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# Form **990**

Department of the Treasury

#### **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

2009

Open to Public Inspection

	kevenue -		3				9	Inspection
				or tax year beginning 07-01-200  Name of organization	9 and ending 06-30-201	.0	D Employer id	entification number
_	ck if ap ress cha	oplicable Please		WILLIAM PENN UNIVERSITY	42-0707120			
_	ne char	label o		Doing Business As			E Telephone n	
_	al retur	type. S	ee			.1-	(641) 673-	1001
_	nınated	Instruc		Number and street (or P O box if mail NORTH MARKET AND TRUEBLOOD AVE		ess)  Room/suite	<b>G</b> Gross receipts	\$ \$ 31,507,729
_	ended r		$\vdash$	City or town, state or country, and ZIP	1 + 1			
_				OSKALOOSA, IA 52577	+ <b>4</b>			
Аррі	lication	pending					J	
		l l	Name N FIE	and address of principal officer LDS			nis a group retur ates?	n for
		173	39 10	8TH PL		aiiiii	ates	) 165 J NO
		KNO	OXVI	LLE,IA 50138			III affiliates includ	
Tax	-exem	pt status 🔽 50	)1(c) (	3) <b>◄</b> (insert no )	<b>□</b> 527		lo," attach a list up exemption ni	(see instructions)
		: ► www wmpe			,	] H(c) GIO	up exemption in	illibel <b>F</b>
		<u> </u>				1		
Form Par		Summary	oration	Trust Association Other		<b>L</b> Year of fo	ormation 1873	M State of legal domicile IA
			e the i	organization's mission or most s	ignificant activities			
		William Penn U	niver	sity provides the opportunity for	an educational experienc		on leadership,	technology, and the
ષ		Quaker princip	les of	sımplıcıty, peace-makıng, ınteg	rity, community and equa	lity		
Solution of the second								
5	2	Check this box	<b>▶</b> □	if the organization discontinued i	its operations or disposed	of more than	25% of its net	assets
			,	mbers of the governing body (Pa				2
?			_	ent voting members of the gover				
				loyees (Part V, line 2a)		b)		87
				nteers (estimate if necessary)				i
:				d business revenue from Part VI				a
		-		ess taxable income from Form 99	, , ,,	•	7	
		Wet difference i		and taxable meanic main rollings.	70 1, me 34 1 1	Dei	or Year	Current Year
	8	Contributions	and c	grants (Part VIII, line 1h)			4,120,274	5,445,390
9	9		_	venue (Part VIII, line 2g)			23,138,843	25,879,118
Havenue	10			· (Part VIII, column (A), lines 3,		186,103	183,221	
Ž	11			t VIII, column (A), lines 5, 6d, 8		180,103	103,22	
	12			lines 8 through 11 (must equal		е ———		
					, , , , , , , , , , , , , , , , , , , ,		27,445,220	31,507,729
	13	Grants and si	mılar	amounts paid (Part IX, column (	A), lines 1-3)		8,633,691	10,322,063
	14	Benefits paid	to or 1	for members (Part IX, column (A	), line 4)			(
ا م	15		rcom	npensation, employee benefits (P	art IX, column (A), lines	5 –	10 507 377	11 264 92
Expenses 		10)		5 (5 ) 5 )			10,507,377	11,364,837
<u>₹</u>	16a			ising fees (Part IX, column (A),				
<u>ਕ</u>	Ь	-	•	ses (Part IX, column (D), line 25) ► 568				
	17	•	-	art IX, column (A), lines 11a-11			10,725,875	10,929,212
	18			ld lines 13–17 (must equal Part			29,866,943	32,616,112
an a	19	Revenue less	expe	nses Subtract line 18 from line	12	Dii-	-2,421,723	-1,108,383
Fund Balances						_	g of Current Year	End of Year
썙	20	Total assets (	(Part	X, line 16)			53,621,651	58,626,219
[팔	21			rt X, line 26)			39,269,947	44,682,925
Ē	22	Net assets or	fund	balances Subtract line 21 from	line 20		14,351,704	13,943,294
Par	t II	Signature	Bloc	k			•	
		Under penalties o	of perju	ıry, I declare that I have examıned thıs	return, including accompanying	schedules and	statements, and to	the best of my knowledge
		and belief, it is tr	ue, coi	rrect, and complete Declaration of prep	arer (other than officer) is base	ed on all informa	tion of which prepa	rer has any knowledge
ian		*****				2011	-02-14	
ign Iere		Signature of o	officer			Date		
		BONNIE JOHN	ISON C	FO.				
		Type or print						
		Dropararia k			Date	Check If	Preparer's ident	ıfvına number
aid		Preparer's Jo	seph B	Ryan CPA		self-	(see instructions	
	rer's	F		TOOT CIMANOTAL CROUP DO		empolyed 🕨		
repa Ise C		Firm's name (or y if self-employed)	,	TD&T FINANCIAL GROUP PC			EIN Þ	
.50 0	····y	address, and ZIP	+ 4	317 HIGH AVE E			Dharra in h	(41) (72, 2522
				OSKALOOSA, IA 525772823			Phone no 🕨 (	
1 - 1 +	ha ID	S discuss this r	aturn	with the preparer shown above?	(see instructions)			Evas ENa

