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DLN: 93493135082094

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)

2012

OMB No 1545-0047

2012

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

Open to Public
Inspection

		2012 cal oplicable	endar year, or tax year beginning C Name of organization	07-01-2012 , 2012, and end	ling 06-30	-2013	D Emplo	yer id	entification number
_	dress ch		WILLIAM PENN UNIVERSITY				42-07	0712	20
– Na	me char	nge	Doing Business As						
_	tial retur rminated		Number and street (or P O box if m NORTH MARKET AND TRUEBLOOD AN		Room/suite	e	E Telepho	ne nur	nber
_	nended r		City or town, state or country, and Z	IP + 4			(641)	673-	1001
_		pending	OSKALOOSA, IA 52577	•			G Gross r	eceints	\$ 40,168,811
			F Name and address of prin	cıpal officer		H(a) Is th			<u> </u>
							ates?		┌ Yes ┌ No
						H(b) Are a	all affiliate	s ıncl	uded?
r Ta	x-exem	pt status	✓ 501(c)(3)	nsert no)	527	If "N	o," attach	a lıst	(see instructions)
		<u> </u>	w wmpenn edu		-	H(c) Grou	up exempt	ion nu	ımber ►
			Corporation Trust Association	Othor M.		L Voor of fo	mation 10	72	A State of legal democile. TA
	m or org rt I		mary	ı i Other ►		L Year of to	mation 18	/3 F	State of legal domicile IA
			escribe the organization's missio						
Governance			Penn University provides the opportunity, peace-mail				on leaders	hip, te	echnology, and the
Б. С.	2	Check th	nis box 🔭 if the organization dis	continued its operations or di	sposed of	more than 2	25% of its	net a	ssets
	3 1	Number	of voting members of the governi	ng body (Part VI, line 1a) .				3	21
Activities &	4 1	Number	of independent voting members o	f the governing body (Part VI	, lıne 1b)			4	20
₹	5 T	Γotal nu	mber of individuals employed in c	alendar year 2012 (Part V , lıı	ne 2a) .			5	867
Ť.	I		mber of volunteers (estimate if no	• •				6	50
	1		related business revenue from Pa	, , ,,				7a	-122,840
	b N	vet unre	lated business taxable income fr	om Form 990-1, line 34 .	· · ·		r Year	7b 	-110,234 Current Year
	8	Contri	butions and grants (Part VIII, lir	e 1h)		PIR	6,062,9	922	7,814,384
₫	9		ım service revenue (Part VIII, lii				30,652,924 31,215,8		
Ravenue	10	_	ment income (Part VIII, column				83,8		871,856
Ť	11	Other	revenue (Part VIII, column (A),	ines 5, 6d, 8c, 9c, 10c, and 1	.1e)		-92,	258	-123,110
	12		revenue—add lines 8 through 11	•			36,707,4	139	39,779,024
	13		s and similar amounts paid (Part				12,540,	267	13,358,893
	14	Benefi	ts paid to or for members (Part I	K, column (A), line 4)					0
g)	15	Saları 5–10	es, other compensation, employe	e benefits (Part IX, column (A), lines		12,026,8	384	11,858,857
#Se	16a		sional fundraising fees (Part IX,	column (A), line 11e)			44,:	_	0
Expenses	ь		ndraising expenses (Part IX, column (D)						
	17	Other	expenses (Part IX, column (A), l	nes 11a-11d, 11f-24e) .			12,772,8	367	12,849,085
	18		expenses Add lines 13–17 (mus		-		37,384,	205	38,066,835
. 07	19	Reven	ue less expenses Subtract line :	8 from line 12		+	-676,7		1,712,189
net Assets of Fund Balances						_	g of Curre ⁄ear	nτ	End of Year
esse Base	20	Total	assets (Part X, line 16)				65,667,	736	66,758,149
3 2	21		labilities (Part X, line 26)				46,728,		46,339,574
	22		sets or fund balances Subtract	ine 21 from line 20			18,938,	944	20,418,575
Jnde ny k	nowled	Ities of Ige and	ature Block perjury, I declare that I have exa belief, it is true, correct, and com nowledge						
		****	**			La	014-05-15		
Sigr	,	I B.	ature of officer				014-05-15 ate		
Her			NIE JOHNSON CFO or print name and title						
		F F	Print/Type preparer's name oseph B Ryan CPA	Preparer's signature	Da	I CIR	eck 🗆 if	PTIN P0076	59873
Paid		F	irm's name TD&T CPAs and Advisor	rs PC			f-employed n's EIN 🟲	10070	
	pare	r _						\	2522
Jse	Onl	y	irm's address ► 317 HIGH AVE E			Pho	one no (641) 672-2	2523
		I	OSKALOOSA, IA 525772	2823		1			

