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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

2008

Open to Public Inspection

A Fo	r the	2008 ca	alendar yea	r, or tax year beginning 07-0	1-2008 and ending 06-30-200	9		
B Che	eck ıf a	pplicable	Please	C Name of organization WILLIAM PENN UNIVERSITY			D Employer ic	lentification number
☐ Add	lress cl	nange	use IRS label or	Doing Business As			42-07071 E Telephone r	
☐ Nar	ne cha	inge	print or type. See	Doing Business As			· ·	
Init	ial retu	irn	Specific Instruc-	,	of mail is not delivered to street addre	ess) Room/s	G Gross recei	-1001 pts \$ 27,445,220
Ter	mınatı	on	tions.	NORTH MARKET AND TRUEBLO	OD AVENUE		d dioss recei	βί3 φ 27,443,220
┌ Am	ended	return		City or town, state or country,	and ZIP + 4	 		
☐ App	olication	n pending		OSKALOOSA, IA 52577				
			F Nan	ne and address of Principal (Officer	H(a) Is	s this a group retur	n for
			ANNM	FIELDS			filiates?	⊤Yes ∨ No
						H(b) A	re all affiliates includ	led?
I Ta	x-exen	npt status	▽ 501(c))(3) ◀(ınsert no))(1) or			t See instructions)
J W	eb sit	e: 🕨 ww	w wmpenn e	edu		H(c) G	Group Exemption N	umber 🟲
К Тур	e of or	ganızatıon	Corporat	tion trust association other	er 🕨	L Year o	of Formation 1873	1 State of legal domicile IA
Pa	rt I		mary					
	1			e organization's mission or r	-			A
Governance					ity for an educational experienc , integrity, community and equa		cus on leadership,	technology, and the
<u> </u>		-						
<u>¥</u> €	2	Check	this box 🦵	ıf the organızatıon dıscontın	ued its operations or disposed o	of more tha	an 25% of its asse	ts
	3	Numbe	r of voting r	members of the governing bo	dy (Part VI, line 1a)		. 3	22
Activities &	4	Numbe	r of indepen	ndent voting members of the	governing body (Part VI, line 1	b)	4	22
Ě	5			nployees (Part V, line 2a)				817
ij	6			olunteers (estimate if necess			6	50
ų.				ted business revenue from P iness taxable income from Fo	art VIII, line 12, column (C)	•	/a 7b	0
	В	Net um	erated busi	mess taxable income from Fe	Jim 990-1, iiie 34		Prior Year	Current Year
	8	Contri	butions and	d grants (Part VIII, line 1h)		13,904,786	4,120,274	
ë	9			revenue (Part VIII, line 2g)		22,586,992	23,138,843	
Reveni	10	,		, ,,	nes 3, 4, and 7d)		198,399	186,103
æ	11			art VIII, column (A), lines 5			0	
	12		revenue—a	dd lines 8 through 11 (must	equal Part VIII, column (A), lın	e	26 600 177	27.445.220
	12	12)	and simila	ar amounts paid (Part IX, col	umn (A.) lines 1 2)		36,690,177	27,445,220
	13 14			or for members (Part IX, colu	, ,,		8,095,747	8,633,691
	15				fits (Part IX, column (A), lines	5-		
\$		10)	00, 01.101 01				9,013,475	10,507,377
Expenses	16a	Profes	sional fund	Iraısıng fees (Part IX, columi	n (A), line 11e)			0
ਡੌ	ь	(Total f	undraising ex	penses, Part IX, column (D), line 2	5 <u>539,498</u>)			
	17	Other	expenses ((Part IX, column (A), lines 1	1a-11d, 11f-24f)		10,542,042	10,725,875
	18				al Part IX, line 25, column (A))		27,651,264	29,866,943
<u>- 47</u>	19	Reven	ue less exp	penses Subtract line 18 fror	n line 12		9,038,913	-2,421,723
Net Assets or Fund Balances						Beg	jinning of Year	End of Year
esse Bafa	20			rt X, line 16)			52,223,433	53,621,651
et A	21			Part X, line 26)			34,081,203	39,269,947
	22	_		nd balances Subtract line 21	from line 20		18,142,230	14,351,704
Pai	rt II	_	ature Blo		and this rature, including accompanying	, sebedules s	and statements and to	the heat of my knowledge
					ned this return, including accompanying of preparer (other than officer) is base			
Plea		***					2010-05-04	
Sign Here		Sign	ature of office	er		[Date	
	-		NIE JOHNSON e or print nam					
			or brille Hall	ic and titic	l _{D-t}	Obs. 1 C		
.		Preparer signatur		h B Ryan CPA		Check If self-	_ `	(See Gen Inst)
Paid	arar ⁱ -		<u> </u>	·	empolyed 🕨	<u> </u>	_	
Use (arer's Only	ıf self-er	ame (or yours mployed),)	EIN Þ			
J 36 (Jilly	address,	and ZIP + 4	317 HIGH AVE E			Dhono no 🕨 (641) 672 2522
				OSKALOOSA, IA 525772823				641) 672-2523
Mayt	he IR	S discus	ss this retu	rn with the preparer shown a	bove? (See instructions)			┌Yes ┌No

Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's mission
•	William Penn University provides the opportunity for an educational experience with a focus on leadership, technology, and the Quaker principles of simplicity, peace-
	making, integrity, community and equality
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting or make significant changes in how it conducts any program services?
	If "Yes," describe these changes on Schedule O
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses
•	Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 21,049,271 including grants of \$ 8,633,691) (Revenue \$ 19,715,467) INSTRUCTION AND ACADEMIC SUPPORT PROVIDED TO 1,532 FULL AND PART-TIME STUDENTS
4b	(Code) (Expenses \$ 1,132,859 including grants of \$) (Revenue \$ 1,016,899)
	QUALITY FOOD SERVICES PROVIDED AT REASONABLE COST TO 318 STUDENTS, FACULTY AND STAFF
4c	(Code) (Expenses \$ 2,839,939 including grants of \$) (Revenue \$ 763,122)
	SUPPORT AND MAINTENANCE OF STUDENT DORMITORIES ON CAMPUS, INCLUDING STAFFING RESIDENT ADVISORS AND VENDING SERVICES FOR 329 STUDENTS
4d	Other program services (Describe in Schedule O)
	(Expenses \$ 1,789,440 including grants of \$) (Revenue \$ 1,643,355)
40	Total program corruce expenses \$ 26.911.500. Must equal Part IV Line 25. column (R)

