover from 2010 not applied (see instructions)							
j Remainder Subtract lines 3g, 3h, and 3i from 3f							
4 Distributions for 2015 from Section D, line 7							
\$							
a Applied to underdistributions of prior years							
<b>b</b> Applied to 2015 distributable amount							
c Remainder Subtract lines 4a and 4b from 4							
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)							
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)							
<b>7 Excess distributions carryover to 2016.</b> Add lines 31 and 4c							
8 Breakdown of line 7							
a							
c Excess from 2013							
<b>d</b> From 2014							
e From 2015							

DLN: 93493166010447

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

OMB No 1545-0047

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-区, 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" on 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

lıne	35c (Proxy Tax) (see separate	e instructions), then	roxy Tax) (see s	eparate instructions) or l	Form 990-EZ, Part V,
		·		Employer iden	tification number
,				95-1644037	
Par	t I-A Complete if the or	ganization is exempt under	section 501(	c) or is a section 527	organization.
1	Provide a description of the or	ganızatıon's dırect and ındırect polit	ical campaign act	civities in Part IV	
2	Political expenditures			<b>&gt;</b>	\$
3	V olunteer hours				
Par	t I-B Complete if the or	ganization is exempt under	section 501(	c)(3).	
1	Enter the amount of any excise	e tax incurred by the organization ur	nder section 4955	5 •	\$
2	Enter the amount of any excise	e tax incurred by organization mana	gers under sectio	n 4955 <b>&gt;</b>	\$
3	If the organization incurred a s	ection 4955 tax, did it file Form 47	20 for this year?		☐ Yes ☐ No
4a	Was a correction made?				☐ Yes ☐ No
Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.  Provide a description of the organization's direct and indirect political campaign activities in Part IV  Political expenditures  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					
Par	t I-C Complete if the or	ganization is exempt under	section 501(	c), except section 50	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for s	ection 527 exem	pt function activities 🕨	\$
2		organization's funds contributed to c	ther organization	s for section 527	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 112	0-POL, line 17b ►	\$
4	Did the filing organization file <b>F</b>	orm 1120-POL for this year?			Yes No
5	organization made payments if amount of political contribution	For each organization listed, enter the second is received that were promptly and	he amount paid fro directly delivered	om the filing organization's f to a separate political orga	unds Also enter the nization, such as a
	(a) Name	(b) Address	(c) EIN	filing organization's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2					
3					
4					
5					
		.I ( E 000 00	0 F7		

Scl	nedule C (Form 990 or 990-EZ) 2015						Page :
P	complete if the organization under section 501(h)).	n is ex	empt under	section 501(	c)(3) and fil	ed Form 5768	
A	Check Fifthe filing organization belongs texpenses, and share of excess lob			list in Part IV e	ach affiliated gr	oup member's nam	ne, address, EI
В	Check ► ☐ If the filing organization checked	box A ar	nd "limited contro	ol" provisions ap	ply		
	Limits on Lobb (The term "expenditures" r					(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public	opinion	(grass roots				
ь	lobbying) Total lobbying expenditures to influence a legis	slative b	ody (direct lobby	/ing)			
c	Total lobbying expenditures (add lines 1a and	1b)					
d	Other exempt purpose expenditures						
e	Total exempt purpose expenditures (add lines	1c and 1	.d)				
f	Lobbying nontaxable amount Enter the amoun	t from th	e following table	ın both columns			
	If the amount on line 1e, column (a) or (b) is:		obbying nontaxal				
	Not over \$500,000	20%	of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,	000 plus 15% of the	e excess over \$500,0	000		
	Over \$1,000,000 but not over \$1,500,000	0,000					
	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	\$1,00	0,000		<del></del>		
		<u> </u>	·				
g	Grassroots nontaxable amount (enter 25% of	line 1f)					
h	Subtract line 1g from line 1a If zero or less, er	nter - 0 -			_		
i	Subtract line 1f from line 1c If zero or less, en	iter -0-					
j	If there is an amount other than zero on either reporting section 4911 tax for this year?	line 1h d	or line 11, did the	organization file	Form 4720	·	
				Γ	Yes N	o	
	4-Year A (Some organizations that made a columns below. See	a sectio	on <b>501</b> (h) ele		have to cor		ne five
	Lobbying Ex	pendit	ures During 4	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)		<b>(a)</b> 2012	<b>(b)</b> 2013	(c)2014	<b>(d)</b> 2015	(e) Total
2a	Lobbying nontaxable amount						
b	Lobbying ceiling amount (150% of line 2a, column(e))						
				I		I	

**c** Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e)) Grassroots lobbying expenditures Schedule C (Form 990 or 990-EZ) 2015

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N filed Form 5768 (election under section 501(h)).	ОТ				<u> </u>
Car a	ach "Voc." reaponed on lines to through to below, provide in Part IV a detailed description of the lebburg	(	a)		(b)	
activ	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying ity	Yes	No		4 moun	t
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	res				
а	Volunteers?		No			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νο	1		
С	Media advertisements?		No	1		
d	Mailings to members, legislators, or the public?		No			
е	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?		Νo			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No			
i	Other activities?	Yes				54,82
j	Total Add lines 1c through 1i					54,82
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo			
b	If "Yes," enter the amount of any tax incurred under section 4912			1		
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?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6).	<b>01</b> (c	)(5),	or s	ectio	1
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "I 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).					
а	Current year	2a				
b	Carryover from last year	2b				
C	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	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, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
•	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 11	The organization hired a lobbying firm to pursue higher education initiatives

# **SCHEDULE D**

# Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No 1545-0047

DLN: 93493166010447

Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

Employer identification number Name of the organization Pepperdine University 95-1644037 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 5 0 Aggregate value of contributions to (during 0 297,789 Aggregate value of grants from (during year) 0 191,979 Aggregate value at end of year 2,012,701 0 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 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 Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or Preservation of an historically important land area education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) **2**c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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)? 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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

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

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

Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990.

