

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)

OMB No. 1545-0047 Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

B Coverage Contribution of the Contribution of	<u> </u>	OI III	e 2021 calendar year, or tax year beginning	OL 1, 2021 and	ending o	UN 30, 2022	
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Number and street (of P.D. took / frails in for deliverable to street adoress) Section Part P		chang	e Doing business as			95-1644026	i
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Part Summary							on number
1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE 0				ssociation Other >	L Year	of formation: 1891	M State of legal domicile; CA
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19 Revenue less expenses. Subtract line 18 from line 12 14,086,635. 6,917,946. Beginning of Current Year End of Year 489,778,337. 450,756,910. 22 1 Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 231,930,707. 294,250,842. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Firm's name GRANT THORNTON Firm's address 75 STATE STREET, 13TH FLOOR BOSTON, MA 02109 Phone no. (617) -723 -7900							
Beginning of Current Year End of Year 489,778,337. 450,756,910. 7 total assets (Part X, line 16) 167,847,630. 156,506,068. Net assets or fund balances. Subtract line 21 from line 20 321,930,707. 294,250,842. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign AVEDIS KECHICHIAN, CFO Type or print name and title Print/Type preparer's name ERIN COUTURE Firm's name GRANT THORNTON Firm's EIN 36-6055558 Phone no. (617) -723-7900							
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here AVEDIS KECHICHIAN, CFO Type or print name and title Print/Type preparer's name Preparer's signature Print/Type preparer's name ERIN COUTURE Preparer Use Only Firm's address 75 STATE STREET, 13TH FLOOR BOSTON, MA 02109 Phone no. (617) -723-7900	its c	20	Total assets (Part V. line 16)				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here AVEDIS KECHICHIAN, CFO Type or print name and title Print/Type preparer's name Preparer's signature Print/Type preparer's name ERIN COUTURE Preparer Use Only Firm's address 75 STATE STREET, 13TH FLOOR BOSTON, MA 02109 Phone no. (617) -723-7900	ASSE	21					
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Sign Here Signature of officer Date							y kilowioago alia bollol, k lo
Here AVEDIS KECHICHIAN, CFO Type or print name and title Print/Type preparer's name ERIN COUTURE Preparer Firm's name GRANT THORNTON Firm's address 75 STATE STREET, 13TH FLOOR BOSTON, MA 02109 Proparer Preparer Preparer's signature Date Check PTIN ### Print/Type preparer's name policy	truo	, 00110	A, and complete becauted of property (editor than one	ory to bacca on an information of the	non proparor	That any knowneage.	
AVEDIS KECHICHIAN, CFO Type or print name and title Print/Type preparer's name Print/Type preparer's name ERIN COUTURE Prim's name GRANT THORNTON Firm's address 75 STATE STREET, 13TH FLOOR BOSTON, MA 02109 Phone no. (617) -723 -7900	Sia	n	Signature of officer			Date	
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Paid ERIN COUTURE Insufficient of self-employed P01390592 Preparer Firm's name GRANT THORNTON Firm's EIN 36-6055558 Use Only Firm's address 75 STATE STREET, 13TH FLOOR Phone no. (617) -723 -7900			,	Prenarer's signature		Date Check	PTIN
Preparer Use Only Firm's name GRANT THORNTON Firm's EIN 36-6055558 75 STATE STREET, 13TH FLOOR BOSTON, MA 02109 Phone no. (617)-723-7900	Pair	ı	** * *	1 1 Sparor o orginaturo		if	P01390592
Use Only Firm's address 75 STATE STREET, 13TH FLOOR BOSTON, MA 02109 Phone no.(617)-723-7900				1	I	•	-,
BOSTON, MA 02109 Phone no. (617)-723-7900			Third channel	LOOR		THIN O LIN	
		,				Phone no (6)	17)-723-7900
May the IRS discuss this return with the preparer shown above? See instructions	Mav	/ the I	•	ove? See instructions		T Hollo Hot v	X Yes No

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print UNIVERSITY OF LA VERNE 95-1644026 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 1950 THIRD STREET return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. LA VERNE, CA 91750-4401 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 05 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) LORI GORDIEN CASE The books are in the care of ► 1950 THIRD STREET - LA VERNE, CA 91750-4401 Telephone No. ▶ 909-593-3511 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this If it is for part of the group, check this box MAY 15, 2023 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year ► X tax year beginning JUL 1, 2021 JUN 30, 2022 , and ending Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

123841 01-12-22

LHA

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

1	Briefly describe the organization's mi		III	X
•	SEE SCHEDULE O	55IOH.		
2		ignificant program services during the yea		
	prior Form 990 or 990-EZ? If "Yes," describe these new services			Yes X No
3			conducts, any program services?	Yes X No
	If "Yes," describe these changes on S		, , , , ,	
4			hree largest program services, as measure	
			t of grants and allocations to others, the to	tal expenses, and
4a	revenue, if any, for each program ser		64,461,816.) (Revenue\$	189 607 472. \
та	SEE SCHEDULE O	including grants of \$) (Neverlue \$	
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services (Describe on	Schedule O.)		
	(Expenses \$	including grants of \$) (Revenue \$)
4e	Total program service expenses	170,915,413.		Farra 990 (0001)

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	Х	
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		X
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		X
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		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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		X
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, VIII, 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	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			17
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			17
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	77	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	446	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		х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10		16		х
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	10		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		х
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	11		
10		18	х	
19	1c and 8a? If "Yes," complete Schedule G, Part II	10		
19	•	19		х
20-2	complete Schedule G, Part III	20a		X
		20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
- '	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		х
	domocito government of traction, conditingly, into it: II res. complete scriedule I. Parts Faria II	_ <u></u>		

Form 990 (2021) UNIVERSITY OF LA VERNE 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	<u> </u>
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	Х	
	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			x
	any tax-exempt bonds?	24c 24d		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
2 5a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ZJa		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	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,			
	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? If "Yes," complete Schedule L, Part III	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? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Х	
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		x
20	"Yes," complete Schedule L, Part IV	28c 29	х	
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	Λ	
30		30	х	
31	contributions? If "Yes," complete Schedule M	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>			
	Schedule N, Part II	32		х
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			
	Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
00	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	20	Х	
Pa	Note: All Form 990 filers are required to complete Schedule O † V Statements Regarding Other IRS Filings and Tax Compliance	38	21	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	-		
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	Х	i

132004 12-09-21

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			ugo -
			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 2143			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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 country CAYMAN ISLANDS			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		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?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible 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	X	
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		X
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		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 Consequenciate included on Form 200 Part VIII, line 10 for public use of all the facilities.			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b				
100	amounts due or received from them.) 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	ıza		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.	iou		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator 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.			

UNIVERSITY OF LA VERNE Form 990 (2021) 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 Yes No 31 **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. 28 **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 Х of officers, directors, trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? Х 6 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 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 Х 12c 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? The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization 15b 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA 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 Own website Another's website X Upon request 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

Form **990** (2021)

LORI GORDIEN CASE - 909-593-3511

1950 THIRD STREET, LA VERNE, CA 91750-4401

Form 990 (2021) UNIVERSITY OF LA VERNE 95-1644026 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- 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.

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

See the instructions for the order in which to list the persons above.

(A)	(B)]			C)			(D)	(E)	(F)
Name and title	Average			Pos		ı		Reportable	Reportable	Estimated
Name and the	hours per			heck ss per				compensation	compensation	amount of
	week			nd a d				from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	r dire				peq		organization	(W-2/1099-MISC/	from the
	related	stee o	rustee			ensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	onal tr		loyee	comp		1099-NEC)		and related
	below	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
/1\	line)	Ĕ	Ë	5	ā.	를 B	요			
(1) DEVORAH A. LIEBERMAN PRESIDENT	40.00							1 005 101	_	00 021
	0.00	Х		Х				1,005,191.	0.	98,031.
, - ,	40.00							240 071	_	126 216
CHIEF FINANCIAL OFFICER (3) DOAJO HICKS	0.00			Х		_		340,071.	0.	126,316.
GENERAL COUNSEL	0.00			x				244 324	0.	65 874
(4) JONATHAN REED	40.00			Δ.				244,324.	0.	65,874.
PROVOST (THRU 06/21)	0.00	•					Х	261,318.	0.	45 479
(5) SHERRI MYLOTT	40.00						21	201,310.	· ·	45,479.
VP_UNIVERSITY ADVANCEMENT	0.00	-			x			261,410.	0.	44,490.
(6) KEROP JANOYAN	40.00							202,120.	•	11,120.
PROVOST (AS OF 04/21)	0.00			x				234,946.	0.	37,713.
(7) KEVIN MARSHALL	40.00							, .		,
PROF/INT DEAN, COLLEGE OF LAW	0.00				х			212,411.	0.	49,206.
(8) MARY AGUAYO	40.00							·		·
VP, STRATEGIC ENROLLMENT MGMT	0.00				х			212,890.	0.	44,924.
(9) KIMBERLY WHITE-SMITH	40.00									
DEAN, COLLEGE OF EDUCATION	0.00				Х			207,133.	0.	50,473.
(10) IBRAHIM HELOU	40.00									
DEAN, COLLEGE OF BUSINESS	0.00				Х			249,579.	0.	0.
(11) PLACIDO GOMEZ	40.00									
PROFESSOR, COLLEGE OF LAW	0.00					Х		203,067.	0.	45,109.
(12) H. RANDALL RUBIN	40.00									
PROFESSOR, COLLEGE OF LAW	0.00					Х		202,549.	0.	40,756.
(13) SHANNON MATHEWS	40.00									
DEAN, COLLEGE OF ARTS AND SCIENCES	0.00				Х			178,658.	0.	50,999.
(14) JENDAYI SAADA	40.00									
PROFESSOR, COLLEGE OF LAW	0.00					Х		184,782.	0.	41,385.
(15) TODD BRITTON	40.00									
CHIEF INFORMATION OFFICER, AVP	0.00		_		Х	_		194,442.	0.	30,118.
(16) BRIAN CLOCKSIN	40.00									
VICE PROVOST FOR STRATEGIC HEALTH IN	0.00		_		Х	_		180,298.	0.	39,676.
(17) KRISTAN VENEGAS	1.00									,
PROFESSOR/ASSOC DEAN, COLLEGE OF EDU	0.00					Х	<u> </u>	197,009.	0.	16,853.