Part IV	Chec	klist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		Νο
6	Did the organization maintain any donor advised funds or any accounts where 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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II"	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		N o
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νο
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		Νο
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	Yes	
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νο

Part IV Checklist of Required Schedules (Continued)

			1 63	140
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		No
L.	Have a few dynamics who had a dynamic and wast by a many value and by a wast by a wast and a few of the few of	20a		NO
D	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νo
C	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νo
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νo
36	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		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related	37		No

	rt V Statements Regarding Other IRS Filings and Tax Compliance			raye L
	Statements Regarding other the runnings and rux compliance		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal		103	
	of U.S. Information Returns. Enter -0- if not applicable			
	1a 79			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		N o
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		No
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		Νο
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		No
7	Organizations that may receive deductible contributions under section 170(c).	 _		NI -
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		No
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νο
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d 0			
	· · · · · · · · · · · · · · · · · · ·			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Νο
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		No
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and section $509(a)(3)$			
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		Νο
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		Νo
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Νo
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations Enter			
	Gross income from members or shareholders			
	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Νo
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section	Α.	Governina	Body	and	Management

							Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	, desc	ribe the	cırcums	tances,			
1a	Enter the number of voting members of the governing body	1a			22			
b	Enter the number of voting members that are independent	1b			22			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			•	•	2		Νο
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?							Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?							Νο
5	Did the organization become aware during the year of a material diversion of the organization		5		Νo			
6	Does the organization have members or stockholders?		6		Νο			
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?							Νο
Ь	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	rother	persons	·	7b		Νο
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons ui	ndertak	en durin	g the			
а	the governing body?					8a	Yes	
Ь	each committee with authority to act on behalf of the governing body?					8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?					9a		Νο
b	If "Yes," does the organization have written policies and procedures governing the a affiliates, and branches to ensure their operations are consistent with those of the o					9b		Νο
10	Was a copy of the Form 990 provided to the organization's governing body before it must describe in Schedule O the process, if any, the organization uses to review the					10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section At the organization's mailing address? If "Yes," provide the names and addresses in Sc	,				11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a		Νo
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Νο
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		Νo
13	Does the organization have a written whistleblower policy?	13		Νo
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	_

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. I another's website.
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization BONNIE JOHNSON NORTH MARKET AND TRUEBLOOD AVENUE

OSKALOOSA,IA 52577

(641) 673-1001

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

Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- * List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

The check this box in the organization and i		Posit	(C) chec	:k al				(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							-			

Part VII Continued

			tion that a			ıll			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
		-	\vdash	\vdash	\dashv		\vdash			
1b Total				<u> </u>			<u> </u>	885,984		268,220

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶4

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
SODEXO SERVICES 4880 PAYSPHERE CIRCLE CHICAGO, IL 60674	FOOD SERVICE	932,592
MERIT CONSTRUCTION COMPANY 1000 29TH AVE SW CEDAR RAPIDS, IA 524062163	CONSTRUCTION	2,320,939
JENZABAR 4000 EXECUTIVE PARK DR CINNCINNATI, OH 45241	SOFTWARE MAINTENANCE	273,052
INSTITUTE OF PROFESSIONAL DEVELOPMENT 4605 EAST ELWOOD PHOENIX, AZ 85040	MARKETING	470,120
COLLEGE BOOKSTORES OF AMERICA ATKINS MEMORIAL UNION OSKALOOSA, IA 52577	TEXT BOOKS AND SUPPL	778,841
Total number of independent contractors (including those in 1) who rec from the organization	, ,	12

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Part VIII

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated campaigns 1a		Reveilue		512, 513, 01 514
許許	ь	Membership dues				
흔		1b				
s, g	С	Fundraising events				
Contributions, gifts, grants and other similar amounts	d	Related organizations1d				
ξ, III,	e	Government grants (contributions) 1e 743	3,398			
tio sr s	f	All other contributions, gifts, grants, and similar amounts not included above	5,876	j		j
έ¥		If				
草草	g	Noncash contributions included in				
ठॅल	h	Ines 1a-1f \$	4,120,274			
		Business C	inda			
<u> 9</u>	2a	STUDENT TUITION AND FEES	19,323,949	19,323,949		
Ke II	ь	ROOM	763,122			
Program Serwoe Revenue	c	OTHER PROGRAM INCOME	391,518	·		
MCe	d	OTHER INCOME	331,310	331,310		
33	e	BOARD	1,016,899	1,016,899		
Ē	f	All other program service revenue	1,643,355			
i Bo	-		1,043,333	1,043,333		
Δ	g	Total. Add lines 2a-2f				
	3	Investment income (including dividends, intere	est			
		other similar amounts)				186,103
	4	Income from investment of tax-exempt bond proceeds				
			*			
	5	Royalties				
	6a	(i) Real (ii) Perso Gross Rents	nai			
	ь	Less rental				
	c	expenses Rental income				
	d	or (loss) Net rental income or (loss)				
	<u> </u>		<u>▶</u>			
	7a	(i) Securities (ii) O the	er			
	/a	from sales of assets other				
		than inventory				
	Ь	Less cost or other basis and				
	c	sales expenses Gain or (loss)				
	d	Net gain or (loss)	0			
	0-		<u> </u>			
	8a	Gross income from fundraising events (not including				
ψ		\$				
Other Revenue		of contributions reported on line 1c) See Part IV, line 18				
ě		Attach Schedule G if total exceeds				
<u> </u>	ь	\$15,000				
ţ	c	Net income or (loss) from fundraising events				
0	9a	Gross income from gaming	<u> </u>			
		activities See part IV, line 19				
		Complete Schedule G ıf total exceeds \$15,000				
		а				
	b	Less direct expensesb				
	С	Net income or (loss) from gaming activities	0			
	10a	Gross sales of inventory, less				
		returns and allowances .				
	ь	a h				
	c	Less cost of goods sold b Net income or (loss) from sales of inventory .	▶			
		Miscellaneous Revenue Business C				
	11a					
	ь					
	С					
	d	All other revenue				
	e	Total. Add lines 11a-11d	. \$			
	12	Total Payanus Add base 45 De 2 4 5 6 5	0 27,445,220	23,138,843		186,103
	**	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7 8c,	-,	23,130,043		150,105
	1	9c, 10c, and 11e	►	I		