service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1

Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Schedule D (Form 990) 2015

4,552,350

Par	t III	Organizations Maintaining (continued)	Collections of	Art, His	storica	ıl Tr	easures, o	or Ot	her Similar A	ssets	1 age <b>2</b>
3		ing the organization's acquisition, acc lection items (check all that apply)	ession, and other r		nec <b>k a</b> n	y of th	ne following t	hat ar	e a significant us	e of its	
а	~	Public exhibition		d	Г	Loan	or exchange	progr	ams		
b	<b>✓</b>	Scholarly research		е	Γ	Other					
c	<b>~</b>	Preservation for future generations									
4		ovide a description of the organization rt XIII	's collections and e	explain ho	w they f	urthei	the organiza	ation's	exempt purpose	ın	
5		ring the year, did the organization sol sets to be sold to raise funds rather tl								s 🗸 l	No
Pa	rt IV	Escrow and Custodial Arra Complete if the organization Part X, line 21.		on Form	990, P	art I\	/, line 9, or	repo	orted an amour	nt on Fo	rm 990,
<b>1</b> a		the organization an agent, trustee, cu luded on Form 990, Part X?	stodian or other int	ermediary	for con	trıbut	ions or othe	rasse	ts not <b>Ye</b>	s 🔽 l	No
b	I	If "Yes," explain the arrangement in F	art XIII and compl	ete the fol	llowing t	able			Am	ount	
c		Beginning balance	·		_			<b>1</b> c			
d	А	Additions during the year						1d			
е	D	Distributions during the year						1e			
f	Е	Ending balance						1f			
<b>2</b> a	Dıd	the organization include an amount o	on Form 990, Part >	, line 21,	for esc	ow or	custodial ac	count	t liability? 🗸 Ye	s   T	No
b	If"	Yes," explain the arrangement in Par									<b>✓</b>
Pa	rt V	Endowment Funds. Comple							· · · · · · · · · · · · · · · · · · ·		
4-	D.s.s		(a)Current year 785,767,000	<b>(b)</b> Prio	r year 3,508,00	<del></del>	<b>c)</b> Two years ba 709,256,0	<del>- + -</del>	1)Three years back 597,197,000		years back 509,016,000
<b>1</b> a	Beč	ginning of year balance	783,767,000	/6	3,306,00	١	709,236,0		397,197,000	C	009,016,000
b	Cor •	ntributions	5,754,000	1	.0,122,00	0	8,987,0	000	68,308,000		7,861,000
c		t investment earnings, gains, and ses	31,352,000	3	32,859,00	0	100,395,0	000	80,593,000		10,299,000
d		ants or scholarships									
e		her expenditures for facilities d programs 	41,532,000	4	10,722,00	0	35,130,0	000	36,842,000		29,979,000
f	A dr	ministrative expenses									
g	End •	d of year balance	781,341,000	78	35,767,00	0	783,508,0	000	709,256,000	5	597,197,000
2	Pro	ovide the estimated percentage of the	current year end b	alance (lır	ne 1g, c	olumr	ı (a)) held as				
а	Boa	ard designated or quasi-endowment 🕨	51 050 %								
b	Per	rmanent endowment ▶ 42 160 %									
c		mporarily restricted endowment <b>&gt;</b> e percentages on lines 2a, 2b, and 2c	6 800 % should equal 100%	<b>%</b>							
3a	A re	e there endowment funds not in the po anization by			that are	held	and adminis	tered	for the	Yes	s No
	(i)	unrelated organizations							38	a(i) Yes	
		related organizations							<u> </u>	(ii)	No
ь 4		Yes" on 3a(II), are the related organi scribe in Part XIII the intended uses								3b	
	rt VI			a chuowiii	ient iuni	12					
		Complete if the organization		o Form 9	90, Pa	rt IV,	line 11a.S	ee Fo	rm 990, Part >	(, line 1	0.
		Description of property			(a) st or othe (investme		(b) Cost or othe (other)		Accumulated (c) depreciation	( <b>d</b> )Bo	ook value
1a	Land	1					28,6	13,150			28,613,150
b	Build •	dings • • • • • • • • • • • • • • • • • • •					488,4	26,496	193,203,76	3 2	295,222,733
c	Leas	sehold improvements									
	Equip Othe	pment					49,3	33,712	28,642,87	4	20,690,838
-							13.0	93.820			13.093.820

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . .

357,620,541

XIII \_

Part VII	Investments—Other Securities. ( See Form 990, Part X, line 12.	Complete if the org	anızatıon answered 'Yes'	on Form 990, Part IV, I	ıne 11b.
	(a) Description of security or category (including name of security)	ory	(b)Book value	<b>(c)</b> Method of valua Cost or end-of-year mar	
	al derivatives -held equity interests				
(3)Other	tive Investments		652 794 371	F	
			652,794,371	·	
(B) Limited	Partnerships		1,907,425	F	
(C) Cash &	Cash Equivalent		925,290	F	
(D) Other			181,368	F	
	nn (b) must equal Form 990, Part X, col (B) line 12 ;		655,808,454		
Part VIII	Investments—Program Related. Complete if the organization answei	red 'Yes' on Form 9	90, Part IV, line 11c. <sub>See</sub>	Form 990. Part X. line	13.
	(a) Description of investment		(b) Book value	(c) Method of valual Cost or end-of-year mar	tıon
				Cost of end-of-year mar	Ket Value
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 13)  Other Assets. Complete if the organiza		n Form 990 Part IV June 1:	ld See Form 990 Part V Ju	
	<b>(a)</b> De	escription	II FORM 990, Part IV, IME 1.	(b) Book value	
<u> </u>	Held as Trustee nents in Subsidiaries				,404,230
(3) Investn	nents - Real Estate			21	,536,389
	nents - Notes Receivable nder Agency Agreements				,101,201
(6) Other I	nvestments				760,884
	omn (b) must equal Form 990, Part X, col (B) linother Liabilities. Complete if the o	<u> </u>	and 'Vas' on Form 990 B		,863,324
Pail A	See Form 990, Part X, line 25.	<del>-</del>	·	arciv, mie lie or lir.	
1.	(a) Description of liability	(b) Book valu	ue		
Federal inc	ome taxes				
Due Under	Agency Agreements	1,674	4,717		
US Governi	ment Funded Student Loans	15,20	5,441		
	nn (b) must equal Form 990, Part X, col (B) line 25 )				
2. Liability	nn (b) must equal Form 990, Part X, col (B) line 25 ) for uncertain tax positions In Part XIII, pro n's liability for uncertain tax positions unde	ovide the text of the fo	otnote to the organization's		

Part	Reconciliation of Revenue per Audited Financial Statements With R Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	evenue per l	Return
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)............. <b>2d</b>		
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		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)............ <mark>4b</mark>		
C	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)		
Part :		Expenses pe	r Return.
1	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	1	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	• • -	+
∠ a	Donated services and use of facilities		
a b	Prior year adjustments		
C			
d	Other losses		
e	Add lines <b>2a</b> through <b>2d</b>		
3	Subtract line <b>2e</b> from line <b>1</b>	. 20	
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:	.   3	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
a b	Other (Describe in Part XIII )		
C	Add lines <b>4a</b> and <b>4b</b>	. 4c	
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18)		
	rotal expenses Aud lines 3 and 40. (This must equal Form 330, Part 1, line 18)	5	
Part	XIII Supplemental Information		
Part V	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, line: V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete mation		ide any additional
	Return Reference Explanation		
See Ad	dditional Data Table		
		-	

Page 5  Part XIII Supplemental Information (continued)  Return Reference Explanation							
	Part XIII Supplemental Information (continued)						
	Explanation	Return Reference	Ret				
	1	L					

# **Additional Data**

Software ID: Software Version:

**EIN:** 95-1644037

Name: Pepperdine University

# **Supplemental Information**

Return Reference	Explanation
Part III, Line 4	Collections consist of items acquired by the university's library that require special han dling due to their rarity, value, and/or physical condition. The University also maintains an archival collection of official documents, papers, publications, and artifacts of Pepp
	erdine and persons connected with the university. These collections are protected and pres erved for education, research and public exhibition

Supplemental Information	
Return Reference	Explanation
Part IV , Line 2b	THE UNIVERSITY ACTS AS THE FISCAL AGENT FOR FUNDS RELATED TO UNIVERSITY SPONSORED AND/OR A FFILIATED PROGRAMS THE UNIVERSITY DOES NOT OWN THE FUNDS ASSOCIATED WITH THESE PROGRAMS

Supplemental Information	
Return Reference	Explanation
, i	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

Supplemental Information	
Return Reference	Explanation
Schedule D, Part X	Pepperdine University does not have a Fin 48 footnote reported in its financial statements

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As Filed Data -

DLN: 93493166010447

# **Schools**

2015

Open to Public Inspection

Department of the Treasury Internal Revenue

**SCHEDULE E** 

(Form 990 or 990-EZ)

► Complete if the organization answered "Yes" on 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.

Internal Revenue Service

Name of the organization **Employer identification number** Pepperdine University 95-1644037 Part I YES NO 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? Yes 1 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? Yes 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 Νo Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? Yes 4a 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? Yes **d** Copies of all material used by the organization or on its behalf to solicit contributions? Yes If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo b Admissions policies? 5b Νo c Employment of faculty or administrative staff? **5**c Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? Νo 5e f Use of facilities? 5f Νo g Athletic programs? Νo 5g h Other extracurricular activities? 5h Νo 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 b Has the organization's right to such aid ever been revoked or suspended? 6b Νo

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

FEDERAL WORK STUDY

any other additional information (see instructions	)
Return Reference	Explanation
Schedule E, Part I, Line 3	A description of the University non-discriminatory p University's academic catalogs and job listings on the

w epsite

policy is published in the

Schedule E, Part I, Line 6

the human resources

THE UNIVERSITY PARTICIPATES IN THE FOLLOWING FEDERAL PROGRAMS -

PELLGRANT - SEOG GRANT - AC GRANT - SMART GRANT - BYRD HONOR

SCHOLARSHIP - LOANS-SUBSIDIZED AND UNSUBSIDIZED - PLUS LOANS -

Schedule E (Form 990 or 990-EZ) (2015)

Page 2

Schedule E (Form 990 or 990EZ) (2015)

efile GRAPHIC print - DO NOT	<b>PROCESS</b>	As Filed Dat	ta -	DLN:	93493166010447
SCHEDULE F Star (Form 990)	tement of	Activities C	Outside the Unit	ed States	OMB No 1545-0047
Department of the Treasury		Part IV, line 1 ► Attach to	n answered "Yes" to Form 14b, 15, or 16. o Form 990. nd its instructions is at <i>w</i>		2015 Open to Public Inspection
Name of the organization Pepperdine University				<b>Employer iden</b> 95-1644037	tification number
<b>General Informatio</b> Complete if the organ				I	
1 For grantmakers. Does the and other assistance, the grused to award the grants or	antees' eligibil			•	□ Yes □ No
2 For grantmakers. Describe i assistance outside the Unite	d States				nts and other
3 Activites per Region (The follow	ving Part I, line	3 table can be du	uplicated if additional sp	ace is needed)	
(a) Region	<b>(b)</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			- region,		
(2)					
(3)					
(4)					
(5)					
Sa Sub-total     D Total from continuation sheets     to Part I	6	0			214,787,367
c Totals (add lines 3a and 3b)  For Paperwork Reduction Act Notice, see	6		0-1	No 50082W <b>Sche</b> o	214,787,367 dule F (Form 990) 2015

Schedule F (Form 990) 2015

	and EIN (if applicable)	<b>5</b>	dıs burs ement	assistance	assistance	(book, FMV, appraisal, other)
(1)						
(2)						
(3)						
(4)						

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 . . . . .

Page 2

Schedule F (Form 990) 2015

	duplicated if addit			ed States. Complete	ir the organization a	nswered "Yes" to Form	990, Part IV, line 16.
(a) Type of grant or assistance	<b>(b)</b> Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount 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)

Page 5

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

Schedule F (Form 990) 2015

-	po benedane 170	appromental zmormation
	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 & Greenland)	4	50	Program services	educational programs	8,978,492
East Asia and the Pacific	1	4	Program services	educational programs	1,091,814
South America	1	20	Program services	educational programs	1,996,248

(a) Region (b) Number of (c) Number of (d) Activities (e) If activity listed in (f) Total expenditures offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, agents in service, describe region specific type of service region program services, (s) in region grants to recipients located in the region) Sub-Saharan Africa leducational programs 164,303 Program services Central America and the 191.912.933 lInvestments

10.643.577

Investments

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

Caribbean

Greenland)

Europe (Including Iceland &

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" on 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

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

OMB No 1545-0047

DLN: 9349316601044

2015

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" on 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
- d 🔽 In-person solicitations

- e Solicitation of non-government grants
- f 🔽 Solicitation of government grants
- 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 

  √Yes No services?
- **b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of Individual or entity (fundraiser)	(ii) Activity (iii) Did fundraiser have from custody or control of contributions?		fundraiser have custody or		(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes No				
1 Ruffalo Noel Levitz 1025 Kirkwood Parkway SW Cedar Rapids, IA 52404	Program Fundraising		No	263,517	328,458	-64,941
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total		•	<b>•</b>	263,517	328,458	-64,941

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

AR, CA, KY, AL, MN, MD, NC, UT, OR, AK, CO, DC, FL, GA, LA, MA, NH, NV, SC, WA

Part II	Fundraising	Events
	i anaran	

**Fundraising Events.**Complete if the organization answered "Yes" on 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)O ther events  5 (total number)	(d) Total events (add col (a) through col (c))
Reversie	1 Gross receipts	375,524 250,994 124,530	194,075 135,075 59,000	135,768 55,950 79,818	705,367 442,019 263,348
5.	4 Cash prizes	383	2,929	4,889	8,201
Direct Expenses	7 Food and beverages  8 Entertainment  9 Other direct expenses	252,565	281,937	174,342	708,844
	11 Net income summary Subtract line 10  11 Net income summary Subtract line 10  11 Gaming.  Complete if the organization Form 990-EZ, line 6a.	0 from line 3, column (d	)	19, or reported more	717,045 -453,697 e than \$15,000 on
Reversie	1 Gross revenue	(a)Bıngo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c)O ther gaming	(d) Total gaming (add col (a) through col (c))
Direct Expenses	2 Cash prizes				
	6 Volunteer labor 7 Direct expense summary Add lines 2 8 Net gaming income summary Subtrace	-		Yes     %       No     ▶	
9 a b	Enter the state(s) in which the organizate  Is the organization licensed to conduct  If "No," explain	gaming activities in eac	<u>'</u>		⊤Yes  No
<b>10</b> a b	Were any of the organization's gaming li		nded or terminated during	the tax year?	Yes No