132007 12-09-21 Form **990** (2021)

Form 990 (2021) UNIVERSITY OF LA VERNE 95-1644026 Page **8**

Form 990 (2021) UNIVERSITY OF	TH AFKINE								95-164402	• Page •
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	loy	ees,	and	l Hig	ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average	(do		Pos		l than d	nne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	son i	s both	an	compensation	compensation	amount of
	week		cer ar	ia a a	recto	r/trus	iee)	from	from related	other
	(list any hours for	irecto						the	organizations (W-2/1099-MISC/	compensation from the
	related	e or d	tee			sated		organization (W-2/1099-MISC/	1099-NEC)	organization
	organizations	ndividual trustee or director	Institutional trustee		99/	mpen		1099-NEC)	1099-1120)	and related
	below	dualt	ution	-	key employee	st co	er			organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			· ·
(18) KEEOK PARK	40.00									
PROFESSOR/ASSOC DEAN, COLLEGE OF BUS	0.00					Х		188,599.	0.	0.
(19) NELLY KAZMAN	40.00									
EXEC DIRECTOR, ADULT LEARNING	0.00				Х			162,332.	0.	17,727.
(20) RODNEY LEVEQUE	40.00									
ASSOC VP OF STRATEGIC COMM.	0.00				Х			153,472.	0.	14,167.
(21) JUAN REGALADO	40.00									
CHIEF STUDENT AFFAIRS OFF.	0.00				Х			137,286.	0.	14,112.
(22) MARK HICKS	24.00									
TRUSTEE/ADJUNCT FACULTY	0.00	Х						64,237.	0.	832.
(23) LUIS FAURA	1.00									
CHAIRMAN	0.00	Х		Х				0.	0.	0.
(24) DEBORAH PROCTOR	1.00									
VICE CHAIR	0.00	Х		Х				0.	0.	0.
(25) SUSAN SEARING	1.00									
SECRETARY	0.00	Х		Х				0.	0.	0.
(26) STEVEN N. REENDERS	1.00									
TRUSTEE	0.00	Х						0.	0.	0.
1b Subtotal							>	5,276,004.	0.	874,240.
c Total from continuation sheets to Part VII	, Section A							0.	0.	0.
d Total (add lines 1b and 1c)							<u> </u>	5,276,004.	0.	874,240.

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

line 1a? If "Yes," complete Schedule J for such individual

Yes No

3 X

4 X

184

Х

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
 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services

Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on

rendered to the organization? *If "Yes," complete Schedule J for such person*Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PROFESSIONAL DEVELOPMENT COURSES		
1930 MARKET ST, MOUNT VERNON, WA 98273	CORRESPONDENT WORK	5,871,281.
FACILITY SERVICES PARTNERS, INC		
1 UNIVERSITY DRIVE, ALISO VIEJO, CA 92656	FACILITY MAINTENANCE SERVICES	2,228,082.
BON APPETIT, 201 REDWOOD SHORES PKWY STE		
100, REDWOOD SHORES, CA 94065	FOOD SERVICES	1,854,179.
SODEXO INC & AFFILIATES, 9801		
WASHINGTONIAN BLVD, GAITHERSBURG, MD 20878	HOUSEKEEPING SERVICES	1,296,420.
CONVERZE MEDIA GROUP LLC, 17011 BEACH BLVD		
STE 600, HUNTINGTON BEACH, CA 92647	ADVERTISING	1,037,599.
2 Total number of independent contractors (including but not limited to those lister \$100,000 of compensation from the organization ► 64	d above) who received more than	

SEE PART VII, SECTION A CONTINUATION SHEETS

orm 990 UNIVERSITY OF LA VERNE 95-1644026

Form 990 UNIVERSITY (OF LA VERNE								95-16440)26
Part VII Section A. Officers, Directors, To	rustees, Key Er	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl	heck	all ·	that	app	ly)	compensation	compensation	amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensatior from the organization and related organizations
(27) MICHAEL A. ABRAHAM	1.00	_	╫	Ť	-		_			
TRUSTEE	0.00	Х						0.	0.	
(28) KIM J. BURCHIEL, MD, FACS	1.00							· ·	••	
PRUSTEE	0.00	х						0.	0.	
(29) KIM BOWEN	1.00	Λ							٠.	•
PRUSTEE	0.00	X						0.	0.	(
	1.00	Λ						0.	٠.	'
(30) ANN QUAY DAVIS									0	
IRUSTEE	0.00	Х						0.	0.	
(31) ROBERT DYER	1.00	,						_	0	
TRUSTEE	0.00	Х						0.	0.	
(32) PETER ECKEL	1.00									
TRUSTEE	0.00	Х						0.	0.	
(33) ANTHONY REVIER	1.00								•	
TRUSTEE	0.00	Х						0.	0.	
(34) JOSEPH V. FENGLER	1.00								•	
PRUSTEE	0.00	Х						0.	0.	1
(35) WENDY LAU, ESQ.	1.00								•	
PRUSTEE	0.00	Х						0.	0.	
(36) ALEX LESTER, ESQ	1.00								•	
TRUSTEE	0.00	Х						0.	0.	
(37) KENNETH D. LITTLE	1.00									
FRUSTEE	0.00	Х						0.	0.	
(38) MARY ANN MELLEBY	1.00									
PRUSTEE	0.00	Х						0.	0.	
(39) PAUL MOSELEY	1.00							_	_	
TRUSTEE	0.00	Х						0.	0.	
(40) MIKE BROWN	1.00									
PRUSTEE	0.00	Х						0.	0.	
(41) VALERIE C. ROMERO	1.00									
FRUSTEE	0.00	Х						0.	0.	
(42) CLIFFORD DANIELS	1.00									
FRUSTEE	0.00	Х	_					0.	0.	
(43) DAVID D. SHIVELY, DDS	1.00									
TRUSTEE	0.00	Х	_					0.	0.	
(44) FRANK LIZARRAGA	1.00									
TRUSTEE	0.00	Х	_					0.	0.	
(45) EMMETT L. TERRELL	1.00									
TRUSTEE	0.00	Х						0.	0.	
(46) REGGIE WEBB	1.00									
TRUSTEE	0.00	Х	I	I	1	ı		0.	0.	

orm 990 UNIVERSITY OF LA VERNE 95-1644026

Form 990 UNIVERSITY OF	F LA VERNE								95-16440	026
Part VII Section A. Officers, Directors, Tru	ıstees, Key En	nplo	yee	s, a	nd F	ligh	est (Compensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos	itior	1		Reportable	Reportable	Estimated
	hours	(cl	(check all tha			арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	irecto				empl		organization	(W-2/1099-MISC)	from the
	hours for related	ord	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	Individual trustee or director	Institutional trustee		ee/	Highest compensated employee				organizations
	below	dualt	ution	<u></u>	Key employee	stco	-E			organization o
	line)	Indivi	Instit	Officer	Key e	Highe	Former			
(47) DAVID LIZARRAGA	1.00									
TRUSTEE	0.00	х						0.	0.	0.
(48) ZOILA ESCOBAR	1.00									
TRUSTEE	0.00	Х						0.	0.	0.
(49) MARTHA DANIEL	1.00									
TRUSTEE	0.00	Х						0.	0.	0.
(50) JOHN RAFFOUL	1.00									
TRUSTEE	0.00	Х						0.	0.	0.
(51) OWEN "RAY" SKELTON	1.00	ļ								
TRUSTEE	0.00	Х						0.	0.	0.
			_		<u> </u>					
					<u> </u>					
					<u> </u>					
			_		<u> </u>	_				
	-				<u> </u>					
					<u> </u>					
			L	L	L	L				
					$ldsymbol{f eta}$					
Total to Part VII, Section A, line 1c										

Form 990 (2021) UNIVERSITY

Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
		·	,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
S S	1 a	Federated campaigns 1a					
an		Membership dues 1b					
<u>क</u> ही		Fundraising events 1c	578,168.				
ifts ir A		Related organizations 1d	-				
nik G		Government grants (contributions)	15,294,514.				
Sis		All other contributions, gifts, grants, and					
ber her		similar amounts not included above 1f	8,362,255.				
텵		Noncash contributions included in lines 1a-1f	886,450.				
Contributions, Gifts, Grants and Other Similar Amounts		Total. Add lines 1a-1f		24,234,937.			
			Business Code				
Ð	2 8	TUITION & FEES	611310	177,458,842.	177,458,842.		
Š	k	AUXILIARY ENTERPRISES	611310	10,117,314.	10,117,314.		
Sel	(SPONSORED PROGRAMS	900099	164,790.	164,790.		
am	(TICKET SALES & EVENTS	900099	108,989.	108,989.		
Program Service Revenue	•	BOOKSTORE	900099	52,424.	52,424.		
P	f	All other program service revenue					
	9	Total. Add lines 2a-2f		187,902,359.			
	3	Investment income (including dividends, intere	st, and				
		other similar amounts)		4,245,832.			4,245,832.
	4	Income from investment of tax-exempt bond p	roceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a 156,864.					
		Less: rental expenses 6b 0.					
		Rental income or (loss) 6c 156,864.		156.064			156.064
		Net rental income or (loss)	(") Other	156,864.			156,864.
	7 8	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 55,013,105.					
	t	Less: cost or other basis					
ğ		and sales expenses 7b 50,935,316.					
eve		Gain or (loss) 7c 4,077,789.		4,077,789.			4,077,789.
her Revenue		Net gain or (loss)		4,011,103.			1,077,703.
	0 6	Gross income from fundraising events (not including \$ 578,168. of					
Ò		contributions reported on line 1c). See					
		Part IV, line 188a	87,355.				
	ŀ	Less: direct expenses 8b	477,336.				
		Net income or (loss) from fundraising events		-389,981.			-389,981.
		Gross income from gaming activities. See		·			·
		Part IV, line 199a					
	k	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
		and allowances 10a					
	k	Less: cost of goods sold10b					
		Net income or (loss) from sales of inventory					
_s [Business Code				
oŭ e	11 a	USE OF FACILITIES	900099	188,681.	188,681.		
ane	k	STUDENT PROJECT SALES	900099	52,627.	52,627.		
Miscellaneous Revenue	(STAFF PARKING FEES	900099	12,225.	12,225.		
Mis	(d All other revenue	900099	1,451,580.	1,451,580.		
	•	e Total. Add lines 11a-11d	>	1,705,113.	400 60= 155	_	0.000.70
	12	Total revenue. See instructions	>	221,932,913.	189,607,472.	0.	8,090,504.

