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=orm990 ®

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2010

Open to Public Inspection

A Fo	r the :	2010 ca	alendar year, or tax year begir	ning 07-01-2010 and ending 06-30-20	011			
B Che	eck ıf a	pplicable	C Name of organization WILLIAM PENN UNIVERSITY			D Emplo	yer i	dentification number
— Add	lress ch	nange	WILLIAM PENIN UNIVERSITY			42-07	7071	.20
— Nar	ne cha	inge	Doing Business As			E Teleph	one	number
	al retu	ırn						
_	minate		Number and street (or P O box NORTH MARKET AND TRUEBLOO	ıf maıl ıs not delivered to street address) D AVENUE	Room/suite	(641)	673	3-1001
_						- G Gross r	recein.	ts \$ 36,281,855
Am —	ended	return	City or town, state or country, an OSKALOOSA, IA 52577	nd ZIP + 4		0 01033 1	СССІР	ω φ 30,201,033
App	olication	n pending						
			F Name and address of p	orincipal officer	H(a) Is this	a group return fo	or affilia	ates? Yes No
					1	ll affiliates incl		·
								(see instructions)
I Ta	x-exem	npt status	▼ 501(c)(3)	◀ (insert no)	H(c) Gro	up exempti	on nu	ımber ►
1 W	ehsit <i>e</i>	₽: № W/W/	w wmpenn edu					
			<u> </u>		<u> </u>			
			Corporation Trust Associa	ation Other -	L Year of fo	ormation 187	'3 I	M State of legal domicile IA
Pa	rt I	Sum	imary					
	I			sion or most significant activities				
	I			opportunity for an educational experience - making, integrity, community and equa		on leadersh	nip, t	echnology, and the
ತ] -	Quaker	principles of simplicity, peace	-making, integrity, community and equa	alicy			
Governance								
臺								
ခြဲ သော	2 (Check tl	his box 🛏 if the organization	discontinued its operations or dispose	d of more than :	25% of its	net a	ssets
	3	Number	of voting members of the gove	erning body (Part VI, line 1a)	•		3	22
Activities &	4	Number	of independent voting membe	rs of the governing body (Part VI, line 1	b)	. L	4	20
乬	5	Total nu	mber of individuals employed	ın calendar year 2010 (Part V, lıne 2a)			5	867
ទ្ធ	6	Total nu	mber of volunteers (estimate	ıfnecessary)			6	50
_	7a -	Total un	related business revenue from	n Part VIII, column (C), line 12			7a	0
	ь	Net unre	elated business taxable incom	e from Form 990-T, line 34			7b	
					Prid	or Year		Current Year
	8	Contri	butions and grants (Part VIII	, line 1 h)		5,445,3	90	9,289,869
≗	9			, line 2g)		25,879,1	_	26,805,106
Revenue	10	_		mn (A), lines 3, 4, and 7d)		183,2	-	181,525
æ	11			A), lines 5, 6d, 8c, 9c, 10c, and 11e)		,		4,927
	12		, , ,	11 (must equal Part VIII, column (A), l	ıne			,
				<u> </u>		31,507,7	29	36,281,427
	13	Grants	s and similar amounts paid (Pa	art IX, column (A), lines 1–3)		10,322,0	63	11,038,629
	14	Benefi	ts paid to or for members (Pai	rt IX, column (A), line 4)				0
ro.	15		es, other compensation, emplo	oyee benefits (Part IX, column (A), line:	s 5 <i>-</i>	11 251 0		44 006 447
¥ vo		10)				11,364,8	3/	11,906,447
Expenses	16a	Profes	sional fundraising fees (Part I	X, column (A), line 11e)			_	0
五	b	Total fu	ındraısıng expenses (Part IX, column	(D), line 25) ► 512,196	-			
	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		10,929,2	12	10,742,729
	18	Total	expenses Add lines 13-17 (r	nust equal Part IX, column (A), line 25)	32,616,1	12	33,687,805
	19	Reven	ue less expenses Subtract lu	ne 18 from line 12		-1,108,3	83	2,593,622
উউ						g of Curren	ıt	End of Year
9.44 10.44 10.44		-	nanka (Dest V. L. 4.5)			Year	+	
88. B.	20		assets (Part X, line 16)			58,626,2	-	63,774,866
Net Assets or Fund Balances	21		liabilities (Part X, line 26)			44,682,9		47,690,335
	22	_		ct line 21 from line 20		13,943,2	94	16,084,531
	rt II	_	ature Block					
know		and belie		nined this return, including accompanying te. Declaration of preparer (other than offi				
		****	**		2	012-04-18		
Sign	1	 	ature of officer			ate		
Here		BONI	NIE JOHNSON CFO					
			or print name and title					
		Print/Type	e	Preparer's signature	Date	Check if self-		PTIN
Paid		preparer's	s name	Joseph B Ryan CPA		employed 🕨	Г	
Paid Prepa		Firm's nai	me FTD&T FINANCIAL GROUP PC					Firm's EIN
Use (Firm's add	dress 🕨 317 HIGH AVE E					Phone no 🕨 (641) 672-
USE (Jilly		OSKALOOSA, IA 525772823					2523

May the IRS discuss this return with the preparer shown above? (see instructions)

┌Yes ┌No

Par	Statement of Check if Schedule	_		lishments Jestion in this Part III		৮
	Briefly describe the organim Penn University providuples of simplicity, peace-	es the opportunit	y for an educati		focus on leadership, techno	ology, and the Quaker
2	Did the organization und the prior Form 990 or 99	0-EZ?		rvices during the year	which were not listed on	┌ Yes ┌ No
3	If "Yes," describe these Did the organization cea services?	se conducting, or	make significar	it changes in how it cor	nducts, any program	┌ Yes ┌ No
4	• •	pose achievemen 01(c)(4) organiza	ts for each of th	on 4947(a)(1) trusts a	largest program services b re required to report the am ervice reported	•
4a	(Code SCHOLARSHIP PROGRAMS F) (Expenses \$ OR SCHOLARSHIPS AN	11,038,629 ID GRANTS TO 1,75	including grants of \$	11,038,629) (Revenue \$)
4b	(Code INSTRUCTION AND ACADEM:) (Expenses \$ IC SUPPORT PROVIDE	10,163,220 D TO 1,753 FULL A	including grants of \$ ND PART-TIME STUDENTS) (Revenue \$	23,210,578)
4c	(Code STUDENTS SERVICES, INCLU OTHER SERVICES, WAS PRO) (Revenue \$ NG, INTERCOLLEGIATE ATHLETICS	218,534) 5, FINANCIAL ASSISTANCE AND
4d	Other program services	s (Describe in Sc 2,890,146 in	•	ıf\$) (Revenue \$	3,349,294)
4e	Total program service e	xpenses i -\$	29,972,78	3		