SCHE	dule G (Form 990 or 990-EZ) 2	015		Page
11	Does the organization conduct	gaming activities with nonmem	bers?	Yes No
12	Is the organization a grantor, b	peneficiary or trustee of a trust o	or a member of a partnership or other	entity
	formed to administer charitable	e gamıng?		Yes No
13	Indicate the percentage of gam	ning activity conducted in		
а	The organization's facility			13a 9
b	An outside facility			13b
14	Enter the name and address of	the person who prepares the or	ganızatıon's gamıng/specıal events l	books and records
	Name ▶			
	Address ►			
15a			hom the organization receives gami	
	revenue?			Yes No
b	If "Yes," enter the amount of g	aming revenue received by the	organization 🕨 \$	and the
	amount of gaming revenue reta	nined by the third party $ hildsymbol{ riangle}$ \$		
c	If "Yes," enter name and addre	ess of the third party		
	Name ▶			
	Address ▶			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation	n ▶ \$	<del></del>	
	Description of services provide	ed		
	Director/officer	Employee	☐ Independent contracto	r
17	Mandatory distributions			
а	Is the organization required un	ider state law to make charitable	e distributions from the gaming proce	eeds to
	retain the state gaming license	e?		□Yes □No
b	Enter the amount of distributio	ns required under state law dist	ributed to other exempt organization	· · ·
	in the organization's own exem	pt activities during the tax year	<b>&gt;</b> \$	
Par		10b, 15b, 15c, 16, and 17b,	anations required by Part I, line as applicable. Also complete th	
		(5555557.		

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493166010447 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number Pepperdine University 95-1644037 **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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 (e) A mount of non- (f) Method of valuation (b) EIN (c) IRC section (d) A mount of cash (g) Description of (h) Purpose of grant organization if applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) (1) WAVE PROPERTY INC 95-4297104 501(c)(3) 5,239,060 General Support 24255 PACIFIC COAST HIGHWAY Malibu, CA 90263 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50055P Schedule I (Form 990) 2015

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 Part I, Line 2 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

DLN: 93493166010447

OMB No 1545-0047

2015

## Schedule J (Form 990)

**Compensation Information** For certain Officers, Directors, Trustees, Key Employees, and Highest

**Compensated Employees** ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury Name of the organization Pepperdine University

**Employer identification number** 

			95-1644037			
Pa	rt I Questions Regarding Compensation					
					Yes	No
1a	Check the appropriate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III t					
	▼ First-class or charter travel	<b>√</b>	Housing allowance or residence for personal use			
	▼ Travel for companions		Payments for business use of personal residence			
	▼ Tax idemnification and gross-up payments	<b>✓</b>	Health or social club dues or initiation fees			
	Discretionary spending account	<b>✓</b>	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the org reimbursement or provision of all of the expenses des		, , , , ,	1b	Yes	
2	Did the organization require substantiation prior to re directors, trustees, officers, including the CEO/Execu			2	Yes	
3	Indicate which, if any, of the following the filing organiorganization's CEO/Executive Director Check all that used by a related organization to establish compensa	t apply	Do not check any boxes for methods the CEO/Executive Director, but explain in Part III			
	✓ Compensation committee	<u> </u>	Written employment contract			
	✓ Independent compensation consultant		Compensation survey or study			
	▼ Form 990 of other organizations	<b> </b>	Approval by the board or compensation committee	 	 	
4	During the year, did any person listed on Form 990, P or a related organization	art VII	, Section A , line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control p	ayment	7	4a		Νo
b	Participate in, or receive payment from, a supplement	al nonc	qualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-bas	sed con	npensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro-	vide the	e applicable amounts for each item in Part III			
5	Only 501(c)(3), 501(c)(4), and 501(c)(29) organization of persons listed on Form 990, Part VII, Section A, compensation contingent on the revenues of		•			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," on line 5a or 5b, describe in Part III					
6	For persons listed on Form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a	, did the organization pay or accrue any			
а	The organization?			<b>6</b> a		Νo
b	Any related organization?			6b		Νo
	If "Yes," on line 6a or 6b, describe in Part III					
7	For persons listed on Form 990, Part VII, Section A, payments not described in lines 5 and $6^7$ If "Yes," de			7	Yes	
8	Were any amounts reported on Form 990, Part VII, pasubject to the initial contract exception described in I in Part III			8		No
9	If "Yes" on line 8, did the organization also follow the	rebutta	able presumption procedure described in Regulations	۵		

Selledales (Form 550) 2015					r age 🕳					
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.										
ınstructions, on row (II) Do not list ar	tion must be reported on Schedule J, report compensation from the ony individuals that are not listed on Form 990, Part VII for each listed individual must equal the total amount of Form 990, F	.,	-	·						
(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in					

(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	<b>(F)</b> Compensation in		
	-	(ii)	(ıiı)	other deferred	benefits	(B)(ı)-(D)	column(B) reported		
	Base (1) compensation	Bonus & incentive	Other reportable	compensation			as deferred on prior		
	(i) compensation	compensation	compensation				Form 990		

Schedule 1 (Form 990) 2015

See Additional Data Table

Schedule J (Form 990) 2015

Page 2

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

Schedule J (Form 990) 2015

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 2015 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 2015 Gross-up payment Pursuant to California Civil code, Pepperdine University provides dross-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 2015 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 2015 include 4 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

Part I. Line 7

Part I. Line 4b

I, LINE 4B

University's reimbursement policies Personal service. One officer is provided certain house cleaning services in connection with his occupancy of oncampus housing. The provision of such services is not included as taxable wages PEPPERDINE UNIVERSITY HAS AN 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 IGRADUALLY 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 IF THE EMPLOYEE HAS ATTAINED AGE 62, THE VESTING SCHEDULE IS ACCELERATED SUCH THAT THE EMPLOYEE IS FULLY VESTED BY AGE 65. THE FOLLOWING AMOUNTS WERE AWARDED IN CALENDAR YEAR - 2015 ANDREW K BENTON- \$105,300 CHARLES PIPPIN - \$83,814 PAUL B LASITER - \$45,490 SAMUEL HINKLE - \$46,061 GARY HANSON  $|\$59,\!204$  THE FOLLOWING AMOUNTS WERE VESTED AND INCLUDED IN THE EMPLOYEE'S COMPENSATION IN 2015 PAUL LASITER -  $\$34,\!610$ 

