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DLN: 93493062014332

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2010

OMB No 1545-0047

Open to Public Inspection

A Fo	the 2010 c	alendar year, or tax year beg	inning 07-01-2010 and ending 06-30-2	011		· ·
B Che	ck if applicable	C Name of organization			D Employer	identification number
┌ Add	ress change	William Jessup University			94-1279	803
┌ Nan	ne change	Doing Business As			E Telephone	e number
┌ Initi	al return	Number and street (or P.O. hor	x if mail is not delivered to street address)	Room/suite	(916) 57	
Г Теп	nınated	333 Sunset Boulevard	will main is not delivered to sacct address)	Room, saite		
_	ended return lication pending	City or town, state or country, Rocklin, CA 95765	and ZIP + 4		G Gross recei	pts \$ 18,927,946
		F Name and address of	principal officer	H(a) takka		liates? Yes No
		John Jackson	F	in(a) is this a	group return for am	nates/ Yes - No
		333 Sunset Boulevard Rocklin, CA 95765		` ,	affiliates included o," attach a lis	Yes No
	c-exempt status	<u> </u>	(Insert no)		p exemption r	
	•	vw jessup edu	1377(4)(1) 01 327			
K Form	n of organizatio	n 🔽 Corporation 🗆 Trust 🗀 Assoc	ciation Other ►	L Year of for	mation 1939	M State of legal domicile CA
		nmary	satisfy sales v			Trotate or legal definition
Activities & Governance		_	ssion or most significant activities and service in church and society			
iii l						
γoκ		, -	n discontinued its operations or dispose		5% of its net	assets
ب بخ			verning body (Part VI, line 1a)		3	22
8			ers of the governing body (Part VI, line 1			21
			d ın calendar year 2010 (Part V, line 2a)		5	290
<u>ਹਿ</u>		umber of volunteers (estimate			6	29
•			m Part VIII, column (C), line 12		7a	0
	b Net unr	erated business taxable incor	me from Form 990-T, line 34	D-i-	r Year	Current Year
	• Cont	whytions and grants (Part VII	I line 1 h)	РПО	4,488,939	
ej.			I, line 1h)	•	12,729,875	1,237,479
Revent	_	•	umn (A), lines 3, 4, and 7d)		61,578	17,119,474
æ			(A), lines 5, 6d, 8c, 9c, 10c, and 11e)	•	98,258	-322
			n 11 (must equal Part VIII, column (A),	line	30,230	311
	12)	<u> </u>	<u> </u>		17,378,650	18,638,135
		·	Part IX, column (A), lines 1-3)	•	4,355,660	4,541,520
			art IX, column (A), line 4)		0	0
Expenses	10)		loyee benefits (Part IX, column (A), line	s 5-	5,764,897	5,995,169
ē l			IX, column (A), line 11e)		0	0
<u>ਬ</u>		undraising expenses (Part IX, colum		-		
			A), lines 11a-11d, 11f-24f)		7,217,191	8,864,432
			(must equal Part IX, column (A), line 25		17,337,748	19,401,121
- 07 - 07	19 Reve	nue less expenses Subtract l	line 18 from line 12		40,902 of Current	-762,986
Net Assets or Fund Balances					ear	End of Year
Ass Ba					24,685,608	34,397,717
e de la composition della comp					12,808,160	12,887,326
			act line 21 from line 20		11,877,448	21,510,391
Under	penalties of pedge and beliedge.	ef, it is true, correct, and compl	amined this return, including accompanying lete. Declaration of preparer (other than off	icer) is based on a		
Sign Here	Gen	nature of officer e De Young VP for Finance & Admir e or print name and title	n	Da		
	Print/Typ		Preparer's signature Dave Moja		Check if self- employed 🕨	PTIN
Paid		ame Capin Crouse LLP	Dave rioja	1	opio/cu r	Firm's EIN
Prepa	ror					I AIII 3 LIN F
Use C	i Firm's ac	ldress 🕨 972 Emerson Parkway Suit	te A			Phone no 🕨 (317) 885-

LOIIII	1990 (2010)					Page 2
Par		ent of Program Serv Schedule O contains a res				F
1		the organization's mission	<u> </u>			,
The l leadi unde	University is regi ng to a Bachelor rgraduate and gra	onally accredited by the W of Arts or a Bachelor of Sc aduate certificate program ner education, spiritual for	/estern Association of Sc ience degree In addition s It's purpose is to prepa	, it offeres two are Christians	Associate of Arts degrees	and a variety of
2		ition undertake any signifi 90 or 990-EZ?		ring the year w	hich were not listed on	┌ Yes ┌ No
	If "Yes," describ	e these new services on S	Schedule O			
3	services? .			s in how it cond	ducts, any program	┌ Yes ┌ No
4	Describe the ex Section 501(c)(oe these changes on Sche empt purpose achievemer (3) and 501(c)(4) organiza thers, the total expenses,	nts for each of the organiz ations and section 4947(a	a)(1) trusts are	required to report the am	•
4a) (Expenses \$ in bible studies, general educat more than 800 students and off	on, and related fields with two			17,119,474) ergraudate programs Further, the
4b	(Code) (Expenses \$	ıncluding g	rants of \$) (Revenue \$)
4c	(Code) (Expenses \$	ıncluding g	rants of \$) (Revenue \$)
4d	Other program (Expenses \$	services (Describe in Sc	hedule O)) (Revenue \$)
4e	Total program	service expenses > \$	17,394,263			