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).							
Do r	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0						
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	8,633,691	8,633,691					
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	0						
4	Benefits paid to or for members	0						
5	Compensation of current officers, directors, trustees, and key employees	1,199,860	79,197	974,829	145,834			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0						
7	Other salaries and wages	7,402,598	7,122,437		215,015			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	268,375	224,673	32,445	11,257			
9	Other employee benefits	1,024,512	857,680	123,856	42,976			
10	Payroll taxes	612,032	512,369	73,990	25,673			
11	Fees for services (non-employees)							
а	Management	0						
Ь	Legal	10,159	75	10,084				
С	Accounting	59,364		59,364				
d	Lobbying	0						
e	Professional fundraising See Part IV, line 17	0						
f	Investment management fees	0						
g	Other	337,166	306,672	30,494				
12	Advertising and promotion	78,666	23,791	54,180	695			
13	Office expenses	161,772		148,954	12,818			
14	Information technology	0						
15	Royalties	0			_			
16	Occupancy	499,181	484,277	12,612	2,292			
17	Travel	416,486	342,841	43,939	29,706			
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0						
19	Conferences, conventions and meetings	0						
20	Interest	2,097,487	2,070,667	20,115	6,705			
21	Payments to affiliates	0						
22	Depreciation, depletion, and amortization	896,856	874,125	17,048	5,683			
23	Insurance	279,198	279,198					
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)							
а	OTHER EXPENSES	522,470	452,082	55,617	14,771			
	INSTRUCTION SUPPLIES	1,032,197	1,032,197	,	·,··-			
c	FOOD SERVICE CONTRACT	822,108	822,108					
d	COST OF TEXTBOOKS SOLD	1,323,494	1,323,494					
e	CONTRACT SERVICES	1,113,820	427,989	680,901	4,930			
f	All other expenses	1,075,451	941,946	112,362	21,143			
25	Total functional expenses. Add lines 1 through 24f	29,866,943	26,811,509	2,515,936	539,498			
26	Joint Costs. Check If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	,,-	,,		rm 990 (2008)			

Part X	Balance	Shoot
	Balance	Sneer

						(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing				274,301		230,712
	2	Savings and temporary cash investments					2	0
	3	Pledges and grants receivable, net		2,150,000	3	148,555		
	4	Accounts receivable, net				872,146	4	640,810
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L			es or		5	0
	6	Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B) Complete Part II of	ection	4958(f)			6	0
	7	Notes and loans receivable, net			i	1,828,202	7	1,940,969
	8	Inventories for sale or use				92,298	8	7,763
2	9	Prepaid expenses and deferred charges				710,115	9	859,331
Assets	10a	Land, buildings, and equipment cost basis	10a		54,561,761			
•	b	Less accumulated depreciation Complete Part VI of Schedule D	10b		17,130,467		10c	37,431,294
	11	Investments—publicly traded securities		·		4,714,367	11	3,251,782
	12	Investments—other securities See Part IV, line 11 Complete Pa Schedule D	art VII	of			12	0
	13	Investments—program-related See Part IV, line 11 Complete Pof Schedule D.	art VI l	I			13	0
	14	Intangible assets					14	0
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D		31,481,784	15	9,110,435		
	16	Total assets. Add lines 1 through 15 (must equal line 34)				52,223,433	16	53,621,651
	17	Accounts payable and accrued expenses .				4,341,653	17	3,696,572
	18	Grants payable					18	
	19	Deferred revenue				305,052	19	260,333
	20	Tax-exempt bond liabilities				11,081,996	20	10,947,091
<u>, 6</u>	21	Escrow account liability Complete Part IV of Schedule D					21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
Ë		persons Complete Part II of Schedule L			22			
	23	Secured mortgages and notes payable to unrelated third parties				11,603,836	23	14,537,740
	24	Unsecured notes and loans payable				5,248,400	24	8,328,400
	25	Other liabilities Complete Part X of Schedule D		1,500,266	25	1,499,811		
	26	Total liabilities. Add lines 17 through 25				34,081,203	26	39,269,947
S do		Organizations that follow SFAS 117, check here ▶ and comp through 29, and lines 33 and 34.	lete li	nes 27				
Balance	27	Unrestricted net assets				5,561,673	27	2,641,933
න ස	28	Temporarily restricted net assets		6,612,616	28	4,841,595		
됟	29	Permanently restricted net assets		5,967,941	29	6,868,176		
or Fund		Organizations that do not follow SFAS 117, check here ► □ an lines 30 through 34.						
9	30	Capital stock or trust principal, or current funds					30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund	•		31			
AS	32	Retained earnings, endowment, accumulated income, or other fu	nds				32	
Net	33	Total net assets or fund balances				18,142,230	33	14,351,704
	34	Total liabilities and net assets/fund balances				52,223,433	34	53,621,651
Pa	rt XI	Financial Statements and Reporting						

ParitXI	Financial	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	За	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

OMB No 1545-0047

Public Charity Status and Public Support

Department of the Treasury Internal Revenue Service

SCHEDULE A

(Form 990 or 990EZ)

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts.