EMPLOYMENT AS PRESIDENT OF PEPPERDINE IN 2019

CHARLES PIPPIN - \$223,791 SAMUEL HINKLE - \$45,886 GARY HANSON - \$41,085 UNDER A NONQUALIFIED SUPPLEMENTAL RETIREMENT

PLAN, SUBJECT TO THE PERFORMANCE OF FUTURE SERVICES AND OTHER CONDITIONS, PRESIDENT BENTON IS ENTITLED TO RECEIVE

COMPENSATION OF APPROXIMATELY ONE YEAR'S SALARY AS THE RESULT OF THE COMPLETION OF FOUR YEARS OF SERVICE IN HIS

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

Schedule J (Form 990) 2015

# Software ID: Software Version:

**EIN:** 95-1644037

Name: Pepperdine University

Form 990, Schedule J, Pa	rt I	II - Officers, Direc	tors, Trustees, Ke	ey Employees, and	l Highest Compen	sated Employees	5	
(A) Name and Title			f W-2 and/or 1099-MIS		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base Compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
1ANDREW K BENTON President and CEO	(I) (II)	635,065	0	15,321 	132,802	95,248	878,436	0
1Mıchael AdamsChancellor	(1)		0	13,336	16,667	75,542	265,649	0
	(,		0	0	0	0	0	0
<b>2</b> Gary Hanson Executive Vice President and COO	(1)	338,426	0	98,673  0	86,066 	75,574 	598,739 	41,085
3Samuel Hinkle	(1)	167,769	0	62,674	108,546	101,506	440,495	45,886
SVP for Advancement	(11)	0	0	0	0		0	0
<b>4</b> Paul Lasiter Vice President and CFO	(I) (II)		0	57,871 	89,971  0	106,580	424,792	34,610
5Charles Pippin	(1)	365,120	0	229,533	110,839	0 24,583	730,075	223,791
Senior VP and CIO	(11)		0	229,333	110,839	24,363 	730,073	0
<b>6</b> Rick Marrs Dean, Seaver College	(1)	277,961	0	17,046	124,292	51,737	471,036	0
7Michael Feltner	(11)	0	0	0	0	- 0	- 0	0
Dean, Seaver College	(1)		0	1,944  0	22,462  0	33,499 	294,088	0
8Faye E Holton	(1)	177,274	0	842	17,920	13,149	209,185	0
Director of Investments	(11)	0	0	0	0			0
<b>9</b> Lee Kats Vice Provost for Research and Strate	(I) (II)		0	1,169	23,276	14,951	274,405	0
10Phil Phillips	(1)	183,592	0	27,996	37,633	0 83,833	333,054	0
Vice President for Administration	(11)	0	0	0	0			0
11Edna Powell Chief Business Officer	(I) (II)	201,886	0	2,851	20,655	24,128	249,520	0
123 (6 2)			0	0	0	0	0	0
12Jeffrey Rhode Director of Investments	(1)	201,000	0	239	19,417 	8,366 	229,022	0
13Jonathan See	(1)	199,277	0	986	19,913	11,362	231,538	0
Chief Information Officer	(11)	0	0	0	0		0	0
14David M Smith Dean of Graziadio School of Bus & M	(I) (II)	313,026	22,500	1,323 	26,666 	34,735	398,250	0
15Helen E Williams	(1)	234,422		4.550	5 520	0 726	0	
Dean, GSEP	(11)	0	0	4,568  0	5,528  0	9,736 	254,254	0
<b>16</b> Peggy Crawford Graziadio School of Business	(1)	225,223	29,250	5,111	19,945	12,215	291,744	0
and Man	(11)	0	0	0	0	0		0
17Edward Larson Darling Professor of Law	(I)	306,453	0	39,643 	26,574 0 0	36,170 	408,840	0
<b>18</b> Robert J Pushaw Jr	(1)	250,990	0.450	4.064	24.662	0	0	
Professor of Law	(11)	0	8,150  0	4,964  0	24,663	26,428 	315,195	0
19Thomas Stipanowich Professor of Law	(1)	215,186	21,190	19,223	19,176	33,773	308,548	0
	(11)	0	0	0	0	0	0	0

(A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation in other deferred benefits (B)(ı)-(D) column (B) (iii) compensation reported as deferred Base Bonus & Other on prior Form 990 Compensation reportable incentive compensation compensation 306,343 47,195 26,936 35,065 415,539

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



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Schedule K (Form 990)

**Supplemental Information on Tax Exempt Bonds** 

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

DLN: 93493166010447 OMB No 1545-0047

> Open to Public Inspection

Department of the Treasury

Internal Revenue Service

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

Name of the organization

Employer identification number

	ne of the organization									Emp	oloyer id	lentifica	tion nun	nber	
-e	perdine University									95	-16440	37			
Р	art I Bond Issues														
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Issue pri	ıce	<b>(f)</b> De	escription	n of purpose	be		beha			Pool ncing
										Yes	No	Yes	No	Yes	No
A	CEFA Series 2012	52-1705592	000000000	06-05-2012	58,548,	·	Refund 2003A, Construction, Equipment, and facilities			Х		X		Х	
В	CEFA Series 2014	52-1705592	000000000	12-24-2014	55,734,	В,		RUCTIO	05A AND N,		Х		Х		Х
С	CEFA SERIES 2015	52-1705592	130179AX2	09-03-2015	87,786,				5A and 2005B, D Facilities		Х		Х		Х
D	CEFA Series 2016	52-1705592	130179FV1	03-17-2016	117,753,	C	Refund CEFA 2010, CONSTRUCTION, EQUIPMENT, AND FACILITIES			×		Х		X	
P	rt III Proceeds	•											<u>'</u>		
	A mount of hands returned	mount of bonds retired				1 605	В				С			D	
1 2	Amount of bonds legally de				_	4,605,	,000		230,000						
3	Total proceeds of issue			<u> </u>											
3	· · · · · · · · ·					58,548,	,544		55,734,722		87,78	6,387	117,753,10		
4	Gross proceeds in reserve	funds													
5	Capitalized interest from p														
6	Proceeds in refunding escr														
7	Issuance costs from proce					618,	,936 824,034			717,742			868,673		
8	Credit enhancement from p														
9	Working capital expenditur														
10	Capital expenditures from				1	11,812,	12,381 30,001,580		30,001,580					99,	395,549
11	Other spent proceeds				4	46,117,	,227		24,909,108		87,06	8,645		118,	042,955
12	Other unspent proceeds .														
13	Year of substantial comple	tion			20	13									
					Yes	No		Yes	No	Yes	1	No	Yes		No
14	Were the bonds issued as I	part of a current refun	ding issue?		X				Х	Χ			Х		
15	Were the bonds issued as i	part of an advance ref	unding issue?			Х		Х		Х			Х		
16	Has the final allocation of p	proceeds been made?	· · · · ·		Х			X		X			Х		
17	Does the organization mair allocation of proceeds?		·	pport the final	х			х		×			×		
	rt III Private Busines														
									3		Ç			D	
					Yes	No		Yes	No	Yes	<u> </u>	No OF	Yes		No