			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 (see instruction)? 🤨	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts 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 quasiendowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
Ь	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13	Yes	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νo
Ь	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? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "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
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV 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 lines 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		Νο
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		Νο
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	Yes	
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		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	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		No
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		N o
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		N o
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		N o
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Νο
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. 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		Νο
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		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 99 0	(2010)

Form 990 (2010)

Part V Statements Regarding Other

	Check if Schedule O contains a response to any question in this Part V		••	Ι
	Fatantha number annisted in Bau 2 of Farm 1006 Fatan 0 of national leading		Yes	No
а	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 73			
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?	1c	Yes	
а	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 (see instructions)	2b	Yes	
_				
а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		Νo
a	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		N o
ь	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	_		Νo
_	Describe an experience have a new large managers that are normally an extention \$100,000, and did the	5c		N. a
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		No
b	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).	_	v	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
Ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
_	file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		Νo
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h		Νo
3	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		No
)	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		No
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 Total (MAD)			
.1				
	Gross income from members or shareholders			
	against amounts due or received from them)			
2=	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		N o
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	120		140
_	year 12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		N o
	Note. See the instructions for additional information the organization must report on Schedule O			''
	1 1			
Ь	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
L	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0	14b		l No

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

Chack if Schadula O	contains a response to an	y question in this Part VI									J
Check ii Schedule O	contains a response to an	y question in tills Fait vi	-	•	•	•	-	•	•	•	. *

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax vear			
b	Enter the number of voting members included in line 1a, above, who are			
	independent			
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 governing documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		N o
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		N o
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the			
0	year by the following			
а	The governing body?	8a	Yes	
b	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		Νο
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
	vende code.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		N o
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		No
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
		11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	Yes	
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	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
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 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
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?	164		N o
		16b		N o
	ection C. Disclosure 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
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 BONNIE JOHNSON NORTH MARKET AND TRUEBLOOD AVENUE

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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organ		elated o	rgan	ızatı	on c	omper	sate	d any current office	er, director, or trust	ee
(A) Name and Title	(B) A verage hours	Posi		C) (che	cka			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	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 Additional Data Table										
-										
			<u> </u>							

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Name and Title Name				1						ī				
See Additional Data Table		(A) Name and Title	hours	1	ition	(che		Ш		compensation	compensation	- 1	Estima amount o	ated fother
1b Sub-Total			week (describe hours for related organizations in Schedule	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensited employee	Former	organization (W-	organizations (W- 2/1099-		from t organizat relat	the ion and ed
Total from continuation sheets to Part VII, Section A	See A	ddıtıonal Data Table												
Total from continuation sheets to Part VII, Section A														
Total from continuation sheets to Part VII, Section A														
Total from continuation sheets to Part VII, Section A														
Total from continuation sheets to Part VII, Section A														
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Total from continuation sheets to Part VII, Section A														
Total from continuation sheets to Part VII, Section A														
Total from continuation sheets to Part VII, Section A														
Total from continuation sheets to Part VII, Section A														
Total from continuation sheets to Part VII, Section A														
total from continuation sheets to Part VII, Section A	1b	Sub-Total	<u> </u>		<u> </u>		<u> </u>		<u> </u>					
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization►5 Yes No														
\$100,000 in reportable compensation from the organization \(\) \(d	Total (add lines 1b and 1c) .							 -	1,157,811				302,055
Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	2						ted	above) who	received more tha	n			
on line 1a? If "Yes," complete Schedule J for such individual													Yes	No
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3	_	·						ee, c	or highest compens	ated employee	3		No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	4	organization and related organiz										4	Yas	
·	5	Did any person listed on line 1a		-				-		_	r individual for •		163	No
·	Se	ection B. Independent Con	itractors											
		-		nsatedi	ındep	ende	ent d	contrac	ctors	that received more	than			

(A) Name and business address	(B) Description of services	(C) Compensation
DELONG CONSTRUCTION 1320 N 8TH AVE WASHINGTON, IA 52353	CONSTRUCTION	267,306
SODEXO SERVICES 4880 PAYSPHERE CIRCLE CHICAGO, IL 60674	FOOD SERVICE	1,199,593
POINT BUILDERS 270 50TH AVE SW CEDAR RAPIDS, IA 52404	CONSTRUCTION	484,040
KINMAN COMPANY 3101 KENT AVE OSKALOOSA, IA 52577	CONSTRUCTION	244,872
CUNNINGHAM 818 S MARKET STREET OSKALOOSA, IA 52577	MAINTENANCE	218,162
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►8) who received more than	