132009 12-09-21

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

_	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	64,461,816.	64,461,816.		
3	Grants and other assistance to foreign	, ,	, ,		
_	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	4,231,694.	2,249,900.	1,343,955.	637,839
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	694,837.	569,270.	125,567.	
7	Other salaries and wages	63,482,552.	50,567,431.	11,080,437.	1,834,684
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	4,730,673.	4,114,258.	419,882.	196,533
9	Other employee benefits	5,684,146.	4,701,806.	792,248.	190,092
10	Payroll taxes	4,741,472.	3,797,815.	797,237.	146,420
1	Fees for services (nonemployees):				
а	Management				
b	Legal	2,376,736.	701,123.	1,674,183.	1,430
С	Accounting	134,858.		134,858.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	212 522		212 522	
f	Investment management fees	240,698.		240,698.	
g	Other. (If line 11g amount exceeds 10% of line 25,	10 402 266	12 002 054	4 040 540	100 250
	column (A), amount, list line 11g expenses on Sch O.)	18,423,366.	13,283,254.	4,940,740.	199,372 63,660
12	Advertising and promotion	1,606,955. 3,843,377.	55,664. 1,544,766.	1,487,631.	120,410
13	Office expenses	4,141,664.		2,178,201.	76,451
14	Information technology	4,141,004.	1,352,818.	2,712,395.	76,451
15	Royalties	4,951,754.	3,159,710.	1,792,044.	
16	Occupancy	837,181.	713,370.	68,855.	54,956
17 18	Payments of travel or entertainment expenses	037,101.	713,370.	00,033.	34,330
0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	147,417.	104,474.	38,555.	4,388
20	·	5,171,262.	4,064,452.	1,106,810.	
.0	Payments to affiliates	7 7 - 7 - 7 - 7	-,		
22	Depreciation, depletion, and amortization	9,795,027.	6,691,640.	3,103,387.	
23	Insurance	3,210,072.	1,536,877.	1,673,195.	
4	Other expenses. Itemize expenses not covered 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.)				
а	LEGAL SETTLEMENTS	3,943,621.		3,943,621.	
b	SCHOLARSHIP ALLOCATIONS	3,073,416.	3,073,416.		
С	MEMBERSHIP/SUBSCRIPTION	1,154,539.	761,893.	275,410.	117,236
d	EQUIP. RENTAL & MAINT.	648,639.	189,942.	437,326.	21,371
е	All other expenses	3,287,195.	3,219,718.	67,477.	
25	Total functional expenses. Add lines 1 through 24e	215,014,967.	170,915,413.	40,434,712.	3,664,842
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2021) Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			77,900.	1	11,65
	2	Savings and temporary cash investments			58,252,590.	2	39,080,74
	3	Pledges and grants receivable, net	2,290,735.	3	2,247,67		
	4	Accounts receivable, net			5,222,307.	4	5,296,82
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial co	ontributor, or 35%			
		controlled entity or family member of any of th	ese perso	ns		5	
	6	Loans and other receivables from other disqua	alified pers	sons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sect	ion 4958(c)(3)(B)		6	
ပ္သ	7	Notes and loans receivable, net			3,795,117.	7	3,431,51
Assets	8	Inventories for sale or use			40,564.	8	12,92
8	9	Description of the second seco			2,014,705.	9	2,615,79
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	319,210,057.			
	b	Less: accumulated depreciation	. 10b	145,156,746.	180,842,851.	10c	174,053,31
	11	Investments - publicly traded securities			201,614,855.	11	192,531,33
	12	Investments - other securities. See Part IV, line			19,060,845.	12	17,267,71
	13	Investments - program-related. See Part IV, lin	e 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	16,565,868.	15	14,207,42		
	16	Total assets. Add lines 1 through 15 (must ed			489,778,337.	16	450,756,91
	17	Accounts payable and accrued expenses			32,592,761.	17	29,886,35
	18	Grants payable		18			
	19	Deferred revenue	10,552,097.	19	7,462,35		
	20	Tax-exempt bond liabilities			119,973,139.	20	114,982,17
	21	Escrow or custodial account liability. Complete				21	
ູ	22	Loans and other payables to any current or for	rmer office	er, director,			
<u> </u>		trustee, key employee, creator or founder, sub	stantial co	ontributor, or 35%			
Liabilities		controlled entity or family member of any of th				22	
Ĕ	23	Secured mortgages and notes payable to unre			830,727.	23	779,44
	24	Unsecured notes and loans payable to unrelat	ed third p	arties		24	
	25	Other liabilities (including federal income tax, p	oayables t	o related third			
		parties, and other liabilities not included on lin	es 17-24).	Complete Part X			
		of Schedule D			3,898,906.	25	3,395,74
	26	Total liabilities. Add lines 17 through 25			167,847,630.	26	156,506,06
		Organizations that follow FASB ASC 958, cl					
se		and complete lines 27, 28, 32, and 33.					
ä	27	Net assets without donor restrictions			186,291,439.	27	178,246,21
gal	28	Net assets with donor restrictions			135,639,268.	28	116,004,62
		Organizations that do not follow FASB ASC					
ᄀ		and complete lines 29 through 33.					
, P	29	Capital stock or trust principal, or current fund	ls			29	
Set	30	Paid-in or capital surplus, or land, building, or				30	
AS	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			321,930,707.	32	294,250,84
-	33	Total liabilities and net assets/fund balances			489,778,337.	33	450,756,910

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.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **Employer identification number** UNIVERSITY OF LA VERNE 95-1644026 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I 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). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

UNIVERSITY OF LA VERNE 95-1644026 Page 2

Schedule A (Form 990) 2021 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
Ü	furnished by a governmental unit to						
	the organization without charge						
1	Total. Add lines 1 through 3						
-	The portion of total contributions						
5	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)						
_	· · · · · · · · · · · · · · · · · · ·						
	Public support. Subtract line 5 from line 4.						
	• • • • • • • • • • • • • • • • • • • •		1 ",,,,,,	1 ,,,,,,,	()) 0000	() 2224	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3)	
	organization, check this box and stop	here					>
Se	ction C. Computation of Publi	c Support Per	rcentage				
14	Public support percentage for 2021 (li	ne 6, column (f), d	livided by line 11,	column (f))		14	%
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2021. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this box	k and
	stop here. The organization qualifies	as a publicly supp	orted organization				
b	33 1/3% support test - 2020. If the o	organization did no	ot check a box on				
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test	- 2021. If the ord	anization did not				
	and if the organization meets the facts	-					
	meets the facts-and-circumstances te		•	-	•	3	
ŀ	10% -facts-and-circumstances test	-	•		-		
_	more, and if the organization meets th	_					
	organization meets the facts-and-circu				-		ightharpoonup
18	Private foundation. If the organizatio						
<u></u>	iounautom ii tilo organizatio	Lia not oncon a	227 37 1110 10, 10	<u>, 100, 110, 01 111</u>	2, 3110011 tillo box a		(Form 990) 2021

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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or 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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		1	Γ	T	T	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	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						
	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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	· ·		· ·	•	. , . , .	
0	check this box and stop here						>
	ction C. Computation of Publi			. (5)		T .= T	
	Public support percentage for 2021 (li	, , , , , , , , , , , , , , , , , , , ,	,	(//		15	<u>%</u>
	Public support percentage from 2020 ction D. Computation of Inves					16	%
	Investment income percentage for 20			ne 13 column (f)\		17	n/
	Investment income percentage for 20					18	<u>%</u>
	33 1/3% support tests - 2021. If the						
198	more than 33 1/3%, check this box ar						. —
L	33 1/3% support tests - 2020. If the						
i.	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

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Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 UNIVE Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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.)

No Yes 1 2 За 3b Зс 4a 4b 4c 5a 5b <u>5c</u> 6 7 8 9a 9b 9с 10a 10b

Pai	rt IV 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		<u> </u>
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,			
<u>Sac</u>	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		Ш
000	tion 6. Type it oupporting organizations		V	N _a
4	Ware a majority of the organization's directors or trustees during the tay year also a majority of the directors		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			
	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		<u> </u>
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	_		
Sac	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
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.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in:	struction	c)	
2	Activities Test. Answer lines 2a and 2b below.	struction	Yes	No
a	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			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ol-		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b	1	i

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Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on N	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus		•	
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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	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-functional	Ily integrate	d Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990) 2021

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Secti	Section D - Distributions Current Year							
1	Amounts paid to supported organizations to accomplish exer	mpt purposes	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	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 2021 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-2021	Distributable Amount for 2021				
1	Distributable amount for 2021 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2021 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2021							
a	From 2016							
b	From 2017							
c	From 2018							
d	From 2019							
е	From 2020							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2021 distributable amount							
i_	Carryover from 2016 not applied (see instructions)							
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2021 from Section D,							
	line 7: \$							
а	Applied to underdistributions of prior years							
b	Applied to 2021 distributable amount							
с	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2022. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
а	Excess from 2017							
b	Excess from 2018							
С	Excess from 2019							
d	Excess from 2020							
е	Excess from 2021							

Schedule A (Form 990) 2021

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 B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

2021

Schedule B (Form 990) (2021)

	95-1644026					
Organization type	check one):					
Filers of:	Section:					
Form 990 or 990-E	EZ X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	n				
	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					
Note: Only a secti General Rule X For an or	on 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spontage ganization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions from any one contributor. Complete Parts I and II. See instructions for determining a contributions	s totaling \$5,000 or more (in money or				
sections contribut	ganization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% s 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or or, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amound 990-EZ, line 1. Complete Parts I and II.	16b, and that received from any one				
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.						
year, con is checke purpose.	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 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 religious, charitable, etc., contributions totaling \$5,000 or more during the year					
Caution: An orgar answer "No" on Pa	aution: 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 name "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 nat it doesn't meet the filing requirements of Schedule B (Form 990).					

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

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	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
2	Name, address, and ZIF + 4	\$ 1,000,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 3	Name, address, and ZIP + 4	### Total contributions	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
No. 6	Name, audress, and ZIP + 4	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	lditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No. 8	Name, address, and ZIP + 4	\$130,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4	* 108,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	Haine, audiess, and ZIF + +	\$100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$100,000.	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	Name, audiess, and ZiF + 4	\$\$ 81,655.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	Tamo, addi 000, and Ell TT	\$\$80,916.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
16	Name, address, and ZIP + 4	### Total contributions ### Total contributions ### 75,008.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	Nallie, audi 655, aliu ZIF + 4	\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	Nume, addi 655, and Zir T T	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		- - \$	Person X Payroll
(a)	(b)	(c)	(d)
No. 20	Name, address, and ZIP + 4	Total contributions 54,982.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$\$53,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 22	Name, address, and ZIP + 4	Total contributions 50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 23	Name, address, and ZIP + 4	Total contributions 50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24_	Ivalile, duul ess, diiu ZIP + 4	\$ 50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
25		- - \$\$	Person X Payroll	
(a)	(b)	(c)	(d)	
No. 26	Name, address, and ZIP + 4	Total contributions - \$ 40,000.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
27		\$\$6,030.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d)	
No. 28	Name, address, and ZIP + 4	Total contributions - \$ 30,000.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d)	
No. 29	Name, address, and ZIP + 4	Total contributions - \$ 30,000.	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	
30_	Name, auuress, anu ZIF + 4	\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32	Name, address, and ZIP + 4	\$\$ 25,000.	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
33		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 34	Name, address, and ZIP + 4	* 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35	ivalite, audi ess, and EIF + 4	\$\$	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
36	Tullio, and coo, and all TT	\$\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37			Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No. 38	Name, address, and ZIP + 4	\$\$	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
39		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
40	Name, address, and ZIP + 4		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
41	Hame, audi 655, and £if + 4	\$\$	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
42		\$\$	Person X Payroll