Was the organization a partner in a partnership, or a member of an LLC, which owned

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

Χ

Χ

Х

Х

Х

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				А		E	3		С	1	D	
March   Marc				Yes	No	Yes	No	Yes	No	Yes	No	
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 of financed property in the financed property used in a private business use by entities connect to review any research agreements relating to the financed property used in a private business use by entities connect to review any research agreements relating to the financed property used in a private business use by entities other chain as ection 501(c/3) organization or a state or local government.  5 Finest the percentage of financed property used in a private business use as a result of unraised rade or business activity careful on by your organization, another section 50% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0	3a		suse		×		Х		×		Х	
Property   Color   Are there any research agreements that may result in private bus ness use of bond	b		utsıde									
If If Yes 1 on the 3c, does the organization routinely engage bond coursel or other bounds or course for review any research agreements relating to the financed property?  If If Yes 1 on the 3c, does the organization of the 1 on	prope	· · ·										
Commercial previous any research agreements relating to the financed property?	С	Are there any research agreements that may result in private business use of bond financed property?		Х		Х		Х		х		
Second Content	d											
unrelated trade or business activity carried on by your organization, another section \$0.1(c)(3) organization, or a state or local government.  10.90 0.90 0.90 0.90 0.90 0.90 0.90 0.90	4			0 %		0 %		0 9	%	0 %		
Note   Note	5	unrelated trade or business activity carried on by your organization, another section	on		0 %		0 %		0 9	%o	0 %	
## 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?  ### If Yes' to line Ba, enter the percentage of bond-financed property sold or disposed of 1141-12 and 1145-27.  ### If Yes' to line Ba, was any remedial action taken pursuant to Regulations sections 1141-12 and 1145-27.  ### If Yes' to line Ba, was any remedial action taken pursuant to Regulations sections 1141-12 and 1145-27.  ### If Yes' to line Ba, was any remedial action taken pursuant to Regulations sections 1141-12 and 1145-27.  ### If Yes' to line Ba, was any remedial action taken pursuant to Regulations sections 1141-12 and 1145-27.  ### If Yes' to line Ba, was any remedial action taken pursuant to Regulations sections 1141-12 and 1145-27.  ### If Yes' to line Ba, enter the percentage of bond-financed property sold or disposed of 1141-12 and 1145-27.  ### If Yes' to line Ba, enter the percentage of bond-financed property sold or disposed of 1141-12 and 1145-27.  ### If Yes' to line Ba, enter the percentage of bond-financed property sold or disposed of 1141-12 and 1145-27.  ### If Yes' to line Ba, enter the percentage of bond-financed property sold or disposed of 1141-12 and 1145-27.  ### If Yes' to line Ba, enter the percentage of bond-financed property sold or disposed of 1141-12 and 1145-27.  ### If Yes' to line Ba, enter the percentage of bond-financed property sold or disposed of 1141-12 and 1145-27.  ### If Yes' to line Ba, enter the procedure to ensure that all inonqualified bonds of the seven and the feed of 1145-27.  ### If Yes' to line Ba, enter the percentage of the post of the post of the post of the post of the percentage of the post of the	6	Total of lines 4 and 5			0 %		0 %		0 9	<b>%</b>	0 %	
Nongovernmental person other than a 50 1 (c)(3) organization since the bonds were issued?	7	Does the bond issue meet the private security or payment test?			Х		Х		Х		Х	
c Iff"yes" to line 8 a, was any remedial action taken pursuant to Regulations sections 1141-12 and 1145-2?.  9	8a	nongovernmental person other than a $501(c)(3)$ organization since the bonds were		×		Х		Х		x		
# 141-12 and 1145-2?  # As the organization established written procedures to ensure that all inonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1145-2?    Arbitrage	b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or dispose	d of									
Bonds of the issue are remediated in accordance with the requirements under Regulations sections 1141-12 and 1145-2?.  Arbitrage    A	С		S									
A B   B   C   D	9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under		x		x		х		х		
Yes   No   Yes	Par	t IV Arbitrage		•	•				•			
Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?			Α			В		С		D		
Reduction and Penalty in Lieu of Arbitrage Rebate?			s	No	Yes	No	Ye	s	No	Yes	No	
Rebate not due yet?		Reduction and Penalty in Lieu of Arbitrage Rebate?		х		×			Х		х	
Exception to rebate?		, , , , , , , , , , , , , , , , , , , ,		T								
X X X X X X X X X X X X X X X X X X X						X	X			X		
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed					X							
computation was performed	С			Х		X			Х		X	
Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?  X  X  X  X  X  X  X  X  X  X  X  X  X												
Into a qualified hedge with respect to the bond issue?    Name of provider	3	Is the bond issue a variable rate issue?		Х		Х			Х		X	
c Term of hedge	4a			Х		Х			Х		Х	
d Was the hedge superintegrated?	b	·										
	С											
e Was the hedge terminated?	d											
	е	Was the hedge terminated?										

7	
	2

7		
	•	Į
Ī		
_		

		Α		В	В			D		
		Yes	No	Yes	No	Yes	No	Yes	No	
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		×		Х		×	
b	Name of provider									
С	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?		Х		X		x		×	
7	Has the organization established written procedures to monitor the requirements of section 148?	x		X		X		×		
Pa	rt V Procedures To Undertake Corrective Action									
		А		В		С		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		
Pa	Supplemental Information. Provide additional inform	ation for resp	oonses to qu	estions on So	chedule K (s	ee instructioi	ns).			
							Schedu	ıle K (Form 990	) 2015	

Page **3** 

DLN: 93493166010447

Schedule L (Form 990 or 990-EZ)

Department of the

Treasury

**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.

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

OMB No 1545-0047

2015

Open to Public

Internal Revenue Se	ervice								ı		Speci	UII
Name of the or Pepperdine Unive							Em	ploye	identif	ication	number	
repperdine onive	isity						95	-1644	037			
	ess Benefit Tı											
	<u>plete if the organi</u> ne of disqualified					<u>5a or 25b, or F</u> ied person and						
<b>1 (a)</b> Nar	ne or disqualified	person	(в) кета	•	ween disquaiir ganization	ied person and	(c	•	ription action	or	(d) Corr Yes	No
											163	110
2 Enterthe	amount of tax inc	urred by organi	zation mar	nagers or dis	qualified persi	ons during the	vear u	nder s	ection			
4958 .						-		. 1	<b>\$</b> -			
<b>3</b> Enter the	amount of tax, If a	any, on line 2, a	above, reim	bursed by th	ie organizatioi	1			▶ \$ _			
Part II Lo	ans to and/o	r Erom Into	rostod I	Parconc								
	mplete if the orga				)-EZ, Part V, I	line 38a, or Foi	m 990	), Part	: IV, line	e 26, o	r ıf the	
org	ganızatıon reporte	ed an amount o	n Form 990	), Part X, line	e 5, 6, or 22							
(a) Name of	(b) Relationship	(c) Purnos e	(d) Loan	to	(e)O riginal	<b>(f)</b> Balance	(g)	In	(h		(i)Wri	ıttan
interested	with	of loan	or from th		principal	due	default?		Appro		agreement?	
person	organization		organizatio	on?	amount		by board o					
			То	From	1		Yes	No	Yes	No	Yes	No
(1)	KEY	Contingent		X	200,000	200,000		No		No	Yes	
Helen Williams	EMPLOYEE	Interest										
		Loan			+						+	+
					1							+
					1						+	_
					+ -						+	+
											+	1
Total	1	<b>▶</b> \$				200,000				<u> </u>		
	ants or Assist											
	mplete if the or	_										
(a) Name of pers		) Relationship terested persor		(c) A mount	of assistance	<b>(d)</b> Type o	fassis	tance	(e)	Purpos	e of ass	ıstance
pers		erested persor organizati										
						•						
						+			+			