811,962 8,477,907 4,161,193 ess Code 611310 721310 45121: 722210	913,557 245,234 1,039,573 0 1,396,166 26,805,106 181,525	or exempt function revenue	(C) Unrelated business revenue	
8,477,907 4,161,193 ess Code 611310 721310 45121: 722210	23,210,578) 913,557) 245,234 (1,039,573) 1,396,166 26,805,106	3 23,210,578 7 4 1 1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		913,557 245,234 1,039,571 1,396,166
8,477,907 4,161,193 ess Code 611310 721310 45121: 722210	23,210,578) 913,557) 245,234 (1,039,573) 1,396,166 26,805,106	3 23,210,578 7 4 1 1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		245,234 1,039,571 1,396,166
8,477,907 4,161,193 ess Code 611310 721310 45121: 722210	23,210,578) 913,557) 245,234 (1,039,573) 1,396,166 26,805,106	3 23,210,578 7 4 1 1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		245,234 1,039,571 1,396,166
611310 721310 611710 45121: 722210	23,210,578) 913,557) 245,234 (1,039,573) 1,396,166 26,805,106	3 23,210,578 7 4 1 1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		245,234 1,039,571 1,396,166
611310 721310 611710 45121: 722210	913,555 245,234 1,039,573 1,396,166 26,805,106 181,525	7 4 1 5 5 5 0		245,234 1,039,571 1,396,166
721310 611710 45121: 722210	913,555 245,234 1,039,573 1,396,166 26,805,106 181,525	7 4 1 5 5 5 0		245,23 ² 1,039,571 1,396,166
611710 45121: 722210 ersonal	245,234 1,039,573 1,396,166 26,805,106 181,525	5		245,234 1,039,571 1,396,166
722210 ersonal	1,396,166 26,805,106 181,529	5		181,529
ersonal	26,805,106	5		181,52
	181,529	5		
	181,529	5		
		0		
	4,927	7		4,92
O ther	4,927	7		4,92
O ther	4,927	7		4,92
O ther	4,927	7		4,92
Other	4,327	<u>' </u>	1	4,92
	-			
		P		
		7		
	1			
	† (
	-			
ess Code	-			
				I
	36,281,427	7		3,780,98
	ss Code	ss Code	0 0 0 ss Code	0 ss Code

mns. 3), (C), and (B) ogram service expenses	(C) Management and general expenses	(D) Fundraising expenses
(B) ogram service expenses	(C) Management and	Fundraising
(B) ogram service expenses	(C) Management and	Fundraising
	general expenses	Схрепэсэ
11,038,629		
11,000,023		
194,173	536,753	159,599
7,920,261	634,542	139,333
275,811	39,812	10,161
1,122,019	161,960	41,335
567,809	81,961	20,918
·		· · · · · · · · · · · · · · · · · · ·
	13,984	
	102,996	
486 629	25 337	6,288
•	· ·	581
3,0,0	13,313	
871.374	27.240	9,375
		34,688
,,,,,,,	1.0,007	31,7000
1,732,644	67,721	18,048
1,112,240	34,757	11,586
321,087		
798,050	272,961	12,186
596,475		
1,045,173		
848,808		
121,657	599,803	20,514
506,269	480,539	27,584
29,972,783	3,202,826	512,196
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-,	
	194,173 7,920,261 275,811 1,122,019 567,809 486,629 9,670 871,374 404,005 1,732,644 1,112,240 321,087 798,050 596,475 1,045,173 848,088 121,657 506,269	194,173 536,753 7,920,261 634,542 275,811 39,812 1,122,019 161,960 567,809 81,961 13,984 102,996 486,629 25,337 9,670 73,573 871,374 27,240 404,005 48,887 1,732,644 67,721 1,112,240 34,757 321,087 798,050 272,961 596,475 1,045,173 848,808 121,657 599,803 506,269 480,539

Part X Balance Sheet (A) (B) Beginning of year End of year 659.973 244.538 1 2 0 2 Savings and temporary cash investments 396,574 5,018,431 3 3 762,563 535,362 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Λ 5 Schedule L . . . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) **A**ssets 0 6 2,109,990 2,286,608 8 6,868 6.868 Prepaid expenses and deferred charges 1,385,766 1,406,254 10a Land, buildings, and equipment cost or other basis Complete 55,209,909 10a Part VI of Schedule D 10b 19.418.620 ь Less accumulated depreciation 37,707,263 **10c** 35,791,289 3,627,061 11 11 3,445,138 12 0 12 Investments—other securities See Part IV, line 11 0 13 13 Investments—program-related See Part IV, line 11 . . 0 14 14 11,970,161 15 15,040,378 15 16 58,626,219 16 63,774,866 Total assets. Add lines 1 through 15 (must equal line 34) . . . 4,136,421 17 4,425,476 17 Accounts payable and accrued expenses . 18 18 274,496 19 19 611.982 20 33,484,279 33,692,186 20 Liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 1,609,037 23 1,281,981 Secured mortgages and notes payable to unrelated third parties . . 24 3,524,200 24 6,424,200 Unsecured notes and loans payable to unrelated third parties 25 1,446,585 25 1,462,417 Other liabilities Complete Part X of Schedule D 44,682,925 26 26 47.690.335 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 Unrestricted net assets 1,476,158 2,445,581 Temporarily restricted net assets 28 5,479,995 28 6,585,127 Fund 7,053,823 6,987,141 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here 🕨 🥅 and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 13,943,294 16,084,531 33 Total net assets or fund balances 33 34 Total liabilities and net assets/fund balances 58.626.219 63,774,866

FG	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)				
-	Total revenue (must equal rait viii, column (A), mie 12)	1		36,2	281,427
2	Total expenses (must equal Part IX, column (A), line 25)	2		33,6	587,805
3	Revenue less expenses Subtract line 2 from line 1	3		2,5	593,622
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		13,9	943,294
5	Other changes in net assets or fund balances (explain in Schedule O)	5		- 4	152,385
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		16,0	084,531
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		•	୮	•
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t 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 is on a separate basis, consolidated basis, or both	ssued			
	▼ 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?	è	3a	Yes	
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes	

DLN: 93493116001112

Employer identification number

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

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 described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 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). 10 11

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 Type III - Other

Type I **b** Type II c Type III - Functionally integrated 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

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

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (III) below, the governing body of the the supported organization?