#### Part III Statement of Program Service Accomplishments

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

	the prior Form 990	n undertake any significa or 990-EZ?			· · · · · · ·	┌ Yes ┌ No
	,	hese new services on Sc				
3	Did the organization services?	n cease conducting, or n • • • • • •	nake significar	nt changes in how it con	ducts, any program · · · · · · ·	┌ Yes ┌ No
	If "Yes," describe t	hese changes on Schedu	ıle O			
4	Section 501(c)(3)		ons and section	on 4947(a)(1) trusts ar	argest program services by e required to report the am ervice reported	•
4a	(Code	) (Expenses \$	10,322,063	ıncludıng grants of \$	10,322,063 ) (Revenue \$	)
	SCHOLARSHIP PROGR	AMS FOR SCHOLARSHIPS AND	GRANTS TO 1,69	94 STUDENTS		
4b	(Code	) (Expenses \$	10,169,864	ıncludıng grants of \$	) (Revenue \$	22,245,910 )
40				ND DADT TIME CTUDENTS		
40	INSTRUCTION AND AC	CADEMIC SUPPORT PROVIDED	TO 1,694 FULL A	IND PART-TIME STUDENTS		
4c	INSTRUCTION AND AC	CADEMIC SUPPORT PROVIDED  ) (Expenses \$	TO 1,694 FULL A		) (Revenue \$	298,014 )
	(Code STUDENTS SERVICES,	) (Expenses \$	5,576,259 DPMENT, ACADEM	including grants of \$	) (Revenue \$ G, INTERCOLLEGIATE ATHLETICS	, ,
4c	(Code STUDENTS SERVICES, OTHER SERVICES, WA	) (Expenses \$ INCLUDING STUDENT DEVEL S PROVIDED TO 1,694 FULL A	5,576,259 DPMENT, ACADEM ND PART TIME ST	including grants of \$	, ,	, ,
	(Code STUDENTS SERVICES, OTHER SERVICES, WA	) (Expenses \$ INCLUDING STUDENT DEVELOUS PROVIDED TO 1,694 FULL A	5,576,259 DPMENT, ACADEM ND PART TIME ST	including grants of \$ IIC AND CAREER COUNCELIN TUDENTS	, ,	, ,

Part TV	Check	clist of	Required	Schedules
	CHEC	VIISE OI	Keguneu	Juliedales

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
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		No
6	Did the organization maintain any donor advised funds or any similar funds or 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, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ 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.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12 <b>A</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ĺ		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	165	No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15		15		No
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 U S ? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Νο
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Νo
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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νο
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Νο
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? 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	Yes	
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 sections 301 7701-2 and 301 7701-3? <i>If</i> "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		No
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		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Part V	Statements	Regarding	Other II	RS Filings a	and Tax	Compliance
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			Yes	No
la	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> c	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 on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		No
la	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
Ь	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			
a	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 line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		Νο
a	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?	6a		Νo
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		Νo
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
	If "Yes," indicate the number of Forms 8282 filed during the year			
_	benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Νo
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		Νo
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		Νo
	Sponsoring organizations maintaining donor advised funds.			
	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
0	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			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Νo
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

NORTH MARKET AND TRUEBLOOD AVENUE

OSKALOOSA,IA 52577

(641) 673-1001

**Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ction A. Governing Body and Management			
			Yes	No
_				
1a	Enter the number of voting members of the governing body 1a 21			
ь	Enter the number of voting members that are independent 19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
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?	7a		No
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ction B. Policies (This Section B requests information about policies not required by the Internal			
ке	venue Code.)		Yes	No
102	Does the organization have local chapters, branches, or affiliates?	10a	163	No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	104		110
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		Νo
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		Νο
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b		Νo
С	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	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	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	
	Let the States with which a conventible Form 000 is required to be filed.			
17	List the States with which a copy of this Form 990 is required to be filed.			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request			
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 person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who p	ne orga	nızatıor	n 🕨
	BONNIE JOHNSON			

### Part VIII 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 Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

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

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

Check this box if the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
<b>(A)</b> Name and Title	(B) Average hours	(C) Position (check all that apply)						( <b>D)</b> Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule I for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule I 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	Description of services	Compensation
DELONG CONSTRUCTION 1320 N 8TH AVE WASHINGTON, IA 52353	CONSTRUCTION	104,072
SODEXO SERVICES 4880 PAYSPHERE CIRCLE CHICAGO, IL 60674	FOOD SERVICE	1,021,557
JENZABAR 4000 EXECUTIVE PARK DR CINNCINNATI, OH 45241	SOFTWARE MAINTENANCE	266,369
7. Total number of independent contractors (including but not limited to these listed above)	who received more than	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►3

(C)

(B)