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

✓ Yes ☐ No

Forr	n 990 (20	12)				Page :						
Pai		Statement of Program Services in Schedule O contains a res										
1	Briefly	describe the organization's missio	n									
		Iniversity provides the opportunit implicity, peace-making, integrity	•		focus on leadership, technolog	y, and the Quaker						
2		organization undertake any signifi r Form 990 or 990-EZ?			which were not listed on	┌ Yes ┌ No						
	If "Yes,	describe these new services on S	chedule O									
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?											
	If "Yes,	If "Yes," describe these changes on Schedule O										
4	expense	e the organization's program servies Section 501(c)(3) and 501(c)(l expenses, and revenue, if any, fo	4) organization	is are required to report								
4a	(Code) (Expenses \$	13,358,893	ıncludıng grants of \$	13,358,893) (Revenue \$)						
	SCHOLA	RSHIP PROGRAMS FOR SCHOLARSHIPS AN	ID GRANTS TO 1,2	201 STUDENTS								
4b	(Code) (Expenses \$	10,063,960	ıncludıng grants of \$) (Revenue \$	28,067,965)						
	INSTRU	CTION AND ACADEMIC SUPPORT PROVIDE	D TO 2,026 FULL /	AND PART-TIME STUDENTS		_						
4c	(Code) (Expenses \$	5,839,966	ıncludıng grants of \$) (Revenue \$)						
	STUDEN	TS SERVICES, INCLUDING STUDENT DEVE	LOPMENT ACADEL	MIC AND CAREER COUNCELI	NG INTERCOLLEGIATE ATHLETICS FI	NANCIAL ASSISTANCE AND						

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 instructions)? 🐿	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			No
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II". Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7	Vac	100
	complete Schedule D, Part III 🕏	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? 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, line 10? 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	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part $X^{f color}$	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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 and XII 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	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments			No
15	valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I 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 United States? 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)			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 hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		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		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
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 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

	Check if Schedule O contains a response to any question in this Part V	•	Yes	N
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 67		res	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported 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	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	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			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	55		
	21 Test, to fine sa of ss, and the organization me form seeds 1	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		N
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		N
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		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		N
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		N
8	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		N
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		N
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		N
0	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			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	-		
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		N
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		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		N
	Note. See the instructions for additional information the organization must report on Schedule O			<u> </u>
_	I manufun a manufun at manamuna tiba amanumaturu sa manufun ita manutan bu tiba atatan l			
	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	' ' 461			

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	ection 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			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
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?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No.
6	Did the organization have members or stockholders?	6		No No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		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		N o
Se		eveni	ie Cod	e.)
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	<i>y</i> es	e.) No
		evenu 10a		
10a	ection B. Policies (This Section B requests information about policies not required by the Internal R			No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written whistleblower policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No No

- 17 List the States with which a copy of this Form 990 is required to be filed▶
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►BONNIE JOHNSON NORTH MARKET AND TRUEBLOOD AVENUE OSKALOOSA, IA (641)673-1001

Form	990	(2012)	
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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

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

	1	1								
(A) Name and Title	(B) A verage hours per week (list any hours for related	more t perso and	han o	one l both ector	box, an o	officer stee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the
See Additional Data Table	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organization and related organizations
See Additional Data Table										
	•	•	•							Form 990 (2012)

