PUBLIC DISCLOSURE COPY

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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Α	For the	e 2023 calendar year, or tax year beginning AUG 1, 2023 and and	ending J	UL 31, 2024	
В	Check if applicable	C Name of organization		D Employer identific	cation number
Г	Addre	ss PEPPERDINE UNIVERSITY			
Ē	Name			95-1644037	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r
	Final return	24255 PACIFIC COAST HWY		(818) 702-13	
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,011,633,504.
	Amen return	MADIBO, CA 90203-4497		H(a) Is this a group re	eturn
	Application pendication	a l		for subordinates	? Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		empt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) o	or 527	If "No," attach a	list. See instructions
	Websi			H(c) Group exemptio	
		organization: X Corporation Trust Association Other	L Year	of formation: 1937	State of legal domicile: CA
P	art I	Summary			
ď	1	Briefly describe the organization's mission or most significant activities: PEPPERD	DINE UNIV	ERSITY IS A	
anc		CHRISTIAN UNIVERSITY (CONTINUED SCHEDULE 0).	- 50 70		
& Governance	2	Check this box if the organization discontinued its operations or dispose		The state of the s	I/
30	3	Number of voting members of the governing body (Part VI, line 1a)		3	20
~	4	Number of independent voting members of the governing body (Part VI, line 1b)			18 5165
Activities	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			22
₹	6	Total number of volunteers (estimate if necessary)		6	
Ac	l la	Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, Part I, line 11			17,641,966. 1,049,227.
_	b	Net differenced business taxable income from Form 990-1, Part 1, lifle 11		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		44,076,355.	31,484,848.
ne	9	Dua		562,162,816.	563,918,646.
Revenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		80,027,524.	92,081,374.
Be	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		13,546,440.	17,999,788.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		699,813,135.	705,484,656.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		154,709,004.	151,139,601.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		237,412,317.	249,636,516.
Se	16a	Professional fundraising fees (Part IX, column (A), line 11e)		360,992.	459,563.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 8,973,4	122.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		256,957,783.	263,499,285.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		649,440,096.	664,734,965.
	19	Revenue less expenses. Subtract line 18 from line 12		50,373,039.	40,749,691.
200	20 21 22		Ве	ginning of Current Year	End of Year
Sets	20	Total assets (Part X, line 16)		2,474,830,926.	2,610,614,882.
A A	21	Total liabilities (Part X, line 26)		762,324,037.	756,550,821.
	22	Net assets or fund balances. Subtract line 21 from line 20		1,712,506,889.	1,854,064,061.
_	art II	Signature Block			
		ties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is
rue	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowledge.	
	(5)	Signature of officer		Data	
Sig		GREG G. RAMIREZ, CHIEF FINANCIAL OFFICER		6/4/2025	
lei	е	Type or print name and title	mph .	2/1/0002	
			Tr	Date Check	PTIN
aio	,	Print/Type preparer's name DAVID M. HIGHFILL Preparer's signature	:00	6/03/2025 if self-employ	P01517891
	parer	Firm's name KPMG LLP			13-5565207
	Only	Firm's address 550 SOUTH HOPE STREET, SUITE 1500		FIIIII S EIN	10 000001
	,	LOS ANGELES, CA 90071		Phone no. 213	-972-4000
/lav	the IF	S discuss this return with the preparer shown above? See instructions		[F HOUSE HO. 213	X Voc No

Other program services (Describe on Schedule O.)

25,677,949. including grants of \$ 12,596.) (Revenue \$ 202,373.)

514,146,442. Total program service expenses

38 GRADUATE DEGREES, INCLUDING SEVEN DOCTORAL DEGREES.

95-1644037

Form 990 (2023) PEPPERDINE UNIVERSITY Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		.,	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		Х
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	Х	
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
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	Х	
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	Х	
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	Х	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
-	Part VI	11a	х	
h	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	х	
_	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
ч	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			
u		11d	х	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f		116		
•	the organization's separate of consolidated financial statements for the tax year include a footificte that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
ıza	, · · ·	120		x
L	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b	х	
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X	
13		13	X	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	-23	
Ø	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	4.41	х	
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Λ	
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	45		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		v	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		l .,	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
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		X
20a		20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	Х	

95-1644037

Form 990 (2023) PEPPERDINE UNIVERSITY

Part IV Checklist of Required Schedules (continued)

			Yes	No
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	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
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	X	
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	Х	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			17
	any tax-exempt bonds?	24c		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		х
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Λ
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			
		25b		х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	х	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Х	
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		X
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	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		77	
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Λ	
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0Eh	х	
36	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b	21	
55	If "Yes," complete Schedule R, Part V, line 2	36		х
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		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	L
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

Form 990 (2023) PEPPERDINE UNIVERSITY

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 95-1644037 Page 5

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х	
b	If "Yes," enter the name of the foreign countrySEE SCHEDULE 0			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	40		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		
а	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
b	organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand 13c			
		14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	. 70		
.5	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.	.5		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
.5	If "Yes," complete Form 4720, Schedule O.	.5		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 20 **1a** Enter the number of voting members of the governing body at the end of the tax year 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 on Schedule O. 18 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 6 Х 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 **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 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? X 10a 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe 12c Х on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? X The organization's CEO, Executive Director, or top management official 15a Х 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA, KY, MA, MD, MI, NH, OR, SC Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request X Own website Another's website ___ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records KATELYN CROWE, CONTROLLER - 818-702-1364

90263-4497

24255 PACIFIC COAST HIGHWAY, MALIBU, CA

Form 990 (2023) PEPPERDINE UNIVERSITY 95-1644037 Page **7**

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and 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. See the instructions for the order in which to list the persons above.

(A)	(B)	I	mzu		<u> </u>	рсп	Jacc	(D)	(E)	(F)
Name and title	Average	(do not		Pos	ition		one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson is	s both	n an	compensation	compensation	amount of
	week					1711 43		from	from related	other
	(list any hours for	ndividual trustee or director				Ļ		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	ee or	stee			Highest compensated employee		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	In stit utio nal tru stee		oyee	om pe		1099-NEC)	,	and related
	below	vidual	itution	Jec	Key employee	nest c	ner			organizations
	line)	lndi	lust	Officer	Key	High	Former			
(1) JAMES GASH	40.00									
PRESIDENT & CEO	2.00	Х		Х				793,965.	0.	407,584.
(2) JAY BREWSTER	40.00									
PROVOST	0.00			Х				432,576.	0.	460,255.
(3) LORENZO ROMAR	40.00									
HEAD COACH, BASKETBALL	0.00					Х		801,490.	0.	44,083.
(4) PHIL PHILLIPS	40.00									
EXEC. VICE PRESIDENT	0.00			Х				420,568.	0.	233,641.
(5) GARY HANSON	40.00									
SENIOR EVP	0.00			Х				518,684.	0.	68,688.
(6) PAUL CARON	40.00									
DEAN, CARUSO SCHOOL OF LAW	0.00						Х	342,929.	0.	197,621.
(7) SARA YOUNG JACKSON	40.00									
CHANCELLOR	0.00			Х				470,952.	0.	55,144.
(8) KIRON SKINNER	40.00	-							_	
PROFESSOR, SCHOOL OF PUBLIC POLICY	0.00					Х		489,171.	0.	33,910.
(9) DERYCK JANSE VAN RENSBURG	40.00									
PROFESSOR, GRAZIADIO BUS SCHOOL	0.00					Х		396,428.	0.	85,951.
(10) JEFFREY ROHDE	40.00									
CHIEF INVESTMENT OFFICER	2.00				Х			401,813.	0.	78,755.
(11) DEBORAH CROWN	40.00	-							_	
DEAN OF PGBS	0.00				Х			451,779.	0.	27,407.
(12) SUKHSIMRANJIT SINGH	40.00								_	
MNGING DIR STRAUS INST, PROF	0.00					Х		405,225.	0.	46,870.
(13) MICHAEL FELTNER	40.00									
DEAN OF COLLEGE OF HEALTH SCIENCE	0.00						Х	364,196.	0.	84,399.
(14) SARA COSENTINO	40.00							256 244		04.664
VP FOR ADV & CHIEF DEV OFFICER	1.00			Х				356,844.	0.	84,664.
(15) LARRY PERRIN	40.00							254 254		60.460
SVP STRATEGIC IMPLEMENTATION	0.00			Х				371,354.	0.	68,468.
(16) DANIEL DEWALT	40.00							364 556		66.464
VP & CHIEF OF STAFF	2.00		\vdash	Х	_			364,776.	0.	66,421.
(17) GREG RAMIREZ	40.00							202.000		26 000
CHIEF FINANCIAL OFFICER	1.00			Х				383,929.	0.	36,892.

332007 12-21-23 Form **990** (2023)

Form 990 (2023) PEPPERDINE UNIVERSITY 95-1644037 Page **8**

Form 990 (2023) PEPPERDINE OF									95-164403	Page o
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		າ than d	nne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	is both	n an	compensation	compensation	amount of
	week		cer ar	la a a	recio	or/trus	lee)	from	from related	other
	(list any hours for	irecto						the	organizations	compensation
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	Individual trustee or director	Institutional trustee		ee (ee	m pen		1099-NEC)	1099-1420)	and related
	below	dual t	utiona	_	nploy	st co	-ia			organizations
	line)	Indivi	Instit	Officer	Key employee	Highest compensated employee	Former			J
(18) DAMON SEAN BURNETT	40.00									
SVP, INTEGRATED MARKETING & CMO	0.00			Х				279,554.	0.	137,391.
(19) LEE KATS	40.00									
INTERIM DEAN, SEAVER	0.00				Х			370,870.	0.	40,533.
(20) NICOLLE TAYLOR	40.00									
SENIOR VP, COO	1.00			Х				356,640.	0.	49,666.
(21) EDWARD LARSON	40.00									
DARLING CHAIR IN LAW & PROF	0.00					Х		354,280.	0.	50,328.
(22) FARZIN MADJIDI	40.00									
DEAN, GSEP	0.00				Х			335,294.	0.	46,856.
(23) DAVID SMITH	40.00									
SENIOR ASSOCIATE PROVOST	0.00						Х	298,231.	0.	80,006.
(24) CONNIE HORTON	40.00									
VP FOR STUDENT AFFAIRS	0.00			Х				199,967.	0.	161,133.
(25) MICHAEL NICKS	40.00									
DIRECTOR OF INVESTMENTS	0.00				Х			249,164.	0.	77,136.
(26) RICK GIBSON	40.00									
SV CHANCELLOR	0.00						Х	170,603.	0.	145,222.
1b Subtotal								10,381,282.	0.	2,869,024.
c Total from continuation sheets to Part VI	I, Section A							1,782,961.	0.	369,756.
d Total (add lines 1b and 1c)								12,164,243.	0.	3,238,780.

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

510

			Yes	No
3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3	Х	
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	Х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes." complete Schedule J for such person	5		Х

Section B. Independent Contractors

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

the organization. Report compensation for the calendar year ending with or with	THE Organization 3 tax year.	
(A) Name and business address	(B) Description of services	(C) Compensation
2U, INC.	·	
7900 HARKINS ROAD, LANHAM, MD 20706	E-LEARNING	67,990,412.
CLARK CONSTRUCTION GROUP - CA LP		
18201 VON KARMAN STE 800, IRVINE, CA 92612	CONSTRUCTION	23,606,131.
BON APPETIT MANAGEMENT COMPANY		
PO BOX 50196, LOS ANGELES, CA 90074-0196	CATERING	11,901,564.
THE PENTA BUILDING GROUP, LLC, 181 E WARM		
SPRINGS ROAD, LAS VEGAS, NV 89119	CONSTRUCTION	10,296,736.
PERKINS & WILL INC		
PO BOX 71181, CHICAGO, IL 60694-1181	CONSULTING	2,891,763.
2 Total number of independent contractors (including but not limited to those lister	d above) who received more than	
\$100,000 of compensation from the organization 149		

Form 990 PEPPERDINE UNIVERSITY 95-1644037

Form 990 PEPPERDINE UI	NIVERSITY								95-16440)37
Part VII Section A. Officers, Directors, Tru	ustees, Key Er	nplo	yee	s, a	nd F	lighe	est	Compensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos	ition	ı		Reportable	Reportable	Estimated
	hours	(c	heck	all '	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	or director				empl		organization	(W-2/1099-MISC)	from the
	hours for related	e or d	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	Individual trustee	Institutional trustee		/ee	Highest compensated employee				organizations
	below	dualt	utiona	_	Key employee	stco	<u>-</u>			organizations
	line)	Indivi	Institu	Officer	Key e	Highe	Former			
(27) JERI-ELAYNE GOOSBY SMITH	40.00									
VP COMM BELONGING & CDO	0.00			х				271,801.	0.	34,963.
(28) JONATHAN SEE	40.00									
CHIEF INFORMATION OFFICER	0.00				х			242,905.	0.	52,798.
(29) FAYE HOLTON	35.00									
DIRECTOR OF INVESTMENTS	6.00				Х			248,721.	0.	44,320.
(30) MICHAEL THOMAS	40.00									
VP, INTEGRATED MARKETING	0.00			х				246,804.	0.	42,782.
(31) BEN VEENENDAAL	40.00									
VP PLANNING, OPS & CONST FROM 07/24	0.00			Х				210,651.	0.	55,559.
(32) TIMOTHY SPIVEY	40.00									
VP SPIRITUAL LIFE FROM 11/23	0.00			Х				165,610.	0.	77,335.
(33) KATELYN CROWE	40.00									
CONTROLLER	0.00				Х			219,915.	0.	21,990.
(34) LILA MCDOWELL CARLSEN	40.00									
INTERIM VICE PROVOST & PROFESSOR	0.00				Х			176,554.	0.	40,009.
(35) DEE ANNA SMITH	1.00									
CHAIR, REGENT	1.00	Х		Х				0.	0.	0.
(36) FREDERICK RICKER	1.00									
VICE CHAIR, REGENT	0.00	Х		Х				0.	0.	0.
(37) ALAN BEARD	1.00									
REGENT	0.00	Х						0.	0.	0.
(38) EDWIN BIGGERS	1.00									
REGENT THRU 03/24	0.00	х						0.	0.	0.
(39) DALE BROWN	1.00									
REGENT	0.00	Х						0.	0.	0.
(40) SHELLE ENSIO	1.00									
REGENT	0.00	Х						0.	0.	0.
(41) SETH HAYE	1.00									
REGENT	0.00	Х						0.	0.	0.
(42) JEREMY JOHNSON	1.00									
REGENT	0.00	Х						0.	0.	0.
(43) PETER JOHNSON, JR.	1.00									
REGENT	0.00	Х						0.	0.	0.
(44) DENNIS LEWIS	1.00									
REGENT	0.00	Х						0.	0.	0.
(45) JOHN LEWIS	1.00									
ASSISTANT SECRETARY, REGENT	0.00	Х		Х				0.	0.	0.
(46) KIMBERLY LINDLEY	1.00									
REGENT	0.00	Х						0.	0.	0.
Total to Part VII, Section A, line 1c										
Total to Falt VII, Decilot A, IIIle TC								ı		

Form 990 PEPPERDINE UNIVERSITY 95-1644037

Form 990 PEPPERDINE UI	NIVERSITY								95-16440)37
Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, aı	nd H	lighe	est	Compensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl			that		ly)	compensation	compensation	amount of
	per week (list any	ector				mployee		from the organization	from related organizations (W-2/1099-MISC)	other compensation from the
	hours for related organizations below	Individual trustee or director	Institutional trustee	JE .	Key employee	Highest compensated employee	er	(W-2/1099-MISC)		organization and related organizations
	line)	Indivi	Instit	Officer	Key e	Highe	Former			
(47) FAYE WILLIAMS CRADDOLPH	1.00									
REGENT THRU 09/23	1.00	Х						0.	0.	0.
(48) VIRGINIA MILSTEAD	1.00									
REGENT	0.00	х						0.	0.	0.
(49) MICHAEL OKABAYASHI	1.00									
REGENT	0.00	Х						0.	0.	0.
(50) JOHN PLUEGER	1.00							1		
REGENT	0.00	х						0.	0.	0.
(51) STEPHEN STEWART	1.00							**	•	•
REGENT	0.00	х						0.	0.	0.
(52) JAY WELKER	1.00	Λ						0.	٠.	٠.
SECRETARY, REGENT	1.00	Х		Х				0.	0.	0.
(53) ERIC WOLFORD	1.00	Λ						0.	٠.	0,
REGENT	0.00	Х						0.	0.	0.
(54) R. CHARLES WALKER, JR.	1.00	Λ						· · · · · · · · · · · · · · · · · · ·	٠.	0.
REGENT	0.00	Х						0.	0.	0
(55) CICELY SIMPSON	1.00	Λ						٠.	٠.	0.
	0.00	Х						0.	0.	0
REGENT THRU 06/24 (56) ANNA MERGELE	1.00	Λ						0.	٠.	0.
REGENT AS OF 06/24	0.00	х						0.	0.	0.
Total to Part VII, Section A, line 1c								1,782,961.		369,756.