Form 99								Page <b>9</b>
Part V	<u> </u>	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
nts ots	1a	Federated camp	paigns 1a					
grafi	ь	Membership du	es					
ts.g	С	Fundraising eve						
<u> </u>	d	Related organiz  Government grants	ations 1d	1,056,478				
Sins,	e	_		4,388,912				
Contributions, gifts, grants and other similar amounts	g	sımılar amounts no	ot included above butions included in	4,386,912				
Son	h	Total. Add lines	s 1a-1f	▶	5,445,390			
				Business Code				
Program Service Revenue	2a	STUDENT TUITION	AND FEES	611,310	22,245,910	22,245,910		
≥	ь	ROOM		721,310	856,117			856,117
931	С	OTHER PROGRAM	INCOME	611,710	298,014			298,014
Ser.	d	BOOKS, COMPUTER	RS & OTHER	451,211	1,262,243			1,262,243
Ē	e	BOARD		722,210	1,216,834			1,216,834
200	f	All other progra	im service revenue					
<u>*</u>	g	Total. Add lines	32a-2f		25,879,118			
	3		ome (including dividend	. F	402.224			402.224
			ar amounts) tment of tax-exempt bond p	<b>⊢</b>	183,221			183,221
	4 5			· · · · · · · · · · · · · · · · · · ·	0			
		,	(ı) Real	(II) Personal				
	6a	Gross Rents		, ,				
	ь	Less rental expenses						
	c	Rental income or (loss)						
	d		me or (loss)		0			
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory						
	b c	Less cost or other basis and sales expenses Gain or (loss)						
	d		s)		o			
	8a	Gross income fi						
Other Revenue		sof contributions See Part IV, lin	reported on line 1c)					
₽	ь		penses <b>b</b>					
Ò	С		loss) from fundraising (	events 🟲	0			
	9a	Gross income fi See Part IV, lin	rom gaming activities e 19 <b>a</b>					
	b c		penses b loss) from gaming activ	vities	0			
	10a	Gross sales of returns and allo						
	ь	Less cost of go	oods sold <b>b</b>					
	С		loss) from sales of inve		0			
		Miscellaneous	s Revenue	Business Code				
	11a							
	Ь							
	l q	All other revenu						
	d e	Total. Add lines	ı					
	12		See Instructions		0			
	] **	rotar revenue.	oee monuchons	•	31,507,729	22,245,910		3,816,429

	990 (2009)				Page <b>10</b>				
Part	t IX Statement of Functional Expenses								
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.									
	ll other organizations must complete column (A) but are not required to	complete columi	(B), (C), and (B)	(D).	(D)				
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses				
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV $\!$	0							
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	10,322,063	10,322,063						
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	833,444	159,586	507,351	166,507				
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	8,365,202	7,577,754	620,016	167,432				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	270,300	227,360	33,127	9,813				
9	Other employee benefits	1,221,759	1,027,669	149,736	44,354				
10	Payroll taxes	674,132	567,039	<del>                                     </del>	24,473				
11	Fees for services (non-employees)	37.1,132	307,033	52,525	2.,				
a	Management	0							
h	Legal	40,767		40,767					
c	Accounting	77,645		77,645					
_	-	77,043		77,043					
d	Professional fundraising See Part IV June 17	0		+					
e	Professional fundraising See Part IV, line 17								
f	Investment management fees	0	524 500		22.626				
g	Other	557,144	524,508	<del>                                     </del>	32,636				
12	Advertising and promotion	80,281	9,961	· · · · · ·	2,884				
13	Office expenses	96,408		77,284	19,124				
14	Information technology	0		1					
15	Royalties	0							
16	Occupancy	989,948	948,709	†	11,452				
17	Travel	446,750	357,985	63,298	25,467				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0							
19	Conferences, conventions, and meetings	0							
20	Interest	2,300,937	2,216,017	63,690	21,230				
21	Payments to affiliates	0							
22	Depreciation, depletion, and amortization	1,129,570	1,084,387	33,887	11,296				
23	Insurance	314,316	314,316						
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	RENTS	700,752	698,312	2,440					
ь	OTHER EXPENSES	492,189	430,221	56,202	5,766				
c	FOOD SERVICE CONTRACT	935,992	935,992						
d	COST OF TEXTBOOKS SOLD	1,017,911	1,017,911						
e	CONTRACT SERVICES	806,908	161,295	645,613					
f	All other expenses	941,694	513,630	<u> </u>	26,482				
25	Total functional expenses. Add lines 1 through 24f	32,616,112	29,094,715	<del>                                     </del>	568,916				
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational	52,910,112	23,031,713	2,332,101	333,310				
	campaign and fundraising solicitation								

Pa	rt X	Balance Sheet					
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing			230,712	1	659,973
	2	Savings and temporary cash investments		2	0		
	3	Pledges and grants receivable, net	and grants receivable, net				396,574
	4	Accounts receivable, net			640,810	4	762,563
	5	Receivables from current and former officers, directors, trustees highest compensated employees. Complete Part II of	s, key	employees, and			
		Schedule L				5	0
	6	Receivables from other disqualified persons (as defined under s persons described in section $4958(c)(3)(B)$ Complete Part II of		n 4958(f)(1)) and			
		Schedule L				6	0
ssets	7	Notes and loans receivable, net			1,940,969	7	2,109,990
8	8	Inventories for sale or use			7,763	8	6,868
⋖	9	Prepaid expenses and deferred charges			859,331	9	1,385,766
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	55,967,300			
	ь	Less accumulated depreciation	10b	18,260,037	37,431,294	10c	37,707,263
	11	Investments—publicly traded securities			3,251,782	11	3,627,061
	12	Investments—other securities See Part IV, line 11		12	0		
	13	Investments—program-related See Part IV, line 11		13	0		
	14	Intangible assets		14	0		
	15	Other assets See Part IV, line 11	9,110,435	15	11,970,161		
	16	Total assets. Add lines 1 through 15 (must equal line 34)	53,621,651	16	58,626,219		
	17	Accounts payable and accrued expenses .	3,696,572	17	4,136,421		
	18	Grants payable				18	
	19	Deferred revenue			260,333	19	274,496
	20	Tax-exempt bond liabilities			10,947,091	20	33,692,186
<u>ē</u> ,	21	Escrow or custodial account liability Complete Part IV of Schedul	eD.			21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
ä		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			14,537,740	23	1,609,037
	24	Unsecured notes and loans payable to unrelated third parties			8,328,400	24	3,524,200
	25	Other liabilities Complete Part X of Schedule D	1,499,811	25	1,446,585		
	26	Total liabilities. Add lines 17 through 25			39,269,947	26	44,682,925
on do		Organizations that follow SFAS 117, check here ► $\overline{\lor}$ and comp	let e l	ines 27			
ĕ		through 29, and lines 33 and 34.			2 644 622		1 470 150
<u>ಣ</u> ಪ	27	Unrestricted net assets			2,641,933		1,476,158
Fund Balance	28	Temporarily restricted net assets	4,841,595		5,479,995		
ŭ	29	Permanently restricted net assets			6,868,176	29	6,987,141
Ť		Organizations that do not follow SFAS 117, check here ► and lines 30 through 34.	ia con	пріете			
ō	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
355	32	Retained earnings, endowment, accumulated income, or other fu		- · ·		32	
Net #	33	Total net assets or fund balances			14,351,704	33	13,943,294
Ž	34	Total liabilities and net assets/fund balances			53,621,651		58,626,219
ı		Total habilities and het assets/land balances	35,521,551	J4	55,525,218		