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
43		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44	Name, address, and ZIF + 4	\$ \$ 15,250.	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
45	- Humo, dual coo, and Emily	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
46	Name, address, and ZIP + 4	Total contributions \$ \$ 15,000.	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
47	Nume, audi 655, and Air T	\$\$	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
48		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
49		\$14,245.	Person Payroll Noncash X (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
50	Name, address, and ZIF + 4	\$\$	Person Payroll Moncash X (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
51	- Humo, dual coo, and Emily	\$\$	Person X Payroll	
(a)	(b)	(c)	(d)	
No. 52	Name, address, and ZIP + 4	Total contributions \$ 14,000.	Person X Payroll	
(a)	(b)	(c)	(d)	
No. 53	Name, address, and ZIP + 4	* \$ 14,000.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
54	Hullio, audi 635, aliu Eli ^e T T	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
56	Name, audress, and ZIF + 4	\$\$	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
57		\$\$11,900.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 58	Name, address, and ZIP + 4	Total contributions \$\$ 10,554.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
59	raine, audiess, and ZIF + 4	\$10,000.	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
60	Tallo, addition, and Ell TT	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$ \$	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
62		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
65		\$\$	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
66		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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
67		\$\$	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
68		\$\$	Person Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
69		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
70	Name, address, and ZIF + 4	\$ \$ 8,500.	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
71		\$\$	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
72		\$\$	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 74	Name, address, and ZIP + 4	\$ 7,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
75		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
76	Name, address, and ZIP + 4	* 7,050.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
77	Hame, audi 655, and £if + 4	\$\$	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
78		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79		\$6,500.	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
80		\$5,600.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
81		\$5,100.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
82		\$5,100.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
83		\$5,000.	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
84		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
86	Name, address, and ZIP + 4	\$\$5,000.	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
87		\$\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
88 88	Name, address, and ZIP + 4	Total contributions \$ 5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
89	ivalite, audi ess, aliu ZIF + 4	\$\$5,000.	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
90	Tullio, avail coo, and all TT	\$\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
92	Name, address, and ZIP + 4	Total contributions - \$ 5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
93		- \$\$5,000.	Person X Payroll
(a)	(b)	(c)	(d)
94	Name, address, and ZIP + 4	Total contributions - \$\$ 5,000.	Person X Payroll
(a)	(b)	(c)	(d)
95	Name, address, and ZIP + 4	Total contributions - \$ 5,000.	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
96	Maille, auul ess, aliu ZIF + 4	- \$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

UNIVERSITY OF LA VERNE

95-1644026

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I SECURITIES-PUBLICLY TRADED 5 12/17/21 501,501. (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I SECURITIES-PUBLICLY TRADED 6 212,077. 11/26/21 (a) (c) No. (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I SECURITIES-PUBLICLY TRADED 14 04/18/22 11,655. (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I SECURITIES-PUBLICLY TRADED 17 12/07/21 (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I DRUGS AND MEDICAL SUPPLIES 28 10/13/21 (a) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I SECURITIES-PUBLICLY TRADED 36 12/20/21

123453 11-11-21

Schedule B (Form 990) (2021)

Part II	Noncash Property (see instructions). Use duplicate copies of P	'art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	SECURITIES-PUBLICLY TRADED		
37			
		\$\$	03/29/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4.0	SECURITIES-PUBLICLY TRADED		
49			
		\$	09/29/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	SECURITIES-PUBLICLY TRADED		
50	-		
		\$	12/22/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<u> </u>		
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	

Name of organization **Employer identification number** UNIVERSITY OF LA VERNE 95-1644026 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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

UNIVERSITY OF LA VERNE

Employer identification number 95 - 1644026

organization answered "Yes" on Form 990, Part IV, line 6. Total number at end of year
1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). □ Preservation of land for public use (for example, recreation or education) □ Preservation of a historically important land area □ Protection of natural habitat □ Preservation of a certified historic structure □ Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 2 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements uir holds? 4 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
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8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)
and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the
organization's accounting for conservation easements.
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.
1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works
of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public
service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of
art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,
provide the following amounts relating to these items:
(i) Revenue included on Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide
the following amounts required to be reported under FASB ASC 958 relating to these items:
a Revenue included on Form 990, Part VIII, line 1
b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 202

Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tre	asures, or O	ther S	Similar As	sets	(continu	ied)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that ma	ake signi	ificant use o	of its		
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explair	how they further th	e organization's	exempt	t purpose in	Part X	Ш.	
5	During the year, did the organization solicit or	r receive donations o	of art, historical treas	sures, or other si	milar as	sets			
	to be sold to raise funds rather than to be ma							Yes	☐ No
Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if the organizatio	n answered "Yes	s" on Fo	orm 990, Pa	rt IV, lir	ne 9, or	
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodia	an or other intermed	ary for contributions	s or other assets	not inc	luded			
	on Form 990, Part X?						. \square	Yes	No
b	If "Yes," explain the arrangement in Part XIII a								
								Amount	
c Beginning balance 1c									
	d Additions during the year 1d								
е	e Distributions during the year								
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or cu	stodial account	liability?	?	🔲	Yes	No
b	b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII								
Pai	Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.								
		(a) Current year	(b) Prior year	(c) Two years ba) Three years			
1a	Beginning of year balance	146,560,560.	109,253,175.	109,371,1		103,743,			25,425.
b	Contributions	2,833,396.	2,072,230.	506,8		2,969,			43,095.
С	c Net investment earnings, gains, and losses -21,706,450. 37,183,708. 1,372,780. 4,537,094.								
d	Grants or scholarships	5,461,418.	1,955,968.	1,956,3	44.	1,878,	905.	1,878,203.	
е	Other expenditures for facilities								
	and programs	64,668.	-7,415.	41,2	82.				
f	Administrative expenses								
g	End of year balance	122,161,420.	146,560,560.	109,253,1	75.	109,371,	185.	103,7	43,414.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)) held as:					
а	Board designated or quasi-endowment	36.0000	_%						
b	Permanent endowment 36.0000	%							
С	Term endowment 28.0000	%							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
За	Are there endowment funds not in the posses	ssion of the organiza	tion that are held an	d administered	for the c	organization	l	_	
	by:							<u>'</u>	res No
	(i) Unrelated organizations							3a(i)	X
	(ii) Related organizations							3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza							3b	
4 Do:	Describe in Part XIII the intended uses of the		wment funds.						
Pai	t VI Land, Buildings, and Equipm		Doubly line 44a C	F 000 D-	V I'	- 10			
	Complete if the organization answered		ĺ	<u> </u>					
	Description of property	(a) Cost or o	` '	l l		umulated	'	(d) Book	value
		basis (investn		(other)	depre	eciation		26.7	01 121
	Land			,438,026.	0.1	064 072			01,131.
	Buildings			,088,943.		.,964,873			24,070.
	Leasehold improvements			,929,928.		,102,280	_		27,648.
	Equipment		69	,081,290.	58	305 834			97,531.
	Other			408,765.		305,834	+-		02,931.
Tota	l. Add lines 1a through 1e. <i>(Column (d) must e</i>	<u>qual Form 990, Part .</u>	X. column (B). line 10	Oc.)	<u></u>	<u> </u>		1/4,0	53,311.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 UNIVERSITY OF LA	VERNE		95-1644026	Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"	ı	T		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market	value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 000 Port IV line	11a Cas Form 000 Dort V line 12		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd of year market	value
· · · · · · · · · · · · · · · · · · ·	(b) Book value	(c) Method of Valuation. Cost of e	nu-oi-year market	value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Tatal (Col. (b) must squal Form 000, Port V. col. (D) line 12.)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.				
Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part X line 15		
	Description	Tru. dde r diffi dde, r air X, iiie re.	(b) Book v	
	2000		(3) 233.1.	
(1) (2)				
(3)				
(4)				
(5) (6)				
` '				
(7) (8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)			
Part X Other Liabilities.	<i>5</i> 10.)			-
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 2	25.	
1. (a) Description of liability	, , ,	, ,	(b) Book v	 value
(1) Federal income taxes			(2,72220	
(2) ANNUITIES PAYABLE			2 1	142,952.
(3) FEDERAL STUDENT LOAN FUNDS			-	252,790.
(4)				,,,,,,,
(5)				
(6)			1	
(7)				
(7)				
(9)				
Total (Column (h) must a gual Farm 200. Part V. and (P) line	- 05)		3 3	395 742.

Schedule D (Form 990) 2021

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

95-1644026

Part XI Reconciliation of Revenue per Audited Fina Complete if the organization answered "Yes" on Form 99		Revenue per Re	turn.	
1 Total revenue, gains, and other support per audited financial state			1	123,900,077.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 1				
a Net unrealized gains (losses) on investments	1 1	-33,807,658.		
b Donated services and use of facilities				
c Recoveries of prior year grants				
d Other (Describe in Part XIII.)		-64,461,816.		
e Add lines 2a through 2d			2e	-98,269,474.
3 Subtract line 2e from line 1			3	222,169,551.
4 Amounts included on Form 990, Part VIII, line 12, but not on line				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	240,698.		
b Other (Describe in Part XIII.)	4b	-477,336.		
c Add lines 4a and 4b			4c	-236,638.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Pa	art I. line 12.)		5	221,932,913.
Part XII Reconciliation of Expenses per Audited Fine	ancial Statements Wit	h Expenses per F	Return.	
Complete if the organization answered "Yes" on Form 99				151 570 042
			1	151,579,942.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25				
a Donated services and use of facilities				
b Prior year adjustments				
c Other losses		1 267 400		
d Other (Describe in Part XIII.)		1,267,489.		1 267 400
e Add lines 2a through 2d			2e	1,267,489.
3 Subtract line 2e from line 1			3	150,312,453.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1	240 600		
a Investment expenses not included on Form 990, Part VIII, line 7b		240,698. 64,461,816.		
b Other (Describe in Part XIII.)	4b	04,401,010.		64 700 F14
c Add lines 4a and 4b			4c	64,702,514.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part XIII Supplemental Information.	Part I, line 18.)		5	215,014,967.
	and de and de Dark IV. Sans de	and Oh. Dart V. line 4	. Dad V	line O. Dest VI
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t			; Part X,	ine 2; Part XI,
mies zu and 4b, and i at All, lines zu and 4b. Also complete this part	o provide any additional info	mation.		
PART V, LINE 4:				
TART V, BINE 4.				
THE BOARD MEMBERS OF THE UNIVERSITY, IN SETTING THE	ENDOWMENT SPENDING			
DOLLOW CONCIDEDED MUE FOLLOWING EXCHODS: 1\ DDESERV	AMION OF ACCEM VALUES			
POLICY, CONSIDERED THE FOLLOWING FACTORS: 1) PRESERV	ATION OF ASSET VALUES	r		
2) PRESERVATION OF PURCHASING POWER, AND 3) CONSISTE	NCY OF SPENDING OVER			
TIME. THE UNIVERSITY'S BOARD ADOPTED A SPENDING POLI	CV OF 1 759 WITH X			
TIME, THE ONIVERSITE & BOARD ADOLLED A STEMPING FORE	CI OF 4.750 WITH A			
VIEW TOWARD BALANCING THE NEED FOR EXPENDABLE FUNDS	FOR UNIVERSITY			
PROGRAMS AGAINST THE NEED TO PRESERVE THE ENDOWMENT	AGAINST INFLATION. IN			
	·			
ORDER TO ACHIEVE THE OBJECTIVE OF MAINLINING PURCHAS	ING POWER, THE			
ENDOWMENT'S ANNUAL RATE OF RETURN MUST EQUAL THE ANN	UAL DISTRIBUTION, PLU	S		
INFLATION, PLUS MANAGEMENT, CUSTODIAL AND ADMINISTRA	TIVE FEES. THE			
DISTRIBUTION TO THE UNIVERSITY IS BASED ON A 12 QUAR	TER MOVING AVERAGE OF			
THE MARKET VALUE. THIS SPENDING METHOD PROTECTS THE	UNIVERSITY'S			

Schedule D (Form 990) 2021

SCHEDULE E

(Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
UNIVERSITY OF LA VERNE

Employer identification number
95-1644026

			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 taxable 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	
	SEE PART II			
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:			
а	Students' rights or privileges?	5a		Х
b	Admissions policies?	5b		Х
	Employment of faculty or administrative staff?	5c		Х
	Scholarships or other financial assistance?	5d		Х
	Educational policies?	5e		Х
	Use of facilities?	5f		Х
	Athletic programs?	5g		Х
	Other extracurricular activities?	5h		Х
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Х	
	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, covering racial nondiscrimination? If "No." explain on Part II	7	Х	

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

Schedule E (Form 990) 2021

Schedule E (Form 990) 2021

2021.06000 UNIVERSITY OF LA VERNE

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

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.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

Employer identification number

UNIVERSITY OF LA VERNE 95-1644026 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (b) Number of (c) Number of (d) Activities conducted in the region (f) Total (a) Region employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region CENTRAL AMERICA AND THE CARIBBEAN INVESTMENTS 7,045,072. 0 0 7,045,072. 3 a Subtotal **b** Total from continuation 0 sheets to Part I Totals (add lines 3a

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

Schedule F (Form 990) 2021

7,045,072.

and 3b)

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)
exempt 501(c)(3) orga	nization by the IRS, o	or for which the grantee	recognized as charities by the or counsel has provided a sect	tion 501(c)(3) equ	uivalency letter			

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.