95-1644037

Form 990 (2023)
Part VIII

Statement of Revenue

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
		·	_	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					iunction revenue	business revenue	sections 512 - 514
Siα	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
جَ ۾		Fundraising events 1c	1,386,953.				
fts,		Related organizations 1d	7,953.				
ig ig		Government grants (contributions) 1e	5,287,365.				
Sin		All other contributions, gifts, grants, and	-,,				
e H	•	similar amounts not included above	24,802,577.				
흡환	_		5,790,522.				
n ou	_	Noncash contributions included in lines 1a-1f	3,730,322.	31,484,848.			
O 6	"	Total. Add lines 1a-1f	Business Code	31,101,010.			
_	0 -	STUDENT TUITION & FEES	611710	507,785,567.	507,785,567.		
<u>i</u>	2 a	ROOM AND BOARD	611710	49,847,099.	49,847,099.		
er.	D	OTHER REVENUE	611710	4,053,052.	4,053,052.		
n S	С.			· · ·			
yrar Be	d	SALES AND SERVICES	611710	2,232,928.	2,232,928.		
Program Service Revenue	e						
а.	f	All other program service revenue		562 010 040			
	g	Total. Add lines 2a-2f		563,918,646.			
	3	Investment income (including dividends, inter-		24 720 040		7 210 022	27 420 200
		other similar amounts)		34,739,040.		7,310,832.	27,428,208.
	4	Income from investment of tax-exempt bond p	oroceeds				
	5	Royalties	(") D				
		(i) Real	(ii) Personal				
		Gross rents 6a 1,065,509.					
	b	Less: rental expenses 6b 0.					
	С	Rental income or (loss) 6c 1,065,509					
		Net rental income or (loss)		1,065,509.	86,473.	106,974.	872,062.
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a361,907,906					
	b	Less: cost or other basis					
ne		and sales expenses 7b ³ 04,565,572.					
ther Revenue	С	Gain or (loss)	,]				
Be		Net gain or (loss)		57,342,334.		6,246,772.	51,095,562.
þer	8 a	Gross income from fundraising events (not					
₽		including \$ 1,386,953. of					
		contributions reported on line 1c). See					
		Part IV, line 18	-				
		Less: direct expenses 8t	1,583,274.				
		Net income or (loss) from fundraising events		-868,678.			-868,678.
	9 a	Gross income from gaming activities. See					
		Part IV, line 19	1				
		Less: direct expenses 9t	2.				
	С	Net income or (loss) from gaming activities		2,368.			2,368.
	10 a	Gross sales of inventory, less returns					
		and allowances <u>10</u>	a				
	b	Less: cost of goods sold10	b				
	С	Net income or (loss) from sales of inventory .					
S			Business Code				
e on	11 a		900099	12,657,680.		3,878,368.	8,779,312.
Miscellaneous Revenue	b	OTHER REVENUE	900099	5,142,909.		99,020.	5,043,889.
Sell Seve	С						
Mis	d	All other revenue					
	е	Total. Add lines 11a-11d		17,800,589.			
	12	Total revenue. See instructions		705,484,656.	564,005,119.	17,641,966.	92,352,723.

95-1644037

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).

Do no	Check if Schedule O contains a response tinclude amounts reported on lines 6b,	(A) Total expenses	(B)	(C)	(D) Fundraising
7b, 8k	o, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations	0.551	0.551		
	and domestic governments. See Part IV, line 21	9,571.	9,571.		
	Grants and other assistance to domestic	120 060 017	120 060 017		
	ndividuals. See Part IV, line 22	139,069,817.	139,069,817.		
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	12 060 212	12 060 212		
	ndividuals. See Part IV, lines 15 and 16	12,060,213.	12,060,213.		
	Benefits paid to or for members				
	Compensation of current officers, directors,	10 262 205	2 600 000	6 026 509	1 645 500
	rustees, and key employees	10,362,205.	2,690,098.	6,026,508.	1,645,599
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and	2 070 516	2 702 500	751 504	415 414
	persons described in section 4958(c)(3)(B)	3,870,516.	2,703,598.	751,504.	415,414
	Other salaries and wages	181,314,789.	132,965,134.	44,232,854.	4,116,801
	Pension plan accruals and contributions (include	10 200 500	0 720 202	2 217 744	252 205
	section 401(k) and 403(b) employer contributions)	12,300,522.	8,730,383.	3,317,744.	252,395
	Other employee benefits	28,525,827.	23,676,487.	3,944,812.	904,528
	Payroll taxes	13,262,657.	9,068,044.	3,823,754.	370,859
	Fees for services (nonemployees):				
	Management	1,723,546.	201,147.	1,522,399.	
	_egal	1,040,371.	34,111.	1,006,260.	
	Accounting	35,366.	34,111.		
	_obbying	459,563.		35,366.	459,563
	Professional fundraising services. See Part IV, line 17	7,202,395.		7,202,395.	437,303
	nvestment management fees	1,202,333.		7,202,333.	
_	Other. (If line 11g amount exceeds 10% of line 25,	78,851,506.	74,663,309.	4,188,197.	
	column (A), amount, list line 11g expenses on Sch O.)	8,193,423.	1,245,797.	6,857,387.	90,239
	Advertising and promotion	11,634,811.	5,414,925.	6,026,615.	193,271
	Office expenses	8,445,400.	2,969,108.	5,473,647.	2,645
	nformation technology	0,113,100.	2,303,100.	3,473,047.	2,013
	Royalties	14,349,366.	10,074,818.	4,274,548.	
	Occupancy	13,306,673.	9,609,347.	3,542,712.	154,614
	Travel	13,300,073.	5,005,547.	3,342,712.	131,011
	Payments of travel or entertainment expenses				
	or any federal, state, or local public officials Conferences, conventions, and meetings	4,783,694.	3,190,005.	1,570,168.	23,521
		17,902,790.	14,621,771.	3,209,521.	71,498
	Payments to affiliates	21,502,150.	,,	5,255,522.	, _ , _ ,
	Depreciation, depletion, and amortization	31,329,166.	25,406,221.	5,798,710.	124,235
		6,229,449.	179,546.	6,049,843.	60
	nsurance Other expenses. Itemize expenses not covered	-,225,225	2,5,520,	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
8 	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
	CONSTRUCTION & EQUIP	11,760,031.	2,480,958.	9,276,702.	2,371
-	STUDENT MEALS	11,113,860.	1,154,527.	9,957,820.	1,513
~	EQUIPMENT RENTAL & MAIN	4,748,094.	2,042,027.	2,696,030.	10,037
-	LIBRARY EXPENSES	1,898,860.	1,893,394.	5,466.	
-	All other expenses	28,950,484.	27,992,086.	824,139.	134,259
	Fotal functional expenses. Add lines 1 through 24e	664,734,965.	514,146,442.	141,615,101.	8,973,422
	Joint costs. Complete this line only if the organization	, ,	, , ,	, ,	. ,
	reported in column (B) joint costs from a combined				
6	educational campaign and fundraising solicitation.				
(Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2023) Part X Balance Sheet

Pai	rt X	Balance Sneet					
		Check if Schedule O contains a response or ne	ote to an	y line in this Part X	(A)		(B)
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			7,672,132.	1	17,393,175.
	2	Savings and temporary cash investments			114,376,298.	2	71,998,121.
	3	Pledges and grants receivable, net			47,298,162.	3	43,656,073.
	4	Accounts receivable, net			12,105,061.	4	19,235,283.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th			1,225,934.	5	1,390,151.
	6	Loans and other receivables from other disqua	lified per				
		under section 4958(f)(1)), and persons describe	ed in sec	tion 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net			5,792,400.	7	6,698,126.
Assets	8	Inventories for sale or use				8	
As	9	5			11,433,597.	9	9,904,686.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	980,664,490.			
	b	Less: accumulated depreciation	10b	327,268,856.	574,043,745.	10c	653,395,634.
	11	Investments - publicly traded securities			523,282,503.	11	569,315,138.
	12	Investments - other securities. See Part IV, line			897,329,026.	12	933,278,724.
	13	Investments - program-related. See Part IV, line	e 11		12,601,614.	13	11,873,325.
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			267,670,454.	15	272,476,446.
	16	Total assets. Add lines 1 through 15 (must ed		ı	2,474,830,926.	16	2,610,614,882.
	17	Accounts payable and accrued expenses	51,477,405.	17	54,288,345.		
	18	Grants payable				18	
	19	Deferred revenue			29,535,598.	19	29,050,325.
	20	Tax-exempt bond liabilities			34,869,223.	20	29,963,639.
	21	Escrow or custodial account liability. Complete	e Part IV	of Schedule D	29,091,630.	21	31,511,434.
S	22	Loans and other payables to any current or for	mer offic	er, director,			
Liabilities		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
iabi		controlled entity or family member of any of th	ese perso	ons		22	
	23	Secured mortgages and notes payable to unre	lated thir	d parties		23	
	24	Unsecured notes and loans payable to unrelat	-			24	
	25	Other liabilities (including federal income tax, p	ayables [.]	to related third			
		parties, and other liabilities not included on line	es 17-24)	. Complete Part X			
		of Schedule D			617,350,181.	25	611,737,078.
	26	Total liabilities. Add lines 17 through 25			762,324,037.	26	756,550,821.
(0		Organizations that follow FASB ASC 958, ch	neck her	X			
ĕ		and complete lines 27, 28, 32, and 33.					
ala	27			·····	1,008,364,317.	27	1,071,683,429.
Ä	28	Net assets with donor restrictions			704,142,572.	28	782,380,632.
Ĕ		Organizations that do not follow FASB ASC	958, che	ck here			
F		and complete lines 29 through 33.					
ţ	29	Capital stock or trust principal, or current fund				29	
SSe	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			1 710 506 000	31	1 054 064 061
Š	32	Total net assets or fund balances			1,712,506,889.	32	1,854,064,061.
	33	Total liabilities and net assets/fund balances			2,474,830,926.	33	2,610,614,882.

Form **990** (2023)

Form 990 (2023) PEPPERDINE UNIVERSITY 95-1644037 Page **12**

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	705,	484,	656.
2	Total expenses (must equal Part IX, column (A), line 25)	2	664,	734,	965.
3	Revenue less expenses. Subtract line 2 from line 1	3	40,	749,	691.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,712,	506,	889.
5	Net unrealized gains (losses) on investments	5	73,	950,	218.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9				857,	263.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,854,	064,	061.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:				
	Separate basis X 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 oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	х	

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

PEPPERDINE UNIVERSITY

Employer identification number

95-1644037 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). Х A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. 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. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	55,834,209.	67,242,887.	71,538,193.	44,076,355.	31,484,848.	270,176,492.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	55,834,209.	67,242,887.	71,538,193.	44,076,355.	31,484,848.	270,176,492.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1,487,600.
6	Public support. Subtract line 5 from line 4.						268,688,892.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	55,834,209.	67,242,887.	71,538,193.	44,076,355.	31,484,848.	270,176,492.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	29,452,634.	79,329,098.	21,255,394.	33,571,510.	28,300,271.	191,908,907.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on		538,255.	4,400,240.	1,172,617.	3,663,030.	9,774,142.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	9,994,544.	2,303,956.	6,819,913.	10,629,356.	14,540,167.	44,287,936.
11	Total support. Add lines 7 through 10						516,147,477.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12 2	,596,383,300.
13	First 5 years. If the Form 990 is for th	e organization's fire	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
	organization, check this box and stop						
Sec	tion C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2023 (li					14	52.06 %
	Public support percentage from 2022					15	50.57 %
16a	33 1/3% support test - 2023. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the o						
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test	- 2023. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	e. Explain in Part \	/I how the organiz	ation
	meets the facts-and-circumstances te	st. The organization	n qualifies as a pub	olicly supported or	ganization		🗀
b	10% -facts-and-circumstances test	- 2022. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circu		•				
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	, 16b, 17a, or 17b,	, check this box ar	nd see instructions	<u> </u>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the	ļ					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	year as a section 5	01(c)(3) organization	on,
_	check this box and stop here		•				
	ction C. Computation of Publi					П Г	
	Public support percentage for 2023 (I			column (f))		15	%
	Public support percentage from 2022					16	%
	ction D. Computation of Inves					T .= I	
	Investment income percentage for 20					17	%
	Investment income percentage from			Para d 4		18	<u>%</u>
19a	33 1/3% support tests - 2023. If the						/ is not
	more than 33 1/3%, check this box ar						L
b	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	ns box and see ins	tructions	

Schedule A (Form 990) 2023 PEPPERDINE UNIVERSITY 95-1644037 Page 4

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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 **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **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.
- 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) 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 Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **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.)

	Yes	No
1		
2		
3a		
3b		
0.2		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
•		
8		
_		
9a		
9b		
9с		
10a		
10b		

Pa	TIV Supporting Organizations (continued)			
			Yes	No
11	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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI 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 officers, directors, or trustees were allocated among the			
•	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
800	supervised, or controlled the supporting organization.	2		
Sec	tion 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			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion 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, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2				
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, 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 at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions The organization satisfied the Activities Test. Complete line 2 below.).		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the 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 the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
_	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		2b		
2	these activities but for the organization's involvement. Perent of Supported Organizations. Answer lines 3a and 3h below.	20		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in Part VI.	3a		
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2023 PEPPERDINE UNIVERSITY 95-1644037 Page 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ring trust on N	lov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	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		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	ınization (see

Schedule A (Form 990) 2023

instructions).

Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	1		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2023 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2023	Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
c	From 2020			
d	From 2021			
е	From 2022			
f	Total of lines 3a through 3e			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2023 distributable amount			
<u>_i</u>	Carryover from 2018 not applied (see instructions)			
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,			
	line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
<u> </u>	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
<u>a</u>	Excess from 2019			
<u> </u>	Excess from 2020			
c	Excess from 2021			
<u>d</u>	Excess from 2022			
е	Excess from 2023			

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: FUNDRAISING EVENTS & GAMING 2019 AMOUNT: \$ 397,936. 2020 AMOUNT: \$ 103,145. 2021 AMOUNT: \$ 377,142. 644,230. 2022 AMOUNT: \$ 2023 AMOUNT: \$ 714,596. GAIN ON EXTINGUISHMENT OF DEBT 1,076,454. 2019 AMOUNT: \$ OTHER INCOME 5,806,779. 2019 AMOUNT: \$ 2020 AMOUNT: \$ 115,661. 2021 AMOUNT: \$ 3,184,968. 2022 AMOUNT: \$ 5,331,127. 2023 AMOUNT: \$ 5,043,889. SALES AND SERVICES 2019 AMOUNT: \$ 1,917,076. 2020 AMOUNT: \$ 1,447,201. 2021 AMOUNT: \$ 3,254,943. 2022 AMOUNT: \$ 4,652,279. 2023 AMOUNT: \$ 8,779,312.

GAMING INCOME

2019 AMOUNT: \$ 3,120.

Part	Pa line Se	rt IV, S e 1; Pa ction	Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part II, line 17a or 17b; Part III, line 12; Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, art IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. tructions.)
2020	AMOUNT:	\$	4,960.
2021	AMOUNT:	\$	2,860.
2022	AMOUNT:	\$	1,720.
2023	AMOUNT:	\$	2,370.
INSUR	RANCE SE	TTLE	MENT
2019	AMOUNT:	\$	793,179.
2020	AMOUNT:	\$	632,989.
-			

Schedule A (Form 990) 2023

Schedule B

(Form 990)

Schedule of Contributors

0000

Employer identification number

2023

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

PEPPERDINE UNIVERSITY 95-1644037 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

religious, charitable, etc., contributions totaling \$5,000 or more during the year \$_

is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Name of organization Employer identification number

PEPPERDINE UNIVERSITY 95-1644037 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 X Person **Payroll** 1,503,351. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 Х Person **Payroll** 1,195,764. Noncash Х (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 X Person **Payroll** Noncash 884,212. (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution X 4 Person **Payroll** 1,215,813. Noncash Х (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution

Name of organization

Employer identification number

PEPPERDINE UNIVERSITY

95-1644037

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

PEPPERDINE UNIVERSITY

95-1644037

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I SECURITIES - PUBLICLY TRADED 1 1,503,351. 02/15/24 (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I STOCK/PROPERTY 2 993,519. 02/14/24 (a) (c) No. (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I STOCK/PROPERTY 4 1,215,813. 07/15/24 (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I STOCK/PROPERTY 5 1,002,189. 12/20/23 (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (d) (b) FMV (or estimate) from Date received Description of noncash property given (See instructions.) Part I \$

Employer identification number

Name of organization

JE HNTVERSTTV		95-1644037						
Exclusively religious, charitable, etc., contributing from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of	through (e) and the following line entry. For the charitable, etc., contributions of \$1,000 or less for	501(c)(7), (8), or (10) that total more than \$1,000 for the						
Ose duplicate copies of Fart III II additionals	pace is needed.							
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
	(e) Transfer of gift							
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
Transferee's name, address, a		Relationship of transferor to transferee						
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
		-						
(e) Transfer of gift								
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
		(e) Transfer of gift						
	(e) Transfer of gift							
Transferee's name, address, a		Relationship of transferor to transferee						
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional s (b) Purpose of gift Transferee's name, address, and (b) Purpose of gift (b) Purpose of gift Transferee's name, address, and (b) Purpose of gift Transferee's name, address, and (b) Purpose of gift	Exclusively religious, charitable, etc., contributions to organizations described in section from any one contributor. Complete columns (a) through (e) and the following line entry. For completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less to Use duplicate copies of Part III if additional space is needed. (b) Purpose of gift (c) Use of gift Transferee's name, address, and ZIP + 4 (e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 (e) Transfer of gift Transferee's name, address, and ZIP + 4						

SCHEDULE C

(Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

If the organization answered "Yes" 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.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

• Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization **Employer identification number** PEPPERDINE UNIVERSITY 95-1644037 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures Volunteer hours for political campaign activities Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ______\$ ____ 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? No 4a Was a correction made? Yes Nο b If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Part I-C 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$_______\$ 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (d) Amount paid from (a) Name (b) Address (c) EIN (e) Amount of political contributions received and filing organization's promptly and directly funds. If none, enter -0-. delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990) 2023	PEPPERDINE UNI				1644037 Page 2
-	ganization is ex	empt under sectio	on 501(c)(3) and file	d Form 5768 (el	ection under
section 501(h)).					
A Check if the filing organiz	zation belongs to an	affiliated group (and list	in Part IV each affiliated	group member's nan	ne, address, EIN,
expenses, and sh	are of excess lobbyir	g expenditures).			
B Check if the filing organiz	zation checked box A	and "limited control" p	rovisions apply.		
	nits on Lobbying Ex nditures" means am	penditures ounts paid or incurred	l.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to in	fluence public opinio	n (grassroots lobbying)			
b Total lobbying expenditures to in	•				
c Total lobbying expenditures (add	lines 1a and 1b)				
d Other exempt purpose expenditu					
e Total exempt purpose expenditur	res (add lines 1c and	1d)			
f Lobbying nontaxable amount. En	ter the amount from	the following table in bo	oth columns.		
If the amount on line 1e, column (a)	or (b) is: The	obbying nontaxable ar	mount is:		
not over \$500,000,	20%	of the amount on line 1	э.		
over \$500,000 but not over \$1,00	00,000, \$100	,000 plus 15% of the ex	cess over \$500,000.		
over \$1,000,000 but not over \$1,	500,000, \$175	,000 plus 10% of the ex	cess over \$1,000,000.		
over \$1,500,000 but not over \$17	7,000,000, \$225	,000 plus 5% of the exc	ess over \$1,500,000.		
over \$17,000,000,	\$1,00	00,000.			
g Grassroots nontaxable amount (e	enter 25% of line 1f)				
h Subtract line 1g from line 1a. If ze	ero or less, enter -0-				
i Subtract line 1f from line 1c. If ze	ro or less, enter -0-				
j If there is an amount other than z	ero on either line 1h	or line 1i, did the organiz	zation file Form 4720		
reporting section 4911 tax for this	s year?				Yes No
(Some organizations	that made a section See the sep	arate instructions for I	t have to complete all o lines 2a through 2f.)	f the five columns b	pelow.
	Lobbying Ex	penditures During 4-Ye	ear Averaging Period		1
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					

Schedule C (Form 990) 2023

f Grassroots lobbying expenditures

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

Forc	and "Vee" recognize on lines 1s through 1i helesy provide in Part IV a detailed description	(a	a)	(1	o)
	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description e lobbying activity.	Yes	No		ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?		X		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		
	Media advertisements?		X		
	Mailings to members, legislators, or the public?		X		
	Publications, or published or broadcast statements?		Х		2 526
	Grants to other organizations for lobbying purposes?	X	х		2,526.
	Direct contact with legislators, their staffs, government officials, or a legislative body?		X		
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	x	^		32,840.
-	Other activities?	Λ			35,366.
	Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		х		33,300.
	*		A		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5). or sec	tion	
	501(c)(6).	00 . (0)(.,, c. ccc		
	55.(5)(5).			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
	t III-B Complete if the organization is exempt under section 501(c)(4), section			tion	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered		•		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 expenditures)				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year				
	Total		I		
3	A		۔ ا		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
	expenditures next year?		4		
_5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par	t IV Supplemental Information				
Prov	ide 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 a	nd 2 (see	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				
PART	! II-B, LINE 1, LOBBYING ACTIVITIES:				
LINE	2 1(F), GRANTS TO OTHER ORGANIZATIONS FOR LOBBYING PURPOSES:				
THE	UNIVERSITY PAID MEMBERSHIP DUES TO THE NATIONAL ASSOCIATION OF				
COLI	EGE AND UNIVERSITY BUSINESS OFFICERS AND THE ASSOCIATION OF				
INDE	PENDENT CALIFORNIA COLLEGES AND UNIVERSITIES, A PORTION OF WHICH				

Schedule C	G (Form 990) 2023 PEPPERDINE UNIVERSITY	95-1644037	Page 4
Part IV	(Form 990) 2023 PEPPERDINE UNIVERSITY Supplemental Information (continued)		
INITIATI	VPC		
INITIALI	ves.		
TIME 1/T	A COURT ACCULATION		
LINE I(I), OTHER ACTIVITIES:		
THE UNIV	ERSITY HIRED A LOBBYING FIRM IN CONNECTION WITH LAND USE		
T G G II D G			
ISSUES.			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

PEPPERDINE UNIVERSITY

Employer identification number 95-1644037

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Funds or A	Accounts. Complete if the
	5 2	(a) Donor advised funds	<u> </u>	(b) Funds and other accounts
1	Total number at end of year		8	
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)		0,776.	
4	Aggregate value at end of year	1,52	9,155.	
5	Did the organization inform all donors and donor advisors in wr	~		
	are the organization's property, subject to the organization's ex			
6	Did the organization inform all grantees, donors, and donor adv			
	for charitable purposes and not for the benefit of the donor or o	•		
Pai	impermissible private benefit?		000 D-+1	X Yes No
			orm 990, Part I	V, line 7.
1	Purpose(s) of conservation easements held by the organization			Acrically incorporate and level
	Preservation of land for public use (for example, recreation Protection of natural habitat	· —		storically important land area
	Preservation of open space	Prese	rvation of a ce	rtilled historic structure
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in	the form of a c	conservation easement on the last
_	day of the tax year.	a conscivation contribution in	the form of a c	Held at the End of the Tax Year
а	Total number of conservation easements			
b				
	Number of conservation easements on a certified historic struc	to and the about a distance that a Oc		0-
	Number of conservation easements included on line 2c acquire			
	on a historic structure listed in the National Register	• • •		2d
3	Number of conservation easements modified, transferred, release			nization during the tax
	year			
4	Number of states where property subject to conservation ease	ment is located		
5	Does the organization have a written policy regarding the perio	dic monitoring, inspection, har	ndling of	
	violations, and enforcement of the conservation easements it h	olds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enfor	cing conservat	ion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing	conservation e	asements during the year
8	Does each conservation easement reported on line 2d above so	atisfy the requirements of sect	ion 170(h)(4)(B))(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and	expense state	ment and
	balance sheet, and include, if applicable, the text of the footnot	•	al statements t	hat describes the
Da	organization's accounting for conservation easements.	Aut Historiaal Tussauus	a au Othau	Cincilar Accets
Pai	T III Organizations Maintaining Collections of A Complete if the organization answered "Yes" on Form 9		s, or Other	Similar Assets.
	If the organization elected, as permitted under FASB ASC 958,		atement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for public	•		
	service, provide in Part XIII the text of the footnote to its financial	· · · · · · · · · · · · · · · · · · ·		a
b	If the organization elected, as permitted under FASB ASC 958,			ce sheet works of
	art, historical treasures, or other similar assets held for public e			
	provide the following amounts relating to these items.	, ,		
	(i) Revenue included on Form 990, Part VIII, line 1			\$
				11 100 044
2	If the organization received or held works of art, historical treas			
	the following amounts required to be reported under FASB ASO		-	
а	Revenue included on Form 990, Part VIII, line 1			\$ <u> </u>
b	Assets included in Form 990, Part X			