			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		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	▼ Separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Form **990** (2009)

Employer identification number

#### OMB No 1545-0047

Inspection

#### SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

10

h

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

**Public Charity Status and Public Support** 

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

Name of the organization WILLIAM PENN UNIVERSITY

42-0707120 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i).  $\overline{\mathbf{v}}$ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 7 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 section 170(b)(1)(A)(iv). (Complete Part II) 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 organization that normally receives (1) more than 331/3% 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 331/3% 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 Seesection 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated Type III - Other ∏ Туре I **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

(1) a person who directly of indirectly controls, either alone of together with persons described in (ii)		Yes	NO
and (III) below, the governing body of the the supported organization?	11g(i)		
(ii) a family member of a person described in (i) above?	11g(ii)		
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		
Provide the following information about the supported organization(s)			

Since August 17, 2006, has the organization accepted any gift or contribution from any of the

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove	on in ed in rning	(v) Did you not organizati col (i) of suppor	on ın your	(vi) Is the organizati col (i) orga	on in anized	(vii) A mount of support?	
		ınstruct	ınstructions))	Yes	No	Yes	No	Yes	No	
Total										

following persons?

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	÷·/		
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	( <b>b)</b> 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f) <b>Dublic Support</b> Subtract line F from						
6	<b>Public Support.</b> Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	( <b>b</b> ) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV ) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and <b>stop here</b>						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
<b></b>	and <b>stop here.</b> The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	<b>▶</b> □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and <b>stop here.</b> The organization				,		▶
17a	a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14						
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						<b>▶</b> ┌
10	Deiveta Farmdation Ifthe averagest	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

**▶**□

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6 )						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	( <b>d)</b> 2008	(e) 2009	(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						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12 ) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and <b>stop here</b>	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	<b>▶</b> ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	<b>009</b> (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	<b>2008</b> Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind <b>stop here.</b> T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes here	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(	us more man 33	1/370 and ine

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

Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

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DLN: 93493045015721

OMB No 1545-0047

**SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

**Political Campaign and Lobbying Activities** 

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

Open to Public Inspection

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

• 5e	ection 50 f(c)(3) organizations that have filed Form 5768 (election under section 50 f(n)) Complete Part II-A L	o not c	ompiet	e Part II-B	
	ection 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part				
	ne organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a	ı (rega	rding	proxy tax)	, then
	ection 501(c)(4), (5), or (6) organizations Complete Part III				
	Emplo ILLIAM PENN UNIVERSITY	yer ide	ntıfıca	tion numbe	r
AAT		707120	1		
Par	rt I-A Complete if the organization is exempt under section 501(c) or is a section			anizatio	n.
1	Provide a description of the organization's direct and indirect political campaign activities in Part IV				
2	Political expenditures	<b>-</b>	\$		
3	Volunteer hours				
Par	rt I-B Complete if the organization is exempt under section 501(c)(3).				
1	Enter the amount of any excise tax incurred by the organization under section 4955	►	\$		
2	Enter the amount of any excise tax incurred by organization managers under section 4955	<b>!</b>	\$		
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?			┌ Yes	✓ No
4a	Was a correction made?			☐ Yes	✓ No
ь	If "Yes," describe in Part IV				
Pai	rt I-C Complete if the organization is exempt under section 501(c) except secti	on 50	1(c)	(3).	
1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	s 🕨	\$		
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities	►	\$		
3	Total exempt function expenditures Add lines 1 and 2. Enter here and on Form 1120-POI. June 17h	•			

Did the filing organization file Form 1120-POL for this year? ┌ Yes State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated

fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	( <b>b)</b> Address	<b>(c)</b> EIN	( <b>d)</b> A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

e Grassroots ceiling amount (150% of line 2d, column (e))