(ii) a family member of a person described in (i) above? (iii) a 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organizati col (i) orga	the ation in (vii) A mount	
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

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

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

	dider rate III. If the	organización i	ans to quanty t	maci die tests	iisted below, pie	case complet	c raic III.
S	ection A. Public Support		_				
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual						
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
_	behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3						
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)						
6	Public Support. Subtract line 5 from						
Ü	line 4						
S	ection B. Total Support	1				I	
	endar year (or fiscal year beginning						
Cur	in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	A mounts from line 4						
8	Gross income from interest,						
0	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
-	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support (Add lines 7						
	through 10)						
12	Gross receipts from related activities	es, etc (See inst	ructions)			12	
13	First Five Years If the Form 990 is f	or the organization	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	nızatıon,
	check this box and stop here	_	r		•	. , . , -	▶ ┌॔
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2010	(lıne 6 column (f) divided by line	11 column (f))		14	
15	Public Support Percentage for 2009	Schedule A Par	rt II line 14			15	
							
16a	33 1/3% support test—2010. If the				line 14 is 33 1/3%	or more, chec	
	and stop here. The organization qua	•				2.2.4.204	▶ [
b	33 1/3% support test—2009. If the				oa, and line 15 is :	1/3% or mor	. -
17-	box and stop here. The organization				12 16 1C	handler - 4.4	▶
r/a	10%-facts-and-circumstances test-						ın.
	is 10% or more, and if the organization made			•			
	in Part IV how the organization mee	is the facts and	circumstances"	test ine organiz	acion quanifies as	a publicly supp	orted F
L	organization 10%-facts-and-circumstances test-	_2000 Ifthe era	anization did not	chack a hay an lu	no 13 165 166 5	or 17a and line	F1
ט	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat			•		<u>-</u>	clv
	supported organization	aon meets the 16	aces and circuitis	tances test life	. organization qual	iiiies as a publi	ETY ▶ ¯
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b. check this	box and see	- 1
	instructions	a.a not eneck		, , 0 0 , 7 0 0	. 2. 2, 511558 61115		▶ □

Schedule A (Form 990 or 990-EZ) 2010 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	
S	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A , Part III, line 17	18	

19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	Supplemental Information. Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

DLN: 93493116001112

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury

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

Internal Revenue Service Inspection If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), ◆ 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 ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization Employer identification number WILLIAM PENN UNIVERSITY 42-0707120 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? √ No. Was a correction made? √ No **4a** If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year?

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

Sc	hedule C (Form 990 or 990-EZ) 2010						Page 2
P	art II-A Complete if the organization under section 501(h)).	is ex	cempt under	section 501(c)(3) and fi	led Form 5768	
A B	Check If the filing organization belongs to a Check If the filing organization checked bo			" provisions apply	/		
	Limits on Lobbying E (The term "expenditures" means a)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
<u>1</u> a	Total lobbying expenditures to influence public o						
b	Total lobbying expenditures to influence a legisl	atıve b	ody (direct lobby	ıng)			
c	Total lobbying expenditures (add lines 1a and 1	b)					
d	Other exempt purpose expenditures						
е	Total exempt purpose expenditures (add lines 1	c and :	Ld)				
f	Lobbying nontaxable amount Enter the amount columns	from th	e following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The	lobbying nontaxa	ble amount is:			
	Not over \$500,000	20%	of the amount on lin	e 1e			
	Over \$500,000 but not over \$1,000,000	\$100	,000 plus 15% of the	excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175	,000 plus 10% of the	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	\$1,00	00,000				
	Grassroots nontaxable amount (enter 25% of lir	ne 1 f)					
_	Subtract line 1g from line 1a If zero or less, ent	-					
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 d	or line 11, did the	organization file F	orm 4720 rep	orting	┌ Yes ┌ No
	4-Year Av (Some organizations that made a columns below. See t	secti	on 501(h) ele		havè to co		ne five
	Lobbying Exp	endit	ures During 4	l-Year Averag	jing Period		
	Calendar year (or fiscal year						

	Lobbying Expenditures During 4-Year Averaging Period					
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
С	Total lobbying expenditures					
d	Grassroots non-taxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

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

	(election under section 501(h)).			<i></i>		
		(a) 		(b)	
		Yes	No	A	moun	it
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?		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				2,400
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No			
i	Other activities? If "Yes," describe in Part IV		Νo			
j	Total lines 1c through 1i					2,400
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No			
Ь	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		Ī			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No			
Par	t III-A Complete if the organization is exempt under section $501(c)(4)$, section $501(c)(6)$.	501(c)(5), o	r se	ctio	n
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		
	tIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".	III-A,			ctio	n
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).					
	Current year	2a				
Ь	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				
Pa	art IV Supplemental Information					

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier Return Reference Explanation

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

DLN: 93493116001112

OMB No 1545-0047

Supplemental Financial Statements

SCHEDULE D (Form 990)

Department of the Treasury

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

ternal Revenue Service Attach to For		► Attach to Fo	orm 990. ► See separate instructions.		Inspection				
Name of the organization WILLIAM PENN UNIVERSITY		zation		Employer id	entification numb	er			
WIL	LLAM PENN UNIVERS	SII Y		42-070712	20				
Pa			dvised Funds or Other Similar Fu	unds or Acc	ounts. Comple	te if the			
	organiz	cation answered "Yes" to Form 99	00, Part IV, line 6. (a) Donor advised funds	(h) F	ds and other accou				
	Total number at	t and of year	(a) Donor advised funds	(b) Fund	- and other accou	IIILS			
,		ributions to (during year)							
3		ts from (during year)							
1	Aggregate value								
5	Did the organiz	ation inform all donors and donor advi	sors in writing that the assets held in don organization's exclusive legal control?	or advised	☐ Yes	┌ No			
5	used only for cl	- , , , , , , , , , , , , , , , , , , ,	donor advisors in writing that grant funds efit of the donor or donor advisor, or for ar	•	se 「Yes	┌ No			
Pa	rt III Consei	rvation Easements. Complete	ıf the organization answered "Yes" to	o Form 990,	Part IV, line 7.				
2	Preservati Protection Preservati Complete lines	conservation easements held by the o on of land for public use (e g , recreati of natural habitat on of open space 2a-2d if the organization held a qual ne last day of the tax year	<u> </u>	ertified histor	ic structure	a			
				Held	dat the End of the	Year			
а	Total number o	f conservation easements		2a					
b	Total acreage r	restricted by conservation easements		2b					
c	Number of cons	servation easements on a certified his	toric structure included in (a)	2c					
d	Number of cons	servation easements included in (c) a	cquired after 8/17/06	2d					
3	Number of cons	servation easements modified, transfe	rred, released, extinguished, or terminate	d by the organ	ization during				
	the taxable yea	ar ▶							
1	Number of state	es where property subject to conserva	ation easement is located ►	<u></u>					
5		nization have a written policy regarding the conservation easements it holds	g the periodic monitoring, inspection, hand o	dling of violatio	ons, and Yes	Г No			
5	Staff and volun	teer hours devoted to monitoring, insp	pecting and enforcing conservation easem	ents during th	e year ►				
7	A mount of expe	enses incurred in monitoring, inspecti	ng, and enforcing conservation easements	during the ye	ar ► \$				
3		servation easement reported on line 2) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion	┌ Yes	┌ No			
•	balance sheet, the organizatio	and include, if applicable, the text of t n's accounting for conservation easer		statements th	nat describes				
ar			ons of Art, Historical Treasures,	or Other Si	milar Assets.				
La			"Yes" to Form 990, Part IV, line 8. 116, not to report in its revenue stateme	nt and halance	 sheet works of				
La	art, historical t	reasures, or other similar assets held	for public exhibition, education or research nancial statements that describes these it	ch in furtherand		e,			
b	historical treas	· ·	116, to report in its revenue statement a public exhibition, education, or research ii s		•				
	(i) Revenues ir	ncluded in Form 990, Part VIII, line 1		▶	\$				
	(ii) Assets incl	uded in Form 990, Part X		> 9	\$3,0	43,375			
2	If the organizat		orıcal treasures, or other sımılar assets fo S 116 relatıng to these ıtems						