Schedule D (From 900) 2023 PEPPERDIXE UNIVERSITY 95 : 1644037 Page 2 Public optimization in Maintaining Collections of Art, Historical Treasures, or Other Similar Assess (continued) September											
3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply). a		daic D (1 0111 330) 2020				<u> </u>	_				age 2
collection tems (check all that apply). a	Par	•							(conti	nued)	
a	3		and other records, ch	eck any of the f	following that i	make signi	ficant use	e of its			
b X Scholarly research c X Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's sollection?			_	_							
c	а		d L								
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other smilar assets to be solid to raise funds rather than to be maintained as part of the organization's collection? Part IV Scrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Ia Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? It is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. If c Beginning balance I d Additions during the year I E Ending balance I E Endoment Funds Complete if the organization has been provided in Part XIII Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. I Beginning of year balance I 1218871590 1200668391 1145290820 908307875, 9375551019, 0500000000000000000000000000000000000	b		e	Other							
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Interest assets not included on Form 990, Part X? Interest assets not included on Form 990, Part X? Interest assets not included on Form 990, Part X? Interest assets not included on Form 990, Part X! Interest assets not included on Form 990, Part X! Interest assets not included on Form 990, Part X! Interest assets not included on Form 990, Part X! Interest assets not included on Form 990, Part X! Interest assets not included on Form 990, Part X! Interest assets not included on Form 990, Part X! Interest assets not included on Form 990, Part X! Interest assets not included on Form 990, Part X! Interest assets not include an amount on Form 990, Part X! Interest assets asset assets assets assets asset assets	С	Preservation for future generations									
Description of property Description of p	4	Provide a description of the organization's collection	ctions and explain hov	v they further th	ne organizatior	n's exempt	purpose	in Part)	KIII.		
Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes X No	5	During the year, did the organization solicit or re	eceive donations of art	, historical treas	sures, or other	similar ass	sets		_		_
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?										Х	No
1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?	Par	t IV Escrow and Custodial Arrange	ments Complete if t	he organization	n answered "Y	es" on For	m 990, P	art IV, lir	ne 9, or		
Test		reported an amount on Form 990, Part X	, line 21.								
Beginning balance 1c	1a	Is the organization an agent, trustee, custodian,	or other intermediary	for contribution	s or other ass	ets not inc	luded				
C Beginning balance 1d 1d 1d 1d 1d 1d 1d 1d 1d		on Form 990, Part X?						\square	Yes	X	No
C Beginning balance Id Id Id Id Id Id Id I	b	If "Yes," explain the arrangement in Part XIII and	d complete the following	ng table:							
Additions during the year 1d 1e 1f 1e 1e									Amour	ıt	
Additions during the year 1d 1e 1f 1e 1e	С	Beginning balance					1c				
Endring balance	d	Additions during the year					1d				
Felding balance							1e				
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? X Yes No No No No No No No N							1f				
Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.								Х	Yes		No
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Four years back (d) Three years back (e) Four year years (e) Four years back (e) Four years (e) Four	b	If "Yes," explain the arrangement in Part XIII. Ch	eck here if the explan	ation has been	provided in Pa	art XIII				X	
1218871505 1200868391 1145290820 908307875, 917551019.	Par	t V Endowment Funds Complete if the	e organization answere	ed "Yes" on For	m 990, Part IV	/, line 10.					
b Contributions		()	a) Current year (I) Prior year	(c) Two years	s back (d)	Three yea	rs back	(e) Fou	r years	back
C Net investment earnings, gains, and losses d Grants or scholarships 17517115. 16825278. 16113915. 15474077. 15036229. e Other expenditures for facilities and programs 39525347. 40888685. 37219451. 44508896. 32243556. f Administrative expenses g End of year balance 1319031044 1218871505 1200868391 1145290820 908307875. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 56.1326 % b Permanent endowment 10.8480 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) depreciation 1a Land 24,719,804. 24,719,804.	1a	Beginning of year balance	1218871505	1200868391	11452	90820	90830	7875.	9	17551	019.
c Net investment earnings, gains, and losses d Grants or scholarships 17517115. 16825278. 16113915. 15474077. 15036229. e Other expenditures for facilities and programs 39525347. 40888685. 37219451. 44508896. 32243556. f Administrative expenses g End of year balance 1319031044 1218871505 1200868391 1145290820 908307875. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 56.1326 % b Permanent endowment 33.0194 % c Term endowment 10.8480 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) depreciation 1a Land 24,719,804. 24,719,804.	b	Contributions	16300465.	27297369.	8739	3092.	2337	1272.		53457	004.
e Other expenditures for facilities and programs 39525347. 40888685. 37219451. 44508896. 32243556. f Administrative expenses g End of year balance 1319031044 1218871505 1200868391 1145290820 908307875. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 56.1326 % b Permanent endowment 10.8480 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations? 5 In a squij, are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other (c) Accumulated depreciation (d) Book value 1a Land (24,719,804. 24,719,804.			140901535.	48419708.	2151	7845.	27359	4646.	-	15420	363.
e Other expenditures for facilities and programs 39525347. 40888685. 37219451. 44508896. 32243556. f Administrative expenses g End of year balance 1319031044 1218871505 1200868391 1145290820 908307875. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 56.1326 % b Permanent endowment 10.8480 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iv) Ine Part VII It the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other (c) Accumulated depreciation (d) Book value 24,719,804. 24,719,804.	d	Grants or scholarships	17517115.	16825278.	1611	3915.	1547	4077.		15036	229.
f Administrative expenses g End of year balance 1319031044 1218871505 1200868391 1145290820 908307875. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment 56.1326 Permanent endowment 33.0194 % The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) (b) Cost or other depreciation 24,719,804. 24,719,804.											
g End of year balance		and programs	39525347.	40888685.	3721	9451.	4450	8896.		32243	556.
g End of year balance	f	Administrative expenses									
a Board designated or quasi-endowment 56.1326 % b Permanent endowment 33.0194 % c Term endowment 10.8480 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? 5 If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other depreciation 24,719,804. 24,719,804.			1319031044	1218871505	12008	68391	11452	90820	9	08307	875.
b Permanent endowment 33.0194 % c Term endowment 10.8480 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iv) In related organizations? (iv) Pes No 3a(iv) X 3a(iv) X 3a(iv) X 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) (b) Cost or other depreciation (d) Book value	2	Provide the estimated percentage of the current	year end balance (line	e 1g, column (a)) held as:						
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iv) In related organizations? (iv) Unrelated organizations? (iv) Unrelated organizations? (iv) In related organizations? (iv) In related organizations? (iv) In related organizations? (iv) In related organizations (iv) In related organization (iv) In related (iv)	а	Board designated or quasi-endowment	56.1326 %								
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations?	b	Permanent endowment 33.0194	%								
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iv) Unrelated organizations? (iv) Unrelated organizations? (iv) Related organizations? (iv) Unrelated organizations? (iv) Related organizations? (iv) Unrelated organizations? (iv) Value R? (iv) Unrelated organizations? (iv) Value R? (v) Accumulated depreciation	С	Term endowment 10.8480 %									
organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iv) In each organization organizations? (iv) Related organizations? (iv) X (iv) Accumulated depreciation (iv) Book value (iv) Book value (iv) Accumulated depreciation		The percentages on lines 2a, 2b, and 2c should	equal 100%.								
(i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (ii) Related organizations? (ii) Related organizations? (iii) X (iii) X (iii) X (iii) X (iii) X (iii) Accurations? (iii) X (iii) Accurations? (iii) X (iii) Accurations? (iii) X (iii) Accurations? (iii) Accurations? (iii) X (iii) Accurations? (iii) Acc	За	Are there endowment funds not in the possession	on of the organization	that are held ar	nd administere	ed for the					
(ii) Related organizations? b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 24,719,804. 24,719,804.		organization by:								Yes	No
(ii) Related organizations? b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 24,719,804.		(i) Unrelated organizations?							3a(i)	Х	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 24,719,804.									3a(ii)	Х	
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 24,719,804. 24,719,804.	b								3b	Х	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 24,719,804. 24,719,804.											
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 24,719,804.	Par										
basis (investment) basis (other) depreciation 1a Land 24,719,804. 24,719,804.		Complete if the organization answered "	Yes" on Form 990, Par	t IV, line 11a. S	ee Form 990,	Part X, line	e 10.				
basis (investment) basis (other) depreciation 1a Land 24,719,804. 24,719,804.		Description of property	(a) Cost or other	(b) Cost	or other	(c) Accu	ımulated		(d) Boo	k valu	<u>—</u>
			1 ' '		I						
	1a	Land		24	,719,804.				24	,719,	804.
		Buildings	23,374,45	5. 851	,109,152.	305	,701,79	1.	568	,781,	816.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		24,719,804.		24,719,804.
b Buildings	23,374,455.	851,109,152.	305,701,791.	568,781,816.
c Leasehold improvements				
d Equipment		61,164,367.	21,243,349.	39,921,018.
e Other		20,296,712.	323,716.	19,972,996.
Total. Add lines 1a through 1e. (Column (d) must equa	653,395,634.			

Schedule D (Form 990) 2023

Part VII	Investments -	- Other	Securitie	S
Part VII	Investments -	 Other 	Securitie	٤

Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
tion of security or category (including name of security)	(h) Book value	(c) Method of valuation: Cost o

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) ALTERNATIVE INVESTMENTS	930,617,656.	END-OF-YEAR MARKET VALUE
(B) LIMITED PARTNERSHIPS	1,278,206.	END-OF-YEAR MARKET VALUE
(C) OTHER INVESTMENTS	676,130.	END-OF-YEAR MARKET VALUE
(D) CASH & CASH EQUIV. INVESTMENTS	706,732.	COST
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	933,278,724.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) ASSETS HELD AS TRUSTEE	66,527,135.
(2) INVESTMENTS IN SUBSIDIARIES	96,193,638.
(3) ASSETS UNDER AGENCY AGREEMENTS	70,782,444.
(4) RIGHT OF USE ASSETS	38,973,229.
(5)	
(6)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	272,476,446.

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	U.S. GOVERNMENT STUDENT LOANS	2,033,580.
(3)	TAXABLE BOND LIABILITIES	564,000,340.
(4)	LEASE LIABILITY	45,703,158.
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, line 25, col. (B))	611,737,078.

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Page 4

Sche	dule D (Form 990) 2023 PEPPERDINE UNIVERSITY			95-164	4037 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total revenue, gains, and other support per audited financial statements			1	649,542,986.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	73,950,218.		
b	Donated services and use of facilities				
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		28,440,537.		
е	Add lines 2a through 2d			2e	102,390,755.
3	Subtract line 2e from line 1			3	547,152,231.
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	7,202,395.		
b	Other (Describe in Part XIII.)	4b	151,130,030.		
С	Add lines 4a and 4b			4c	158,332,425.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	705,484,656.
Pa	t XII Reconciliation of Expenses per Audited Financial Staten	nents With	Expenses per P	Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total expenses and losses per audited financial statements			1	507,985,814.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIII.)	2d	1,583,274.		
е	Add lines 2a through 2d	<u>-</u>		2e	1,583,274.
3	Subtract line 2e from line 1			3	506,402,540.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	7,202,395.		
b	Other (Describe in Part XIII.)		151,130,030.		
С	Add lines 4a and 4b			4c	158,332,425.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	664,734,965.
Pai	t XIII Supplemental Information				
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pal	rt IV, lines 1b	and 2b; Part V, line 4	; Part X, lir	ne 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad	ditional inforn	nation.		
PART	'III, LINE 4:				
COLI	ECTION OF ART AND OTHER SIMILAR ASSETS:				
COLI	ECTIONS CONSIST OF ITEMS ACQUIRED BY THE UNIVERSITY'S LIBRAR	Y THAT			
REQU	IRE SPECIAL HANDLING DUE TO THEIR RARITY, VALUE, AND/OR PHYS	ICAL			
CONI	OITION. THE UNIVERSITY ALSO MAINTAINS AN ARCHIVAL COLLECTION	OF			
OFFI	CIAL DOCUMENTS, PAPERS, PUBLICATIONS, AND ARTIFACTS OF PEPPE	RDINE			
UNIV	ERSITY AND PERSONS CONNECTED WITH THE UNIVERSITY. THESE COLL	ECTIONS			
ARE	PROTECTED AND PRESERVED FOR EDUCATION, RESEARCH, AND PUBLIC				
	· · · · · · · · · · · · · · · · · · ·				
EXHI	BITION.				
PART	IV, LINE 2B:				
ESCF	OW AND CUSTODIAL ARRANGEMENTS:				

Schedule D (Form 990) 2023 PEPPERDINE UNIVERSITY		95-1644037	Page 5
Part XIII Supplemental Information (continued)			
FUNDRAISING EXP REPORTED AS FUNCTIONNAL EXP ON FS	1,583,274.		
ANNUITY FUNDS FROM WSI	16,900,000.		
TRUST MATURITIES FROM WSI	7,904,095.		
CHANGE IN VALUE OF BENEFICIAL INTEREST	2,324,078.		
TOTAL TO SCHEDULE D, PART XI, LINE 2D	28,440,537.		
PART XI, LINE 4B - OTHER ADJUSTMENTS:			
GROSS-UP FINANCIAL AID REPORTED NET ON FINANCIALS	151,130,030.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:			
FUNDRAISING EXP REPORTED NET OF REVENUE ON FORM 990	1.583.274.		
PART XII, LINE 4B - OTHER ADJUSTMENTS:			
GROSS-UP FINANCIAL AID REPORTED NET ON FINANCIALS	151,130,030.		

SCHEDULE E (Form 990)

Department of the Treasury

Schools

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.

Go to www.irs.gov/Form990 for the latest information.

2023

Open to Public Inspection

Name of the organization

PEPPERDINE UNIVERSITY

Employer identification number 95-1644037

Pa	rt I			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,			
	bylaws, other governing instrument, or in a resolution of its governing body?	1	Х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Х	
3	Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet			
	homepage at all times during its tax year in a manner reasonably expected to be noticed by visitors to the			
	homepage, or 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	Х	
	PEPPERDINE UNIVERSITY DISPLAYS A NOTICE OF ITS RACIALLY			
	NONDISCRIMINATORY POLICY ON ITS PRIMARY, PUBLICLY ACCESSIBLE			
	INTERNET HOMEPAGE AT ALL TIMES IN ACCORDANCE WITH REV. PROC.			
	2019-22.			
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Х	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	4c	Х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
5	Does the organization discriminate by race in any way with respect to:			
	Students' rights or privileges?	5a		X
b	Admissions policies?	5b		X
	Employment of faculty or administrative staff?	5c		X
	Scholarships or other financial assistance?	5d		X
	Educational policies?	5e		X
	Use of facilities?	5f		X
	Athletic programs?	5g		X
h	Other extracurricular activities?	5h		Х
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Х	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		Х
	If you answered "Yes" on 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, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering			
	racial nondiscrimination? If "No," explain on Part II	7	Х	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule E (Form 990) 2023

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

Open to Public

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Name of the organization **Employer identification number** PEPPERDINE UNIVERSITY 95-1644037 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

Form 990, Part I	V, line 14b.		<u> </u>							
1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance,										
-	the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes No									
3 7										
2 For grantmakers. Desc	cribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and other assistance outsi	de the					
United States.		3	3	3						
	he following Part	L line 3 table ca	an be duplicated if additional space is n	needed)						
(a) Region	(b) Number of		(d) Activities conducted in the region		(f) Total					
(, 3	offices	employees, agents, and	(by type) (such as, fundraising, pro-	is a program service,	expenditures					
	in the region	Iindependent	gram services, investments, grants to	describe specific type	for and investments					
		contractors in the region	recipients located in the region)	of service(s) in the region	in the region					
		in the region								
CENTRAL AMERICA AND										
THE CARIBBEAN	0	0	INVESTMENTS		246,829,447.					
THE CARIBBEAN	-		INVESTMENTS		240,029,447.					
EUROPE (INCLUDING										
ICELAND AND										
	0		INVESTMENTS		21 672 077					
GREENLAND)	0	0	INVESTMENTS		31,673,877.					
DUDODE / TNOI UDING										
EUROPE (INCLUDING										
ICELAND AND										
GREENLAND)	4	168	PROGRAM SERVICES	EDUCATIONAL PROGRAMS	20,665,806.					
SOUTH AMERICA	1	27	PROGRAM SERVICES	EDUCATIONAL PROGRAMS	4,007,627.					
EAST ASIA AND THE										
PACIFIC	0	0	PROGRAM SERVICES	EDUCATIONAL PROGRAMS	305,910.					
SUB-SAHARAN AFRICA	0	31	PROGRAM SERVICES	EDUCATIONAL PROGRAMS	411,489.					
EUROPE (INCLUDING										
ICELAND AND				SCHOLARSHIPS / FINANCIAL						
GREENLAND)	0	0	GRANTMAKING	ASSISTANCE	9,292,325.					
					<u> </u>					
				SCHOLARSHIPS / FINANCIAL						
SOUTH AMERICA	0	0	GRANTMAKING	ASSISTANCE	2,429,470.					
3 a Subtotal	5	226			315,615,951.					
b Total from continuation		220								
	0	0			338,418.					
sheets to Part I					330,410.					
c Totals (add lines 3a	5	226			 					
and 3b)	1 3	I 440			4 + J , J J 4 , J U J .					

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

Schedule F (Form 990) 2023

Schedule F (Form 990)	PEPPERDINE U	NIVERSITY		95-1644037	Page 1
Part I Continuation	n of Activities	s per Region	(Schedule F (Form 990), Part I, line 3		
(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
EAST ASIA AND THE	0	0		SCHOLARSHIPS / FINANCIAL ASSISTANCE	338,418.
					220 446
Totals					338,418.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 Enter total number of	recipient organization	ns listed above that are r	ecognized as charities by the f	oreian country <i>i</i>	ecognized as a tay			<u> </u>

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

3 Enter total number of other organizations or entities

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if	additional space is needed	d.					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	EUROPE (INCLUDING						
SCHOLARSHIPS / FINANCIAL	ICELAND AND						
ASSISTANCE	GREENLAND)	509	9292325.	STUDENT ACCOUNT	0.	N/A	N/A
SCHOLARSHIPS / FINANCIAL							
ASSISTANCE	SOUTH AMERICA	120	2429470.	STUDENT ACCOUNT	0.	N/A	N/A
SCHOLARSHIPS / FINANCIAL	EAST ASIA AND THE						
ASSISTANCE	PACIFIC	46	338,418.	STUDENT ACCOUNT	0.	N/A	N/A

95-1644037

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes."		
	the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	Corporation (see the Instructions for Form 926)	X Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may		
	be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and		
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a		
	U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to		
	Certain Foreign Corporations (see the Instructions for Form 5471)	X Yes	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing		
	Fund (see the Instructions for Form 8621)	X Yes	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see the Instructions for Form 8865)	X Yes	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		
	the Instructions for Form 5713; don't file with Form 990)	X Yes	No

Schedule F (Form 990) 2023

Page 5

Schedule F (Form 990) 2023 Part V | Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)

(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. PART I, LINE 2: MONITORING OF FUNDS: PEPPERDINE UNIVERSITY MAINTAINS AN OFFICE OF RESEARCH, GRANTS, AND FOUNDATION RELATIONS THAT OVERSEES THE ADMINISTRATION OF ALL GRANTS, DOMESTIC AND INTERNATIONAL, TO ENSURE COMPLIANCE WITH GRANT REQUIREMENTS AS WELL AS LAWS AND REGULATIONS. FURTHER OVERSIGHT IS PROVIDED BY THE UNIVERSITY'S FINANCE OFFICE. PART I, LINE 3(F): ACCOUNTING BASIS: EXPENDITURES IN COLUMN (F) ARE THE REGIONAL EXPENDITURES INCURRED BY THE UNIVERSITY IN U.S. DOLLARS AND BASED ON THE ACCRUAL BASIS OF ACCOUNTING. PART III, COL (C): NUMBER OF RECIPIENTS: THE NUMBER OF RECIPIENTS REPORTED IN COLUMN (C) IS DETERMINED BY REVIEWING THE ACTUAL NUMBER OF STUDENTS THAT RECEIVED AID FOR THE RESPECTIVE REGION. PART III, COL (D): ACCOUNTING BASIS: EXPENDITURES REPORTED IN COLUMN (D) ARE IN U.S. DOLLARS USING THE ACCRUAL BASIS OF ACCOUNTING.