**f** Grassroots lobbying expenditures

Pa	Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).										
	Check If the filing organization belongs to an affiliated group  Check If the filing organization checked box A and "limited control" provisions apply										
<u> </u>	Limits on Lobbying E  (The term "expenditures" means ar	(a) Filing Organization's Totals	(b) Affiliated Group Totals								
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)								
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	yıng)								
c	Total lobbying expenditures (add lines 1a and 18	b)									
d	Other exempt purpose expenditures										
e	Total exempt purpose expenditures (add lines 1	c and 1d)									
f	Lobbying nontaxable amount Enter the amount f	from the following table	ın both								
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir									
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	0							
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	000							
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,00	00							
	Over \$17,000,000	\$1,000,000									
		•									
g	Grassroots nontaxable amount (enter 25% of lin	ne 1 f)									
h	Subtract line 1g from line 1a If zero or less, enter	er -0-									
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -									
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No					
	(Some organizations that made a columns below. See the	he instructions fo	ection do not l r lines 2a thro	nave to com ugh 2f on pa		ne five					
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı					
	Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	( <b>d)</b> 2009	<b>(e)</b> Total					
2a	Lobbying non-taxable amount										
b	Lobbying ceiling amount (150% of line 2a, column(e))										
c	Total lobbying expenditures										
d	Grassroots non-taxable amount										

	edule C (Form 990 or 990-EZ) 2009					age <b>3</b>					
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N (election under section 501(h)).	IOT fi	led F	orm		<b>B</b>					
	_	(a)			(a)		(a)		(b)		
		Yes	No	/	A mour	nt					
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of										
а	V olunteers?		Νo								
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo								
c	Media advertisements?		Νo								
d	Mailings to members, legislators, or the public?		Νo								
е	Publications, or published or broadcast statements?		Νo								
f	Grants to other organizations for lobbying purposes?	Yes				3,907					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo								
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo								
i	Other activities? If "Yes," describe in Part IV		Νo								
j	Total lines 1c through 1i					3,907					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo								
b	If "Yes," enter the amount of any tax incurred under section 4912										
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912										
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		Νo								
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 5	<b>01</b> (c	)(5),	or s	ectio	n					
	501(c)(6).				Yes	No					
1	Were substantially all (90% or more) dues received nondeductible by members?		٢	1	163	140					
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		F	2							
3	Did the organization make only in mode to beying expenditures of \$2,000 or less.  Did the organization agree to carryover lobbying and political expenditures from the prior year?			3							
	t III-B Complete if the organization is exempt under section 501(c)(4), section 5	Ω1/c	1(5)		ectio	n n					
r a i	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part II answered "Yes".				ccio						
1	Dues, assessments and similar amounts from members	1									
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political	_									
_	expenses for which the section 527(f) tax was paid).										
а	Current year	2a									
b	Carryover from last year	2b									
c	Total	2c									
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3									
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess										
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4									
5	Taxable amount of lobbying and political expenditures (see instructions)	5									
Pä	art IV Supplemental Information										
	mplete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and so, complete this part for any additional information	d Part I	II-B, lın	e 1ı							
	Identifier Reference Explanat	ion									

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As Filed Data

DLN: 93493045015721

OMB No 1545-0047

Open to Public

#### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

**Supplemental Financial Statements** ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Inspection **Employer identification number** Name of the organization WILLIAM PENN UNIVERSITY 42-0707120 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🛌 Number of states where property subject to conservation easement is located **-**\_\_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🕨 A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 🕨 🛊 🔛 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 1,500 3,043,375 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

following amounts required to be reported under SFAS 116 relating to these items

Par	Organizations Maintaining Co	illections of Art	, His	torical Tre	easu	ires, or O	the	r Similar As	ssets	(cor	ıtınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	e following th	nat ar	e a sıgnıfıca	ant u	ise of its collec	tıon		
а	Public exhibition		d	┌ Loan o	rexc	hange progr	ams				
b	Scholarly research		e	┌ Other							
c	✓ Preservation for future generations										
4	Provide a description of the organization's co Part XIV	ollections and expla	ın hov	v they further	the o	organization	ı's e>	kempt purpose	ın		
5	During the year, did the organization solicit assets to be sold to raise funds rather than			•				nılar	ΓYe	:s	√ No
Pai	t IV Escrow and Custodial Arrang					n answere	d "Y	es" to Form '	990,		
_	Part IV, line 9, or reported an ar		•	•							
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?				ions	or other ass	ets	not	ΓYe	:S	Г No
Ь	If "Yes," explain the arrangement in Part XI	√ and complete the	follow	ing table		Г					
_	B					-	1.	Ai	mount		
q	Beginning balance					-	1c				
d	Additions during the year					-	1d			—	
e	Distributions during the year					-	1e				
f	Ending balance					L	1f				
2a	Did the organization include an amount on F		e 21?						ΓYe	S	No
	If "Yes," explain the arrangement in Part XI\			wared IIVee	" to	Farm 000	Day	+ T) / lung 10			
Ра	rt V Endowment Funds. Complete	(a)Current Year		Mered Yes Prior Year				TIV, IINE IU. Three Years Back	<b>(e)</b> Fo	ur Ye	ars Back
1a	Beginning of year balance	5,955,823		5,399,881	<del></del>		Ť	,			
b	Contributions	90,367		879,060							
c	Investment earnings or losses	348,976		-312,448							
d	Grants or scholarships										
e	Other expenditures for facilities	84,534		10,670							
	and programs								<del>                                     </del>		
f	Administrative expenses	6,310,632		5,955,823					<u> </u>		
g	End of year balance	, ,		3,933,023					<u> </u>		
2	Provide the estimated percentage of the year		as								
а	Board designated or quasi-endowment	%									
Ь	Permanent endowment ► 100 000 % %	1									
с -	Term endowment ► %										
3a	Are there endowment funds not in the posse organization by	ssion of the organiza	ation t	that are held	and a	aministere	a for	tne	Г	'es	No
	(i) unrelated organizations							3a			No
	(ii) related organizations							3a	(ii)		Νo
b	If "Yes" to 3a(II), are the related organization							3	ь		No
4	Describe in Part XIV the intended uses of th										
Pa	t VI Investments—Land, Building	s, and Equipme	nt. S					T			
	Description of investment			(a) Cost or o basis (investm		(b)Cost or of basis (othe		(c) Accumulated depreciation	1 (d	) Boo	k value
1a	Land		•	3,889	9,900	529	,751		$\perp$	4	,419,651
b	Buildings		•			38,985	,455	8,288,51	15	30	,696,940
С	Leasehold improvements		•						$\perp$		
	Equipment		•			12,562	,194	9,971,52	22	2	,590,672
е	Other										