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

	(A) Name and Title	(B) A verage hours per week (list any hours for related	more t	tion (han d on is	one both	box, an or/tru	officer stee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)		(E) Reportable compensation from related organizations (W- 2/1099-MISC)		(F) Estima imount of compens from t	ted f other ation he
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1U99-M1	50)	2/1099-MISC)		rganizati relate organiza	ed
												+		
												\perp		
												_		
1b	Sub-Total							<u>.</u>						
с	Total from continuation sheet	s to Part VII, S	ection A	١.	•	•	•	•	1.2	05 523		-		170 552
	Total (add lines 1b and 1c). Total number of individuals (in	cluding but not	limited	• • •	•	licto	d abov	۰۱ ۸۷		85,532	an .			170,553
2	\$100,000 of reportable compe						u abov	e) w	no received in	iore tria	111			
													Yes	No
3	Did the organization list any f o	ormer officer, dir	ector o	r trus	tee	, key	emplo	yee,	, or highest co	mpens	ated employee		1 62	140
	on line 1a? If "Yes," complete S					•		•		•		3		No
4	For any individual listed on line organization and related organ individual											4	Yes	
5	Did any person listed on line 1	a receive or acc	rue cor	mpen	satı	on fr	om an	unr	related organiz	zation (or individual for		165	
	services rendered to the organ											5		No
Se	ection B. Independent Co	ntractors												
1	Complete this table for your five compensation from the organization												tay yoar	
		(A)	-	4 (1011	101	cire (aicilu	ai ye	ar ending with		(B)	1011 5	(C)
SODE	N XO SERVICES 4880 PAYSPHERE CIRCLI	ame and business and ECHICAGO IL 60674							FOO	Desc D SERVI	ription of services	\dashv	Comper 1	sation ,422,017
	SKA COMMUNICATIONS GROUP PO BO			,						IA SERV				166,790

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

JENZABAR PO BOX 845939 boston MA 022845939

302,862

SOFTWARE MAINTENANCE

Part V		Statement o	i r Revenue ule O contains a respon	se to any question i	n this Part VIII .			
				30.50.50, 4.50.50	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
s s	1a	Federated cam	paigns 1a					
ant	ь	Membership du	es 1b					
. Gr	С	Fundraising eve	ents 1c	24,070				
iffs, ar A	d	Related organiz	zations 1d					
s, G milk	e	Government grants	s (contributions) 1e	494,670				
ons Si	f	All other contribution	ons, gifts, grants, and 1f	7,295,644		-		
outi :her		sımılar amounts no	ot included above			ļ		ļ
Contributions, Gifts, Grants and Other Similar Amounts	g	1a-1f \$	ons included in lines	376,318	7 04 4 704			
<u> </u>	h	Total. Add lines	s 1 a - 1 f		7,814,384			
an				Business Code				
ven	_	STUDENT TUITION	AND FEES	611310	28,067,965	28,067,965		
E.	b	ROOM		721310	815,836			815,836
MCE	C	OTHER PROGRAM		611710	338,701			338,701
Program Serwce Revenue	d	BOOKS, COMPUTEI BOARD	KS & UTHER	451211	476,547			476,547
Tan Tan	e f		am service revenue	722210	1,516,845			1,516,845
ř ogi	•							
<u>г</u>	g		s 2a – 2f		31,215,894			
	3		ome (including dividenc ar amounts)		244,456			244,456
	4	Income from inves	stment of tax-exempt bond p	proceeds 🕨	0			
	5	Royalties		🟲	0			
	6-	Cross rants	(ı) Real 71,256	(II) Personal				
	6a b	Gross rents Less rental	191,429					
	c	expenses Rental income	-120,173					
	d	or (loss)	me or (loss)		-120,173		-122,840	2,667
	u	Net rental incol	(i) Securities	(II) O ther	120,173		122,010	2,007
	7a	Gross amount from sales of assets other than inventory	(i) decantiled	809,400				
	b	Less cost or other basis and		182,000				
	С	sales expenses Gain or (loss)		627,400				
	d	Net gaın or (los	s)		627,400			627,400
Other Revenue	8a	events (not inc \$24	luding ,070 s reported on line 1c)					
her	b	Less direct ex	penses b	13,421 16,358				
o G	С		(loss) from fundraising e		-2,937			-2,937
	9a	Gross income f See Part IV, lin	rom gaming activities le 19 a					
	b		penses b					
	C		loss) from gaming activ Г	vities≱-	0			
	10a	Gross sales of returns and allo						
	b	=	oods sold b		_[
	С	Net income or ((loss) from sales of inve	Business Code	0			
	11a	miscellaneous	s veseiine	Dusilless Code				
	ь							
	С							
	d	All other reveni	ue					
	e	Total. Add lines	L s 11a-11d	🕨				
	12	Total revenue.	See Instructions		0			
			• • •	F	39,779,024	28,067,965	-122,840	4,019,515 Form 990 (2012)