Schedule F (Form 990) 2021

Part III can be duplicated if a	(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)

95-1644026

Part	IV	Foreign Forms		
1	Was	s the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"		
	the o	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	Corp	poration (see Instructions for Form 926)	Yes	X No
2	Did	the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may		
	be r	equired to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and		
	Rec	eipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a		
	U.S.	Owner (see Instructions for Forms 3520 and 3520-A; 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 o	organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to		
	Cert	tain Foreign Corporations (see Instructions for Form 5471)	X Yes	☐ No
4	Was	s the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qua	lified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Info	rmation Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing		
	Fund	d (see Instructions for Form 8621)	Yes	X No
5	Did	the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the o	organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Fore	eign Partnerships (see Instructions for Form 8865)	Yes	X 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

Instructions for Form 5713; don't file with Form 990)

Schedule F (Form 990) 2021

Yes X No

Part V Supplemental Information
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)
(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
SCHEDULE F, PART I, LINE 3(F):
THE INVESTMENTS FOR EACH REGION ARE RECORDED USING THE ACCRUAL METHOD
OF ACCOUNTING.
SCHEDULE F, PART IV:
THE SCHOOL INVESTS DIRECTLY IN VARIOUS ALTERNATIVE INVESTMENTS THAT MAY
BE ORGANIZED AS EITHER FOREIGN CORPORATIONS OR PARTNERSHIPS. IN
ADDITION, THE SCHOOL INVESTS IN DOMESTIC LIMITED PARTNERSHIP THAT MAY,
IN TURN INVEST IN FOREIGN CORPORATION OR PARTNERSHIPS. NEVERTHELESS,
THE INVESTMENT ACTIVITIES MAY NOT REACH THE THRESHOLDS REQUIRED FOR THE
FILING OF FORMS 926, 5471, OR 8865. TO THE EXTENT THAT THE SCHOOL IS
REQUIRED TO COMPLETE ONE (OR MORE) OF THESE FOREIGN FORMS, IT IS FILED
WITH THE SCHOOL'S FORM 990-T.
THE BOROOD & TOMA 550 T.

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

2021

Open to Public Inspection

UNIVERSITY	OF LA VERNE				95-164402	6
Part I Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
1 Indicate whether the organization rais a	ed funds through any of the following e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	ion of ion of fundra (includ	non-g gover lising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total 3 List all states in which the organizatio or licensing.		ontrib	▶ utions	or has been notified	it is exempt from re	gistration
or necrosing.						

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

Schedule G (Form 990) 2021

Pa	rt I	Fundraising Events. Complete if the	e organization answered	"Yes" on Form 990, P	art IV, line 18, or reported	more than \$15,000
		of fundraising event contributions and gro	oss income on Form 990	EZ, lines 1 and 6b. Lis	t events with gross receip	ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
					NONE	(add col. (a) through
				GALA		col. (c))
ē			(event type)	(event type)	(total number)	
Revenue			E0 04E	606 479		665 533
Re	1	Gross receipts	59,045.	606,478	1.	665,523.
	2	Less: Contributions	40,765.	537,403		578,168.
	_	2000. Contributions	, -	,		, -
	3	Gross income (line 1 minus line 2)	18,280.	69,075		87,355.
	4	Cash prizes				
	_			24 622		24 622
S	5	Noncash prizes		34,633	•	34,633.
ense	6	Rent/facility costs	22,054.	208,575		230,629.
жbе	Ū		,	,		,
Direct Expenses	7	Food and beverages	18,845.	80,507	•	99,352.
Dire						
	8	Entertainment	l .			1,980.
	9	Other direct expenses				110,742.
	10	Direct expense summary. Add lines 4 through			_	477,336.
Pa	11 rt I					305,501.
		\$15,000 on Form 990-EZ, line 6a.				
-			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) Birigo	bingo/progressive bingo) (C) Other gaining	col. (a) through col. (c))
3eve						
	1	Gross revenue				
	0	Cook prizes				
ses	2	Cash prizes				
ben	3	Noncash prizes				
Direct Expenses						
irec	4	Rent/facility costs				
Δ						
_	5	Other direct expenses				
	6	Volunteer labor	Yes %			
	6	volunteer labor	No No	No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
		, , ,				
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
		ter the state(s) in which the organization condu	-	-1-10		
		he organization licensed to conduct gaming ac No," explain:		states?		Yes No
, i	"	no, explain.				
	_					
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax	x year?	Yes No
b	If "	Yes," explain:				
	_					
	_					
13208	32 10	J-21-21			Sche	dule G (Form 990) 2021

Sch	nedule G (Form 990) 2021 UNIVERSITY OF LA VERNE	95-16	44026	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ 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?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
	a The organization's facility		13a	%
	b An outside facility		13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	(,-
•	Enter the name and address of the person who propares the organization organization of garming, openial events pooled and records.			
	Name			
	Address ▶			
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
ı	b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amoun	t		
	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 control annuality			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
ı	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	те		
	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); an	d Part	III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G (Form 990) 2021

Schedule G (For	_{rm 990)} upplemental Inforr	UNIVERSITY OF LA VERNE	95-1644026	Page 4
Part IV Su	upplemental Inforr	nation (continued)		
_				

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name o	f the organization							Employer identification number
	UNIVERSITY OF	LA VERNE						95-1644026
Part I	General Information on Grants a	nd Assistance						
1 Do	oes the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selecti	
cr	iteria used to award the grants or assis	stance?						X Yes No
2 De	escribe in Part IV the organization's pro	ocedures for monit	oring the use of grant	funds in the United	States.			
Part II						anization answered "\	es" on Form 990, Parl	IV, line 21, for any
	recipient that received more than	\$5,000. Part II can	be duplicated if additi	onal space is need	ed.			
1 (a) 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 Er	nter total number of section 501(c)(3) a	nd government er	ranizations listed in th	o lino 1 tablo	<u> </u>	<u> </u>	1	
	nter total number of other organization	-		- III IE I LADIE				········
	or Paperwork Reduction Act Notice							Schedule I (Form 990) 2021

UNIVERSITY OF LA VERNE 95-1644026 Schedule I (Form 990) 2021 Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (c) Amount of (a) Type of grant or assistance (b) Number of (d) Amount of non-(e) Method of valuation (f) Description of noncash assistance (book, FMV, appraisal, other) recipients cash grant cash assistance 0 SCHOLARSHIPS/GRANTS FOR STUDENTS 5651 58,917,223. HEERF CARES STUDENT GRANTS 3752 5,544,593, 0. Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: STUDENTS WHO RECEIVE GRANTS FROM THE UNIVERSITY ARE DETERMINED IN ACCORDANCE WITH THE UNIVERSITY'S STANDARD POLICIES AND PROCEDURES. IN SUMMARY A STUDENT IS REQUIRED TO COMPLETE A FAFSA TO BE CONSIDERED FOR FINANCIAL AID ASSISTANCE. UPON COMPLETION OF THE FAFSA. THE UNIVERSITY IS PROVIDED THE STUDENT'S ESTIMATED FAMILY CONTRIBUTIONS (EFC). BASED ON THE EFC AND OTHER CRITERIA (I.E. ENROLLMENT STATUS, ACADEMIC STANDING, ETC.).

THE OFFICE OF FINANCIAL AID MAY AWARD A STUDENT AN INSTITUTIONAL GRANT.

THERE ARE SYSTEMIC PROCEDURES IN PLACE TO ENSURE THAT THE GRANT IS APPLIED

Schedule I (Form 990)

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number UNIVERSITY OF LA VERNE 95-1644026 Part I Questions Regarding Compensation

_				
			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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	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	41	v	
•	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,		Х	
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Λ	
3	Indicate which if any of the following the organization used to establish the compensation of the examination is			
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			
	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			
4				
	organization or a related organization:	4a		Х
a	Receive a severance payment or change-of-control payment?	4a 4b	Х	
D	Participate in or receive payment from a supplemental nonqualified retirement plan?	4c		х
C	Participate in or receive payment from an equity-based compensation arrangement?	40		21
	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
	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		

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

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021 UNIVERSITY OF LA VERNE 95-1644026 Page 2

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) DEVORAH A. LIEBERMAN	(i)	566,544.	0.	438,647.	67,364.	30,667.	1,103,222.	208,333.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) AVEDIS KECHICHIAN	(i)	307,342.	30,000.	2,729.	99,920.	26,396.	466,387.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DOAJO HICKS	(i)	244,324.	0.	0.	26,278.	39,596.	310,198.	0.
GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JONATHAN REED	(i)	261,318.	0.	0.	45,377.	102.	306,797.	0.
PROVOST (THRU 06/21)	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SHERRI MYLOTT	(i)	261,410.	0.	0.	24,923.	19,567.	305,900.	0.
VP, UNIVERSITY ADVANCEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) KEROP JANOYAN	(i)	209,946.	0.	25,000.	17,875.	19,838.	272,659.	0.
PROVOST (AS OF 04/21)	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) KEVIN MARSHALL	(i)	212,411.	0.	0.	21,630.	27,576.	261,617.	0.
PROF/INT DEAN, COLLEGE OF LAW	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MARY AGUAYO	(i)	212,890.	0.	0.	21,484.	23,440.	257,814.	0.
VP, STRATEGIC ENROLLMENT MGMT	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) KIMBERLY WHITE-SMITH	(i)	207,133.	0.	0.	20,057.	30,416.	257,606.	0.
DEAN, COLLEGE OF EDUCATION	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) IBRAHIM HELOU	(i)	249,579.	0.	0.	0.	0.	249,579.	0.
DEAN, COLLEGE OF BUSINESS	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) PLACIDO GOMEZ	(i)	203,067.	0.	0.	17,617.	27,492.	248,176.	0.
PROFESSOR, COLLEGE OF LAW	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) H. RANDALL RUBIN	(i)	200,135.	0.	2,414.	21,630.	19,126.	243,305.	0.
PROFESSOR, COLLEGE OF LAW	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) SHANNON MATHEWS	(i)	168,658.	0.	10,000.	14,700.	36,299.	229,657.	0.
DEAN, COLLEGE OF ARTS AND SCIENCES	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) JENDAYI SAADA	(i)	182,880.	0.	1,902.	19,412.	21,973.	226,167.	0.
PROFESSOR, COLLEGE OF LAW	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) TODD BRITTON	(i)	194,018.	0.	424.	17,829.	12,289.	224,560.	0.
CHIEF INFORMATION OFFICER, AVP	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) BRIAN CLOCKSIN	(i)	179,929.	0.	369.	15,610.	24,066.	219,974.	0.
VICE PROVOST FOR STRATEGIC HEALTH IN	(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) KRISTAN VENEGAS	(i)	197,009.	0.	0.	15,551.	1,302.	213,862.	0.
PROFESSOR/ASSOC DEAN, COLLEGE OF EDU		0.	0.	0.	0.	0.	0.	0.
(18) KEEOK PARK	(i)	188,599.	0.	0.	0.	0.	188,599.	0.
PROFESSOR/ASSOC DEAN, COLLEGE OF BUS	ii)	0.	0.	0.	0.	0.	0.	0.
(19) NELLY KAZMAN ((i)	162,332.	0.	0.	14,875.	2,852.	180,059.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	153,472.	0.	0.	14,065.	102.	167,639.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	137,286.	0.	0.	14,010.	102.	151,398.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
'	(i)							
	ii)							
	(i)							
 	ii)							
	(i)							
	ii)							
	(i)							
 	ii)							
	(i)							
 	ii)							
	(i)							
	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:

HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE AND PERSONAL SERVICES

THE UNIVERSITY PROVIDES THE PRESIDENT WITH OFF-CAMPUS HOUSING. PERSONAL USE

UNIVERSITY OF LA VERNE

OF THE HOUSE, INCLUDING RENTAL VALUE, HOUSEKEEPING, UTILITIES IS CALCULATED

AND REFLECTED IN OTHER REPORTABLE COMPENSATION ON SCHEDULE J. PART II.