37,707,263

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1		
<ul><li>(a) Description of security or category (including name of security)</li></ul>	( <b>b)</b> Book value		d of valuation f-year market value
Financial derivatives		Cost of cha of	year market varae
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	Form 990, Part X, line		
(a) Description of investment type	(b) Book value		d of valuation
		Cost or end-of	f-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, lin	ne 15.		
(a) Descrip	tion		<b>(b)</b> Book value
REMAINDER INTEREST TRUSTS			1,246,621
LIBRARY BOOKS			617,502
CONSTRUCTION IN PROCESS			615,653
COLLECTIBLES			3,043,375
BENEFICIAL INTEREST IN PERPETUAL TR			3,060,164
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1			11,970,161
Part X Other Liabilities. See Form 990, Part X	, line 25.		
1 (a) Description of Liability	<b>(b)</b> A mount		
Federal Income Taxes			
US GOVERNMENT GRANTS REFUNDABLE	1,446,585		
OS GOVERNITENT GRANTS REFONDABLE	1,440,303		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)			

31,507,729 32,616,112 -1,108,383 699,973
-1,108,383
699,973
699,973
-408,410
21,885,639
-9,622,090
31,507,729
31,507,729
rn
22,294,049
22,294,049
10,322,063
32,616,112

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 IV, 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 Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
Part X	Part X FIN48 Footnote	NONE
Part XIII, Line 4b	Part XIII, Line 4b Other revenue amounts included on 990 but not included in F/S	SCHOLARSHIPS AND GRANTS \$10322063 PRIOR PERIOD ADJUSTMENT \$0
Part XI, Line 8	Part XI, Line 8 Other Changes in Net Assets or Fund Balances	CHANGE IN SPLIT INT AGREEMENTS \$ -0
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** 

#### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

WILLIAM PENN UNIVERSITY

### **Schools**

►Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public Inspection

	42-0707120			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain	3	Yes	
4	Does the organization maintain the following?			
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990)			
	Does the organization discriminate by race in any way with respect to	<b>-</b>		
а	Students' rights or privileges?	5a		No 
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5с		No
d	Scholarships or other financial assistance?	5d		No
е	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	Other extracurricular activities?	5h		No
	If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990)			
	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? If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990)	6b	-	No
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 Schedule O (Form	7	Yes	

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Schedule I

DLN: 93493045015721 OMB No 1545-0047

**Grants and Other Assistance to Organizations,** (Form 990) **Governments and Individuals in the United States** 

> Open to Public **Inspection**

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Department of the Treasury ► Attach to Form 990 Internal Revenue Service Name of the organization

Employer identification number

WIL	LIAM PENN UNIVERSITY						42-0707120	
Pa	art I General Infor	mation on Grant	s and Assistance				•	
1	the selection criteria use	ed to award the grants	estantiate the amount of t s or assistance? ures for monitoring the us			,	,	✓ Yes
Pa	Form 990, Part	IV, line 21 for any	o Governments and recipient that receive 90) if additional space	d more than \$5,000.	. Check this box if n	o one recipient receiv	ed more than \$5,00	0. Use
(;	a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> 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

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

(a)Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	( <b>d)</b> 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	27	81,820		CASH	
INSTITUTION SCHOLARSHIPS AND GRANTS	1197	9,518,005		CASH	
FEDERAL VETERANS REHABILITATION PROGRAM	3	4,160		CASH	
FEDERAL SEOG	1000	477,918		CASH	
ENGLISH LANGUAGE ACQUISITION	68	516,995		CASH	

Part IV Suppleme	<b>ental Information.</b> Complete t	his part to provide the information required in Part I, line 2, and any other additional information.
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: 93493045015721

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization WILLIAM PENN UNIVERSITY

**Employer identification number** 

42-0707120

Рα	Questions Regarding Compensation	<u>n</u>				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II					
	First-class or charter travel	Г	Housing allowance or residence for personal use			
	▼ Travel for companions		Payments for business use of personal residence			
	Tax idemnification and gross-up payments		Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement orprovision of all the expenses desc	_	. , , , ,	1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executive			2		
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the company of the c	hat a <u>pp</u> l	y			
	Compensation committee	▼	• ,			
	Independent compensation consultant	<b>▽</b>	, ,			
	Form 990 of other organizations	<u>~</u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymen	nt?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pi	ovide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only me	ust comp	olete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a,	did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a,	did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"			7		Νο
8	Were any amounts reported in Form 990, Part VII,					
	subject to the initial contract exception described in Part III	n Regs	section 53 4958-4(a)(3)? If "Yes," describe			
				8		Νo
9	If "Yes" to line 8, did the organization also follow th section 53 4958-6(c)?	e rebutta	able presumption procedure described in Regulations	9		No