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response to any question in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 13,358,893 13,358,893 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 0 Benefits paid to or for members 0 Compensation of current officers, directors, trustees, and 1,134,343 346,210 533,088 255,045 key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 8,642,205 7,807,577 798,560 36,068 Pension plan accruals and contributions (include section 401(k) 152,054 128,232 19,727 4,095 and 403(b) employer contributions) 1,247,851 1,052,351 161,894 Other employee benefits 33,606 10 682,404 575,492 88,534 18,378 11 Fees for services (non-employees) O Management 120,546 120,546 Legal Accounting 85,861 85,861 0 0 Professional fundraising services See Part IV, line 17 0 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 2,320,844 292,528 2,028,316 Schedule O) Advertising and promotion . . 166,989 14,177 93,752 12 59,060 13 Office expenses 0 0 14 Information technology . . 0 15 Royalties . 1,056,036 982,131 59,192 16 Occupancy 14,713 **17** 501,873 426,443 38,429 37,001 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 0 19 Conferences, conventions, and meetings . 20 2,055,888 1,959,598 74,535 21,755 Payments to affiliates 21 O 1,238,947 22 Depreciation, depletion, and amortization . 1,187,666 38,461 12,820 23 329,214 332,294 -3,080 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a RENTS 591,720 591,720 CONTRACT SERVICES 791,883 108,179 683,704 SUPPLIES 975,686 690,383 265,528 19,775 d FOOD SERVICE CONTRACT 1,299,735 1,299,735 1,313,863 701,480 573,493 e All other expenses 38,890 Total functional expenses. Add lines 1 through 24e 25 38.066.835 31,855,089 5,660,540 551,206 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► [if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