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

ar?	1111 Organizations Maintaining Co	ollections of Art	, His	torical 1	<u> Freas</u>	<u>ures, or Ot</u>	ther	<u>Similar <i>I</i></u>	Asse	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	y of th	ne following	g that a	re a sıgnıfıcaı	nt us	e of its colle	ectio	n	
а	▼ Public exhibition		d	┌ Loai	norex	change progra	ams				
b	Scholarly research		e	┌ Oth	er						
c	✓ Preservation for future generations										
4	Provide a description of the organization's c Part XIV	ollections and expla	ın hov	w they furtl	her the	organization's	sexe	empt purpos	e ın		
5	During the year, did the organization solicit assets to be sold to raise funds rather than			•				lar	\vdash	Yes	√ No
Pa	rt IV Escrow and Custodial Arrang					n answered	l "Ye	s" to Form	990	0,	
	Part IV, line 9, or reported an ar		•								
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other interme	ediary	for contrib	outions	or other asse	ets n	ot	Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ıng table		_					
									A mo	unt	
С	Beginning balance					:	1c				
d	Additions during the year					_ :	1d				
е	Distributions during the year					_ :	1e				
f	Ending balance					_ :	1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	e 21?						Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/									
Pa	rt V Endowment Funds. Complete	ıf the organızatıor	n ans	wered "Y							
		(a)Current Year	(b))Prior Year		Two Years Back		Three Years Ba	ck (e	e)Four Y	ears Back
La	Beginning of year balance	6,679,855		5,955,8	_	5,399,88	+				
b	Contributions	47,159		618,1		879,060			_		
С	Investment earnings or losses	715,318		341,9	39	-312,448	8				
d	Grants or scholarships										
е	Other expenditures for facilities and programs	382,897		236,0	123	10,670	0				
f	Administrative expenses										
g	End of year balance	7,059,435		6,679,8	55	5,955,82	3				
2	Provide the estimated percentage of the year	r end balance held a	as		•		•		•		
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment ▶ 100 000 %										
c	Term endowment 🕨										
За	Are there endowment funds not in the posse	ssion of the organiza	ation t	that are he	eld and	admınıstered	for t	he			
	organization by							_		Yes	No
	(i) unrelated organizations						•		a(i)		No
_	(ii) related organizations If "Yes" to 3a(ii), are the related organization							[3	a(ii) 3b		No
1 1	Describe in Part XIV the intended uses of the				•		•		30		No
	rt VI Investments—Land, Building				990 F	Part X line 1	10				
	Description of investment	o, una Equipino	<u> </u>	(a) Cost of basis (inve	or other	(b)Cost or oth	ner	(c) Accumulat		(d) Boo	ok value
La	Land			2.	181,228	1,242,	751		\dashv		3,423,979
	Buildings				,	38,774,4	-	8,889,	268		9,885,187
	Leasehold improvements					- 3,,	-	2,0001	\dashv		,,=,
	Equipment					13,011,4	475	10,529,	352		2,482,123
	Other					,,	+	,,	+		, ,

35,791,289

Part VII Investments—Other Securities. See	Form 990, Part X, line 1		
(a) Description of security or category (including name of security)	(b)Book value		od of valuation f-year market value
(1)Financial derivatives		Cost of the of	year market value
(2)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		od of valuation
		Cost or end-or	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			(b) Book wales
(a) Descrip	tion		(b) Book value
(1) REMAINDER INTEREST TRUSTS			1,386,810
(2) LIBRARY BOOKS			625,067
(3) CONSTRUCTION IN PROCESS			3,597,032
(4) COLLECTIBLES			3,043,375
(5) BENEFICIAL INTEREST IN PERPETUAL TR			3,083,393
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)		15,040,378
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes			
US GOVERNMENT GRANTS REFUNDABLE	1,462,417		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	1,462,417		
, , , , , , , , , , , , , , , , , , , ,	_,.0_,.1	<u> </u>	

	l otal revenue (Form 990, Part VIII, column (A), line 12)	1	30,201,427
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	33,687,805
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,593,622
4	Net unrealized gains (losses) on investments	4	-452,385
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-452,385
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	2,141,237
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		
1	Total revenue, gains, and other support per audited financial statements	1	24,994,813
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
ь	Donated services and use of facilities 2b		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-11,286,614
3	Subtract line 2e from line 1	3	36,281,427
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	36,281,427
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	
1	Total expenses and losses per audited financial statements	1	22,853,576
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments		
c	Other losses	1	
d	Other (Describe in Part XIV) 2d	1	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	22,853,576
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)]	
c	Add lines 4a and 4b	4c	10,834,229
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	33,687,805