Page 2

### **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 (c) A mount of (d) Description of (e) Sharing between interested transaction transaction Ωf person and the organization's revenues? organization Yes No See Additional Data Table **Supplemental Information** Provide additional information for responses to questions on Schedule L (see instructions) Return Reference Explanation

## **Additional Data**

Software ID: Software Version:

Form 990 Schedule I Part IV - Rusiness Transactions Involving Interested Persons

**EIN:** 95-1644037

Name: Pepperdine University

roilli 990, Schedule L, Pait IV -	business mansaction	is thivolving there	esteu Persons			
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
				Yes	No	
(1) Nicole Marrs	Daughter-ın-law of Key Employee	122,876	Employee		No	
(1) Ronald Phillips	Father of Key Employee	306,551	Employee		No	
(2) Landon Phillips	Son of Regent	75,017	Employee		No	

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons (a) Name of interested person (b) Relationship (c) A mount of (d) Description of transaction (e) Sharing between interested transaction of person and the organization's revenues? organization Yes No (4) Shannon Phillips 164,922 Employee Sister-in-law of Kev Nο Employee Son of Key Employee 126,025 | Employee (1) Jeremy Marrs Νo (2) Jennifer Akamine Phillips Daughter-in-law of 23,716 Employee Νo Reaent

DLN: 93493166010447

OMB No 1545-0047

2015

# SCHEDULE M (Form 990)

Treasury

Department of the

▶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 <a href="www.irs.gov/form990">www.irs.gov/form990</a>

**Noncash Contributions** 

Open to Public Inspection

Interr	nal Revenue Service					- TILLY - X	-5510	
	e of the organization				Employer identificat	ion nu	mber	
Pepp	erdine University				95-1644037			
Pa	rt I Types of Property				93-1644037			
	1,700 011100011,	(-)	(6)	(5)	T			
		(a) Check If applicable	<b>(b)</b> Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of d noncash contrib	etermı	_	ts
1	Art—Works of art	Х	7	60,554	FMV			
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications	Х		42	FMV			
5	Clothing and household goods	Х		314,983	fmv			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	24	1,611,719	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 .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles	Х	3	10,952	FMV			
19	Food inventory	Х	9	121	FMV			
20	Drugs and medical supplies .							
21	Taxidermy							
	Historical artifacts							
	Scientific specimens Archeological artifacts				+			
25	Other►(	×	125	62,919	FMV			
<u>0 th</u>	<del></del>							
	Other ▶ ()				+			
	Other ► () Other ► ()							
	Number of Forms 8283 received	by the orga	l Inization during the tay yea	r for contributions	<del>                                     </del>			
	for which the organization comple				29		Yes	0 <b>No</b>
30a	During the year, did the organiza	ition receiv	e by contribution any prope	rty reported in Part I, lines	1 through 28, that		165	110
	it must hold for at least three ye	ars from th	e date of the initial contribu	tion, and which is not requ	red to be used			
	for exempt purposes for the entire	re holding p	period?			30a		Νo
b	If "Yes," describe the arrangeme	ent in Part 1	II					ļ
31	Does the organization have a gif			•		31	Yes	
32a	Does the organization hire or use contributions?	•	-	to solicit, process, or sell	noncash 	32a		No_
b	If "Yes," describe in Part II					-		
33	If the organization did not report describe in Part II	an amount	in column (c) for a type of	property for which column	a) is checked,			

Schedule M (Form 990) (2015)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization Pepperdine University

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ 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

DLN: 93493166010447

**Employer identification number** 

95-1644037

2015

Open to Public Inspection

990	Schedule	Ο,	Supplemental	Information

CKED BY THE UNIVERSITY

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

Return Reference	Explanation
FORM 990, Part	PEPPERDINE UNIVERSITY IS AN INDEPENDENT, PRIVATE CHRISTIAN UNIVERSITY COMMITTED TO THE HIG
I, line 1 and	HEST STANDARDS OF EXCELLENCE AND CHRISTIAN VALUES, WHERE STUDENTS ARE STRENGTHENED FOR LIV
Part III, line 1	ES OF SERVICE, PURPOSE, AND LEADERSHIP THE UNIVERSITY ENROLLS APPROXIMATELY 7,500 STUDENT
	S IN ITS FIVE COLLEGES AND SCHOOLS SEAVER COLLEGE, THE UNIVERSITY'S UNDERGRADUATE LIBERAL
	ARTS COLLEGE, THE SCHOOL OF LAW, AND THE SCHOOL OF PUBLIC POLICY ARE HEADQUARTERED ON 830
	ACRES IN THE SANTA MONICA MOUNTAINS OVERLOOKING THE PACIFIC OCEAN IN MALIBU, CA THE GRAD
	UATE SCHOOL OF EDUCATION AND PSYCHOLOGY AND THE GEORGE L. GRAZIADIO SCHOOL OF BUSINESS AND
	MANAGEMENT ARE HEADQUARTERED IN PEPPERDINE UNIVERSITY'S FACILITY IN WEST LOS ANGELES FOR
	M 990, PART I, LINE 5 AND PART V, LINE 2A NUMBER OF EMPLOYEES INCLUDES STUDENT WORKERS F
	ORM 990, PART I, LINE 6 THERE ARE A NUMBER OF STUDENTS AND ALUMNITHAT VOLUNTEER THEIR TI
ĺ	ME FOR VARIOUS PURPOSES AT THE UNIVERSITY THESE VOLUNTEERS, HOWEVER, ARE NOT FORMALLY TRA

990 Schedule O, Supplemental Information

Dotuen

Reference	Expianation
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 Regents, subject to any limitations imposed by the board of regents, the bylaws, or applicable law.

Evalanation

Return Explanation

Reference Form 990. Part Information is supplied by the university to the part preparer to prepare the return. A dr.