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

Open to Public Inspection

	ne of the organization IAM PENN UNIVERSITY Employer identification number												
AA TLLTY	AM PENI	N ONIVERSITY						42	-070712	า			
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	bv all or	ganizatio						
				ation because it is (Please						<u> </u>			
1	Γ	A church, c	onvention of ch	iurches, or association of ch	urches de	scribed in	Section 1	L70(b)(1)	(A)(i).				
2	<u>~</u>	A school de	escribed in Sect	ion 170(b)(1)(A)(ii). (Attac	ch Schedu	le E)							
3	Γ	A hospital	or a cooperative	e hospital service organizati	on describ	oed in Sec	tion 170(l	o)(1)(A)(i	ii). (Attac	h Schedul	le H)		
4	Γ	A medical i	research organı	zation operated in conjuncti	on with a l	nospital d	escribed i	n Section	170(b)(1)	(A)(iii). E	nter th	ne	
		hospital's r	name, city, and	state									
5	\sqcap	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
		Section 170	D(b)(1)(A)(iv).	(Complete Part II)									
6	\vdash	A federal, s	tate, or local go	overnment or governmental	unıt descr	ibed in Se	ction 170	(b)(1)(A)	(v).				
7	Γ	An organiza	ation that norma	ally receives a substantial p	art of its s	support fro	om a gove	rnmental u	ınıt or fron	n the gene	ral pu	blic	
		described i	n Section 170(b))(1)(A)(vi) (Complete Par	tII)								
8	Γ	A communi	ty trust describ	ed in Section 170(b)(1)(A)	(vi) (Com	plete Par	tII)						
9	Γ	An organiza	ation that norma	ally receives (1) more than	331/3% o	fits supp	ort from c	ontribution	ns, membe	rship fees	, and	gros	s
		receipts fro	m activities rel	ated to its exempt functions	s—subject	to certair	n exceptio	ns, and (2) no more	than 331/	'3% of		
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess sectio	on 511 ta:	x) from bu	sıness	es	
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III)				
10		An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ct ion 509	(a)(4). (S	ee instruc	tions)	ı	
11	Г	_	=	and operated exclusively fo					•	•		•	
				orted organizations describe type of supporting organiza				•		Section 5	09(a)(3).	Check
		a T					nally Integ	_	d	Гтуре	III -	O th	er
e	Γ	By checkin	g this box, I ce	rtıfy that the organization is	not contro	olled direc	tly or ındı	rectly by o	one or mo	re disquali	ified pe	erso	ns
				agers and other than one or	more publ	ıcly suppo	orted orga	nızatıons	described	ın sectior	1509(a)(1	.) or
f		section 50		d a written determination fro	m tha IDS	that it is	a Tuno I	Typo II o	r Typa III	cupportu	oras	0173	ation
•		check this		u a written determination no	in the IRS	tilat it is	a Type I,	Type II O	i iype iii	supportin	iy orga	111120	- T
g		Since Augu	ıst 17, 2006, h	as the organization accepted	d any gift	or contrib	utıon from	any of the	<u>:</u>				ŗ
		following pe											
			•	r indirectly controls, either a		_	tn persons	aescribe	a in (ii)		-	es	No_
		· · · · · · · · · · · · · · · · · · ·	· -	ng body of the the supported	_	tion				11g	·	-	
			•	erson described in (i) above						11g(_	\dashv	
L		• •		ty of a person described in (. , , ,					11g(III)		
h		Provide the	i lollowing illion	nation about the organizatio	ins the org	jailizatioii	Supports						
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did v	ou notify	(vi) 1	s the	(vii)	Δm	ount of
		orted	(,	(described on lines 1- 9	1	ation in		ınızatıon		ation in		appo	
Organization		nization		above or IRC section		listed in		i) of your		rganızed			
				(See Instructions))		verning	supp	ort?	I in the	US?			
document? Yes No Yes No				Yes	No	-							
					162	140	162	140	162	140			
							 						
										 			
					1	1	1	I		1	1		

Total

Part II	Support Schedule for Organizations Described in IRC 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.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts 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							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 100, 1/a or	1/D, Check this	oox an	u see	▶ □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched)(2)		
	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
•	line 6)						
To	tal Support		•	•			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts 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 30 June, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income Do not include gain or loss						
12	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organization's fi	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶□
	mputation of Public Support Perc						
15	Public Support Percentage for 2008 (line		•	olumn (f))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
	mputation of Investment Income			40 1 1			
17	Investment Income Percentage for 2008 (-))	17	
18	Investment Income Percentage from 2007	'Schedule A , Pa	rt IV-A, line 27	h		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)					
	Facts and Circumstances Test					