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

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 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 \$11038629 GROUPING DIFFERENCES \$-204400
Part V, Line 4	Part V , Line 4 Intended uses of the endowment fund	ENDOWMENT FUNDS CONSIST OF APPROXIMATELY 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 SCHOLARLY RESEARCH

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

2010

Inspection

Employer identification number

VILLL	AM PENN UNIVERSITY							
Pa	rt I 42	-0707120		YES	NO			
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its other governing instrument, or in a resolution of its governing body?	charter, bylaws,	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?							
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 If you need more space use Part II							
4	Does the organization maintain the following?		4-	V				
	Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially nobasis?	ndiscriminatory	4a 4b	Yes				
c	Copies of all catalogues, brochures, announcements, and other written communications to the publi with student admissions, programs, and scholarships?	c dealing	4c	Yes				
d	Copies of all material used by the organization or on its behalf to solicit contributions?		4d	Yes				
5	If you answered "No" to any of the above, please explain. If you need more space, use Part II Does the organization discriminate by race in any way with respect to							
а	Students' rights or privileges?	<u>[</u>	5a		Νο			
b	Admissions policies?	-	5b		Νo			
c	Employment of faculty or administrative staff?	-	5c		Νo			
d	Scholarships or other financial assistance?		5d		Νo			
e	Educational policies?		5e		Νo			
f	Use of facilities?	-	5f		Νo			
g	Athletic programs?	-	5g		Νo			
H	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II		5h		Νo			
	2. , ou answered Tes to any of the above, please explain II you need more space, use rait II							
	Does the organization receive any financial aid or assistance from a governmental agency?		6a	Yes				
b	Has the organization's right to such aid ever been revoked or suspended?	_	6b		Νo			
7	If you answered "Yes" to either line 6a or line 6b, explain on Part II Does the organization certify that it has complied with the applicable requirements of sections 4 01 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part I		7	Yes				

Part II Supplemental Information

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions)

ldentifier	Return Reference	Explanation

Schedule E (Form 990 or 990-EZ) 2010

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Schedule I

(Form 990)

Department of the Treasury

DLN: 93493116001112

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

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

Attach to Form 990

OMB No 1545-0047

2010

Open to Public
Inspection

Internal Revenue Service Name of the organization						Employer identification	on number
WILLIAM PENN UNIVERSITY						42-0707120	
Part I General Information	on on Grants and	d Assistance				•	
Does the organization maintain the selection criteria used to at Describe in Part IV the organiz Part II Grants and Other A Form 990, Part IV, Im	ward the grants or as ation's procedures fo Assistance to Go ne 21 for any recip	sistance?or monitoring the use overnments and Opent that received r	f grant funds in the Uniter granizations in the more than \$5,000. Ch		nplete if the organ	nızatıon answered "Yed more than \$5,000.	
duplicated if additiona	ai space is needed					🕨 🗸	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
2 Enter total number of section 5	 01(c)(3) and govern	ment organizations .					0

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) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) VOCATIONAL REHAB GRANTS FOR STATES	5	9,503		CASH	
(2) INSTITUTION SCHOLARSHIPS AND GRANTS	1170	10,498,865		CASH	
(3) FEDERAL VETERANS REHABILITATION PROGRAM	4	7,509		CASH	
(4) FEDERAL SEOG	1019	522,752		CASH	

Part IV Supplemental Information. Complete this 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		THE UNIVERSITY HAS A FINANCIAL AID DEPARTMENT WHOSE STAFF IS TRAINED AND CONTINUOUSLY
of How Grants are Used		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

Schedule I (Form 990) 2010

DLN: 93493116001112

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

WILLIAM PENN UNIVERSITY

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

Compensation Information

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Employer identification number

			42-0707120			
Pa	rt I Questions Regarding Compensation					
					Yes	Νo
1a	Check the appropriate box(es) if the organization provides 990, Part VII, Section A, line 1a Complete Part III to					
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	▼ Travel for companions		Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	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 orga reimbursement orprovision of all the expenses describ			1b		
2	Did the organization require substantiation prior to rein officers, directors, trustees, and the CEO/Executive D			2		
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all that		•			
	Compensation committee	~	····, ····-, ····-			
	Independent compensation consultant	굣	, ,			
	Form 990 of other organizations	~	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Pa or a related organization	rt V I	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control pa	ymer	nt from the organization or a related organization?	4a		No
b	Participate in, or receive payment from, a supplementa	al nor	nqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-base	ed co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and prov	ıde tl	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must	com	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, lin compensation contingent on the revenues of	ne 1a	, dıd the organızatıon pay or accrue any			
а	The organization?			5a		No
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, lin compensation contingent on the net earnings of	ne 1a	, did the organization pay or accrue any			
а	The organization?			6a		No
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, li payments not described in lines 5 and 6? If "Yes," des		, ,	7		No
8	Were any amounts reported in Form 990, Part VII, pai subject to the initial contract exception described in R					
	ın Part III	-	, ,	8		No
9	If "Yes" to line 8, did the organization also follow the resection 53 4958-6(c)?	ebutt	able presumption procedure described in Regulations	9		No

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

For each individual whose compensation must be reported 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)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(ii) Bonus & (iii) Other		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation		
_		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) STEVEN C NOAH	(I) (II)	128,044			13,340	18,215	159,599	
(2) JOHN EE OTTOSSON	(ı) (ıı)	139,994			14,260	12,701	166,955	
(3) ANN FIELDS	(I) (II)	160,924			30,027	9,601	200,552	
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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) 2010

DLN: 93493116001112

OMB No 1545-0047

Open to Public **Inspection**

Schedule K (Form 990)

Department of the Treasury Internal Revenue Service

▶ 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.