SCHEDULE G (Form 990)

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, line 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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization **Employer identification number** PEPPERDINE UNIVERSITY 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. а Mail solicitations e Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants X Special fundraising events Phone solicitations С d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) JIM LANGLEY - 201 E PATRICK . SUPPORT FUNDRAISING EVENTS Yes No ST, FREDERICK, MD 21702 AND PROVIDE TRAINING Х 0 24,000 0. JIMMY DUNNE-INSPIRE - 15500 WEST SUNSET BOULEVARD, STE SUPPORT FUNDRAISING EVENTS X 0 66,664 0. KATHY DUFF-KDD PHILANTHROPY PROVIDE FUNDRAISING 11324 SHOREPOINTE COURT, SAN TRAINING Х 0 175,813 0. ZURI GROUP - 328 NW BOND FUNDRAISING DATA STREET, BEND, OR 97701 WAREHOUSE/CRM SUPPORT Х 0. 68,956 0. NETWORKING/STRATEGIC DOUG CORBIN - 44 DORNOCH WAY, TRABUCO CANYON, CA 92679 INTRODUCTIONS Х 0 23,955 0. THE DTX COMPANY / FLOWCODE 233 SPRING STREET, WEST 3RD OR CODE PLATFORM X 0 6,000 0. BRYANT GROUP - 511 EAST JOHN CARPENTER FREEWAY, STE 507F EXECUTIVE SEARCH FIRM Х 0 65,016 0. VANILLASOFT - 4965 PRESTON PARK BLVD #850, PLANO, CALL CENTER SUPPORT Х 0. 29,159 0. 459 563 Total 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 AL, AK, AR, CA, CO, CT, DC, HI, KY, MD, MA, MI, MO, NV, NH, NC, OH, OR, PA, SC, UT, VA, WA, WV

Part II 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 (b) Event #2 (c) Other events (d) Total events (add col. (a) through GOLF TOURNAMENT LAW DINNER col. (c)) (event type) (event type) (total number) 426,761. 852,950. 821,838. 2,101,549. 1 Gross receipts 2 Less: Contributions 196,077. 741,550. 449,326. 1,386,953. 3 Gross income (line 1 minus line 2) 230,684. 111,400. 372,512. 714,596. 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 242,770. 335,574. 458. 578,802. **7** Food and beverages 10,009. 10,009. 8 Entertainment 326,263. 107,414. 560,786. 994,463. 9 Other direct expenses 1,583,274. **10** Direct expense summary. Add lines 4 through 9 in column (d) -868,678. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses % Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? Yes **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Sch	edule G (Form 990) 2023 PEPPERDINE UNIVERSITY 95-1	164403/		Page 3
11	Does the organization conduct gaming activities with nonmembers?	Y	'es	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	Y	'es	☐ No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		%
	An outside facility	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Y	'es	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
C	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	solutions is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	Y	'es	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, line	s 9, 9	b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
SCH	EDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:			
(I)	NAME OF FUNDRAISER: JIMMY DUNNE-INSPIRE			
(I)	ADDRESS OF FUNDRAISER:			
/				
155	00 WEST SUNSET BOULEVARD, STE 103, PACIFIC PALISADES, CA 90272			
(I)	NAME OF FUNDRAISER: KATHY DUFF-KDD PHILANTHROPY			
(T)	ADDRESS OF FUNDRAISER: 11324 SHOREPOINTE COURT SAN DIEGO CA 92130			

332083 09-13-23 Schedule G (Form 990) 2023

Schedule (G (Form 990) PEPPERDINE UNIVERSITY	95-1644037	Page 4
Part IV	Supplemental Information (continued)		
(I) NAME	OF FUNDRAISER: THE DTX COMPANY / FLOWCODE		
(I) ADDR	ESS OF FUNDRAISER:		
233 SPRI	NG STREET, WEST 3RD FL, NEW YORK, NY 10013		
(I) NAME	OF FUNDRAISER: BRYANT GROUP		
(I) ADDR	ESS OF FUNDRAISER:		
511 EAST	JOHN CARPENTER FREEWAY, STE 507F, IRVING, TX 75062		
(I) NAME	OF FUNDRAISER: VANILLASOFT		
(I) ADDR	ESS OF FUNDRAISER: 4965 PRESTON PARK BLVD #850, PLANO, TX 75093		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

2023

Open to Public Inspection

Employer identification number

PEPPERDINE UN	IVERSITY						95-1644037		
Part I General Information on Grants a	and Assistance					•			
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection									
criteria used to award the grants or assi	stance?						X Yes No		
2 Describe in Part IV the organization's pr									
Part II Grants and Other Assistance to					anization answered "Y	es" on Form 990, Part I'	V, line 21, for any		
recipient that received more than	\$5,000. Part II can	be duplicated if addit	ional space is need	ed.					
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
2 Enter total number of section 501(c)(3) a	-	-	e line 1 table						

Part III Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS / FINANCIAL AID PAID	6095	139069817.	0.	N/A	N/A
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.	
PART I, LINE 2:					
MONITORING USE OF FUNDS:					
GRANTS ARE PROVIDED ON THE BASIS OF VERIFIED FINANC	CIAL NEED OR	MERIT. THE			
UNIVERSITY DOES NOT UNLAWFULLY DISCRIMINATE ON THE	BASIS OF RAC	E, COLOR,			
NATIONAL OR ETHNIC ORIGIN, RELIGION, AGE, SEX, DISA	ABILITY, OR P	RIOR			
MILITARY SERVICE. FINANCIAL ASSISTANCE IS MONITOREI	O SO THAT IT	IS IN			
COMPLIANCE WITH AWARDING TERMS AND CONDITIONS. EXP	ENDITURES ARE	REVIEWED			
FOR PERMISSIBILITY AND COMPLIANCE. STUDENTS ARE REQ	QUIRED TO SUB	MIT			

Schedule I (Form 990) 2023

APPROPRIATE DOCUMENTS PRIOR TO APPROVAL.

Schedule I	(Form 990) PEPPERDINE UNIVERSITY	95-1644037	Page 2
Part IV	(Form 990) PEPPERDINE UNIVERSITY Supplemental Information		-
PART III	, LINE (B)		
NUMBER O	F RECIPIENTS:		
CASH GRA	NTS ARE CREDITS TO STUDENT ACCOUNTS. THE NUMBER OF RECIPIENTS		
REPRESEN	TS ONLY THE NUMBER OF STUDENTS RECEIVING INSTITUTIONAL FUNDING		
AND FEDE	RAL SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANTS. OUTSIDE		
GRANTS,	OR APPLICATIONS OF FUNDS PROVIDED BY OUTSIDE ORGANIZATIONS, ARE		
NOT INCL	IDED		
1101			

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.

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Questions Regarding Compensation

Department of the Treasury

Go to www.irs.gov/Form990 for instructions and the latest information.

PEPPERDINE UNIVERSITY Sp-1644037

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	X First-class or charter travel X Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	X Tax indemnification and gross-up payments X Health or social club dues or initiation fees			
	Discretionary spending account X Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
-	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7	Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JAMES GASH	(i)	526,673.	262,350.	4,942.	35,000.	372,584.	1,201,549.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JAY BREWSTER	(i)	371,252.	55,000.	6,324.	27,171.	433,084.	892,831.	0.
PROVOST	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LORENZO ROMAR	(i)	762,012.	25,000.	14,478.	13,200.	30,883.	845,573.	0.
HEAD COACH, BASKETBALL	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) PHIL PHILLIPS	(i)	321,338.	77,000.	22,230.	63,000.	170,641.	654,209.	0.
EXEC. VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) GARY HANSON	(i)	429,385.	77,000.	12,299.	33,000.	35,688.	587,372.	0.
SENIOR EVP	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) PAUL CARON	(i)	259,912.	54,000.	29,017.	59,950.	137,671.	540,550.	0.
DEAN, CARUSO SCHOOL OF LAW	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) SARA YOUNG JACKSON	(i)	343,593.	58,000.	69,359.	33,000.	22,144.	526,096.	0.
CHANCELLOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) KIRON SKINNER	(i)	293,452.	0.	195,719.	12,688.	21,222.	523,081.	0.
PROFESSOR, SCHOOL OF PUBLIC POLICY	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) DERYCK JANSE VAN RENSBURG	(i)	389,910.	0.	6,518.	26,288.	59,663.	482,379.	0.
PROFESSOR, GRAZIADIO BUS SCHOOL	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) JEFFREY ROHDE	(i)	349,094.	52,000.	719.	33,000.	45,755.	480,568.	0.
CHIEF INVESTMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) DEBORAH CROWN	(i)	356,244.	40,000.	55,535.	7,800.	19,607.	479,186.	0.
DEAN OF PGBS	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) SUKHSIMRANJIT SINGH	(i)	199,163.	0.	206,062.	20,338.	26,532.	452,095.	0.
MNGING DIR STRAUS INST, PROF	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) MICHAEL FELTNER	(i)	317,394.	42,000.	4,802.	33,083.	51,316.	448,595.	0.
DEAN OF COLLEGE OF HEALTH SCIENCE	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) SARA COSENTINO	(i)	316,766.	39,000.	1,078.	31,700.	52,964.	441,508.	0.
VP FOR ADV & CHIEF DEV OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) LARRY PERRIN	(i)	322,610.	44,000.	4,744.	33,000.	35,468.	439,822.	0.
SVP STRATEGIC IMPLEMENTATION	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) DANIEL DEWALT	(i)	310,262.	50,000.	4,514.	31,770.	34,651.	431,197.	0.
VP & CHIEF OF STAFF	(ii)	0.	0.	0.	0.	0.	0.	0.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(17) GREG RAMIREZ	(i)	332,217.	51,000.	712.	33,000.	3,892.	420,821.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) DAMON SEAN BURNETT	(i)	214,581.	47,000.	17,973.	27,842.	109,549.	416,945.	0.
SVP, INTEGRATED MARKETING & CMO	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) LEE KATS	(i)	292,624.	38,000.	40,246.	29,448.	11,085.	411,403.	0.
INTERIM DEAN, SEAVER	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) NICOLLE TAYLOR	(i)	307,343.	48,000.	1,297.	31,207.	18,459.	406,306.	0.
SENIOR VP, COO	(ii)	0.	0.	0.	0.	0.	0.	0.
(21) EDWARD LARSON	(i)	292,206.	5,000.	57,074.	29,641.	20,687.	404,608.	0.
DARLING CHAIR IN LAW & PROF	(ii)	0.	0.	0.	0.	0.	0.	0.
(22) FARZIN MADJIDI	(i)	244,324.	60,000.	30,970.	23,169.	23,687.	382,150.	0.
DEAN, GSEP	(ii)	0.	0.	0.	0.	0.	0.	0.
(23) DAVID SMITH	(i)	283,076.	0.	15,155.	29,647.	50,359.	378,237.	0.
SENIOR ASSOCIATE PROVOST	(ii)	0.	0.	0.	0.	0.	0.	0.
(24) CONNIE HORTON	(i)	145,637.	30,000.	24,330.	63,193.	97,940.	361,100.	0.
VP FOR STUDENT AFFAIRS	(ii)	0.	0.	0.	0.	0.	0.	0.
(25) MICHAEL NICKS	(i)	238,857.	8,000.	2,307.	25,358.	51,778.	326,300.	0.
DIRECTOR OF INVESTMENTS	(ii)	0.	0.	0.	0.	0.	0.	0.
(26) RICK GIBSON	(i)	153,238.	0.	17,365.	51,500.	93,722.	315,825.	0.
SV CHANCELLOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(27) JERI-ELAYNE GOOSBY SMITH	(i)	229,036.	30,000.	12,765.	13,592.	21,371.	306,764.	0.
VP COMM BELONGING & CDO	(ii)	0.	0.	0.	0.	0.	0.	0.
(28) JONATHAN SEE	(i)	240,629.	0.	2,276.	25,099.	27,699.	295,703.	0.
CHIEF INFORMATION OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(29) FAYE HOLTON	(i)	237,315.	8,000.	3,406.	24,374.	19,946.	293,041.	0.
DIRECTOR OF INVESTMENTS	(ii)	0.	0.	0.	0.	0.	0.	0.
(30) MICHAEL THOMAS	(i)	238,788.	7,500.	516.	14,450.	28,332.	289,586.	0.
VP, INTEGRATED MARKETING	(ii)	0.	0.	0.	0.	0.	0.	0.
(31) BEN VEENENDAAL	(i)	202,732.	7,000.	919.	17,847.	37,712.	266,210.	0.
VP PLANNING, OPS & CONST FROM 07/24	(ii)	0.	0.	0.	0.	0.	0.	0.
(32) TIMOTHY SPIVEY	(i)	104,593.	10,000.	51,017.	5,646.	71,689.	242,945.	0.
VP SPIRITUAL LIFE FROM 11/23	(ii)	0.	0.	0.	0.	0.	0.	0.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of V	V-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(33) KATELYN CROWE	(i)	209,750.	10,000.	165.	20,975.	1,015.	241,905.	0.
CONTROLLER	(ii)	0.	0.	0.	0.	0.	0.	0.
(34) LILA MCDOWELL CARLSEN	(i)	169,097.	0.	7,457.	12,958.	27,051.	216,563.	0.
INTERIM VICE PROVOST & PROFESSOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
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	(i) (ii)							
	(II)							

Part III Supplemental Information

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

PART I, LINE 1A:

FIRST CLASS TRAVEL:

PURSUANT TO A WRITTEN POLICY AND APPROPRIATE APPROVAL. FIRST CLASS TRAVEL

IS PERMITTED FOR CERTAIN OFFICERS AND EMPLOYEES FOR BUSINESS PURPOSES.

TRAVEL FOR BUSINESS PURPOSES IS NOT INCLUDED IN TAXABLE WAGES. SEVEN

OFFICERS AND TWO KEY EMPLOYEES LISTED ON FORM 990. PART VII FLEW FIRST

CLASS FOR BUSINESS PURPOSES DURING CALENDAR YEAR 2023.

TRAVEL FOR COMPANIONS:

PURSUANT TO A WRITTEN POLICY AND APPROPRIATE APPROVAL, CERTAIN OFFICERS'

AND EMPLOYEES' SPOUSES ARE PERMITTED TO TRAVEL ON OCCASION, WHEN NECESSARY

FOR BUSINESS PURPOSES. TRAVEL FOR BUSINESS PURPOSES IS NOT INCLUDED IN

TAXABLE WAGES. EIGHT OFFICERS. TWO KEY EMPLOYEES AND TWO FORMER OFFICERS

LISTED ON FORM 990. PART VII WERE PROVIDED WITH COMPANION TRAVEL FOR

BUSINESS PURPOSES DURING CALENDAR YEAR 2023.