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

Open to Public Inspection

	me of the organization LIAM PENN UNIVERSITY	Employer identification number					
		42-0707120)				
Pa	organizations Maintaining Donor Acorganization answered "Yes" to Form 99		ınds or Acco	ounts. Compl	ete if the		
	organization answered Tes to FOITH 95	(a) Donor advised funds	(b) Funds	and other acco	unts		
L	Total number at end of year						
2	Aggregate Contributions to (during year)						
3	Aggregate Grants from (during year)						
ı	Aggregate value at end of year						
5	Did the organization inform all donors and donor advi funds are the organization's property, subject to the	_	oradvised	☐ Yes			
5	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben		may be	-	-		
_	impermissible private benefit?			Yes			
Pa	rt II Conservation Easements. Complete		<u> Form 990, P</u>	Part IV, line 7.			
L	Purpose(s) of conservation easements held by the o						
	Preservation of land for public use (e.g., recreating Protection of natural habitat	on or pleasure)	′ '	•	rea		
	·	j Preservation of cei	rtinea nistoric s	structure			
	Preservation of open space						
2	Complete lines 2a-2d if the organization held a qual on the last day of the tax year	ified conservation contribution in the form	of a conservati	on easement			
	on the last day of the tax year		н	eld at the End o	of the Year		
а	Total number of conservation easements		2a	era at the Ena e	T the rear		
b			2b				
c	Total acreage restricted by conservation easement		2c				
_	Number of conservation easements on a certified h	• •					
d	Number of conservation easements included in (c)		2d				
3	Number of conservation easements modified, transfe	erred, released, extinguished, or terminate	d by the organiz	zatıon durıng			
	the taxable year 🕨						
ŀ	Number of states where property subject to conserva	ation easement is located ►					
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	- ,	tions, and	☐ Yes	┌ No		
5	Staff or volunteer hours devoted to monitoring, inspe	cting and enforcing easements during the	year ►				
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the ye	ar ► \$				
3	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	2(d) above satisfy the requirements of sec	tion	☐ Yes	┌ No		
)	In Part XIV, describe how the organization reports c balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easer	the footnote to the organization's financial					
ar	TIII Organizations Maintaining Collection Complete if the organization answered by		or Other Sin	nilar Assets.			
la	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fir	for public exhibition, education or researc	h in furtherance		ce,		
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research ir		•			
	(i) Revenues included in Form 990, Part VIII, line 1		► :	\$			
	(ii) Assets included in Form 990, Part X		► \$	3,	041,875		
2	If the organization received or held works of art, hist following amounts required to be reported under SFA	· · · · · · · · · · · · · · · · · · ·	,	, provide the			
а	Revenues included in Form 990, Part VIII, line 1		► \$				
b	Assets included in Form 990, Part X		▶ \$				

Par	Organizations Maintaining Collections of Art,	His	tori	<u>cal Treasu</u>	res, or Othe	<u>r Similar Ass</u>	ets (co	<u> ntınued)</u>
3	Using the organization's accession and other records, check any items (check all that apply)	of th	e foll	owing that ar	e a sıgnıfıcant u	se of its collectio	n	
а	Public exhibition	d	Γ	Loan or exc	hange programs			
ь	Scholarly research	e	Γ	Other				
c	▼ Preservation for future generations							
4	Provide a description of the organization's collections and explain	n how	v the v	further the o	organization's ex	empt purpose in		
-	Part XIV		,					
5	During the year, did the organization solicit or receive donations of							-
D	assets to be sold to raise funds rather than to be maintained as p					<u> </u>	Yes	No
26	t IV Trust, Escrow and Custodial Arrangements. C Part IV, line 9, or reported an amount on Form 990				mization answ	ered tes to r	oriii 9	90,
1a	Is the organization an agent, trustee, custodian or other intermed included on Form 990, Part X?				or other assets r		Yes	┌ No
b	If "Yes," explain why in Part XIV and complete the following table							
						A mo	unt	
c	Beginning balance				1c			
d	Additions during the year				1d			
e	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Form 990, Part X, line	21?				Г	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV							
Pa	rt V Endowment Funds. Complete if the organization							
4_	Reginning of year balance 5,399,881	(b)) Prior '	Year (c)Tv	o Years Back (d)	Three Years Back (e)Four Ye	ears Back
1a L	Beginning of year balance							
b c	Investment earnings or losses							
d	Grants or scholarships							
e	Other expenditures for facilities							
_	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the year end balance held as	;						
а	Board designated or quasi-endowment 🕨							
b	Permanent endowment 🕨 100 000 %							
c	Term endowment ▶							
3а	Are there endowment funds not in the possession of the organizat	ion t	that a	re held and a	dmınıstered for	the	Г.,	
	organization by (i) unrelated organizations	_				3a(i)	Yes	No No
	(ii) related organizations					3a(ii)		No
b	If "Yes" to 3a(II), are the related organizations listed as required					Зь	İ	No
4	Describe in Part XIV the intended uses of the organization's endo	wme	ent fu	nds				
Par	t VI Investments—Land, Buildings, and Equipmen	t. S	ee F	orm 990, P	art X, line 10.			
	Description of investment			Cost or other (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Bo	ok value
1a	Land			3,790,095	529,751	. [4,319,846
b	Buildings				38,657,713	7,714,198	3	0,943,515
c	Leasehold improvements							
d	Equipment	•			11,584,202	9,416,269		2,167,933
е	Other		1					

37,431,294

Part VIII Investments—Other Securities. Sec	e Form 990, Part X, line 1		
(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation · year market value
Financial derivatives and other financial products			•
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
		10	
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line		d of unluntum
(a) Description of investment type	(b) Book value		d of valuation ·year market value
			•
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, I			
(a) Descr			(b) Book value
REMAINDER INTEREST TRUSTS			1,193,108
LIBRARY BOOKS			602,345
CONSTRUCTION IN PROCESS			
COLLECTIIBLES			3,041,875
BENEFICIAL INTEREST IN PERPETUAL TR			2,749,950
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15.)		9,110,435
Part X Other Liabilities. See Form 990, Part	X, line 25.		
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
US GOVERNMENT GRANTS REFUNDABLE	1,499,811		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	1,499,811		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	27,445,220
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	29,866,943
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-2,421,723
4	Net unrealized gains (losses) on investments	4	-1,352,724
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	362,547
8	Other (Describe in Part XIV)	8	-16,079
9	Total adjustments (net) Add lines 4 - 8	9	-1,006,256
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-3,427,979
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial	_	17,442,726
-	statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments		
b	Recoveries of prior year grants		
c d	Other (Describe in Part XIV)		
u e	Add lines 2a through 2d	2e	-10,002,494
3	Subtract line 2e from line 1	3	27,445,220
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	,	27,443,220
a	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	27,445,220
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	<u> </u>
1	Total expenses and losses per audited financial statements	1	20,870,705
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25 2c		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	20,870,705
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	8,996,238
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	29,866,943