Supplemental Information on Tax Exempt Bonds

Name of the organization WILLIAM PENN UNIVERSITY

Bond Issues

Employer identification number

42-0707120

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f)	(f) Description of Purpose		(h) O Defeased Behalf Issue		alfof	If of financ			
									No	Yes	No	Yes	No		
A	IOWA HIGHER EDUCATION LOAN AUTHORITY	42-1235696	462460M37	11-30-2010	11,603,270	REFUN (11/17	ND PRIOR ISSUE 7/09)		х		X		Х		
В	IOWA HIGHER EDUCATION LOAN AUTHORITY	42-1235696		10-02-2009	1,150,000				CONSTRUCTION OF		х		Х		Х
С	IOWA HIGHER EDUCATION LOAN AUTHORITY	42-1235696	462460TX4	05-19-2005	6,535,655	SEE S	SEE SCHEDULE O		х		х		Х		
_															
	art II Proceeds														
	Proceeds				Α	Ι	В		С						
1	A mount of bonds retired					3,000	3,000								
2	A mount of bonds legally defea	ised													
3	Total proceeds of Issue				11,60	3,270	1,156,814		6,5	67,556	5				
4	Gross proceeds in reserve fur	nds			8	9,252	89,252			30,486	5				
5	Capitalized interest from proc	eeds			1	9,315				19,315	5				
6	Proceeds in refunding escrow														
7	Issuance costs from proceeds	s			10	3,270	20,772		1	130,391					
8	Credit enhancement from prod	ceeds													
9	Working capital expenditures	from proceeds			2	0,002	20,002								

10	Capital expenditures from proceeds		11,500,000		1,026,788		388,409	1	
11	O ther spent proceeds		5,498,955				5,498,955		
12	Other unspent proceeds								
13	Year of substantial completion	20	08	20	800	20	006		
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	Х			X	Х			
15	Were the bonds issued as part of an advance refunding issue?		х		х		х		
16	Has the final allocation of proceeds been made?	Х		Х		Х			
17	Does the organization maintain adequate books and records to support the final	V		V		V			

allocation of proceeds? Part IIII Private Business Use

			4	1	В	(С	ļ I	D
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		x		X		Х		
2	Are there any lease arrangements that may result in private business use of bond-financed property?		×		×		×		

Part IIII Private Business Use (Continued)

	,		A		В	С			D
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		х		×		×		
b	Are there any research agreements that may result in private business use of bond-financed property?		х		×		×		
С	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?		x		х		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		×		×			

		А		В		С		D	
		Yes	No	Yes	No	Yes	No	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		x		x		
2	Is the bond issue a variable rate issue?		X	X			X		
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		Х		х		х		
ь	Name of provider								
С	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
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?		х		х		х		
6	Did the bond issue qualify for an exception to rebate?	х		x		×			

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Ident if ier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493116001112

DLN: 934931160011112

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.

2010

Open to Public Inspection

Name of the organization WILLIAM PENN UNIVERSITY							E	mployer i	dentifica	ition numb	er
								2-07071			
Part I Excess Benefit Train Complete if the organizat										ıne 40b	
1 (a) Name of disq	ualifiod	parcon			(1) 5		6.1			(c) C	orrected?
1 (a) Name of disq	uaiiiieu	person			(b) Desc	ription	or trans	action		Yes	No
											-
2.5					1.01					I	
2 Enter the amount of tax impos section 4958	ed on ti	ne organ	ization mana	_	disqualified perso			ear unde	r • \$		
3 Enter the amount of tax, If any	on line	 - 2. abov	e reimburse						• \$		
	,	,		, t							
Part II Loans to and/or I											
Complete if the organiz	zation a T	nswered	l "Yes" on Fo T	orm 990	, Part IV , line 26 _. T	, or Forn I	n 990-E			a	
	1	oan to				(e) I	īn	(f) Appro		(g)Write	ten
(a) Name of interested person and	1	m the zation?	(c)O rig principal a		(d)Balance due	defau		by boar		agreeme	
purpose		1	principal a	imount				commit	tee?		
	То	From				Yes	No	Yes	No	Yes	No
(1) MUSCO CORPORATION											
OPERATING LOAN	X		4,0	00,000			No	Yes			No
	ļ	1									
				. .				_			<u> </u>
			· · ·	▶ \$	\						
Part IIII Grants or Assistar Complete if the orga						line 2	7				
· · ·					en interested per						
(a) Name of interested pers	on	`-	•	•	janization	3311	(c) A n	nount of g	rant or ty	ype of assi:	stance
					-						

Part IV	Business	Transactions	Involvina	Interested	Persons

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

ranswered res on i	orin 550, Farciv, IIII	e 20a, 20b, 01 20c.		
(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	organiz	aring of zation's nues?
ENTITY OWNED BY TRUSTEE	210,845	CABLE TV AND INTERNET		No
				<u> </u>
	(b) Relationship between interested person and the organization ENTITY OWNED BY	(b) Relationship between interested person and the organization ENTITY OWNED BY (c) A mount of transaction 210,845	(b) Relationship between interested person and the organization ENTITY OWNED BY (c) A mount of transaction (d) Description of transaction CABLE TV AND INTERNET	between interested person and the organization (c) A mount of transaction (d) Description of transaction organization Organization Ves ENTITY OWNED BY 210,845 CABLE TV AND INTERNET

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Ident if ier	Return Reference	Explanation
		An officer of the organization is also an officer of Musco Corporation that lent to the Organization \$4,000,000 for operating purposes during the year The loan was repaid before June 30, 2011 with interest at 2 22%