TAX INDEMNIFICATION AND GROSS-UP PAYMENTS:

THE UNIVERSITY PROVIDES TAX INDEMNIFICATION AND GROSS-UP PAYMENTS TO

EMPLOYEES THAT PROVIDE LATE SUBSTANTIATION OF EXPENSES UNDER ACCOUNTABLE

Part III Supplemental Information

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

PLAN RULES FOR ORDINARY AND NECESSARY BUSINESS EXPENSES. IN SOME CASES TAX

INDEMNIFICATION OR GROSS-UP PAYMENTS ARE ALSO PROVIDED FOR THE

REIMBURSEMENT OF CERTAIN TAXABLE MOVING EXPENSES. ADDITIONALLY. AS PART OF

THE MINISTERIAL HOUSING PROGRAM. THE UNIVERSITY ALSO PROVIDES ADDITIONAL

COMPENSATION TO PARTICIPANTS FOR WAGE WITHHOLDING. IN AN AMOUNT EQUAL TO

THE EMPLOYER'S SHARE OF THE PARTICIPANTS' SELF-EMPLOYMENT TAX. SIX

OFFICERS, TWO FORMER OFFICERS, ONE KEY EMPLOYEE, ONE FORMER KEY EMPLOYEE

AND ONE HIGHEST PAID INDIVIDUAL LISTED ON FORM 990. PART VII WERE PROVIDED

WITH TAX INDEMNIFICATION OR GROSS-UP PAYMENTS DURING CALENDAR YEAR 2023.

HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE:

SUBJECT TO EXECUTIVE APPROVAL. THE UNIVERSITY PROVIDES A MINISTERIAL

HOUSING ALLOWANCE TO EMPLOYEES WHO ARE MINISTERS. THE ALLOWANCE IS INCLUDED

IN THE NONTAXABLE BENEFITS OF SUCH EMPLOYEES. FOUR OFFICERS, TWO FORMER

OFFICERS, AND ONE FORMER KEY EMPLOYEES LISTED ON FORM 990, PART VII WERE

PROVIDED A MINISTERIAL HOUSING ALLOWANCE DURING CALENDAR YEAR 2023.

ADDITIONALLY ON-CAMPUS HOUSING PROVIDED AS A CONDITION OF EMPLOYMENT AND

FOR THE CONVENIENCE OF THE EMPLOYER IS NOT INCLUDED IN TAXABLE WAGES. TWO

OFFICERS LISTED ON FORM 990 PART VII WERE PROVIDED ON-CAMPUS HOUSING AS A

Part III Supplemental Information

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

CONDITION OF EMPLOYMENT AND FOR THE CONVENIENCE OF THE EMPLOYER DURING

CALENDAR YEAR 2023.

HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES:

EXPENDITURES FOR BUSINESS PURPOSES ARE APPROVED PURSUANT TO THE

UNIVERSITY'S REIMBURSEMENT POLICIES. SUCH REIMBURSEMENTS ARE NOT INCLUDED

IN TAXABLE WAGES. THREE OFFICERS AND TWO FORMER OFFICERS LISTED ON FORM

990, PART VII RECEIVED REIMBURSEMENTS FOR EXPENDITURES ASSOCIATED WITH

HEALTH OR SOCIAL CLUB MEMBERSHIPS USED FOR BUSINESS PURPOSES DURING

CALENDAR YEAR 2023.

PERSONAL SERVICES:

EXPENDITURES FOR BUSINESS PURPOSES ARE APPROVED PURSUANT TO THE

UNIVERSITY'S REIMBURSEMENT POLICIES. SUCH REIMBURSEMENTS ARE NOT INCLUDED

IN TAXABLE WAGES. NINE OFFICERS TWO HIGHEST PAID EMPLOYEES AND ONE FORMER

KEY EMPLOYEE WERE PROVIDED CAR SERVICES FOR BUSINESS RELATED TRANSPORTATION

DURING CALENDAR YEAR 2023. SIX OFFICERS WERE PROVIDED LAUNDRY SERVICES AND

ONE OFFICER WAS PROVIDED LUGGAGE SERVICES IN CONNECTION WITH BUSINESS

RELATED TRAVEL DURING CALENDAR YEAR 2023. ONE OFFICER HAD ARRANGED FOR TOUR

Part III Supplemental Information

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

SERVICES WHILE TRAVELING. ONE OFFICER HAD ARRANGED FOR PLUMBING SERVICES TO

MAKE REPAIRS PRIOR TO AN EVENT.

PART I, LINE 7:

NONFIXED PAYMENTS:

THE BOARD OF REGENTS. IN ITS DISCRETION. PROVIDES OBJECTIVES AND KEY

RESULTS AND POTENTIAL MAXIMUM BONUS AMOUNTS FOR THE PRESIDENT EACH YEAR.

SIMILARLY. THE PRESIDENT. IN HIS DISCRETION. PROVIDES OBJECTIVES AND KEY

RESULTS. AND POTENTIAL BONUSES FOR SELECT SENIOR ADMINISTRATORS EACH YEAR.

THE BOARD OF REGENTS DEFINES THE MAXIMUM CUMULATIVE BONUS AMOUNT AVAILABLE

FOR BONUS PLAN PARTICIPANTS EACH YEAR. OBJECTIVES AND KEY RESULTS FOR BOTH

THE PRESIDENT AND SELECT SENIOR ADMINISTRATORS MAY SPAN ACROSS MULTIPLE

YEARS. THE BOARD OF REGENTS ANNUALLY ASSESSES THE PRESIDENT'S PROGRESS

TOWARD ACHIEVING OBJECTIVES AND KEY RESULTS. BOTH INDIVIDUALLY AND

COLLECTIVELY AND BASED UPON ITS SOLE ASSESSMENT MAY AWARD A BONUS UP TO

THE MAXIMUM POTENTIAL AMOUNT ESTABLISHED FOR A PARTICULAR OBJECTIVE AND KEY

RESULT. SIMILARLY THE PRESIDENT ANNUALLY ASSESSES SELECT SENIOR

ADMINISTRATORS' PROGRESS TOWARD ACHIEVING OBJECTIVES AND KEY RESULTS BOTH

INDIVIDUALLY AND COLLECTIVELY AND MAY AWARD A BONUS UP TO THE MAXIMUM

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
AMOUNT ESTABLISHED FOR A PARTICULAR OBJECTIVE AND KEY RESULT. ADDITIONALLY,
THE GOVERNANCE COMMITTEE ON ITS OWN INITIATIVE, OR AT THE REQUEST OF THE
PRESIDENT, MAY AT ITS SOLE DISCRETION, CONDUCT AN INTERIM ASSESSMENT OF ANY
PARTICULAR OBJECTIVE AND KEY RESULT. BASED ON ITS ASSESSMENT, THE
GOVERNANCE COMMITTEE MAY RECOMMEND TO THE BOARD OF REGENTS ANY ACTION THAT
MAY BE APPROPRIATE, INCLUDING FOR EXAMPLE, THAT A BONUS BE IMMEDIATELY
AWARDED. LIKEWISE, THE PRESIDENT, MAY AT HIS SOLE DISCRETION, CONDUCT AN
INTERIM ASSESSMENT OF ANY PARTICULAR OBJECTIVE AND KEY RESULT AND TAKE ANY
ACTION THAT MAY BE APPROPRIATE, INCLUDING FOR EXAMPLE, THAT A BONUS BE
IMMEDIATELY AWARDED TO SELECT SENIOR ADMINISTRATORS. THE GOVERNANCE
COMMITTEE IS ANNUALLY APPRISED OF THE PRESIDENT'S RATIONALE AND AWARDS OF
BONUSES TO SELECT SENIOR ADMINISTRATORS.

SCHEDULE K (Form 990) Department of the Treasury Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

2023
Open to Public Inspection

Name of the organization

PEPPERDINE UNIVERSITY

Employer identification number 95-1644037

Part I Bond Issues													
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	i (e) Issu	ue price	(f) Description	on of purpose	(g) De	feased	(h) On of is		(i) Po	
								Yes	No	Yes	No	Yes	No
CALIFORNIA EDUCATIONAL FACILITIES						REFUND 2005A	& 2005B						
A AUTHORITY	52-1705592	130179AX2	09/03/15	87,	786,387.	BONDS		х			х		Х
CALIFORNIA EDUCATIONAL FACILITIES						REFUND 2010	BONDS,						
B AUTHORITY	52-1705592	130179FV1	03/17/16	117,	753,105.	CONSTRUCTION	& FACILITIES	Х			Х		Х
CALIFORNIA EDUCATIONAL FACILITIES													
C AUTHORITY	52-1705592	130179LU6	12/21/17	24,	514,680.	REFUND 2012	BONDS		Х		х		Х
D													<u> </u>
Part II Proceeds													
			A			В	С				D		
1 Amount of bonds retired				130,000.	+	5,740,000.	3,75	0,000	•				
2 Amount of bonds legally defeased				975,000.	+	88,690,000.							
3 Total proceeds of issue			87	7,786,387.	1	117,753,105.	24,51	4,680	•				
4 Gross proceeds in reserve funds													
5 Capitalized interest from proceeds													
6 Proceeds in refunding escrows													
7 Issuance costs from proceeds				717,742.		868,673.	29	8,224	•				
8 Credit enhancement from proceeds													
9 Working capital expenditures from proceeds													
					+	99,395,549.							
11 Other spent proceeds			87	,068,645.		17,488,883.	24,72	8,000	•				
12 Other unspent proceeds													
13 Year of substantial completion				2015		2016	20:						
			Yes	No	Yes	No	Yes	No	-	Yes	_	No	
14 Were the bonds issued as part of a refunding	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·											
if issued prior to 2018, a current refunding iss			Х			X		Х			_		
15 Were the bonds issued as part of a refunding		• •											
issued prior to 2018, an advance refunding is	•			Х	X		X				_		
16 Has the final allocation of proceeds been made			Х		Х		Х				-		
Does the organization maintain adequate boo			77										
final allocation of proceeds?			Х		Х		Х						

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

Schedule K (Form 990) 2023

Schedule K (Form 990) 2023 PEPPERDINE UNIVERSITY 95-1644037 Page 2

Part III Private Business Use

Par	t III Private Business Use										
			A		ı	В			Ç	ı	D
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No		Yes	No		Yes	No	Yes	No
	which owned property financed by tax-exempt bonds?		Х			Х			Х		
2	Are there any lease arrangements that may result in private business use of										
	bond-financed property?		Х			Х			Х		
За	Are there any management or service contracts that may result in private										
	business use of bond-financed property?		Х			Х			х		
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside										
	counsel to review any management or service contracts relating to the financed property?										
С	Are there any research agreements that may result in private business use of										
	bond-financed property?		Х			Х			х		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other										
	outside counsel to review any research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities										
	other than a section 501(c)(3) organization or a state or local government		.00	%		.00	%		.00 %		%
5	Enter the percentage of financed property used in a private business use as a										
	result of unrelated trade or business activity carried on by your organization,										
	another section 501(c)(3) organization, or a state or local government		.34	%		3.32	%		1.00 %		%
6	Total of lines 4 and 5		.34	%		3.32	%		1.00 %		%
7	Does the bond issue meet the private security or payment test?		Х			Х			Х		
8a	Has there been a sale or disposition of any of the bond-financed property to a non-										
	governmental person other than a 501(c)(3) organization since the bonds were issued?		Х			Х			Х		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or										
	disposed of			%			%		%		%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations										
	sections 1.141-12 and 1.145-2?										
9	Has the organization established written procedures to ensure that all										
	nonqualified bonds of the issue are remediated in accordance with the										
	requirements under Regulations sections 1.141-12 and 1.145-2?	X			X			X			
Par	t IV Arbitrage										
			Ą		l	В			Ç	l	D
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No		Yes	No		Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		Х			Х			х		
2	If "No" to line 1, did the following apply?										
a	Rebate not due yet?		Х			Х			х		
b	Exception to rebate?	Х				Х		Х			
	No rebate due?		Х		Х				X		
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was										
	performed										_
3	Is the bond issue a variable rate issue?		Х			Х			X		

PEPPERDINE UNIVERSITY 95-1644037

Schedule K (Form 990) 2023 PEPPERDINE UNIVERSITY			95-1	644037				Page
Part IV Arbitrage (continued)								
		A	I	3	(2	[)
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		X		X		X		
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		Х		
b Name of provider								
c Term of GIC		_						•
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		Х	Х			Х		
7 Has the organization established written procedures to monitor the								
requirements of section 148?	X		X		Х			
Part V Procedures To Undertake Corrective Action								
		A	I	3	(<u> </u>	Г)
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under								
applicable regulations?	X		X		X			
Part VI Supplemental Information. Provide additional information for responses to questions	s on Schedule	K. See instru	uctions.					
SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:								
(A) ISSUER NAME: CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY								
DATE THE REBATE COMPUTATION WAS PERFORMED: 03/17/2024								
SCHEDULE K, PART I:								
LINE A, COLUMN (F) - DESCRIPTION OF PURPOSE:								
REFUND 2005A AND 2005B BONDS ORIGINALLY ISSUED ON 08/03/2005 AND								
09/06/2005, RESPECTIVELY.								
LINE B, COLUMN (F) - DESCRIPTION OF PURPOSE:								
REFUND 2010 BONDS ORIGINALLY ISSUED ON 04/28/10, AND CONSTRUCTION AND								
FACILITIES.								
LINE C, COLUMN (F) - DESCRIPTION OF PURPOSE:								
REFUND 2012 BONDS ORIGINALLY ISSUED ON 06/05/2012.								
SCHEDULE K, PART IV, LINE 2C, COLUMN (B)								
DATE REBATE COMPUTATION WAS PERFORMED: 03/17/2024								

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990)

Transactions With Interested Persons

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

PEPPERDINE UNIVERSITY

Employer identification number 95-1644037

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)											
Complete if the o	rganization ansv	vered "Yes" on Fo	orm 990, F	art IV, line 25a or 25b	; or Form 990-EZ, Pa	art V, li	ne 40l	b.			
1 , , , , , , , , , , , , , , , , , , ,	(b) F	Relationship betwe	een disqua	lified ,					(d) (Correc	cted?
(a) Name of disqualified pe	erson	person and org	janization	(6	c) Description of tran	isactio	n		Ye	s	No
(1)											
(2)											
(3)											
(4)											
(5)									<u> </u>		
(6)									<u> </u>		
2 Enter the amount of tax in	ncurred by the o	rganization mana	gers or dis	qualified persons dur	ing the year under						
section 4958							. \$				
3 Enter the amount of tax, i	f any, on line 2,	above, reimburse	d by the o	ganization			\$				
Part II Loans to and	or From Inte	erested Perso	ons								
Complete if the o	rganization ansv	vered "Yes" on Fo	orm 990-E	, Part V, line 38a, or	Form 990, Part IV, Iir	ne 26; d	or if th	e organi	zatio	n	
reported an amou	unt on Form 990	, Part X, line 5, 6,	or 22.								
(a) Name of	(b) Relationship	(c) Purpose	(d) Loan to o	(e) Original	(f) Balance due	(g)		(h) Appro by board		(i) W	ritten
interested person	with organization	of loan	organization?	principal amount		defa	ult?	committ		agreer	ment?
			To Fron			Yes	No	Yes	No	Yes	No

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fro	oan to or n the ization?	(e) Original principal amount	(f) Balance due	(g) defa	,	(h) Ap by bo comm	ard or	(i) W agreer	
			То	From			Yes	No	Yes	No	Yes	No
(1)MICHAEL NICKS	KEY EMPL	RELOCATI		Х	320,000.	350,311.		Х		Х	Х	
(2)JEFFREY ROHDE	KEY EMPL	RELOCATI		Х	350,000.	371,623.		Х		Х	Х	
(3)LARRY PERRIN	OFFICER	RELOCATI		Х	100,000.	104,970.		Х		Х	Х	
(4)DANIEL DEWALT	OFFICER	RELOCATI		Х	100,000.	103,249.		Х		Х	Х	
(5)SARA COSENTIN	OFFICER	RELOCATI		Х	100,000.	103,247.		Х		Х	Х	
(6)DAMON BURNETT	OFFICER	RELOCATI		Х	100,000.	102,299.		Х		Х	Х	
(7)MICHAEL THOMA	OFFICER	RELOCATI		Х	100,000.	102,011.		Х		Х	Х	
(8)DEBORAH CROWN	KEY EMPL	RELOCATI		Х	150,000.	152,441.		Х		Х	Х	
(9)												
(10)												
Total					\$	1,390,151.						