COLUMN B(III).

SOCIAL CLUB DUES WERE PAID ON BEHALF OF AN INDIVIDUAL LISTED IN SCHEDULE J.

PART II. THE SOCIAL CLUB WAS USED FOR BUSINESS PURPOSES AND AMOUNTS WERE

TREATED AS NONTAXABLE.

PART I, LINE 4B:

THE PRESIDENT AND CFO EACH PARTICIPATE IN A NON-QUALIFIED DEFERRED

COMPENSATION ARRANGEMENT. IN ORDER TO RECEIVE AMOUNTS DEFERRED UNDER THE

ARRANGEMENT THE INDIVIDUAL MUST BE EMPLOYED ON THE VESTING DATE. AMOUNTS

ACCRUED FOR CALENDAR YEAR 2021 ARE INCLUDED IN SCHEDULE J. PART II. COLUMN

C. NO AMOUNTS WERE PAID OUT UNDER THE AGREEMENTS IN CALENDAR YEAR 2021.

AMOUNTS WERE PAID OUT TO THE PRESIDENT UNDER THE AGREEMENT AND WERE

INCLUDED IN COLUMN (B)(III). AMOUNTS PREVIOUSLY INCLUDED IN COLUMN (C) ARE

Schedule J (Form 990) 2021

UNIVERSITY OF LA VERNE

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.
REFLECTED IN COLUMN (F).

SCHEDULE K (Form 990)

Part I

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.

2021
Open to Public Inspection

Name of the organization

Bond Issues

UNIVERSITY OF LA VERNE

Employer identification number 95-1644026

(a) Issuer name		(b) Issuer EIN	(c) CUSIP#	(d) Date issue	d (e) Iss	(e) Issue price (f) Description of purpose			(g) De	(g) Defeased (h) On behalf			lf (i) Poole financing	
									Yes	No	Yes	No	Yes	N
CALIFORNIA MUNICIPAL FINANCE							CONSTRUCTION	I & REFUND						
Α	AUTHORITY	20-1563466	13048T2U6	04/20/17	130,	743,561.	PRIOR BONDS			Х		х		Х
В														
<u>C</u>														
D														
Pa	rt II Proceeds													
					Α		В	С				D		
_1	Amount of bonds retired			1	6,500,000.									
_2	Amount of bonds legally defeased													
_3	Total proceeds of issue			13	1,200,732.									
_4	Gross proceeds in reserve funds					1								
_5	Capitalized interest from proceeds				9,456,916.									
_6	Proceeds in refunding escrows													
_7	Issuance costs from proceeds				1,309,010.									
8	•													
_9	Working capital expenditures from proceeds					1				_				
10	Capital expenditures from proceeds				4,885,483.	+								
<u>11</u>	Other spent proceeds			5	5,542,700.	+				-				
12	• •				6,623.					+				
<u>13</u>	Year of substantial completion				2018									
				Yes	No	Yes	No	Yes	No		Yes		No	
14	Were the bonds issued as part of a refunding		• •	v										
	if issued prior to 2018, a current refunding issu			Х		+				-				
15	issued prior to 2018, an advance refunding issue)?			x										
				***		1				-				
<u>16</u>	Has the final allocation of proceeds been mad					+		 		+		-		
17	Does the organization maintain adequate book			x										
	final allocation of proceeds?													

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

Schedule K (Form 990) 2021

 Schedule K (Form 990) 2021
 UNIVERSITY OF LA VERNE
 95-1644026
 Page 2

Par	t III Private Business Use								
		A		В		Ç		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						
2	Are there any lease arrangements that may result in private business use of								
	bond-financed property?		Х						
За	Are there any management or service contracts that may result in private								
	business use of bond-financed property?		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						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
	outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities								
	other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5	Enter the percentage of financed property used in a private business use as a								
	result of unrelated trade or business activity carried on by your organization,								
	another section 501(c)(3) organization, or a state or local government		%		%		%		%
6	Total of lines 4 and 5	%		%		%		%	
7	Does the bond issue meet the private security or payment test?		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						
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?	Х							
Par	t IV Arbitrage								
			Α		В		c)
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						
2	If "No" to line 1, did the following apply?								
а	Rebate not due yet?		Х						
b	Exception to rebate?		Х						
С	No rebate due?	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						

 Schedule K (Form 990) 2021
 UNIVERSITY OF LA VERNE
 95-1644026
 Page 3

Part IV Arbitrage (continued)									
		A		В		С		D	
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?		Х							
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)?		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							
7 Has the organization established written procedures to monitor the									
requirements of section 148?	X								
Part V Procedures To Undertake Corrective Action			_						
		A	В		Ç		D		
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								
Part VI Supplemental Information. Provide additional information for responses to questions	on Schedule	e K. See instr	uctions.						
PART II, LINE 3, COLUMN A									
THE CMFA 2015A AND 2010A BONDS WERE REFINANCED TO THE CMFA 2017 A&B									
BOND ISSUE. THE CMFA 2010A AND CMFA 2015 BONDS WERE COLLATERALIZED BY									
PARCELS OF LAND, AND HAD VARIOUS DEBT COVENANTS. THE CMFA 2017 A&B									
BONDS ARE UNSECURED AND HAVE NO FINANCIAL DEBT COVENANTS.									
IN ADDITION TO REFINANCING PRIOR BONDS, THE CMFA 2017 A&B BONDS,									
PROVIDED AN ADDITIONAL \$42,000,000 OF FUNDS. THE FUNDS WERE MOSTLY									
UTILIZED TOWARD THE CONSTRUCTION OF A NEW RESIDENCE AND DINING HALL.									
DUE TO INTEREST EARNINGS OF \$457,171 ON THE CMFA A&B BOND ISSUE, THE									
TOTAL PROCEEDS OF ISSUE ON LINE 3 OF \$131,200,732 WILL NOT RECONCILE									
BACK TO THE TOTAL ISSUE PRICE IN PART I, ROW A, COLUMN E OF									
\$130,743,561.									

SCHEDULE L

Department of the Treasury

(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

Open To Public Inspection

Internal Revenue Service	▶ G	o to v	vww.irs.gov/Fo	rm99	0 for in	nstruc	tions and the	late	est information.			In	spect	ion	
Name of the organization										Em	ployer	ident	ificati	on nu	mber
	UNIVERSITY										5-164				
Part I Excess Ber	nefit Transa	actic	ons (section 50	01(c)(3	3), secti	ion 50	1(c)(4), and se	ctio	n 501(c)(29) orga	nizatio	ns on	ly).			
Complete if the	e organization	answ	ered "Yes" on F	orm 9	990, Pa	art IV, I	ine 25a or 25b	o, or	Form 990-EZ, Pa	art V, I	ine 40	b.			
1 (a) Name of disqualified	l person	(b) R	Relationship between disqualified person and organization (c) Description of transaction								(d)	(d) Corrected?			
			person and or	gariiza	alion		•						<u> </u>	es	No
													+	_	
													+	-+	
													+		
2 Enter the amount of tax	x incurred by t	the or	ganization man	agers	or disc	ualifie	d persons dur	ing	the year under				•	•	
section 4958			-								> \$				
3 Enter the amount of tax	x, if any, on lin	ie 2, a	above, reimburs	ed by	the org	ganizat	tion				> \$				
De III I de la company															
•	· ·					, Part \	V, line 38a or F	orn	n 990, Part IV, lin	e 26; (or if th	e orga	nizatio	on	
			(c) Purpose	1 	2. oan to or	10	e) Original	T ,	f) Balance due	(a)) In	(h) Ap	proved	(i) \/\	/ritten
Complete if the organizat reported an amount on Formation (a) Name of interested person (b) Relation with organizat reported an amount on Formation (b) Relation (c) With organization (c) Complete (c)							cipal amount	١'	(i) Balance due		dofoulta Dy DO			ard or agreement?	
				To	From					Yes	No	Yes	No.	Yes	No
				"							110	100	11.0		1.10
								_							
								-				-			
								\vdash							
								\vdash							
								\vdash							
Total				L	ļ	l	> \$	<u> </u>			L		l		L
	ssistance	Ben	efiting Inter	este	d Per	sons									
Complete if the	e organization	answ	ered "Yes" on F	orm 9	990, Pa	art IV, I	ine 27.								
(a) Name of interested	d person	(b) Relationship	betwe	een	(c) Amount of		(d) Type	of				ose o	f
			interested pers		ıd		assistance		assistan	ce			assist	ance	
		_	the organiza	ation											
		+													
		+													
		+									_				
		+									-+				
		+													

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

Schedule L (Form 990) 2021

Corredate E (Form Coo) EdE F	RSITY OF LA VERNE		95-16440	26	Page 2
	olving Interested Persons.				
	ered "Yes" on Form 990, Part IV, line 28a, 28		T	(a) Sha	aring of
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	òrganiz	zation's
	person and the organization	transaction	transaction		nues?
		405 565		Yes	No
ANKINE KECHICHIAN	FAMILY MEMBER OF CF		COMPENSATIO		X
MICHELLE KECHICHIAN	FAMILY MEMBER OF CF		COMPENSATIO		Х
LISA LESTER	FAMILY MEMBER OF TR	78,575.	COMPENSATIO		Х
Part V Supplemental Information	•				
Provide additional information for a	responses to questions on Schedule L (see in	structions).			
SCH L, PART IV, BUSINESS TRANSACTIO	NS INVOLVING INTERESTED PERSONS:				
(A) NAME OF PERSON: ANKINE KECHICHI	AN				
(B) RELATIONSHIP BETWEEN INTERESTED	PERSON AND ORGANIZATION:				
					-
FAMILY MEMBER OF CFO					
(D) DESCRIPTION OF TRANSACTION: COM	PENSATION FOR EMPLOYMENT				
(A) NAME OF PERSON: MICHELLE KECHIC	HIAN				
,					
(B) RELATIONSHIP BETWEEN INTERESTED	PERSON AND ORGANIZATION:				
(2)					
FAMILY MEMBER OF CFO					
TIMITE MEMBER OF CIO					
(D) DESCRIPTION OF TRANSACTION: COM	DENGATION FOR EMPLOYMENT AND ALSO	•			
(b) DESCRIPTION OF TRANSACTION: COM	FEMBATION FOR EMFHOIMENT AND ALSO	'			
INCLUDES THREE FAMILY MEMBER'S TUIT	TON DEMISSION				
INCHODES THREE FAMILIT MEMBER S 1011	ION REMISSION				
-					
(1)					
(A) NAME OF PERSON: LISA LESTER					
(B) RELATIONSHIP BETWEEN INTERESTED	PERSON AND ORGANIZATION:				
FAMILY MEMBER OF TRUSTEE					
(-)					
(D) DESCRIPTION OF TRANSACTION: COM	PENSATION FOR EMPLOYMENT				

SCHEDULE L, PART IV:

THE EMPLOYMENT AND CONSULTING CONTRACTS BETWEEN THE UNIVERSITY AND THE

INDIVIDUALS LISTED ARE INDEPENDENT OF THEIR FAMILY RELATIONSHIP WITH

Schedule L (Form 990) 2021

32461 11-18-21 Schedule L (Form 990)

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ 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.