Schedule L (Form 990 or 990-EZ) 2010

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

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

NonCash Contributions

Name of the organization WILLIAM PENN UNIVERSITY

Employer identification number

				42-0707120			
Part I Types of Property							
	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of determining of amounts		ontribut	ion
1 Art—Works of art			-5				
2 Art—Historical treasures							
3 Art—Fractional interests							
4 Books and publications							
5 Clothing and household							
ods							
6 Cars and other vehicles .							
7 Boats and planes							
8 Intellectual property							
9 Securities—Publicly traded							
Securities—Closely held							
stock							
LLC, or trust interests .							
2 Securities—Miscellaneous							
Q ualified conservation contribution—Historic							
structures 1 Qualified conservation							
contribution—Other							
5 Real estate—Residential .							
5 Real estate—Commercial							
7 Realestate—Other	Х	3	1,583,343	FAIR MARKET			
3 Collectibles							
Food inventory							
Drugs and medical supplies							
1 Taxıdermy							
2 Historical artifacts							
3 Scientific specimens							
4 Archeological artifacts .							
5 Other►(<u>EQUIPMENT</u>)	Х	1	22,900	FAIR MARKET			
other ► (TRAVEL)	Х	1	3,649	COST			
7 Other ►()							
8 Other ► ()							
9 Number of Forms 8283 received							
for which the organization comp	leted Form 8	3283, Part IV , Donee Ackr	nowledgement	29			
						Yes	No
0a During the year, did the organiza	ation receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it			
must hold for at least three year	rs 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 arrangem	ent ın Part I	I					
1 Does the organization have a gi	ft acceptand	e policy that requires the	review of any non-standard	contributions?	31	Yes	
2a Does the organization hire or us contributions?	•	es or related organizations	to solicit, process, or sell	non-cash	32a		No
b If "Yes," describe in Part II							.,,
3 If the organization did not report	t revenues i	n column (c) for a type of p	roperty for which column (a) is checked			
describe in Part II				,			

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) 2010

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SCHEDULE O

As Filed Data -

DLN: 93493116001112

OMB No 1545-0047

2010

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

Attach to Form 990 or 990-EZ.

Supplemental Information to Form 990 or 990-EZ

Open to Public Inspection

Name of the organization WILLIAM PENN UNIVERSITY

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Employer identification number

42-0707120

Identifier	Return Reference	Explanation
	SCHEDULE K, PART I(f) Line A	CONSTRUCTION AND IMPROVEMENTS TO FACILITIES AND REFUND PRIOR ISSUES (6-27-91, 7-17-96, 7-27-00)

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

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

ldentifier	Return Reference	Explanation
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 FOR EXECUTIVE COMPENSATION FOR THE PRESIDENT AND OTHER OFFICERS AND TOP MANAGEMENT

ldentifier	Return Reference Explanation					
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	THE PRESIDENT'S OFFICE AND CFO REVIEW ALL COMPLETED CONFLICT OF INTEREST FORMS COMPLETED BY BOARD MEMBER'S, ADMINISTRATORS, AND OTHERS WITH BUDGET CONTROL				

ldentifier	Return Reference	Explanation
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

ldentifier	Return Reference	Explanation
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

ldentifier	Return Reference	Explanation
Form 990, Part III, Line 4d	Form 990, Part III, Line 4d Other Program Services Description	OTHER PROGRAM SERVICES 4 COST OF SALES, SUPPORT AND MAINTENANCE OF CAMPUS BOOKSTORE FOR 1,753 STUDENTS, FACULTY AND STAFF OTHER PROGRAM SERVICES 5 SCHOLARSHIP PROGRAMS FOR SCHOLARSHIPS AND GRANTS TO 1,753 STUDENTS OTHER PROGRAM SERVICES 6 STUDENTS SERVICES, INCLUDING STUDENT DEVELOPMENT, ACADEMIC AND CAREER COUNCELING, INTERCOLLEGIATE ATHLETICS, FINANCIAL ASSISTANCE AND OTHER SERVICES, WAS PROVIDED TO 1,753 FULL AND PART TIME STUDENTS

Software ID: 10000105 **Software Version:** 2010v3.2

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										
(A) Name and Title	(B) Average hours per		tion (hat a	che)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	Institutional Trustee or director		Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations			
WILLIAM PATTEN Trustee	2 00	х						О	0	0
TOM FRANKS	2 00	Х						0	0	0
Trustee STEVEN C NOAH										
VP ADVANCEMENT	40 00			×				128,044	0	31,555
SAMUEL H RITCHIE Trustee	2 00	х						0	0	0
RYAN BHATTACHARYYA Trustee	2 00	Х						0	0	0
RUTH NEUBERT Trustee	2 00	Х						0	0	0
RONALD K BRYAN	2.00	.,						0	0	0
Trustee	2 00	Х						0	0	0
REGINALD MARTIN Trustee	2 00	Х						0	0	0
RANDAL MARK WRIGHT INSTRUCTOR	40 00					Х		78,136	0	25,504
NOEL STAHLE VP OF ACADEMICS	40 00			х				86,935	0	25,453
NEDRA JANE SMITH Trustee	2 00	Х						0	0	0
MICHELLE KOEHLER Trustee	2 00	Х						0	0	0
MARY GLASSCOCK Trustee	2 00	Х						0	0	0
MARGARET STOLZFUS Trustee	2 00	Х						0	0	0
LEE BASH ACADEMIC DEAN	40 00					x		100,449	0	25,847
KEN VAN GILST Trustee	2 00	Х						0	0	0
JOHN EE OTTOSSON VP ENROLLMENT	40 00			х				139,994	0	26,961
JOEP CROOKHAM Chairman	2 00	Х		х				0	0	0
JO BI LAWRENCE FACULTY MEMBER	40 00					х		122,241	0	13,114
JERRY N ELLIS VICE CHAIRMAN	2 00	Х		х				0	0	0
GREG HARRIS Trustee	2 00	Х						0	0	0
GREG HAFNER VP OF ATHLETICS	40 00			х				53,184	0	28,601
ERIC JON NICHOLS Trustee	2 00	Х						0	0	0
DONALD E SWIM Trustee	2 00	Х						0	0	0
DIANNE K BURNS Secretary	40 00			х				32,195	0	12,474
<u>r</u>				•			•			

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		(C tion (hat a	che		II		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
DAVID AHMAD Trustee	2 00	Х						0	0	0	
CHRIS HYLAND Trustee	2 00	Х						0	0	0	
CARL DROST Trustee	2 00	Х						0	0	0	
BRIAN RUDOPH IT DIRECTOR	40 00					х		75,549	0	13,915	
BONNIE L JOHNSON VP OF FINANCE	40 00			х				97,411	0	27,166	
BERRY JOHNSON Trustee	2 00	Х						0	0	0	
AVON MICHAEL LAIRD BASEBALL COACH	40 00					х		82,749	0	31,837	
ANN FIELDS PRESIDENT	40 00	Х		х				160,924	0	39,628	