Part III Grants or Assistance Benefiting Interested Persons

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990) 2023

Part IV Business Transactions Involving Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (d) Description of (a) Name of interested person (b) Relationship between interested (c) Amount of organization's person and the organization transaction transaction revenues? Yes No FATHER OF OFFICER 379,693. EMPLOYMENT (1)RONALD PHILLIPS Х (2) SHANNON PHILLIPS SISTER-IN-LAW OF OF 229,114. EMPLOYMENT Х (3)PHILIP CHO X SON-IN-LAW OF OFFIC 131,771. EMPLOYMENT (4)AGNES GIBSON SPOUSE OF FORMER OF Х 116,464. EMPLOYMENT (5)LUCY PERRIN SPOUSE OF OFFICER Х 65,652. EMPLOYMENT (6) SHARON BEARD SPOUSE OF REGENT 336,393. EMPLOYMENT Х (7)MARK COSENTINO SPOUSE OF OFFICER 130,508. EMPLOYMENT X (8)GEORGE CARLSEN SPOUSE OF KEY EMPLO 188,496. EMPLOYMENT Х (9)KAMERON VEENENDAAL SPOUSE OF OFFICER 56,025, EMPLOYMENT Х (10)

| Part V | Supplemental Information

Provide additional information for responses to questions on Schedule L. See instructions.

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

- (A) NAME OF PERSON: MICHAEL NICKS
- (B) RELATIONSHIP WITH ORGANIZATION: KEY EMPLOYEE
- (C) PURPOSE OF LOAN: RELOCATION
- (D) LOAN TO OR FROM ORGANIZATION? = FROM
- (E) ORIGINAL PRINCIPAL AMOUNT \$ 320,000. (F) BALANCE DUE \$ 350,311.
- (G) LOAN IN DEFAULT? = NO
- (H) APPROVED BY BOARD OR COMMITTEE? = NO
- (I) WRITTEN AGREEMENT? = YES
- (A) NAME OF PERSON: JEFFREY ROHDE
- (B) RELATIONSHIP WITH ORGANIZATION: KEY EMPLOYEE
- (C) PURPOSE OF LOAN: RELOCATION
- (D) LOAN TO OR FROM ORGANIZATION? = FROM
- (E) ORIGINAL PRINCIPAL AMOUNT \$ 350,000. (F) BALANCE DUE \$ 371,623.
- (G) LOAN IN DEFAULT? = NO
- (H) APPROVED BY BOARD OR COMMITTEE? = NO
- (I) WRITTEN AGREEMENT? = YES
- (A) NAME OF PERSON: LARRY PERRIN

PEPPERDINE UNIVERSITY 95-1644037 Schedule L (Form 990)

Page 2 Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions). (B) RELATIONSHIP WITH ORGANIZATION: OFFICER (C) PURPOSE OF LOAN: RELOCATION (D) LOAN TO OR FROM ORGANIZATION? = FROM (E) ORIGINAL PRINCIPAL AMOUNT \$ 100,000. (F) BALANCE DUE \$ 104,970. (G) LOAN IN DEFAULT? = NO (H) APPROVED BY BOARD OR COMMITTEE? = NO (I) WRITTEN AGREEMENT? = YES (A) NAME OF PERSON: DANIEL DEWALT (B) RELATIONSHIP WITH ORGANIZATION: OFFICER (C) PURPOSE OF LOAN: RELOCATION (D) LOAN TO OR FROM ORGANIZATION? = FROM (E) ORIGINAL PRINCIPAL AMOUNT \$ 100,000. (F) BALANCE DUE \$ 103,249. (G) LOAN IN DEFAULT? = NO (H) APPROVED BY BOARD OR COMMITTEE? = NO (I) WRITTEN AGREEMENT? = YES (A) NAME OF PERSON: SARA COSENTINO (B) RELATIONSHIP WITH ORGANIZATION: OFFICER (C) PURPOSE OF LOAN: RELOCATION (D) LOAN TO OR FROM ORGANIZATION? = FROM (E) ORIGINAL PRINCIPAL AMOUNT \$ 100,000. (F) BALANCE DUE \$ 103,247. (G) LOAN IN DEFAULT? = NO (H) APPROVED BY BOARD OR COMMITTEE? = NO (I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: DAMON BURNETT

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

PEPPERDINE UNIVERSITY 95-1644037 Schedule L (Form 990) Page 2 Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions). (C) PURPOSE OF LOAN: RELOCATION (D) LOAN TO OR FROM ORGANIZATION? = FROM (E) ORIGINAL PRINCIPAL AMOUNT \$ 100,000. (F) BALANCE DUE \$ 102,299. (G) LOAN IN DEFAULT? = NO (H) APPROVED BY BOARD OR COMMITTEE? = NO (I) WRITTEN AGREEMENT? = YES (A) NAME OF PERSON: MICHAEL THOMAS (B) RELATIONSHIP WITH ORGANIZATION: OFFICER (C) PURPOSE OF LOAN: RELOCATION (D) LOAN TO OR FROM ORGANIZATION? = FROM (E) ORIGINAL PRINCIPAL AMOUNT \$ 100,000. (F) BALANCE DUE \$ 102,011. (G) LOAN IN DEFAULT? = NO (H) APPROVED BY BOARD OR COMMITTEE? = NO (I) WRITTEN AGREEMENT? = YES (A) NAME OF PERSON: DEBORAH CROWN (B) RELATIONSHIP WITH ORGANIZATION: KEY EMPLOYEE (C) PURPOSE OF LOAN: RELOCATION (D) LOAN TO OR FROM ORGANIZATION? = FROM (E) ORIGINAL PRINCIPAL AMOUNT \$ 150,000. (F) BALANCE DUE \$ 152,441. (G) LOAN IN DEFAULT? = NO (H) APPROVED BY BOARD OR COMMITTEE? = NO (I) WRITTEN AGREEMENT? = YES

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: RONALD PHILLIPS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

PEPPERDINE UNIVERSITY 95-1644037 Schedule L (Form 990) Page 2 Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions). FATHER OF OFFICER (C) AMOUNT OF TRANSACTION \$ 379,693. (D) DESCRIPTION OF TRANSACTION: EMPLOYMENT - COMPENSATION & BENEFITS (E) SHARING OF ORGANIZATION REVENUES? = NO (A) NAME OF PERSON: SHANNON PHILLIPS (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: SISTER-IN-LAW OF OFFICER (C) AMOUNT OF TRANSACTION \$ 229,114. (D) DESCRIPTION OF TRANSACTION: EMPLOYMENT - COMPENSATION & BENEFITS (E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: PHILIP CHO

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SON-IN-LAW OF OFFICER

(C) AMOUNT OF TRANSACTION \$ 131,771.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT - COMPENSATION & BENEFITS

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: AGNES GIBSON

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SPOUSE OF FORMER OFFICER

(C) AMOUNT OF TRANSACTION \$ 116,464.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT - COMPENSATION & BENEFITS

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: LUCY PERRIN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

Schedule L (Form 990)

PEPPERDINE UNIVERSITY 95-1644037 Schedule L (Form 990) Page 2 Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions). SPOUSE OF OFFICER (C) AMOUNT OF TRANSACTION \$ 65,652. (D) DESCRIPTION OF TRANSACTION: EMPLOYMENT - COMPENSATION & BENEFITS (E) SHARING OF ORGANIZATION REVENUES? = NO (A) NAME OF PERSON: SHARON BEARD (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: SPOUSE OF REGENT (C) AMOUNT OF TRANSACTION \$ 336,393. (D) DESCRIPTION OF TRANSACTION: EMPLOYMENT - COMPENSATION & BENEFITS (E) SHARING OF ORGANIZATION REVENUES? = NO (A) NAME OF PERSON: MARK COSENTINO (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: SPOUSE OF OFFICER (C) AMOUNT OF TRANSACTION \$ 130,508. (D) DESCRIPTION OF TRANSACTION: EMPLOYMENT - COMPENSATION & BENEFITS (E) SHARING OF ORGANIZATION REVENUES? = NO (A) NAME OF PERSON: GEORGE CARLSEN (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: SPOUSE OF KEY EMPLOYEE (C) AMOUNT OF TRANSACTION \$ 188,496. (D) DESCRIPTION OF TRANSACTION: EMPLOYMENT - COMPENSATION & BENEFITS

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: KAMERON VEENENDAAL

332461 04-01-23

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

Schedule L (Form 990)

332461 04-01-23 Schedule L (Form 990)

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection **Employer identification number**

PEPPERDINE UNIVERSITY 95-1644037 Types of Property Part I (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g 1. FAIR MARKET VALUE Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 5. RETAIL COST Х 4 Х 7. RETAIL COST Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 4,484,536. AVG PRICE/DONATE DAY Securities - Publicly traded Х 9 Securities - Closely held stock 10 11 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential Х 1 1,215,813. FAIR MARKET VALUE 15 Real estate - Commercial 16 Real estate - Other 17 Х 2. RETAIL COST 18 Collectibles Х 1. RETAIL COST 19 Food inventory Drugs and medical supplies 20 21 Taxidermy Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 Х 90 157 RETAIL COST 25 Other 26 Other 27 Other 28 Other Number of Forms 8283 received by the organization during the tax year for contributions Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for Х exempt purposes for the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X contributions? 32a **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

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

Schedule M (Form 990) 2023

describe in Part II.

SCHEDULE 0 (Form 990)

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 Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

PEPPERDINE UNIVERSITY	95-1644037
FORM 990, PART I, LINE 1:	
ORGANIZATION'S SIGNIFICANT ACTIVITIES:	
COMMITTED TO THE HIGHEST STANDARDS OF ACADEMIC EXCELLENCE AND CHRISTIAN	
VALUES, WHERE STUDENTS ARE STRENGTHENED FOR LIVES OF PURPOSE, SERVICE,	
AND LEADERSHIP. THE UNIVERSITY ENROLLS APPROXIMATELY 9,500 STUDENTS IN	
ITS FIVE COLLEGES AND SCHOOLS. SEAVER COLLEGE, THE UNIVERSITY'S	
UNDERGRADUATE LIBERAL ARTS COLLEGE, THE CARUSO 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, CALIFORNIA.	
THE GRADUATE SCHOOL OF EDUCATION AND PSYCHOLOGY AND THE PEPPERDINE	
GRAZIADIO BUSINESS SCHOOL ARE HEADQUARTERED AT THE UNIVERSITY'S WEST	
LOS ANGELES, CALIFORNIA GRADUATE CAMPUS.	
FORM 990, PART I, LINE 6:	
NUMBER OF VOLUNTEERS:	
THERE ARE A NUMBER OF STUDENTS AND ALUMNI THAT VOLUNTEER THEIR TIME FOR	
VARIOUS PURPOSES AT THE UNIVERSITY. THESE VOLUNTEERS, HOWEVER, ARE NOT	
FORMALLY TRACKED BY THE UNIVERSITY. ACCORDINGLY, THE NUMBER OF	
VOLUNTEERS REPRESENTS THE NUMBER OF VOLUNTEER REGENTS ON THE BOARD OF	
REGENTS AS OF THE END OF THE TAX YEAR.	
FORM 990, PART III, LINE 1:	
ORGANIZATION'S MISSION:	
THE UNIVERSITY ENROLLS APPROXIMATELY 9,500 STUDENTS IN ITS FIVE	

Name of the organization PEPPERDINE UNIVERSITY	Employer identification number 95-1644037
COLLEGES AND SCHOOLS. SEAVER COLLEGE, THE UNIVERSITY'S UNDERGRADUATE	
LIBERAL ARTS COLLEGE, THE CARUSO 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, CALIFORNIA. THE	
GRADUATE SCHOOL OF EDUCATION AND PSYCHOLOGY AND THE PEPPERDINE	
GRAZIADIO BUSINESS SCHOOL ARE HEADQUARTERED AT THE UNIVERSITY'S WEST	
LOS ANGELES, CALIFORNIA GRADUATE CAMPUS.	
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
PUBLIC SERVICE - THE UNIVERSITY OFFERS NUMEROUS SERVICES TO THE GENERAL	
PUBLIC, INCLUDING ART EXHIBITS, CONCERTS, PRODUCTIONS, AND OTHER PUBLIC	
BENEFIT ACTIVITIES.	
EXPENSES \$ 25,677,949. INCLUDING GRANTS OF \$ 12,596. REVENUE \$ 202,373.	
FORM 990, PART V, LINE 2A:	
NUMBER OF EMPLOYEES:	
THE NUMBER OF EMPLOYEES INCLUDES STUDENT WORKERS.	
FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:	
ARGENTINA, GERMANY, ITALY, SWITZERLAND,	
UNITED KINGDOM, RWANDA	
FORM 990, PART VI, SECTION A, LINE 1A:	
GOVERNING BODY VOTING MEMBERS:	
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	

Name of the organization **Employer identification number** PEPPERDINE UNIVERSITY 95-1644037 BOARD MEETINGS. ONLY REGENTS CAN BE MEMBERS OF THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE HAS THE POWER TO TRANSACT BUSINESS ON BEHALF OF THE BOARD OF REGENTS, SUBJECT TO ANY LIMITATIONS IMPOSED BY THE BOARD OF REGENTS, THE BYLAWS, OR APPLICABLE LAW. FORM 990, PART VI, SECTION B, LINE 11B: PROCESS TO REVIEW FORM 990: INFORMATION IS SUPPLIED BY THE UNIVERSITY TO THE PAID PREPARER TO PREPARE THE RETURN. A DRAFT VERSION OF THE FORM 990 IS PROVIDED TO SENIOR MANAGEMENT AND THE AUDIT COMMITTEE OF THE BOARD OF REGENTS FOR REVIEW. CHANGES AND COMMENTS ARE SUBMITTED TO MANAGEMENT. AND ANY NECESSARY CHANGES ARE MADE PRIOR TO THE FINAL REVIEW AND SIGNING OF THE TAX RETURN. A FULL COPY OF THE FORM 990 IS MADE AVAILABLE TO THE BOARD OF REGENTS PRIOR TO FILING WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 12C: CONFLICT OF INTEREST POLICY ENFORCEMENT: EACH REGENT, OFFICER, AND KEY EMPLOYEE IS REQUIRED TO ANNUALLY DISCLOSE, IN WRITING, ANY FINANCIAL OR BUSINESS RELATIONSHIPS THAT HE OR SHE, OR ANY FAMILY MEMBER. HAS WITH PEPPERDINE UNIVERSITY. THE REGENT DISCLOSURES ARE REVIEWED BY THE GOVERNANCE COMMITTEE AND THE BOARD CHAIR. ALL DISCLOSURES BY SENIOR ADMINISTRATION ARE REVIEWED BY THE AUDIT COMMITTEE. SENIOR ADMINISTRATION INCLUDES THE PRESIDENT, THE CHANCELLOR, THE VICE CHANCELLORS, ALL PROVOSTS, ALL VICE PRESIDENTS, THE GENERAL COUNSEL, THE CHIEF FINANCIAL OFFICER, AND THE CONTROLLER. ALL OTHER EMPLOYEE DISCLOSURES ARE REVIEWED BY GENERAL COUNSEL, THE SENIOR EXECUTIVE VICE PRESIDENT, AND THE PRESIDENT. ALL CONFLICT SITUATIONS ARE RESOLVED DURING THE REVIEW PROCESS IN ACCORDANCE WITH THE UNIVERSITY'S CONFLICT OF INTEREST POLICY. IF