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	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? <i>If</i> "Yes," complete Schedule C, Part II	4		No
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		
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		No
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	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
С	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		No
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		No
b	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	Yes	
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? If "Yes," complete Schedule G, Part II	18	Yes	
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	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		No
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		Νο
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) 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		No
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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 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	Yes	
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	Yes	
c	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		Νο
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		No
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νο
	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	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
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 Yes Vo			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 46			
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		
	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	
	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a		N
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		N
b	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			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	36		
_		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		N
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	_ '		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			, N
d	file Form 8282?	7c		N
u	11 Tes, mulcate the number of forms 5252 med during the year	-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		N N
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	Yes	
	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		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
)	Section 501(c)(7) organizations. Enter			
	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	<u> </u>		
L	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)	-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?	13-		
	Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand	1		
_	13c	│		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	It "vac " has it tiled a borm /20 to report these nauments? If "No " provide an evaluation in Cohedul- O	1/16		

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

_Se	ction A. Governing Body and Management										
			Yes	No							
_											
1a	Enter the number of voting members of the governing body at the end of the tax year										
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		No							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?										
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	4 5		N o N o							
6	Does the organization have members or stockholders?	6		Νo							
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο							
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 year by the following										
а	The governing body?	8a	Yes								
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the										
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo							
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)										
	venue code.)		Yes	No							
10a	Does the organization have local chapters, branches, or affiliates?	10a		No							
	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									
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	100									
	Thus the organization provided a copy or this Form 550 to an intelligence of its governing body before mining the form	11a	Yes								
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								
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	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								
ь	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?	16b									
Se	ection C. Disclosure										
17	List the States with which a copy of this Form 990 is required to be filed▶CA										
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 V Upon request

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization William Jessup University
 333 Sunset Boulevard

Rocklin, CA 95765 (916) 577-2354

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 organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours	Posi [†]	((tion (hat a	che		II		(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
(1) Pete Bernardoni Trustee	1 00	х						0	0	0
(2) Marc Bigelow Trustee	1 00	Х						0	0	0
(3) Jon Blackstad Trustee	1 00	х						0	0	0
(4) Steve Bond Trustee	1 00	х						0	0	0
(5) Bill Coyne Trustee	1 00	Х						0	0	0
(6) Patricia Cureton Trustee	1 00	Х						0	0	0
(7) Dan Derepentigny Trustee	1 00	х						0	0	0
(8) Roger Edrington Trustee	1 00	х						0	0	0
(9) Pat Gelsinger Chairman	1 00	х		х				0	0	0
(10) Roger Gibson Vice Chairman	1 00	х		х				0	0	0
(11) Don Hınkle Trustee	1 00	х						0	0	0
(12) John Jackson 32311-Current President	40 00	х		х				0	0	0
(13) Greg Jamison Trustee	1 00	х						0	0	0
(14) Laune Kubicek Trustee	1 00	Х						0	0	0
(15) Jim Lewis Secretary	1 00	х		х				0	0	0
(16) Wayne Nader Treasurer	1 00	Х		х				0	0	0

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

(A) Name and Title	Name and Title Average Position (check hours that apply)					11		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Institutional Trustee Individual trustee or director		Key employee Officei		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
(17) Brett Neal Trustee	1 00	х						0	0	0
(18) Ken Oosting Trustee	1 00	х						0	0	0
(19) Barry Smith Trustee	1 00	х						0	0	0
(20) Holly Tiche Trustee	1 00	х						0	0	0
(21) Mike West Trustee	1 00	х						0	0	0
(22) Randall Yee Trustee	1 00	х						0	0	0
(23) Gene De Young VP Finance & Admin	40 00			х				98,500	0	12,787
1b Sub-Total							<u> </u>			
c Total from continuation sheets				•	•	· ·				
							 	98,500	0	12,787
Total number of individuals (incl \$100,000 in reportable compen					ted	above)) who	received more tha	n	

			Yes	No	
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee				
	on line 1a? If "Yes," complete Schedule I for such individual	3		Νo	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such				
	ındıvıdual	4		Νo	
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 I for such person	5		Νο	_

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Bon Appetit Management Company 100 Hamilton Ave Palo Alto, CA 94301	Food service	889,858
Pride Industries Inc 10030 Foothills Blvd Roseville, CA 95747	Janıtonal	159,976

Form 9	90 (2010) VIII Statement of Revenue				Pag	ge 9
	Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	
Contributions, gifts, grants and other similar amounts	b Membership dues	1,093,154 58,809	1,237,479			
Program Service Revenue	Busi Tuition & fees b Auxiliary services c Other program revenue d e f All other program service revenue g Total. Add lines 2a-2f	611710 611710 611710	13,830,932 3,091,588 196,954 17,119,474	3,091,588		
	6a Gross Rents b Less rental expenses c Rental income or (loss)	Personal	244,592			244,592
Other Revenue	d Net rental income or (loss) (i) Securities (i) Securities (ii) Securities (ii) Securities (iii) Securitie	1) O ther 3,353 -3,353 47,329 47,651	-322	17,119,474	0 rm 990 (20	