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Ret urn Reference	Explanation
Part X	Part X FIN48 Footnote	The Financial Accounting Standards Board has deferred until fiscal years beginning after December 15, 2008, the effective date of Interpretation No 48, Accounting for Uncertainty in Income Taxes, for nonpublic companies, by issuing FASB Staff Position 48-3. The University's policy is to evaluate the likelihood that its uncertain tax positions will prevail upon examination based on the extent to which those positions have substantial support within the Internal Revenue Code and Regulations, Revenue Rulings, court decisions and other evidence. It is the opinion of management that the Company has no uncertain tax positions that would be subject to Interpretation No. 48
Part XIII, Line 4b	Part XIII, Line 4b Other revenue amounts included on 990 but not included in F/S	SCHOLARSHIPS AND GRANTS \$8633691 PRIOR PERIOD ADJUSTMENT \$362547
Part XI, Line 8	Part XI, Line 8 Other Changes in Net Assets or Fund Balances	CHANGE IN SPLIT INT AGREEMENTS \$ -16079
Part V , Line 4	Part V, Line 4 Intended uses of the endowment fund	ENDOWMENT FUNDS CONSIST OF APPROXIAMTELY 108 INDIVIDUAL FUNDS ESTABLISHED FOR SCHOLARSHIPS, GRANTS AND UNRESTRICTED PURPOSES FOR THE UNIVERSITY ONLY REVENUE EARNED BY THE PORTFOLIO OF INVESTMENTS CAN BE USED FOR THE INTENDED PURPOSE
Part III, Line 4	Part III, Line 4 Description of organization's collections and how it furthers its purpose	THE UNIVERSITY MAINTAINS A COLLECTION OF MIDDLE EAST ARTIFACTS AND A REPLICA OF THE JING YUNG BELL FOR PURPOSES OF PUBLIC EXHIBIT AND SCHOLARY RESEARCH

Employer identification number

OMB No 1545-0047

2008

Open to Public Inspection

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

Schools

Name of the organization WILLIAM PENN UNIVERSITY

42-0707120 YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Yes 4c d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? No_ 5c d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes **b** Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either 6a or b, please explain using an attached statement 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 CB 587, covering racial nondiscrimination? If "No," attach an explanation

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DLN: 93493130000250 OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

2008

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

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

Open to Public Inspect ion

Employer identification number

WILLIAM PENN UNIVERSITY						42-0707120	
Does the organization mathe selection criteria use Describe in Part IV the co	aintain records to sed to award the gran	nts or assistance? edures for monitoring the	of the grants or assista 	he United States			√ Yes
Form 990, Part Part IV and Sch	IV, line 21 for ar iedule I-1 if addit	ny recipient that rece Gional space is	ived more than \$5,0	00. Check this box	if no one recipient rec	eived more than \$5,0	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	''''	(h) Purpose of grant or assistance
2 Enter total number of sec			ı	<u> </u>			
organizations 3 Enter total number of oth					• 		•
For Paperwork Reduction Act Not	tice, see the Instruct	ions for Form 990.		Cat No 50055	p	Scl	nedule I (Form 990) 2008

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
VOCATIONAL REHAB GRANTS FOR STATES	16	40,893		CASH	
INSTITUTION SCHOLARSHIPS AND GRANTS	994	8,056,260		CASH	
FEDERAL VETERANS REHABILITATION PROGRAM	12	9,878		CASH	
FEDERAL SEOG	509	243,968		CASH	
ENGLISH LANGUAGE ACQUISITION	35	282,692		CASH	

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

See Additional Data Table

Ident if ier	Return Reference	Explanation
Grantmaker's Description of How Grants are Used		THE UNIVERSITY HAS A FINANCIAL AID DEPARTMENT WHOSE STAFF IS TRAINED AND CONTINUOUSLY EDUCATED REGARDING FEDERAL FINANCIAL AID RULES AND REGULATIONS THE STAFF OF THE UNIVERSITY DETERMINES THE FINANCIAL NEED OF THE STUDENT AND DETERMINES THE AMOUNT OF FINANCIAL ASSISTANCE THAT CAN BE AWARDED TO THE STUDENT BASED ON FEDERAL RULES AND REGULATIONS THE FINANCIAL AID STAFF ALSO AWARDS GRANTS AND SCHOLARSHIPS BASED ON ENDOWED GIFTS THAT COMPLY WITH THE TERMS OF THE ENDOWED GIFTS

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DLN: 93493130000250

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Internal Revenue Service

ın Part III

Department of the Treasury

Name of the organization WILLIAM PENN UNIVERSITY

Compensation Information

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

42-0707120 **Questions Regarding Compensation** Νo Yes Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items Housing allowance or residence for personal use First class or charter travel Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax idemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain **1**b Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Yes Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Written employment contract Compensation committee Compensation survey or study Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a Receive a severance payment or change of control payment? Νo 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo 4c Νo Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III 501(c)(3) and 501(c)(4) organizations only must complete lines 5-8. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5a Νo 5b Νo Any related organization? If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a Νo 6b Any related organization? Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe

Νo

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

	-							
(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred		(E) Total of columns	(F) Compensation reported in prior Form	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ	
RICHARD E SOURS (I)		16,434		29,322	40,836	221,177	170,010	
(ii))							
(i)								
(ii)	1							
(i)								
(ii)	1							
(i)								
(ii)	1							
(i)								
(ii)								
(i)								
(ii)	1							
(i)								
(ii)	1							
(i)								
(ii)	1							

Part III Supplemental Information

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

Ident if ier	Return Reference	Explanat ion						
Line 1a	Part I, Line 1a Relevant information in regards to selections on 1a	TRAVEL FOR DR SOURS'S WIFE WAS PROVIDED THE UNIVERSITY PROVIDED A PERSONAL RESIDENCE FOR THE PRESIDENT						

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DLN: 93493130000250

OMB No 1545-0047

Supplemental Information on Tax Exempt Bonds

Department of the Treasury Internal Revenue Service Name of the organization

Schedule K

(Form 990)

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O.