#### 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) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & (iii) Other reportable compensation compensation		other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
STEVEN C NOAH	(I) (II)	128,318			13,252	24,937	166,507	
JOHN EE OTTOSSON	(I) (II)	130,822			13,264	17,998	162,084	
ANN FIELDS	(I) (II)	131,575			33,016	16,782	181,373	

#### 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	Ret urn Ref erence	Explanation
Line 1a	Part I, Line 1a Relevant information in regards to selections on 1a	

Schedule J (Form 990) 2009

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

DLN: 93493045015721

OMB No 1545-0047

#### **Schedule K Supplemental Information on Tax Exempt Bonds** (Form 990)

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

► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public **Inspection** Employer identification number

Schedule K (Form 990) 2009

	LIAM PENN UNIVERSITY											cation na	IIIDCI	
										42-070	7120			
Pa	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	<b>(d)</b> Date	Issued	(e) Issue	e Price	(f) Des	cription of Pu	rpose	<b>(g)</b> Det	feased	Beha	On alf of uer
											Yes	No	Yes	No
A	IO WA HIGHER EDUCATION LOAN AUTHORITY	42-1235696	462460G59	11-17-	2009	11,	559,225 C	ONSTRUC	TION OF FA	CILTIES		X		X
В	IO WA HIGHER EDUCATION LOAN AUTHORITY	42-1235696		10-02-	2009	1,:	150,000 CC	ONSTRUC	TION OF FA	CILITIES		X		х
С	IO WA HIGHER EDUCATION LOAN AUTHORITY	42-1235696	462460TX4	05-19-	2005	6,7	715,000 SE	EE SCHED	ULE O			x		X
Pa	rt III Proceeds													
'				А			В		С	D			E	
1	Total proceeds of issue			1:	1,559,255		1,153,555		1,051,910					
2	Gross proceeds in reserve funds				85,992		85,992		533,110					
3	Proceeds in refunding or defeasan	ice escrows												
4	Other unspent proceeds				86,280		5,076							
5	Issuance costs from proceeds				113,871		20,773		130,391					
6	Working capital expenditures from	•												
7	Capital expenditures from proceed	ds		1:	1,359,104		1,041,714		388,409					
8	Year of substantial completion			200			09		06					
			_	Yes	No	Yes	No	Yes	No	Yes	No	Yes	3	No
9	Were the bonds issued as part of	_			X		X	X						
10	Were the bonds issued as part of	an advance refunding	ıssue?		X		Х		Х					
11	Has the final allocation of proceed	ds been made?			Χ		X	X						
12	Does the organization maintain ac the final allocation of proceeds?	•	cords to support	X		X		X						
Pa	rt IIII Private Business Use				•				:					
				Yes	A No	Yes	B No	Yes	No	D Yes	No	Yes	E	No
1	Was the organization a partner in which owned property financed by	a partnership, or a m tax-exempt bonds?	ember of an LLC,		Х		х		X					
2	Are there any lease arrangements which may result in private busine		financed property		Х		Х		X					

Cat No 50193E

Schedule K (Form 990) 2009

Part III Private Business Use (Continued)

			Α	В		С		D	ı	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?		X		Χ		X				
3Ь	Are there any research agreements with respect to the financed property which may result in private business use?		X		X		X				
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?		Х		X		Х				
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	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х		Χ		X					
Par	IV Arbitrage										
	Yes	A No	Yes	B No	Yes	C No	v	D 'es	No	E Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	X	les	×	les	X	•	CS	No	res	NO
2	Is the bond issue a variable rate issue?	Х	x			Х					
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?	Х		Х		x					
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?	Х		Х		Х					
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?	X		х		Х					
6	Did the bond issue qualify for an exception to rebate?		X		x						
i									Schodulo V	(Form 990) 2	000

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DLN: 93493045015721

### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. OMB No 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** WILLIAM PENN UNIVERSITY 42-0707120 **Excess Benefit Transactions** (section 501(c)(3) and section 501 (c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? (a) Name of disqualified person (b) Description of transaction 1 Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . . . . Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (f) (b) Loan to (e) In Approved (g)Written or from the (a) Name of interested person and (c)Original (d)Balance due default? by board or agreement? organization? principal amount purpose committee? From Yes Tο Yes No Part III Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested person (a) Name of interested person (c)A mount of grant or type of assistance and the organization

#### **Business Transactions Involving Interested Persons.**

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

(a) Name of interested person

(b) Relationship between interested person and the organization

(c) A mount of transaction

(d) Description of transaction

(e) Sharing of organization's revenues?

MAHASKA COMMUNICATION GROUP

ENTITY OWNED BY TRUSTEE

266,369 CABLE TV AND INTERNET

Νo

No

### OMB No 1545-0047

Open to Public Inspection

#### **SCHEDULE M** (Form 990)

Department of the Treasury

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

**NonCash Contributions** 

Internal Revenue Service **Employer identification number** Name of the organization WILLIAM PENN UNIVERSITY 42-0707120

Pa	rt I Types of Property							
		(a) Check If applicable	<b>(b)</b> Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	<b>(d)</b> Method of de revenu	termın	ıng	
1	Art-Works of art	X	1	_	APPRAISAL			
	Art—Historical treasures .							
	Art—Fractional Interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
	Securities—Publicly traded .							
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	Х	1	169,444	ACTUAL COST			
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	O ther ► ()							
26	O ther ►()							
27	O ther ►()							
28	O ther ► ()							
29	Number of Forms 8283 received for which the organization compl				29			
30a	During the year, did the organiza	ition receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it [	$\dashv$	Yes	No
	must hold for at least three year	s from the o	date of the initial contributi	on, and which is not require	d to be used			
	for exempt purposes for the enti	re holding p	eriod?			30a		No
b	If "Yes," describe the arrangeme	ent in Part 1	I					
31	Does the organization have a gif				ĺ	31	Yes	
32a	Does the organization hire or use contributions?	e third part • • •	ies or related organizations	to solicit, process, or sell r	non-cash	32a		No
33 	If "Yes," describe in Part II If the organization did not report describe in Part II	revenues i	n column (c) for a type of p	roperty for which column (a	) is checked,			