	990 (2010)				Page 10
Par					
	Section $501(c)(3)$ and $501(c)(4)$ organizations mus Il other organizations must complete column (A) but are not required to c			(D)	
Do no	ot include amounts reported on lines 6b, p, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21		СХРСПЭСЭ	general expenses	Скрепаса
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	4,541,520	4,541,520		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	, , ,	,		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	148,753	128,003	13,958	6,792
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	26,152	19,614	6,538	
7	Other salaries and wages	4,562,220	3,928,701	424,006	209,513
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3,020,100	12.1,000	
9	Other employee benefits	933,105	798,766	66,496	67,843
10	Payroll taxes	324,939	271,499	39,184	14,256
а	Fees for services (non-employees) Management				
b	Legal	14,098		14,098	
С	Accounting	32,759		32,759	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	13,300		13,300	
g	Other	980,266	929,630	24,184	26,452
12	Advertising and promotion	315,198	105,934	137,807	71,457
13	Office expenses	371,951	301,787	27,181	42,983
14	Information technology	29,101	27,504	1,597	<u> </u>
15	Royalties	,	,	·	
16	Occupancy	3,501,800	3,221,010	224,575	56,215
17	Travel	217,669	195,176		8,829
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				-,
19	Conferences, conventions, and meetings	15,861	12,544	3,228	89
20	Interest	921,087	921,087		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	871,437	839,168	24,672	7,597
23	Insurance	255,040	184,771	69,288	981
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	A cademic materials	417,146	417,146		
b	Event expenses	297,905	249,426	434	48,045
c	Staff development	241,969	35,428	157,401	49,140
d	Miscellaneous	188,913	91,534	91,059	6,320
e	Student activities	178,932	174,015	964	3,953
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	19,401,121	17,394,263	1,386,393	620,465
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet (A) (B) Beginning of year End of year 3,708,502 4,681,206 1 331.623 2 2.713.434 2 4,565,506 3 3 50,948 4 40,837 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 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 7 8 67,026 269,142 Prepaid expenses and deferred charges 52,208 9 10a Land, buildings, and equipment cost or other basis Complete 19.176.369 10a Part VI of Schedule D 10b 3.573.722 ь Less accumulated depreciation 18.632.059 10c 15,602,647 1.135.858 11 11 1,207,882 12 12 Investments—other securities See Part IV, line 11 94,297 49,023 13 13 Investments—program-related See Part IV, line 11 . . 14 14 635,360 15 5,245,767 15 16 24,685,608 16 34,397,717 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 451.392 17 730.681 17 Accounts payable and accrued expenses . 18 18 446.664 19 19 466.266 20 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 11.629.280 23 11.540.379 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 25 280.824 25 150,000 Other liabilities Complete Part X of Schedule D 26 12,808,160 26 12,887,326 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 10.145.477 14,823,055 Unrestricted net assets Temporarily restricted net assets 28 512,818 28 5,324,746 Fund 1,362,590 1,219,153 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 ¥ 11,877,448 33 21,510,391 33 Total net assets or fund balances 24,685,608 34 Total liabilities and net assets/fund balances 34,397,717

Ра	Check if Schedule O contains a response to any question in this Part XI			. [고	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		18,6	538,13
2	Total expenses (must equal Part IX, column (A), line 25)	2			101,12
3	Revenue less expenses Subtract line 2 from line 1	3		- 7	762,98
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		11,8	377,44
5	Other changes in net assets or fund balances (explain in Schedule O)	5		10,3	395,92
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		21,5	510,39
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			ァ	
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
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 the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis	sued			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	:	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes	

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

h

Public Charity Status and Public Support

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

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

Inspection

William Jessup University 94-1279803 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 I **b** Type II c Type III - Functionally integrated Type III - Other 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) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)

(i) Name of supported organization	Type of organization (described on lines 1- 9 above or IRC section	(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 organization in col (i) organized in the US?		(vii) A mount of support	
	Yes	No	Yes	No	Yes	No			
 Total				-					

Provide the following information about the supported organization(s)

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, pic	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 کد	. -
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 ender		, , 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		
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: 93493062014332

OMB No 1545-0047

Open to Public Inspection

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. ► Attach to Form 990. ► See separate instructions.

Supplemental Financial Statements

Internal Revenue Service

Name of the organization **Employer identification number** William Jessup University

				1279803		
Pa	organizations Maintaining Donor Action organization answered "Yes" to Form 99		Funds	or Account	s. Complet	e if the
	organization answered Tes to FOIII 99	(a) Donor advised funds		(b) Funds and	other accour	nts
	Total number at end of year					
	Aggregate contributions to (during year)					
	Aggregate grants from (during year)					
	Aggregate value at end of year					
	Did the organization inform all donors and donor advi- funds are the organization's property, subject to the			sed	☐ Yes	┌ No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit				┌ Yes	┌ No
1	t II Conservation Easements. Complete	ıf the organızatıon answered "Yes	" to Forn	n 990, Part I	V, line 7.	
	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a quality	on or pleasure) Preservation of Preservation of	a certifie	d historic stru		a
	easement on the last day of the tax year	med conservation contribution in the lo	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Г		
	Total number of conservation easements			Held at the	e End of the	Year
	Total acreage restricted by conservation easements		2a 2b			
	Number of conservation easements on a certified his		2b 2c			
	Number of conservation easements included in (c) as	· ·	2d			
		•				
	Number of conservation easements modified, transfe the taxable year >	rrea, releasea, extinguishea, or termin	ated by tr	ie organization	auring	
	· ————					
	Number of states where property subject to conserva	ation easement is located 🕨				
	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		andling of	violations, an	^d	┌ No
	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation eas	ements d	uring the year	-	
	A mount of expenses incurred in monitoring, inspection	ng, and enforcing conservation easeme	ents during	g the year ► \$		
	Does each conservation easement reported on line 2 $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$?	(d) above satisfy the requirements of s	section		☐ Yes	┌ No
	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	he footnote to the organization's financ				
li	TIII Organizations Maintaining Collection Complete if the organization answered '			her Similar	Assets.	
	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or rese	earch in fu			,
)	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or researc			•	
	(i) Revenues included in Form 990, Part VIII, line 1			► \$		
	(ii) Assets included in Form 990, Part X					
	If the organization received or held works of art, histofollowing amounts required to be reported under SFA:		s for finan			
	Revenues included in Form 990, Part VIII, line 1	-		▶ -\$		
	November Meradea in Form 550, Fait VIII, line I			F 4		