Name of the organization Employer identification number UNIVERSITY OF LA VERNE 95-1644026 Part I Types of Property

		(a) Check if	(b) Number of	(c) Noncash contribution	(d Method of d	•	ing		
		applicable	contributions or litems contributed	amounts reported on Form 990, Part VIII, line	noncash contrib	ution ar	nount	S	
1	Art - Works of art	Х	1	, , ,	9.FMV				
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	Х	7	848,00	4.FMV				
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies	Х	2	9,41	2. SELLING PRICE				
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other (MISCELLANEOUS)	Х	5	12,11	0.FMV				
26	Other (WINE/LIQUOR)	Х	3	11,92	5. SELLING PRICE				
27	Other								
28	Other ()								
29	Number of Forms 8283 received by the organiz	zation during	the tax year for co	ontributions					
	for which the organization completed Form 828	33, Part V, D	onee Acknowledge	ement 29					
							Yes	No	
30a	During the year, did the organization receive by								
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be	e used for				
	exempt purposes for the entire holding period?	·				30a		Х	
b	b If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	-	•	•		31	Х		
32a	Does the organization hire or use third parties contributions?		9	, ,		32a	х		
h	contributions? If "Yes," describe in Part II.					JZd			
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is o	hecked				
-	describe in Part II.	G.G.1111 (G) 101	a type of property	io. Willon column (a) is c	noonou,				
ЦΛ	For Paperwork Reduction Act Notice see	the Instruct	ions for Form OO	1	Schodulo	M (Eorr	200V	2021	

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
SCHEDULE M, PART I, COLUMN (B):
THE ORGANIZATION IS REPORTING BOTH THE NUMBERS OF CONTRIBUTORS AND
NUMBERS OF ITEMS RECEIVED ON SCHEDULE M, PART I, COLUMN (B).
SCHEDULE M, LINE 32B:
THE UNIVERSITY MAY UTILIZE ORGANIZATIONS TO LIQUIDATE NON-CASH
CONTRIBUTIONS IF IT IS DETERMINED THAT IT DOES NOT WANT TO MAINTAIN THE
CONTRIBUTION AND THE DONOR RESTRICTIONS ALLOW FOR SUCH LIQUIDATION. THE
THIRD-PARTY ORGANIZATION SELECTED DEPENDS ON THE TYPE OF CONTRIBUTION
RECEIVED AND THE MARKET IN WHICH IT CAN BE LIQUIDATED. FOR EXAMPLE, THE
UNIVERSITY MAY UTILIZE A PROPERTY MANAGEMENT FIRM TO POST AVAILABLE
PROPERTIES OF REAL ESTATE.

132142 11-17-21

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

UNIVERSITY OF LA VERNE

Employer identification number 95-1644026

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:										
TO PROVIDE OPPORTUNITIES FOR STUDENTS TO ACHIEVE EDUCATIONAL GOALS AND										
BECOMING CONTRIBUTING CITIZENS TO THE GLOBAL COMMUNITY.										
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:										
THE UNIVERSITY OF LA VERNE OFFERS A DISTINCTIVE AND RELEVANT										
EDUCATIONAL EXPERIENCE TO A DIVERSE POPULATION OF TRADITIONAL-AGE,										
ADULT, AND GRADUATE LEARNERS, PREPARING THEM FOR SUCCESSFUL CAREERS AND										
A COMMITMENT TO LIFE-LONG LEARNING ACROSS THE LIBERAL ARTS AND										
PROFESSIONAL PROGRAMS.										
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:										
UNIVERSITY OF LA VERNE OFFERS HIGH QUALITY DEGREE PROGRAMS TO BOTH										
TRADITIONAL-AGE AND ADULT LEARNERS: PROVIDING LIBERAL ARTS AND										
PROFESSIONAL PROGRAMS FORM UNDERGRADUATE TO DOCTORAL LEVELS, AND										
DELIVERING PROGRAMS TO STUDENTS AT THE CENTRAL LA VERNE CAMPUS AS WELL										
AS REGIONAL CAMPUSES AND SATELLITE CLASS LOCATIONS THROUGHOUT										
CALIFORNIA. THE UNIVERSITY PROVIDES A STUDENT-CENTERED, VALUES-BASED,										
AND DIVERSE LEARNING ENVIRONMENT. IT TAKES PRIDE IN OFFERING SMALL										
CLASS SIZES IN A HIGHLY PERSONALIZED SETTING. THE UNIVERSITY ENCOURAGES										
EFFECTIVE TEACHING, RESEARCH, SCHOLARLY CONTRIBUTIONS, AND SERVICE TO										
THE GREATER COMMUNITY BY SHARING ITS ACADEMIC, PROFESSIONAL, AND										
INDIVIDUAL RESOURCES. UNIVERSITY OF LA VERNE PROVIDES EDUCATIONAL										
SERVICES TO 7,344 UNDERGRADUATE, GRADUATE, LAW, AND DOCTORAL STUDENTS.										

FORM 990, PART VI, SECTION A, LINE 1A:

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2 **Employer identification number** Name of the organization UNIVERSITY OF LA VERNE 95-1644026 THE EXECUTIVE COMMITTEE SHALL CONSIST OF NO FEWER THAN SEVEN (7) OR MORE THAN TWELVE (12) TRUSTEES. THE MEMBERS OF THE EXECUTIVE COMMITTEE SHALL BE COMPRISED OF THE PRESIDENT OF THE UNIVERSITY, BOARD CHAIR, VICE-CHAIR, SECRETARY, COMMITTEE CHAIRS, AND ONE AT-LARGE MEMBER RECOMMENDED BY THE BOARD CHAIR AND ELECTED BY THE MEMBERS OF THE BOARD OF TRUSTEES. THE EXECUTIVE BOARD OF THE BOARD OF TRUSTEES SHALL ALSO SERVE AS THE OFFICERS OF THE EXECUTIVE COMMITTEE. THE CHIEF FINANCIAL OFFICER SHALL SERVE AS AN EX-OFFICIO MEMBER OF THIS COMMITTEE, WITHOUT THE POWER TO VOTE, AND S/HE SHALL NOT BE COUNTED AS A MEMBER OF THE COMMITTEE FOR ANY PURPOSE. BETWEEN MEETINGS OF THE BOARD OF TRUSTEES. THE EXECUTIVE COMMITTEE SHALL HAVE THE FULL AUTHORITY OF THE BOARD WITH THE FOLLOWING EXCEPTIONS: FILL VACANCIES ON THE BOARD OF TRUSTEES OR IN ANY COMMITTEE WHICH HAS THE AUTHORITY OF THE BOARD; II. AMEND OR REPEAL THESE BYLAWS OR ADOPT NEW BYLAWS; AMEND OR REPEAL ANY RESOLUTION OF THE BOARD WHICH BY ITS EXPRESS III. TERMS IS NOT SO AMENDABLE OR REPEALABLE;

APPOINT COMMITTEES OF THE BOARD OR THE MEMBERS THEREOF;

APPROVE OF ANY SELF-DEALING TRANSACTION EXCEPT AS PROVIDED BY LAW;

OR

ANY OTHER ACTIONS PROHIBITED BY CALIFORNIA CORPORATIONS CODE SECTION VI.

5212 (A).

IN ADDITION, THE EXECUTIVE COMMITTEE MAY NOT AWARD DEGREES OR APPOINT OR

REMOVE THE PRESIDENT OF THE UNIVERSITY UNLESS SPECIFICALLY EMPOWERED BY THE

BOARD OF TRUSTEES TO DO SO.

FORM 990, PART VI, SECTION B, LINE 11B:

Schedule O (Form 990) 2021 Page **2**

Name of the organization **Employer identification number** UNIVERSITY OF LA VERNE 95-1644026 THE INFORMATION/DATA FOR THE 990 IS PRIMARILY GATHERED, CALCULATED, AND COMPILED BY THE UNIVERSITY'S DIRECTOR OF ACCOUNTING. UPON COMPLETING THESE STEPS, THE INFORMATION IS FORWARDED TO THE ASSOCIATE VICE PRESIDENT OF FINANCE FOR REVIEW AND APPROVAL. ONCE APPROVED THE INFORMATION/DATA IS SENT TO THE ACCOUNTING FIRM GRANT THORNTON LLP TO PREPARE THE FORM 990. ONCE COMPLETED, THE FORM 990 IS FORWARDED TO THE DIRECTOR OF ACCOUNTING TO ENSURE THAT THE INFORMATION THAT HAD BEEN ORIGINALLY PROVIDED WAS ENTERED CORRECTLY ONTO THE FORM. THE ASSOCIATE VICE PRESIDENT OF FINANCE ALSO PERFORMS A REVIEW OF THE RETURN. AFTER WHICH IT IS FORWARDED TO THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES FOR REVIEW, COMMENTS, AND APPROVAL, THE FULL FILING COPY OF THE APPROVED FORM 990 IS MADE AVAILABLE TO THE FULL BOARD OF TRUSTEES THROUGH THE POSTING ON A SECURE WEBSITE PRIOR TO FILING WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 12C: TO ENSURE COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY, THERE ARE ANNUAL SIGNED STATEMENTS OBTAINED FROM OFFICERS, TRUSTEES AND KEY EMPLOYEES. THE ASSOCIATE VICE PRESIDENT OF FINANCE REVIEWS THE STATEMENTS FOR DISCLOSURE OF ANY POTENTIAL CONFLICTS. IN ADDITION, THE OFFICE OF GENERAL COUNSEL REVIEWS ALL CONTRACTS THAT INVOLVE THE UNIVERSITY AND EMPLOYEES (OR A FAMILY MEMBER). TRUSTEE (OR FAMILY MEMBER). FOR ANY CONFLICTS OF INTEREST. REVEALED CONFLICTS ARE REPORTED ON THE FORM 990. AND REVIEWED BY MEMBERS OF THE BOARD AND AUDIT COMMITTEE TO DETERMINE ANY FURTHER ACTION IF NECESSARY. FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF TRUSTEES ESTABLISHES THE SALARY OF THE PRESIDENT. AND THE PRESIDENT ESTABLISHES THE SALARIES FOR THE UNIVERSITY'S VICE PRESIDENTS.