Page 2

#### Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

**SCHEDULE 0** 

Department of the Treasury
Internal Revenue Service

(Form 990)

### **Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public

Inspection

Name of the organization WILLIAM PENN UNIVERSITY

**Employer identification number** 

42-0707120

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	Articles of incorporation and by-IAw's are available upon request to the business office of the organization
Form 990, Part VI, Line 15b	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
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	COPY OF FORM 990 WAS REVIEWED BY A MEMBER OF THE FINANCE COMMITTEE
Form 990, Part VI, Line 2	Form 990, Part VI, Line 2 Description of Business or Family Relationship of Officers, Directors, Et	2 CURRENT TRUSTEES ARE EMPLOYED BY THE SAME COMPANY
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 1,694 STUDENTS, FACULTY AND STAFF OTHER PROGRAM SERVICES 5 SCHOLARSHIP PROGRAMS FOR SCHOLARSHIPS AND GRANTS TO 1,694 STUDENTS OTHER PROGRAM SERVICES 6 STUDENTS SERVICES, INCLUDING STUDENT DEVELOPMENT, ACADEMIC AND CAREER COUNCELING, INTERCOLLEGIATE ATHLETICS, FINANCIAL ASSISTANCE AND OTHER SERVICES, WAS PROVIDED TO 1,694 FULL AND PART TIME STUDENTS

#### Software ID: Software Version:

**EIN:** 42-0707120

Name: WILLIAM PENN UNIVERSITY

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

Compensated Employees, and Independent Contractors										
<b>(A)</b> Name and Title	(B) Average hours		<b>(C)</b> ition (ch that app		Ш		(D) Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
WILLIAM PATTEN Trustee	2 00	Х					0	0	0	
TOM FRANKS	2 00	Х					0	0	0	
Trustee	2 00	^					Ü	v	Ü	
STEVEN C NOAH VP ADVANCEMENT	40 00		Х				128,318	0	38,189	
SAMUEL H RITCHIE Trustee	2 00	Х					0	0	0	
RYAN BHATTACHARYYA Trustee	2 00	X					0	0	0	
RUTH NEUBERT Trustee	2 00	Х					0	0	0	
RONALD K BRYAN Trustee	2 00	х					0	0	0	
REGINALD MARTIN Trustee	2 00	Х					0	0	0	
RANDAL MARK WRIGHT INSTRUCTOR	40 00				X		78,565	0	25,719	
NEOL STAHLE VP OF ACADEMICS	40 00		X				77,693	0	14,127	
NEDRA JANE SMITH Trustee	2 00	X					0	0	0	
MARY GLASSCOCK Trustee	2 00	X					0	0	0	
MARGARET STOLZFUS Trustee	2 00	X					0	0	0	
LEE BASH ACADEMIC DEAN	40 00				Χ		100,785	0	27,737	
L FREDRICK ALLEN PROFESSOR	40 00				Х		77,468	0	24,547	
KEN VAN GILST Trustee	2 00	Χ					0	0	0	
JOHN EE OTTOSSON VP ENROLLMENT	40 00		Х				130,822	0	31,262	
JOEP CROOKHAM Trustee	2 00	Х					0	0	0	
JOBI LAWRENCE FACULTY MEMBER	40 00				X		120,794	0	15,258	
JERRY N ELLIS Trustee	2 00	Χ					0	0	0	
GREG HAFNER VP OF ATHLETICS	40 00		X				52,857	0	14,909	
ERIC JON NICHOLS Trustee	2 00	X					0	0	0	
DONALD E SWIM Trustee	2 00	X					0	0	0	
DIANNE K BURNS Secretary	40 00		Х				29,420	0	12,300	
DAVID AHMAD Trustee	2 00	X					0	0	0	

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

(A) Name and Title	(B) A verage hours	Average Position (check all hours that apply)						(D) Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
CHRIS HYLAND Trustee	5 00	X	•	•				0	(	0
CHARLES RUSSELL Trustee	2 00	Х						0	C	0
CARL DROST Trustee	5 00	X						0	C	0
BONNIE L JOHNSON VP OF FINANCE	40 00			Х				95,832	C	26,342
BERRY JOHNSON Trustee	2 00	X						0	C	0
ANN FIELDS PRESIDENT	40 00	Х		Х				131,575	C	49,798

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
STUDENT TUITION AND FEES	611,310	22,245,910			
ROOM	721,310	856,117			856,117
OTHER PROGRAM INCOME	611,710	298,014			298,014
BOOKS, COMPUTERS & OTHER	451,211	1,262,243			1,262,243
BOARD	722,210	1,216,834			1,216,834

#### Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
RENTS	700,752	698,312	2,440	
OTHER EXPENSES	492,189	430,221	56,202	5,766
FOOD SERVICE CONTRACT	935,992	935,992		
COST OF TEXTBOOKS SOLD	1,017,911	1,017,911		
CONTRACT SERVICES	806,908	161,295	645,613	