b Assets included in Form 990, Part X

3	Using the organization's accession and other											continuea)
	ıtems (check all that apply) —			_								
а	Public exhibition		d	J	Loan o	rexc	hange progr	ams				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
4	Provide a description of the organization's c Part XIV	ollections and expla	ıın hov	w they	further	the	organızatıon	's e>	cempt purp	ose in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than								nılar	Г	Yes	Г No
Pai	Part IV, line 9, or reported an ar	ements. Compl	ete ıf	the o	rganız	atıoı			'es" to For	m 99	90,	<u> </u>
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other interm	ediary	for co	ntrıbutı	ions	or other ass	ets	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ving tal	ble		Г			A mo	ount	
c	Beginning balance							1c		711110		
d	Additions during the year						-	1d				
e	Distributions during the year						 	1e				
f	Ending balance						-	16 1f				
2a	Did the organization include an amount on F	orm 000 Bort V lin	. 212				L	<u> </u>			Yes	
	-	,	e Zīr							'	res	1 140
	If "Yes," explain the arrangement in Part XIV rt V Endowment Funds. Complete		n and	SWAFA	d "Voc	" to	Form 990	Dar	t IV line	10		
ΓŒ	Endowment i unus. Complete	(a)Current Year		Prior Ye			wo Years Back		Three Years		(e)Four	Years Back
1a	Beginning of year balance	1,731,971			846,108		1,976,59	_	<u>, </u>		. ,	
b	Contributions	1,157,668		2,8	867,000		1,952,33	36				
С	Investment earnings or losses	131,468			84,081		-119,89	7				
d	Grants or scholarships	52,640		3,0	065,218		1,963,29	3				
e	Other expenditures for facilities and programs						-36	55				
f	Administrative expenses											
g	End of year balance	2,968,467		1,7	731,971		1,846,10	8				
2	Provide the estimated percentage of the year	r end balance held	as									
a	Board designated or quasi-endowment	58 800 %										
ь	Permanent endowment 41 200 %											
	remanent endowment P											
c 3a	remirendowinem F	ccion of the organiz	ation	+ h > + > r	ra hald	and s	dminictoro	lfor	+ho			
<i>5</i> a	Are there endowment funds not in the posse organization by	ssion of the organiz	ation	tnat ar	re neia	and a	aaministered	1 101	tne		Yes	No
	(i) unrelated organizations									3a(i)	_	No
	(ii) related organizations									3a(ii)	Νο
b	If "Yes" to 3a(II), are the related organization	ns listed as require	d on S	Schedu	ıle R?					3b		
4	Describe in Part XIV the intended uses of th	e organization's en	dowm	ent fun	ıds							
Pai	t VI Investments—Land, Building	s, and Equipme	nt. S	ee Fo	rm 99	0, P	art X, lıne	10.	1			
	Description of investment				Cost or of (investm		(b)Cost or ot basis (othe		(c) Accumu depreciat		(d) B	ook value
1a	Land						1,617	185				1,617,185
b	Buildings						12,057	314	49	93,774		11,563,540
c	Leasehold improvements											
	Equipment						4,276	224	3,06	53,306		1,212,918
	Other						1,225			16,642		1,209,004
	I. Add lines 1a-1e (Column (d) should equal Fo		mn (B,), line 1	10(c).)							15,602,647
	,	· · · · · · · · · · · · · · · · · · ·								ule D		990) 2010

(a) Description of security or category (including name of security)	(b)Book value		of valuation year market value
(1)Financial derivatives		Cost of end-of-	year market value
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	For Form 2000 Port Village		
Part VIII Investments—Program Related. S	ee Form 990, Part X, line 1		of valuation
(a) Description of investment type	(b) Book value		of valuation year market value
			,
Tabel (Column (h) abouted agreed Forms 000, Part V, and (R) keys 12.)	*		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X,			
(a) Desc			(b) Book value
(1) Campus leasehold asset			4,982,581
(2) Trust assets			72,647
(3) Beneficial interest in trust assets held by third parties	s		190,539
· /			,
Total. (Column (b) should equal Form 990, Part X, col.(B) line	e 15.)		5,245,767
Part X Other Liabilities. See Form 990, Part			
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes			
Permit allowance	150,000		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	150 000		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	► 150,000		

Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ıts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	18,638,135
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	19,401,121
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-762,986
4	Net unrealized gains (losses) on investments	4	88,859
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	8,552,090
8	Other (Describe in Part XIV)	8	1,754,980
9	Total adjustments (net) Add lines 4 - 8	9	10,395,929
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	9,632,943
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		· · ·
1	Total revenue, gains, and other support per audited financial statements	1	14,219,825
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments 2a 88,859		
ь	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
е	Add lines 2a through 2d	2e	88,859
3	Subtract line 2e from line 1	3	14,130,966
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 4,507,169		
c	Add lines 4a and 4b	4c	4,507,169
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	18,638,135
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	₁	14,893,952
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	1	
c	Other losses		
d	Other (Describe in Part XIV) 2d 47,651		
е	Add lines 2a through 2d	2e	47,651
3	Subtract line 2e from line 1	3	14,846,301
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	4,554,820
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	19,401,121
Pai	rt XIV Supplemental Information		
<u> </u>	mulate this want to was under the decount can was used for Doub II lines 2. F. and O. Doub III lines 1 and 4. D		41 131

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Ident if ier	Ret urn Reference	Explanat ion
Part XI, Line 8 - Other Adjustments		Transfer of net assets from merger of William Jessup University FDN 1,754,980
Part XII, Line 4b - Other Adjustments		Investment management fees netted with investment income 13,300 Student aid netted with revenue per financial statements 4,541,520 Fundraising expenses reported on Part VIII, Line 8b -47,651
Part XIII, Line 2d - Other Adjustments		Fundraising expenses reported on Part VIII, Line 8b 47,651
Part XIII, Line 4b - Other Adjustments		Investment management fees netted with investment income 13,300 Student aid netted with revenue per financial statements 4,541,520

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization **Employer identification number** William Jessup University 94-1279803 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? 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

If you answered "Yes" to any of the above, please explain If you need more space, use Part II

7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05

of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

6a Does the organization receive any financial aid or assistance from a governmental agency?

b Has the organization's right to such aid ever been revoked or suspended?

If you answered "Yes" to either line 6a or line 6b, explain on Part II

h Other extracurricular activities?

5h

6a

6b

7

Yes

Yes

Νo

Νo

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
Explanation of Nondiscriminatory Policy Publication	Schedule E, Part I, Line 3	Advertising and solicitation through churches Non Discriminatory
Explanation of Government Financial Assistance	Schedule E, Part I, Line 6	Federal financial aid funds are received from the U.S. Department of education under the authority of Title IV of the higher education act. The student financial assistance programs offered by the institution are the College Work Study program (FWS), Supplemental Educational Opportunity Grant program (SEOG), Pell Grant program, Academic Competitiveness Grant (ACG), and the Federal Family Education Loan program (FFEL). These programs are administered by the institution in accordance with guidelines established by the U.S. Department of Education.

Schedule E (Form 990 or 990-EZ) 2010

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DLN: 93493062014332

OMB No 1545-0047

Open to Public **Inspection**

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

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

Statement of Activities Outside the United States

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

to Part I

c Totals (add lines 3a and 3b)

Employer identification number

	am Jessup University				Employer ident	in leation number
VV 1111	am Jessup Omversity				94-1279803	
Pa	"Yes" to Form 990, Pa			ne United States. C	omplete if the organiz	ation answered
1	For grantmakers. Does the			s to substantiate the	amount of the grants (or
	assistance, the grantees' eli	- ·	=			
	the grants or assistance? .					│ Yes │ No
2	For grant makers. Describe in P United States	art V the organız	atıon's procedur	es for monitoring the use	e of grant funds outside th	ne
3	Activites per Region (Use Part	V if additional s	pace is needed))		
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
	Europe (Including Iceland & Greenland)	0	0	Program Services	Mission trips	10,426
	North America	0	0	Program Services	Mission trips	14,617
	South America	0	0	Program Services	Mission trips	28,025
	East Asia and the Pacific	0	0	Program Services	Mission trips	32,109
	-					
	-					
	a Sub-total		С			85,177
	h Tatal from continuation chasts		1	1	1	^

Part	Part IV, l	ine 15, for any					plete if the organiza received more than		
-	a) Name of rganization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2	Enter total nun tax-exempt by	nber of recipie the IRS, or fo	ent organizations lis or which the grante	ted above that are i e or counsel has pro	recognized as chari ovided a section 50:	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ►	
3	Enter total nun	nber of other	organizations or en	tities					· (Farm 000) 2010

Part III	Grants and Ot	her Assistance to	Individuals	Outside the Unit	ed States. Complete i	f the organization a	nswered "Yes" to Form !	990, Part IV, line 16.
	Use Part V if add	ditional space is ne	eded.		·			

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash	(g) Description of non-cash	(h) Method of valuation
					assistance	assistance	(book, FMV, appraisal, other)
			<u> </u>			1	
			<u>. </u>		!		
			<u>. </u>			1	
			<u> </u>		!		
			<u> </u>		!		
			<u> </u>		!		
			<u> </u>		!		
					!		
			1		,		

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Yes	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Г	Yes	<u>\</u>	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	ᅜ	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	দ	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	굣	Νo

Schedule F (Form 990) 2010

information. Identifier	ReturnReference	Explanation
racitimer	Returniterence	Explanation

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DLN: 93493062014332

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding **Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