Open to Public **Inspection** Employer identification number

	e of the organization									Employeri	uentilicat	ion num	Der	
WIL	LIAM PENN UNIVERSITY									42-0707:	120			
Pa	art I Bond Issues (Required	for 2008)								•				
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	Issued	(e) Issue	Price	(f) Desc	(f) Description of Purpose		(g) De	(g) Defeased)On alf of suer
											Yes	No	Yes	No
A	IO WA HIGHER EDUCATION LOAN AUTHORITY	42-1235696	462460TU0	05-01-2	2005	6,7		FINANCE CO PROJECTS	NSTRUCI	ΓΙΟΝ		х	Х	
Pa	rt II Proceeds (Optional for .	2008)			'			•			•			,
				A	\	ı	В	C	;	D			E	
1	Total Proceeds of Issue				6,715,000									
2	Gross Proceeds in Reserve Funds				890,690									
3	Proceeds in Refunding or Defeasar	nce Escrows												
4	Other Unspent Proceeds													
5	Issuance Costs from Proceeds			282,662										
6	Working Capital Expenditures from Proceeds			412,335										
7	7 Capital Expenditures from Proceeds			5,650,000										
8	Year of Substantial Completion			20	06			•		•				
-				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
9	Were the bonds issued as part of a	a current refunding iss	ue?		Х									
10	Were the bonds issued as part of a	an advance refunding i	ssue?		Х									
11	Has the final allocation of proceed	s been made?		Х										
12	Does the organization maintain additional allocation of proceeds?	equate books and rec	ords to support the	Х										
Pai	t IIII Private Business Use	(Optional for 2008))											
				A		В С			D			E		
				Yes	No	Yes	No	Yes	No	Yes	No	Yes	5	No
1	Was the organization a partner in a which owned property financed by		mber of an LLC,											
2	Are there any lease arrangements which may result in private busine:		nanced property											
For F	Paperwork Reduction Act Notice, see the	e Instructions for Form	990.			Cat No 501	93E			Sch	nedule K	Form 99	0) 2008	,

Schedule K	(Form 990) 20	800	
Part III	Private Bu	siness Use	(Continued)

		4	A	E	3	(С	I	D	I	E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or 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 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 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	rt IV Arbitrage (Optional for 2008)										
		ı	Α	E	3	(<u>c</u>	ı	<u> </u>	ı	Ε
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5											
	Were any gross proceeds invested beyond an available temporary period?										

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DLN: 93493130000250

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Attach to Form 990 or Form 990-EZ. ▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Open to Public Inspection

	of the organization 1 PENN UNIVERSITY									nt if icat	tion n	umber	
Part I	Excess Benefit Transact	ion	s (section 501(c)(3)	and section 501	L (c)		2-070 zatior					
	To be completed by organizatio										, Part	V , lıne	40b
1	(a) Name of disqualified	l pe	rson		(b) Des	crint	on of transa	ction			(c) Corr	ected?
					(5) 503	СПРС	- Con or transc					Yes	No
2 F	nter the amount of tax imposed on t	he i	organization mana	aers	or disqualified pers	ons	during the v	earur	nder				
	ection 4958	•						•	•	\$			
3 E	nter the amount of tax, if any, on lin	e 2,	, above, reimburse	d by	the organization .				F	\$			
Part	 -												
	To be completed by organizat	tion T	s that answered "\	Yes"	on Form 990, Part	IV,I	ine 26, or Fo	orm 99	90-E2			e 38a	
		(ь) Loan to or					(e)	In	(f Appro	-	(a)W	rıtten
(a)	Name of interested person and purpose	ا مر	from the ganization?	(c)	Original principal amount	(d)B	alance due	defa		by boa	ard or	1	
	purpose	<u> </u>	-	4	amount					commi			
		\vdash	To From					Yes	No	Yes	No	Yes	No
		\vdash											\vdash
													\vdash
Total	 												
Part I	Grants or Assistance Bottom To be completed by organ					an	Dart IV lin	e 27					
		ızu			ween interested pe								
	(a) Name of interested person				organization		(c)A m	ount c	fgrar	nt or ty	pe of a	assista	nc e
Part :	V Business Transactions	Inv	olving Intere	stec	l Persons		-						
	To be completed by organ	ıza	tions that answe	ered	"Yes" on Form 9	90,	Part IV, lın	e 28	a, 28	b, or 2	28c.		
			(b) Relationshi	•	(-) 0							(e) Sha organiza	
(a) Name of interested person		between interest person and the		(c) A mount of transaction		(d) Descr	iption	of tra	ınsactı	on l'	reven	
			organization									Yes	No
ИСG			NTITY OWNED B	Υ	132,0	043	CABLE TV .	AND	NTE	RNET			Νο
		╀	RUSTEE										
		+									-+		
		+									-+		
		╧											

DLN: 93493130000250

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Non-Cash Contributions

Internal Revenue Service Name of the organization

Employer identification number WILLIAM PENN UNIVERSITY 42-0707120 Part I Types of Property (a) (b) (c) (d) Check Number of Contributions Revenues reported on Method of determining ıf Form 990, Part VIII, line revenues applicable 1 g Art—Works of art . . . 2 Art—Historical treasures 3 Art—Fractional interests Books and publications Clothing and household aoods Cars and other vehicles Boats and planes Intellectual property . . . Securities—Publicly traded . 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . Qualified conservation contribution (historic structures) Qualified conservation contribution (other) . . Real estate—Residential . 16 Real estate—Commercial . . 17 Real estate—Other . . . 18 Collectibles 19 Food inventory 20 Drugs and medical supplies . **21** Taxidermy Historical artifacts 23 Scientific specimens . . 24 Archeological artifacts . . . 26,305 COMPARABLE VAL Other (describe OTHER _) NETWORK 57,325 COMPARABLE VAL 26 Other (describe OPERATI TELEVISION 1 62,186 COMPARABLE VAL Other (describe AND Other (describe CONSTRUCTION СО 195,007 COST TO DONOR BUILDING Other (describe <u>PROJEC</u> 435,716 COST TO DONOR _) Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? $\dots \dots \dots \dots \dots \dots \dots \dots \dots$ No 30a **b** If "Yes", describe the arrangement in Part II 31 Yes 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash 32a Νo **b** If "Yes", describe in Part II 33 If the organization did not report revenues in Column (c) for a type of property for which Column (a) is

checked, describe in Part II

Part II Supplemental Infor 32b, and 33. Also com	32b, and 33. Also complete this part for any additional information.									
Identifier	ReturnReference	Explanation								
240111111	Notal III Colored	Explanation								
	1	1								