Form 990, Part	information is supplied by the university to the paid preparer to prepare the return. A dr	ı
VI, Section B,	aft version of the form 990 is provided to senior management and the audit committee for r	ĺ
line 11	eview Changes/comments are submitted to management and any necessary changes are made pri	ĺ
	or to the final review, and signing of the tax return by the university's independent audit	ĺ

ors/tax consultants. A full copy of the 990 is provided to the board prior to filing

990 Schedule O, Supplemental Information

r employees are overseen by General Counsel

Return

Reference		
Form 990, Part	Each Officer, Regent, and Key Employee is required to disclose annually, in wirting, any f	
VI, Section B,	inancial or business relationships that he or she, or any family member has with Pepperdin	
line 12c	e University These Regent and Officer disclosures are reviewed by the Board of Regents A	
	Il other employee disclosures are review ed 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	

Explanation

Return
Reference

Explanation

Form 990. Part

PEPPERDINE UNIVERSITY'S BOARD OF REGENTS REVIEWS THE COMPENSATION OF THE PRESIDENT. PROVOS

VI, Section B,
Inne 15

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
FD IN A TRANSACTION REPORT WHICH SUMMARIZES THE DECISIONS MADE BY THE COMMITTEE

990 Schedule O. Supplemental Information

990 Schedule O. Supplemental Information Return Explanation Reference Form 990. Part The University's financial statements are made available via the University's wiebsite. The VI. Section C. University does not make its conflict of interest policies and governing documents availa

line 19

ble to the public upon request

Return Explanation
Reference

Form 990, Part XI, line 9

Adjustment of Actuarial Liability -2,917,823 Endow ment Support 37,330,686 UBI from alternative investments -321,466

DLN: 93493166010447 OMB No 1545-0047

## **SCHEDULE R** (Form 990)

## **Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.qov/form990.

Name of the organization Employer identification number

Name of the organization Pepperdine University	Employer ide	entification number					
				95-164403	7		
Part I Identification of Disregarded Entities Com	nplete if the organization	answered "Yes" or	ı Form 990, Part	IV, line 33.			
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity		
(1) Wave Ventures LLC 24255 Pacífic Coast Highway mailbu, CA 90263 46-4526544	Support Pepperdine University	CA	0	0	Pepperdine University		
Part II Identification of Related Tax-Exempt Orga or more related tax-exempt organizations durin		the organization and	swered "Yes" on	Form 990, Part	t IV, line 34 because it	had one	е
(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 sta (if section 501(c)		(13) co ent	512(b) ontrolled city?
(1)WAVE Enterprises Inc 24255 Pacific Coast Highway	Support Pepperdine University	CA	501(c)(3)	Line 11a, I	Pepperdine University	Yes	No
Malibu, CA 90263 95-4274572							
(2)Wave Services Inc 24255 Pacific Coast Highway	Support Pepperdine University	CA	501(c)(3)	⊔ne 11a, I	Pepperdine University	Yes	
malibu, CA 90263 95-4315778							
(3)Wave Property Inc 24255 Pacific Coast Highway	Support Pepperdine University	CA	501(c)(3)	Line 11a, I	Pepperdine University	Yes	
malibu, CA 90263 95-4297104							
(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)Cınderella Immobiliare SRL Viale Milton 41 Florence 50129 IT	Education	П			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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)		(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	alloca	rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana parti	ral or iging ner?	(k) Percentage ownership
							Yes	No		Yes	-	
(1) ANDURIL HOLDINGS LLC  310 ALDER ROAD PO BOX 841  DOVER, DE 19904 01-0935824	INVESTMENTS	DE	PEPPER DINE UNIVERSITY	EXCLUDED	-95,923	1,083,979		No			No	99 000 %
Post TV Trianglification of Bulated Consultations Tour								1 115.4		202		73.7.1

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of- year assets	<b>(h)</b> Percentage ownership	(i) Section (b)(1 contro entit	13) olled
CHARITABLE REMAINDER (1)TRUSTS (3)	investing	CA	N/A	T				Tes	No

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

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
<b>1</b> Du	iring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	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)	<b>1</b> b	Yes	
c	Gift, grant, or capital contribution from related organization(s)	<b>1</b> c	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
		<b>1</b> g		No
		1h		No
	Exchange of assets with related organization(s)	1i		No
	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
1 1	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
·	Performance of services or membership or fundraising solicitations by related organization(s)	1m	1	No
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
		10		No
O	Sharing of paid employees with related organization(s)			
р	Reimbursement paid to related organization(s) for expenses	<b>1</b> p		No
q	Reimbursement paid by related organization(s) for expenses	<b>1</b> q		No
_	Other transfer of cash or property to related organization(s)	1r		No
		1s		No
S	Other transfer of cash or property from related organization(s)	13		
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)(b)(c)(d)Name of related organizationTransactionAmount involvedMethod of determining amount involved	ount II	nvolved	

(a)  Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)WAVE PROPERTY INC	В	5,239,060	book
(2)Wave Enterprises Inc	С	1,100,000	Book
(3)Wave Services Inc	С	2,500,000	Book

## 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

revenue) that was not a related organization See instructions																	
<b>(a)</b> Name, address, and EIN of entity	( <b>b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	section 501(c)(3) organizations?		501(c)(3) organizations?		501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No					
												1 I					
													<u> </u>				



Software ID: Software Version:

**EIN:** 95-1644037

Name: Pepperdine University

lated Tax-Exempt O	rganizations					
(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	Section (b)(	g) on 512 (13) rolled ity?
					Yes	No
Support Pepperdine University	CA	501(c)(3)	Line 11a, I	Pepperdine University	Yes	
Support Pepperdine University	CA	501(c)(3)	Line 11a, I	Pepperdine University	Yes	
Support Pepperdine University	СА	501(c)(3)	Line 11a, I	Pepperdine University	Yes	
Education	UK			Pepperdine University	Yes	
Education	AR			pepperdine University	Yes	
Education	SZ			pepperdine University	Yes	
Education	IT			pepperdine University	Yes	
	Support Pepperdine University  Support Pepperdine University  Support Pepperdine University  Education  Education	Primary activity  Legal domicile (state or foreign country)  Support Pepperdine University  CA  Support Pepperdine University  CA  Support Pepperdine University  CA  Education  AR  Education  SZ	(b)     (c)     (d)       Primary activity     Legal domicile (state or foreign country)     Exempt Code section       Support Pepperdine University     CA     501(c)(3)       Support Pepperdine University     CA     501(c)(3)       Support Pepperdine University     CA     501(c)(3)       Education     UK       Education     AR       Education     SZ	(b)     (c)     (d)     (e)       Primary activity     Legal domicile (state or foreign country)     Exempt Code section     Public charity status (if section 501(c) (3))       Support Pepperdine University     CA     501(c)(3)     Line 11a, I       Support Pepperdine University     CA     501(c)(3)     Line 11a, I       Education     UK       Education     AR	Column	Column