Name of the organization

Employer identification number

Will	iam Jessup University							94-1279803		
Pa	rt I Fundraising Ac	tivities. Comple	te if the c	organiza	tion a	answered "Yes"	to Forn	n 990, Part IV	, line 17.	
1	Indicate whether the orga	nization raised funds	s through a	any of the	follov	ving activities Ch	eck all t	hat apply		
а	Mail solicitations			e	Γ	Solicitation of no	n-goverr	nment grants		
Ь	Internet and e-mail so	olicitations		f	Γ	Solicitation of go	vernmen	t grants		
С	Phone solicitations			g	\sqcap	Special fundraisii	ng event	s		
d	In-person solicitation	s								
2a h	Did the organization have or key employees listed in If "Yes," list the ten highe	n Form 990, Part VI	I) or entity	ın conne	ction	with professional	fundrais	ing services?	Ves	Г _N
	to be compensated at leas									
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of utions?		Gross receipts from activity	(or r	mount paid to retained by) aiser listed in col (i)	(vi) A mount ¡ (or retained organizat	lby)
			Yes	No						
Tota	al			.						

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Marrior Golf Classic (event type) Marrior Golf Classic (event	Pa	Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.							
3 Gross income (line 1 minus line 2)				Warrior Golf Classic	University Fund Dinner	2	(d) Total Events (Add col (a) through col (c))		
3 Gross income (line 1 minus line 2)	₽	1	Gross receipts	70,430	86,620	34,604	191,654		
minus line 2)	Reve	2		51,290	74,990	18,045	144,325		
Solution		3		19,140	11,630	16,559	47,329		
6 Rent/facility costs		4	Cash prizes						
Second	မွာ	5	Non-cash prizes						
Second	euse	6	Rent/facility costs						
10 Direct expense summary Add lines 4 through 9 in column (d). Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported m \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/Instant bingo/progressive bingo (Add of Add of		7	Food and beverages	12,193	28,542		40,735		
10 Direct expense summary Add lines 4 through 9 in column (d). Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported m \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/Instant bingo/progressive bingo (Add of Add of	한 연	8	Entertainment						
Section Sect	Δ	9	Other direct expenses .	12,929	10,503	24,219	47,651		
Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported me \$15,000 on Form 990-EZ, line 6a. Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported me \$15,000 on Form 990-EZ, line 6a. Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported me \$15,000 on Form 990-EZ, line 6a. Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported me \$15,000 on Form 990-EZ, line 6a. Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported me \$15,000 on Form 990-EZ, line 6a. Gaming. Complete if the organization operates with the ling of Pull tabs/Instant bingo/progressive bingo (c) Other gaming (d) (Add of Add of A		10	Direct expense summary Add line	es 4 through 9 ın column	(d)	🛌	88,386		
\$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/Instant bingo/progressive bingo (Add of Add of Ad							-41,057		
bingo/progressive bingo Add of the discrete spense in the state of th	Par	t II			"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than		
2 Cash prizes	Revenue					(c) O ther gaming	(d) Total gaming (Add col (a) through col (c))		
3 Non-cash prizes		1	Gross revenue						
6 Volunteer labor	Ses	2	Cash prizes						
6 Volunteer labor	ched	3	Non-cash prizes						
6 Volunteer labor	ഥ ദ	4	Rent/facility costs						
7 Direct expense summary Add lines 2 through 5 in column (d)	<u>D</u>	5	Other direct expenses						
8 Net gaming income summary Combine lines 1 and 7 in column (d)		6	Volunteer labor	_	· ·				
9 Enter the state(s) in which the organization operates gaming activities a Is the organization licensed to operate gaming activities in each of these states?									
a Is the organization licensed to operate gaming activities in each of these states?							<u> </u>		
b If "No," Explain									
	_						- I Yes I No		
						the tax year?	· · Fyes Fno		

11	Does the organization operate ga	aming activities with nonmembers?		Г үе	s Γ_{No}
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mer	nber of a partnership or other entity		
	formed to administer charitable (jaming?		Г _{Yе}	s Γ_{No}
13	Indicate the percentage of gamin	ng activity operated in			
а	The organization's facility			1	
b	An outside facility			,	
14	Provide the name and address or records	f the person who prepares the organız	ation's gaming/special events books and	d	
	Name 🟲				
	Address 🟲				
15a		ntract with a third party from whom th		_	_
					s No
ь		ning revenue received by the organizated by the third party 🟲 \$	ation > \$ and the		
c	If "Yes," enter name and address	5			
	Name 🟲				
	Address 🟲				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation l	\$ \$			
	Description of services provided	>			
	Director/officer	Employee	Independent contractor		
17	Mandatory distributions				
а		er state law to make charitable distrib		_	_
p.				· Ye	s No
D		required under state law distributed activities during the tax year - \$	to other exempt organizations or spent		
Par		<u>-</u>	r responses to question on Schedul	e G (see	
	Identifier	ReturnReference	Explanation		

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Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

DLN: 93493062014332 OMB No 1545-0047

Employer identification number

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

Inspect ion

William Jessup University						94-1279803	
Part I General Information	on on Grants and	l Assistance				ı	
 Does the organization maintain the selection criteria used to a Describe in Part IV the organization 	ward the grants or as	sıstance [?]					ר Yes Γ
Part II Grants and Other A Form 990, Part IV, III duplicated if additional	Assistance to Go ne 21 for any recip	vernments and O	rganizations in the more than \$5,000. Ch	United States. Cor	recipient receive	ed more than \$5,000	es" to . Part II can be
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
							<u> </u>
2 Enter total number of section 5	01(c)(3) and govern	ment organizations .					
3 Enter total number of other org		_				<u> ▶ </u>	
For Privacy Act and Paperwork Reductio	n Act Notice, see the I	nstructions for Form 99	00.	Cat No 50055P		Schedu	le I (Form 990) 2010

rt 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) Scholarships	606	4,541,520			

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
Procedure for Monitoring Grants in the U S		Schedule I, Part I, Line 2 The financial aid office at William Jessup University requires students to complete the Free Application for Federal Student aid (FAFSA) form to determine eligibility for Federal, State and institutional grants, scholarships and loans. This is an equitable formula that measures all assets consistently. Enrollment and eligibility are monitored by the University.