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As Filed Data -

DLN: 93493130000250

Employer identification number

42-0707120

OMB No 1545-0047

2008

Open to Public Inspection

SCHEDULE 0

Department of the Treasury

(Form 990)

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information. Internal Revenue Service

Name of the organization WILLIAM PENN UNIVERSITY

Return **Identifier Explanation** Reference THE ORGANIZATION CURRENTLY HAS AN AGREEMENT WITH A FOR-PROFIT ENTITY REGARDING THE FORM 990, PART MANAGEMENT AND MARKETING OF A COLLEGE FOR WORKING ADULTS PROGRAM THE CONTRACT WITH VI, SECTION B, THE FOR-PROFIT ENTITY IS REVIEWED ANNUALLY AND THE ARRANGEMENT IS MONITORED DAILY TO LINE 16 SAFEGUARD THE ORGANIZATIONS TAX-EXEMPT STATUS

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 13	THE UNIVERSITY CURRENTLY DOES NOT HAVE A WHISTLE BLOWER POLICY HOWEVER, THE ADOPTION OF SUCH POLICY IS SET FOR THE NEXT BOARD MEETING IN MAY 2010

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12A	THE UNIVERSITY CURRENTLY DOES NOT HAVE A CONFLICT OF INTEREST POLICY HOWEVER, THE ADOPTION OF SUCH POLICY IS SET FOR THE NEXT BOARD MEETING IN MAY 2010

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 19	· · · · · · · · · · · · · · · · · · ·	Articles of incorporation and by-IAw's are AVAILABLE upon request to the business office of the organization

ldentifier	Return Reference	Explanation
, ,	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	The organization used comparable data to determine the amount of executive compensation for the President

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 10	Form 990, Part VI, Line 10 Form 990 Review Process	COPY OF FORM 990 WAS REVIEWED BY A MEMBER OF THE FINANCE COMMITTEE

ldentifier	Return Reference	Explanation
Form 990, Part III, Line 4d	Form 990, Part III, Line 4d Other Program Services Description	OTHER PROGRAM SERVICES 4 COST OF SALES, SUPPORT AND MAINTENANCE OF CAMPUS BOOKSTORE FOR 1,532 STUDENTS, FACULTY AND STAFF

Software ID: Software Version:

EIN: 42-0707120

Name: WILLIAM PENN UNIVERSITY

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa										
		Posit t	(C non (d hat a	chec		I			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
WILLIAM PATTEN , Trustee	2 00	X						0	0	0
WILLIAM C KIMBALL , Trustee	2 00	Х						0	0	0
STEVEN C NOAH , VP ADVANCEMENT	40 00			Х				115,675	0	30,159
STEPHANIE CORNELDER , Trustee	1 00	Х						0	0	0
STAN JOHNSON , Trustee	2 00	Х						0	0	0
SAMUEL H RITCHIE , Trustee	2 00	Х						0	0	0
RUTH NEUBERT , Trustee	2 00	Х						0	0	0
RONALD K BRYAN , Trustee	2 00	Х						0	0	0
RICHARD E SOURS , PreS TILL 6-09	40 00			Х	Х			151,019	0	70,158
REGINALD MARTIN , Trustee	2 00	Х						0	0	0
NEDRA JANE SMITH , Trustee	2 00	Х						0	0	0
MARY GLASSCOCK , Trustee	2 00	Х						0	0	0
MARK PATRICK MCADAMS , REGISTRAR	40 00				х			51,932	0	18,101
MARGARET STOLZFUS , Trustee	2 00	Х						0	0	0
L FREDERICK ALLEN , A CADEMIC DEAN	40 00			х				83,630	0	24,419
KEN VAN GILST , Trustee	2 00	Х						0	0	0
JOHN EE OTTOSSON , VP ENROLLMENT	40 00			х				112,075	0	25,729
JOEP CROOKHAM , Trustee	2 00	Х						0	0	0
JOBI LAWRENCE , FACULTY MEMBER	40 00					Х		105,046	0	19,308
JERRY N ELLIS , Trustee	2 00	Х						0	0	0
GARY GARVIS , DEAN OF STUDENT	40 00				Х			59,200	0	19,997
ERIC JON NICHOLS , Trustee	2 00	Х						0	0	0
DR LEE BASH , DEAN OF CWA	40 00			Х				91,645	0	26,584
DONALD E SWIM , Trustee	2 00	Х						0	0	0
DIANNE K BURNS , Secretary	40 00			Х				27,873	0	8,735
CHRIS HYLAND , Trustee	5 00	Х						0	0	0
CHARLES RUSSELL , Trustee	2 00	Х						0	0	0
CAROLIBATES, Trustee	2 00	Х						0	0	0
CARL DROST , Trustee	5 00	Х						0	0	0
BONNIE L JOHNSON , CFO	40 00			Х				87,889	0	25,030

Form 990, Part VII - Section Aaa

- Orini DDO/ Furt T22 Occident Max	-									
(A) Name and Title	(B) Average hours per week	Individual T or Director	tion (Institutional	chec) &	Highes	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		rusten 	Trustee	<u> </u>	oyee	st compensated see	¥	2/103311130)	MISC)	organizations
BERRY JOHNSON , Trustee	2 00	Х						0	0	0

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a STUDENT TUITION AND FEES		19,323,949	19,323,949		
b ROOM		763,122	763,122		
c OTHER PROGRAM INCOME		391,518	391,518		
d OTHERINCOME					
e BOARD		1,016,899	1,016,899	_	