Name of the organization **Employer identification number** PEPPERDINE UNIVERSITY 95-1644037 AN ACTUAL CONFLICT IS FOUND FOR A REGENT, THE REGENT IS ASKED TO RECUSE HIM OR HERSELF FROM THE MATTER. RESOLUTION OF CONFLICTS FOR SENIOR ADMINISTRATORS AND OTHER EMPLOYEES ARE OVERSEEN BY GENERAL COUNSEL. FORM 990, PART VI, SECTION B, LINE 15: PRESIDENT & CEO COMPENSATION: THE GOVERNANCE COMMITTEE OF PEPPERDINE UNIVERSITY'S BOARD OF REGENTS REVIEWS THE TOTAL COMPENSATION FOR THE PRESIDENT AND CHIEF EXECUTIVE OFFICER ON AN ANNUAL BASIS. THE INDIVIDUALS ON THE GOVERNANCE COMMITTEE THAT CONDUCT THIS REVIEW ARE INDEPENDENT WITH RESPECT TO COMPENSATION DETERMINATIONS. THIS REVIEW INCLUDES CONSIDERATION OF A BENCHMARKING REPORT PROVIDED ANNUALLY BY THE UNIVERSITY'S HUMAN RESOURCES DEPARTMENT. IN ADDITION TO THE ANNUAL BENCHMARKING REPORT, THE UNIVERSITY REGULARLY REVIEWS BENCHMARKING PRACTICES BY UNDERGOING AN EVALUATION WITH A THIRD PARTY. THE UNIVERSITY'S MOST RECENT EXECUTIVE COMPENSATION ANALYSIS CONDUCTED BY AN EXTERNAL CONSULTANT WAS COMPLETED DURING FISCAL YEAR 2024. THE ANALYSIS INCLUDED A PEER GROUP EVALUATION FOR TOTAL COMPENSATION, AS WELL AS A REVIEW OF ANNUAL MERIT INCREASES. ANY DELIBERATIONS FROM THE GOVERNANCE COMMITTEE ARE REFLECTED IN A TRANSACTION REPORT THAT SUMMARIZES DECISIONS AND RECOMMENDATIONS. OTHER OFFICER & KEY EMPLOYEE COMPENSATION: THE GOVERNANCE COMMITTEE OF PEPPERDINE UNIVERSITY'S BOARD OF REGENTS REVIEWS THE TOTAL COMPENSATION FOR SELECT SENIOR ADMINISTRATORS, ON AN ANNUAL BASIS. THE INDIVIDUALS ON THE GOVERNANCE COMMITTEE THAT CONDUCT THIS REVIEW ARE INDEPENDENT WITH RESPECT TO COMPENSATION DETERMINATIONS. THIS REVIEW INCLUDES CONSIDERATION OF A BENCHMARKING REPORT PROVIDED ANNUALLY BY THE UNIVERSITY'S HUMAN RESOURCES DEPARTMENT. IN ADDITION TO THE ANNUAL

Name of the organization PEPPERDINE UNIVERSITY		Employer identification number 95-1644037
BENCHMARKING REPORT, THE UNIVERSITY REGULARLY REVIEWS BEN	CHMARKING	
PRACTICES BY UNDERGOING AN EVALUATION WITH A THIRD PARTY.	THE UNIVERSITY'S	
MOST RECENT EXECUTIVE COMPENSATION ANALYSIS CONDUCTED BY	AN EXTERNAL	
CONSULTANT WAS COMPLETED DURING FISCAL YEAR 2024. THE ANA	LYSIS INCLUDED A	
PEER GROUP EVALUATION FOR TOTAL COMPENSATION, AS WELL AS	A REVIEW OF ANNUAL	
MERIT INCREASES. ANY DELIBERATIONS FROM THE GOVERNANCE CO	MMITTEE ARE	
REFLECTED IN A TRANSACTION REPORT THAT SUMMARIZES DECISION	NS AND	
RECOMMENDATIONS.		
FORM 990, PART VI, SECTION C, LINE 19:		
DOCUMENTS AVAILABLE FOR PUBLIC INSPECTION:		
PEPPERDINE UNIVERSITY'S FINANCIAL STATEMENTS ARE MADE AVA	ILABLE VIA THE	
UNIVERSITY'S WEBSITE. THE UNIVERSITY DOES NOT MAKE ITS CO	NFLICT OF INTEREST	_
POLICY AND GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC.		
FORM 990, PART IX, LINE 11G, OTHER FEES:		
REVENUE SHARE EXPENSES:		
PROGRAM SERVICE EXPENSES	65,688,507.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	65,688,507.	
CATERING SERVICES:		
PROGRAM SERVICE EXPENSES	1,419,440.	
MANAGEMENT AND GENERAL EXPENSES	3,532,471.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	4,951,911.	

332212 11-14-23 Schedule O (Form 990) 2023

Name of the organization PEPPERDINE UNIVERSITY		Employer identification number 95-1644037
OUTSIDE SERVICES MISC.:		
PROGRAM SERVICE EXPENSES	3,924,931.	
MANAGEMENT AND GENERAL EXPENSES	-157,086.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	3,767,845.	
CONSULTING SERVICES:		
PROGRAM SERVICE EXPENSES	1,334,846.	
MANAGEMENT AND GENERAL EXPENSES	-345,400.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	989,446.	
OTHER SERVICES:		
PROGRAM SERVICE EXPENSES	2,295,585.	
MANAGEMENT AND GENERAL EXPENSES	1,158,212.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	3,453,797.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	78,851,506.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
ACTUARIAL ADJUSTMENT	-270,910.	
GAIN ON VALUATION OF BENEFICIAL INTEREST	2,324,078.	
ANNUITY FUNDS + TRUST MATURITIES TRANSFERRED FROM WAVE		
SERVICES, INC.	24,804,095.	
TOTAL TO FORM 990, PART XI, LINE 9	26,857,263.	

332212 11-14-23 Schedule O (Form 990) 2023

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.

Department of the Treasury Internal Revenue Service Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

2023

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

PEPPERDINE UNIVERSITY

Employer identification number
95-1644037

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
WAVE JUSTICE, LLC					
24255 PACIFIC COAST HIGHWAY	SUPPORT PEPPERDINE				
MALIBU, CA 90263	UNIVERSITY	CALIFORNIA	0.	-1,915.	PEPPERDINE UNIVERSITY
WAVE VENTURES, LLC - 46-4526544					
24255 PACIFIC COAST HIGHWAY	SUPPORT PEPPERDINE				
MALIBU, CA 90263	UNIVERSITY	CALIFORNIA	0.	743,200.	PEPPERDINE UNIVERSITY

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

(a) Name, address, and EIN of related organization	(b) Primary activity			(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
WAVE ENTERPRISES, INC 95-4274572							
24255 PACIFIC COAST HIGHWAY	SUPPORT PEPPERDINE				PEPPERDINE		
MALIBU, CA 90263	UNIVERSITY	CALIFORNIA	501(C)(3)	LINE 12A, I	UNIVERSITY	Х	
WAVE SERVICES, INC 95-4315778							
24255 PACIFIC COAST HIGHWAY	SUPPORT PEPPERDINE				PEPPERDINE		
MALIBU, CA 90263	UNIVERSITY	CALIFORNIA	501(C)(3)	LINE 12A, I	UNIVERSITY	Х	
PEPPERDINE UNIVERSITY (USA) IN LONDON							
56 PRINCE'S GATE					PEPPERDINE		
LONDON, UNITED KINGDOM SW72PG	EDUCATION	UNITED KINGDOM			UNIVERSITY	Х	
CINDERELLA IMMOBILIARE, S.R.L.							
VIALE MILTON 41					PEPPERDINE		
FLORENCE, ITALY 50129	EDUCATION	ITALY			UNIVERSITY	х	

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

Schedule R (Form 990) 2023

Schedule R (Form 990) PEPPERDINE UNIVERSITY 95-1644037

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	Name, address, and EIN Primary activity Le		(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 controrganiz	512(b)(13) folled zation?
PEPPERDINE UNIVERSITY RWANDA CBC -						162	INO
98-1769828, REMERA, GASABO, UMUJYI WA	1				PEPPERDINE		
KIGALI, RWANDA	SOCIAL JUSTICE	RWANDA			UNIVERSITY	х	
PEPPERDINE GHANA LGB - 98-1792404							
GA118-3363, NUMBER 23, NORTEI ABABIO STREET	1				PEPPERDINE		
ACCRA, GHANA	SOCIAL JUSTICE	GHANA			UNIVERSITY	х	

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)	(b)	(c)	(d)	(e)	(f)	(g)	(I	1)	(i)	(j	(k))
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	(related, unrelated, income end-of-year amount in box 20 of Schedul		end-of-year allocations?		amount in box 20 of Schedule	mana partr		tage ship	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
ANDURIL HOLDINGS, LLC -												
01-0935824, 310 ALDER ROAD,												
P.O. BOX 841, DOVER, DE			PEPPERDINE									
19904	INVESTMENTS	DE	UNIVERSITY	EXCLUDED	228,822.	1278204.		x	N/A		99.	.00%
MELODEON LBS DE I HOLDCO, LP												
- 84-1955404, 143 WEST												
STREET, SUITE 202, NEW			PEPPERDINE									
MILFORD, CT 06776	INVESTMENTS	CT	UNIVERSITY	EXCLUDED	529,444.	13499193.		x	N/A		95.	.61%
P-901 NORTH FAIRFAX												
CO-INVESTOR, LLC -												
83-4222000, 4700 WILSHIRE	1		PEPPERDINE									
BLVD, LOS ANGELES, CA 90010	REAL ESTATE	CA	UNIVERSITY	UNRELATED	-116,412.	3447109.		x	-157,864.		: 1	100%
	1											
	1											
	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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(cont ent	(i) ction (b)(13) trolled tity?
DEDDEDDINE INTUEDCIMY C D I		Country)						Yes	No
PEPPERDINE UNIVERSITY, S.R.L. 11 DE SEPTIEMBRE 955	-								
BUENOS AIRES, ARGENTINA (1426) CAP	_ EDUCATION	ARGENTINA	PEPPERDINE	C CORP	0.	0.	100%	x	
FUNDACION PEPPERDINE UNIVERSITY PARA						-•			\vdash
11 DE SEPTIEMBRE 955	1								
BUENOS AIRES, ARGENTINA (1426) CAP	EDUCATION	ARGENTINA	PEPPERDINE	C CORP	5858814.	128,600.	100%	x	
REVOCABLE TRUST						,			
24255 PACIFIC COAST HIGHWAY	1								
MALIBU, CA 90263	INVESTING	CA	PEPPERDINE	TRUST	20,009.	618,275.	100%	х	
CHARITABLE REMAINDER UNITRUSTS (2)									
24255 PACIFIC COAST HIGHWAY	7								
MALIBU, CA 90263	INVESTING	CA	PEPPERDINE	TRUST				х	
CHARITABLE GIFT ANNUITIES (71)									
24255 PACIFIC COAST HIGHWAY									
MALIBU, CA 90263	INVESTING	CA	PEPPERDINE	TRUST				х	

Schedule R (Form 990) PEPPERDINE UNIVERSITY 95-1644037

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	Primary activity Legal domicile (state or foreign Direct cor		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(t contr ent	tion b)(13) rolled tity?
		country)		Of trust)		assets			No
CHARITABLE REMAINDER UNITRUSTS (66)									
24255 PACIFIC COAST HIGHWAY									
MALIBU, CA 90263	INVESTING	CA	WAVE SERVICES	TRUST				Х	<u> </u>
CHARITABLE REMAINDER ANNUITY TRUSTS (1)									
24255 PACIFIC COAST HIGHWAY									
MALIBU, CA 90263	INVESTING	CA	WAVE SERVICES	TRUST				Х	
NIM CHARITABLE REMAINDER UNITRUST (4)									
24255 PACIFIC COAST HIGHWAY									
MALIBU, CA 90263	INVESTING	CA	WAVE SERVICES	TRUST				х	
IRREVOCABLE TRUST									
24255 PACIFIC COAST HIGHWAY									
MALIBU, CA 90263	INVESTING	CA	WAVE SERVICES	TRUST	0.	22520036.	100%	х	
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Schedule R (Form 990) 2023 PEPPERDINE UNIVERSITY 95-1644037

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

Note	c: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization 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		Х
	Gift, grant, or capital contribution to related organization(s)	1b	Х	
С	Gift, grant, or capital contribution from related organization(s)	1c	Х	
	Loans or loan guarantees to or for related organization(s)	1d		Х
е	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		Х
g	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s)	1h		Х
	Exchange of assets with related organization(s)	1i		Х
	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
1	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х	
0	Sharing of paid employees with related organization(s)	10	Х	
р	Reimbursement paid to related organization(s) for expenses	1 p		Х
	Reimbursement paid by related organization(s) for expenses	1q	Х	
r	Other transfer of cash or property to related organization(s)	1r	Х	
<u>s</u>	Other transfer of cash or property from related organization(s)	1s	Х	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) WAVE ENTERPRISES, INC.	S	1,000,000.	FMV
(2) WAVE ENTERPRISES, INC.	R	137,119.	CASH TRANSFER
(3) WAVE SERVICES, INC.	Q	504,972.	FMV
(4) WAVE SERVICES, INC.	R	1,399,812.	CASH TRANSFER
(5) WAVE SERVICES, INC.	S	24,804,095.	PRESENT VALUE
(6) PEPPERDINE UNIVERSITY (USA) IN LONDON, UK	R	1,852,929.	CASH TRANSFER

Page 3

Schedule R (Form 990) PEPPERDINE UNIVERSITY 95-1644037

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) FUNDACION PEPPERDINE UNIVERSITY PARA AMERICA	R	1,684,628.	CASH TRANSFER
(8) CINDERELLA IMMOBILIARE, S.R.L.	R	1,763,076.	CASH TRANSFER
(9) PEPPERDINE UNIVERSITY RWANDA CBC	R	170,000.	CASH TRANSFER
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Schedule R (Form 990) 2023 PEPPERDINE UNIVERSITY 95-1644037 Page 4

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

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

(a)	(b)	(c)	(d)	(e) Are all	(f)	(g)	(h))	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec		Share of	Dispro	por-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	or Percentage
of entity		(state or foreign	(related, unrelated,	partners sec 501(c)(3) orgs.?	total	end-of-year	allocation	te ons?	amount in box 20	manag	ownership
·		country)	sections 512-514)	Yes No		assets	Yes	Na	(Form 1065)	Yes N	
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