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DLN: 93493062014332

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. OMB No 1545-0047 2010

Open to Public Inspection

Name of the organization William Jessup University							E	mployer i	dentifica	tion numbe	r
William Sessap Offiversity							9	4-12798	0 3		
Part I Excess Benefit Trai		•					, –				
Complete if the organizat	ion ans	wered '	'Yes" on For	m 990, F	Part IV, line 25a	or 25b,	or Form	990-EZ,	Part V , I		
1 (a) Name of disq	person			(b) Description of transaction			action			(c) Corrected?	
										Yes	No
2 Enter the amount of tax impos									r		
section 4958									• \$ ——		
3 Enter the amount of tax, If any	, on line	e 2, abo	ve, reimburs	sed by th	e organization .			•	·		
Part III Loans to and/or I	rom	Intere	ested Pers	sons.							
Complete ıf the organiz	ation a	ns we re	d "Yes" on F	orm 990	, Part IV, line 26	, or Fo	rm 990-	EZ, Part V	', lıne 38	a	
	(b) ∟	oan to				/->	T	(f)		(X) \(/ \)	
(a) Name of interested person and		m the	(c)0 rig	gınal	(d)Balance due	(e) defa		Approved by board or committee?		(g)Writte agreemer	
purpose	organı	zatıon?	principal a	amount							
	То	From				Yes	No	Yes	No	Yes	No
									+		
									+		
		<u> </u>		► s	<u> </u>						
Part IIII Grants or Assistar					Persons.	<u> </u>					
Complete if the orga						/, line	27.				
(a) Name of interested pers	on	(-		een interested per ganization	rson	(c) A r	nount of g	rant or t	pe of assis	tance
(1) Student		Tu	ition assista	nce							2,184
			<u> </u>								

Part IV	Business 1	Transactions	Involvina	Interested	Persons

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

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
	organization			Yes	No
(1) Karen De Young	Wife of Gene De Young, officer	3, 1			Νο

Part V Supplemental Information

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

Identifier Return Reference Explanation

Schedule L (Form 990 or 990-EZ) 2010

OMB No 1545-0047

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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 Jessup University

Employer identification number

94-1279803

Pa	rt 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	(d Method of determining of amounts		ontribut	юn
1	Art—Works of art			-9				
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
good								
6	Cars and other vehicles .	Х	1	11,000	Cash received wher	sold		
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded							
10	Securities—Closely held stock							
11	Securities—Partnership, LLC, or trust interests .							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other	Х	1	46,169	Cost			
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts .							
25	Other ► (Furniture)	Х	1	1,640	Fair market value			
26	O ther ▶()							
27	O ther ▶()							
28	O ther ► ()							
29	Number of Forms 8283 received by for which the organization complete				29			0
30a	During the year, did the organizatio	n receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it		Yes	No
	must hold for at least three years f			on, and which is not require	d to be used			
	for exempt purposes for the entire l	nolding p	eriod?			30a		No
b	If "Yes," describe the arrangement	ın Part I	I					
31	Does the organization have a gift a					31		Νο
32a	Does the organization hire or use the contributions?	nırd partı • • •	es or related organizations	to solicit, process, or sell i	non-cash	32a		Νο
33	If "Yes," describe in Part II If the organization did not report re describe in Part II	venues i	n column (c) for a type of p	roperty for which column (a) is checked,			

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.

Ident if ier	Return Reference	Explanation					
Method for Determining Number of Contributors	Part I, Column (b)	The number of contributors represent the number of donors					

Schedule M (Form 990) 2010

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OMB No 1545-0047

2010

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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.

Name of the organization William Jessup University

Employer identification number

94-1279803

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		The following directors had a business relationship during the tax period-Marc Bigelow, Ken Oosting, and Patrick Gelsinger. These directors are recused from any board vote related to the business relationship.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		Form 990 is prepared by an independent CPA and reviewed by the organization's top management. The review ed Form 990 is then forwarded to the board for review prior to filing.

ldentifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 12c	The board expects of itself and its members ethical and businesslike conduct. Board members must represent unconflicted loyalty to the interests of the entire organization, superseding any conflicting loyalty such as that to advocacy or interest groups and membership on other boards or staffs. In connection with any actual or possible conflict of interest, an interested person must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the directors and members of the committees with governing board delegated powers considering the proposed transaction or arrangement. After disclosure of the financial interest and all material facts, and after any discussion with the interested person, he/she shall leave the governing board or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining board or committee members shall decide if a conflict of interest exists. To ensure the university operates in a manner consistent with charitable purposes and does not engage in activities that could jeopardize its tax-exempt status, periodic reviews are conducted.

ldentifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 15	The executive relations committee is tasked with the annual performance review and compensation recommendations for the university president. The Board of Trustees shall fix the salary of the President and may fix the salaries of other employees of the Corporation including the other officers. If the Board does not fix the salaries of the other officers, the President shall fix such salaries. The reasonableness of compensation is determined annually using a compensation study for all positions within the University. The board approved compensation is documented in the board minutes upon approval.