THE HUMAN RESOURCES DEPARTMENT REVIEWS THE UNIVERSITY'S SALARIES &

<u>Schedule O (Form 990) 2021</u> Page **2**

Name of the organization **Employer identification number** UNIVERSITY OF LA VERNE 95-1644026 COMPENSATION AND COMPARES THE INFORMATION TO BOTH NATIONAL AND LOCAL COMPARABILITY DATA TO ENSURE THE UNIVERSITY'S PAY RATES ARE CONSISTENT WITH OTHER COMPARABLE INSTITUTIONS. IN ADDITION, THE UNIVERSITY IS SUBSCRIBED TO SURVEYS THAT ARE RECEIVED AND REVIEWED ON AN ANNUAL BASIS. FORM 990, PART VI, SECTION C, LINE 19: THE UNIVERSITY'S FINANCIAL STATEMENTS ARE AVAILABLE ON THE WEBPAGE OF THE FINANCE OFFICE (HTTPS://LAVERNE.EDU/ABOUT/FINANCIAL-STATEMENTS-TAX-RETURNS/). ADDITIONALLY. THE AUDITED FINANCIAL STATEMENTS ARE POSTED TO THE ELECTRONIC MUNICIPAL MARKET ACCESS WEBSITE (WWW.EMMA.MSRB.ORG). THE CONFLICT OF INTEREST POLICY IS AVAILABLE UPON REQUEST FROM THE FINANCE OFFICE, AND IT IS ALSO AVAILABLE ON THE UNIVERSITY'S WEBSITE UNDER THE HUMAN RESOURCES PAGE. GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST FROM THE FINANCE OFFICE. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: CHANGE IN ACTUARIAL OBLIGATIONS -790,153. TAX RELIEF FOR CALIFORNIA RESIDENTS THIS RETURN IS TIMELY FILED UNDER THE GUIDANCE OF IRS NOTICE CA-2023-02, WHICH PROVIDES AN EXTENSION OF TIME TO FILE TO OCTOBER 16 2023 FOR VARIOUS CALIFORNIA TAXPAYERS WITH FILING DADLINES FALLING ON OR AFTER DECEMBER 27, 2022. COVID-19 DISCLOSURE IN MARCH 2020, THE WORLD HEALTH ORGANIZATION DECLARED THE NOVEL CORONAVIRUS ("COVID-19") A GLOBAL PANDEMIC. THE RELATED ADVERSE PUBLIC

Schedule O (Form 990) 2021

<u>Schedule O (Form 990) 2021</u>

Name of the organization **Employer identification number** UNIVERSITY OF LA VERNE 95-1644026 HEALTH DEVELOPMENTS, INCLUDING ORDERS TO SHELTER-IN-PLACE, TRAVEL RESTRICTIONS, AND MANDATED BUSINESS CLOSURES, HAVE ADVERSELY AFFECTED WORKFORCES, ORGANIZATIONS, THEIR CUSTOMERS, ECONOMIES, AND FINANCIAL MARKETS GLOBALLY, LEADING TO INCREASE MARKET VOLATILITY AND DISRUPTION IN NORMAL BUSINESS OPERATIONS, INCLUDING THE UNIVERSITY'S OPERATIONS. WORKFORCES, ORGANIZATIONS, THEIR CUSTOMERS, ECONOMIES, AND FINANCIAL MARKETS GLOBALLY, LEADING TO INCREASE MARKET VOLATILITY AND DISRUPTION IN NORMAL BUSINESS OPERATIONS, INCLUDING THE UNIVERSITY'S OPERATIONS. THE UNIVERSITY TRANSITIONED ITS STUDENTS TO ONLINE LEARNING AND ALMOST ALL OF ITS EMPLOYEES TO REMOTE WORK IN MID-MARCH OF 2020. THE STATE OF CALIFORNIA AND LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH OFFICIALS MUST APPROVE PLANS FOR BRINGING EMPLOYEES AND STUDENTS BACK TO IN-PERSON INSTRUCTION. RESTRICTIONS ON THE STUDENT HOUSING HAVE HAD THE MOST SIGNIFICANT IMPACT TO REVENUES. AS OF FALL OF 2021, DUE TO DECREASED COUNTY RESTRICTIONS THE UNIVERSITY OF LA VERNE BEGAN A TRANSITION TO INCREASE IN-PERSON INSTRUCTION, AND STAFF PRESENCE ON CAMPUS WHILE MAINTAINING A HYBRID MODEL. OVER THE NEXT TWELVE MONTHS THE UNIVERSITY INTENDS TO FURTHER INCREASE ON-CAMPUS ACTIVITIES. ON MARCH 27, 2020, THE CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITIES ("CARES") ACT WAS SIGNED INTO LAW. AMONG OTHER THINGS, THE CARES ACT ALLOCATED \$14 BILLION TO HIGHER EDUCATION THROUGH THE CREATION OF THE EDUCATION STABILIZATION FUND, FIFTY PERCENT OF THE EMERGENCY FUNDS RECEIVED BY INSTITUTIONS MUST GO DIRECTLY TO STUDENTS IN THE FORM OF EMERGENCY FINANCIAL AID GRANTS TO COVER EXPENSES RELATED TO THE DISRUPTIONS OF CAMPUS OPERATIONS DUE TO COVID-19. INSTITUTIONS MAY USE REMAINING EMERGENCY FUNDS NOT GIVEN TO STUDENTS ON COSTS ASSOCIATED

Schedule O (Form 990) 2021 Page 2 **Employer identification number** Name of the organization UNIVERSITY OF LA VERNE 95-1644026 WITH SIGNIFICANT CHANGES TO THE DELIVERY OF INSTRUCTION DUE TO COVID-19. SUBSEQUENT AND SIMILAR TO THE CARES ACT, THE HIGHER EDUCATION EMERGENCY RELIEF FUND II (HEERF II) WAS AUTHORIZED BY THE CORONAVIRUS RESPONSE AND RELIEF SUPPLEMENTAL APPROPRIATIONS ACT, 2021 (CRRSAA) AND SIGNED INTO LAW ON DECEMBER 27, 2020. \$81.88 BILLION WAS AUTHORIZED IN SUPPORT FOR EDUCATION, IN ADDITION TO THE \$30.75 BILLION PROVIDED SPRING OF 2020 THROUGH THE CARES ACT. IN ADDITION, THE AMERICAN RESCUE PLAN (ARP) AUTHORIZED THE HIGHER EDUCATION EMERGENCY RELIEF FUND III (HEERF III) SIGNED INTO LAW ON MARCH 11, 2021, PROVIDING \$39.6 BILLION IN SUPPORT TO INSTITUTIONS OF HIGHER EDUCATION TO SERVE STUDENTS AND ENSURE LEARNING CONTINUES DURING THE COVID-19 PANDEMIC. ARP FUNDS ARE IN ADDITION TO FUNDS AUTHORIZED BY CRRSAA, AND CARES. EMERGENCY FUNDS AVAILABLE TO INSTITUTIONS AND THEIR STUDENTS UNDER ALL EMERGENCY FUNDS TOTAL \$76.2 BILLION. AS OF JUNE 30, 2022 THE UNIVERSITY RECEIVED A TOTAL OF \$34,489,322 IN EMERGENCY FUNDS WITH \$14 294 808 EARMARKED TO GO DIRECTLY TO STUDENTS. \$18,063,694 EARMARKED FOR TECHNOLOGY AND OTHER COSTS REQUIRED FOR REMOTE LEARNING AND THE EVENTUAL SAFE RETURN TO CAMPUS, AND \$2,130,820 FOR MINORITY SERVING INSTITUTIONS, FOR EMERGENCY FUNDS FOR STUDENTS.

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.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

UNIVERSITY OF LA VER	NE				9	95-1644026		
Part I Identification of Disregarded Entities. Complete	te if the organization answered "Yes"	on Form 990, Part IV, line 33	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	Legal domicile (state or Total income End-of-year a			(f) Direct controlling entity		9
	-							
	- - -							
	-							
Identification of Related Tax-Exempt Organiza	ations. Complete if the organization	answered "Yes" on Form 990), Part IV, line 34, I	pecause it had one	or more re	elated tax-exer	 mpt	
Part II organizations during the tax year.			, ,				•	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		contr	g) 512(b)(13) rolled ity?
				501(c)(3))			Yes	No
	-							
	_							
	-							
For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.					Schedule R	(Form 99	0) 2021

Schedule R (Form 990) 2021 UNIVERSITY OF LA VERNE 95-1644026 Page **2**

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)	(h)		(i)	(j)	(k)		
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disproportionate		Disproportiona		Code V-UBI	Genera	Percenta ping ownersh
of related organization		(state or foreign	entity	(related, unrelated, excluded from tax under sections 512-514)	income	end-of-year assets	alloca	itions?					
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No OF		
						l							

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	(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	Sec 512(l contr ent	ti) etion b)(13) rolled ity?
		country)		or trusty		400010		Yes	No
	_								
CHARITABLE REMAINDER UNITRUSTS (10)	FUNDRAISING	CA		TRUST					Х
									ĺ
CHARITABLE REMAINDER ANNUITY TRUST (1)	FUNDRAISING	CA		TRUST					х
	-								
NET INCOME WITH MAKE-UP CRUT (4)	FUNDRAISING	CA		TRUST					х

UNIVERSITY OF LA VERNE 95-1644026 Schedule R (Form 990) 2021 Page 3

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

Yes No

1a

Х

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

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?

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

b	Gift, grant, or capital contribution to related organization(s)				1b	Х				
С	Gift, grant, or capital contribution from related organization(s)				1c	Х				
					1d	Х				
е	Loans or loan guarantees by related organization(s)				1e	Х				
f	Dividends from related organization(s)				1f	X				
	Sale of assets to related organization(s)				1g	X				
h	Purchase of assets from related organization(s)				1h	X				
	Exchange of assets with related organization(s)				1i	X				
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	X				
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	Х				
	Performance of services or membership or fundraising solicitations for related organization(s)									
	Performance of services or membership or fundraising solicitations by related organ				1m	Х				
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
Sharing of paid employees with related organization(s)										
	• • • • • • • • • • • • • • • • • • • •									
p Reimbursement paid to related organization(s) for expenses										
q Reimbursement paid by related organization(s) for expenses										
r	Other transfer of cash or property to related organization(s)				1r	Х				
s	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 wh	ho must complete th	is line, including covered rela	ationships and transaction thresholds.						
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount in	volved					
(1)										
(O)										
(2)										
(3)										
(0)										
(4)										
,										
(5)										
(6)										
132163	11-17-21	0.5		Schedule	R (Form 9	90) 2021				

Schedule R (Form 990) 2021 UNIVERSITY OF LA VERNE 95-1644026 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) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionat allocatio	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) Percentage ownership