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section C, line 18	The Organization's Form 1023 and Form 990 are available for public inspection upon request or through guidestar org

Identifier	Return Reference	Return Reference Explanation						
	Form 990, Part VI, Section C, line 19	The Organization's governing documents, conflict of interest policy, and financial statements are available to the public upon request						

ldentifier	Return Reference	Explanation
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 5	Net unrealized gains on investments 88,859 Prior period adjustments 8,552,090 Transfer of net assets from merger of William Jessup University FDN 1,754,980 Total to Form 990, Part XI, Line 5 10,395,929

ldentifier	Return Reference	Explanation
Explanation of Responsibility		The University has a committee that assumes responsibility for oversight of the audit of its financial statements and selection of an independent accountant. This has not changed since the prior year

ldentifier	Return Reference	Explanation
Explantion for President's Compensation	Form 990, Part VII, Section A	Form 990, Part VII, Section A, requires compensation to be reported based on calendar year Accordingly, since the University president, John Jackson, began his role as University president effective March 23, 2011, his compensation is not reported on this schedule during this tax period

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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

2010

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization William Jessup University		Employer identification number 94-1279803						
Part I Identification of Disregarded Entities (Comp	lete ıf the organızatıo	n answered "Yes"	on Form 990, Pai					
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity			
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during	izations (Complete the tax year.)	if the organization	answered "Yes" (on Form 990, Part	TV, line 34 becaus	e it had	one	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(1 controlled organization		
(1) William Jessup University Foundation 333 Sunset Boulevard Rocklin, CA 95765 86-1139148	To raise funds in support of the educational mission of the University	CA	501(c)(3)	Line 11a, I	William Jessup University	Yes	No	
						<u> </u>	<u> </u>	
For Privacy Act and Paperwork Reduction Act Notice, see the Instruction	ions for Form 990	Cat No 50	11357		Schedule R (F	Orm 990'	2010	

because	it had one or mo	re relat	ed organizations t	reated as a partne	rship dui	ing the ta	ax year	·.)								
(a) Name, address, and EIN of related organization	(b) Primary activity Primary activity (state or foreign country)		(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income		(g) Share of end-of-year assets		(h) Disproprtionate allocations?				of managing partner?		(K)	
									Yes	No			Yes	No		
Part IV Identifi	cation of Relat ecause it had on	ed Org a e or mo	anizations Taxal re related organız	ble as a Corpora ations treated as a	tion or ⁻ a corpora	Frust (Co	omplete ust dur	e if the org ing the tax	anızat year.	ion ar .)	nswered "\	es" on	Form	990,	Part IV,	
Name, address, an	(a) d EIN of related organiz	ation	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) (e) Direct controlling Type of ei entity (C corp, S or trust		corp,	corp,		(g) Share of end-of-year assets			(h) Percentage ownership		

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34

(6)

	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No No	
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organ	ızatıons lısted ın Parts	s II-IV?			\top	
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity						
ь	Gift, grant, or capital contribution to other organization(s)						
c	Gift, grant, or capital contribution from other organization(s)						
d	Loans or loan guarantees to or for other organization(s)						
e	Loans or loan guarantees by other organization(s)			10	e	No	
f	Sale of assets to other organization(s)			1:	f	No	
g	Purchase of assets from other organization(s)			10	g	No	
h	Exchange of assets			1	h	No	
i	Lease of facilities, equipment, or other assets to other organization(s)			1	i	No	
j	Lease of facilities, equipment, or other assets from other organization(s)			1	j	No	
k	Performance of services or membership or fundraising solicitations for other organization(s)			1	k	No	
1	Performance of services or membership or fundraising solicitations by other organization(s)			1	ı	No	
m	Sharing of facilities, equipment, mailing lists, or other assets			1	m	No	
n	Sharing of paid employees			1	n	No	
0	Reimbursement paid to other organization for expenses			10	0	No	
Р	Reimbursement paid by other organization for expenses			1	Р	No	
q	O ther transfer of cash or property to other organization(s)			10	q	No	
r	O ther transfer of cash or property from other organization(s)			1	r Yes	;	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, in	cluding covered relati	onships and transact	tion thresholds			
	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determ Involv	nining ar	nount	
1)		type(a 1)		IIIVOIV	Cu	-	
2)							
3)							
4)							
5)							

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		(e) Share of end-of-year assets		rtionate cions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	(h) neral or naging rtner?	
			Yes	No		Yes	No		Yes	No																			
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Part VII Supplemental Information

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

Ident if ier	Return Reference	Explanation
William Jessup	Schedule R,	In May 2010, the Board of Trustees of the University and the Board of Directors of the Foundation approved the merger of the two governing boards in conjunction
University	Part II	with the merger of the Foundation into the University The merger of the WJU Foundation to William Jessup University is effective December 28, 2010, which
Foundation		coincides to the receipt of the notice filed with the attorney general of the state of California Consequently, \$1,754,980 in net assets were merged with the
		University effective December 28, 2010 This activity is represented on Schedule D, Page 4

Schedule R (Form 990) 2010