		Check if Schedule O contains a response to any question in this $% \left(1\right) =\left(1\right) \left($	Part	x			· · · · · · · · · · · · · · · · · · ·			
					(A) Beginning of year		(B) End of year			
	1	Cash—non-interest-bearing			318,104	1	471,463			
	2	Savings and temporary cash investments				2	0			
	3	Pledges and grants receivable, net			2,136,604	3	2,663,199			
	4	Accounts receivable, net			614,681	4	827,047			
	5	Loans and other receivables from current and former officers, diversity employees, and highest compensated employees. Complete Par Schedule L	of		5	0				
Assets	6	Loans and other receivables from other disqualified persons (as $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and coand sponsoring organizations of section $501(c)(9)$ voluntary emorganizations (see instructions) Complete Part II of Schedule L	outing employers		6	0				
% %	7	Notes and loans receivable, net			2,339,036		2,336,018			
ď	8	Inventories for sale or use				8	0			
	9	Prepaid expenses and deferred charges			1,522,707		1,536,379			
	10a	Land, buildings, and equipment cost or other basis Complete	10a	61,123,982			.,,,,,,,,			
	ь	Less accumulated depreciation	10b	21,943,634	39,489,607	10c	39,180,348			
	11	Investments—publicly traded securities								
	12	Investments—other securities See Part IV, line 11		12	0					
	13	Investments—program-related See Part IV, line 11			13	0				
	14	Intangible assets			14	0				
	15	Other assets See Part IV, line 11	17,751,432	15	19,163,171					
	16	Total assets. Add lines 1 through 15 (must equal line 34)	65,667,736		66,758,149					
	17	Accounts payable and accrued expenses			4,306,540		3,880,138			
	18	Grants payable	.,,	18	-,,					
	19	Deferred revenue			556,182	19	431,407			
	20	Tax-exempt bond liabilities			33,226,373	20	32,873,750			
	21	Escrow or custodial account liability Complete Part IV of Sched			33,223,5.3	21				
lities	22	Loans and other payables to current and former officers, directo key employees, highest compensated employees, and disqualific	rs, tr			21				
Liabiliti		persons Complete Part II of Schedule L				22	1,000,000			
Ĭ	23	Secured mortgages and notes payable to unrelated third parties			1,133,679	23	833,670			
	24	Unsecured notes and loans payable to unrelated third parties			6,024,200	24	5,824,200			
	25	Other liabilities (including federal income tax, payables to relate and other liabilities not included on lines 17-24) Complete Part	d th	ırd partıes,						
		D			1,481,818	25	1,496,409			
	26	Total liabilities. Add lines 17 through 25			46,728,792	26	46,339,574			
çe s		Organizations that follow SFAS 117 (ASC 958), check here ► □ lines 27 through 29, and lines 33 and 34.	and	l complete						
lan -	27	Unrestricted net assets			2,040,349	27	3,118,403			
<u>е</u>	28	Temporarily restricted net assets			9,891,237	28	10,032,671			
됟	29	Permanently restricted net assets			7,007,358	29	7,267,501			
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34.	re 🕨	┌ and						
S.	30	Capital stock or trust principal, or current funds				30				
Set	31	Paid-in or capital surplus, or land, building or equipment fund .				31				
Assets	32	Retained earnings, endowment, accumulated income, or other fu	nds			32				
Š	33	Total net assets or fund balances			18,938,944	33	20,418,575			
_	34	Total liabilities and net assets/fund balances			65,667,736	34	66,758,149			

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		39,7	779,024
2	Total expenses (must equal Part IX, column (A), line 25)	2			066,835
3	Revenue less expenses Subtract line 2 from line 1	3			,,189
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				
5	Net unrealized gains (losses) on investments	5			232,558
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		20,4	18,575
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. $ abla$
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separabasis, consolidated basis, or both	ate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the re	quired	3b	Yes	

Software ID: 12000229 **Software Version:** 2012v2.0

EIN: 42-0707120

Name: WILLIAM PENN UNIVERSITY

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

Form 990, Part VII - Compensation of Compensated Employees, and Independent	Officers, Dir ndent Contra	ectors	s,Tru	uste	ees,	, Key	, En	nployees, Highe	st	
(A) Name and Title	(B) Average hours per week (list any	Positio more unless an dire	than	one one on is er and trust	box s bo d a tee)	th		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related
	hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former			organizations
JERRY N ELLIS Chairman	2 00 0 00	х		x				0	0	0
JON WOODS Trustee	2 00 0 00	х						0	0	0
RUTH NEUBERT Trustee	2 00 0 00	х						0	0	0
BERRY JOHNSON Trustee	2 00 0 00	х						0	0	0
RONALD K BRYAN Trustee	2 00 0 00	х						0	0	0
SAMUEL H RITCHIE Trustee	2 00 0 00	х						0	0	0
GUY VANDER LINDEN Trustee	2 00 0 00	х						0	0	0
JOE P CROOKHAM VICE CHAIRMAN	2 00 0 00	х		х				0	0	0
JASON VAN WYK Trustee	2 00 0 00	х						0	0	0
CHRIS HYLAND Trustee	2 00 0 00	х						0	0	0
DAVID RIDGLY ALUMNI REP	2 00	х						0	0	0
ROBERT SCHULTZE Trustee	2 00 0 00	х						0	0	0
MARGARET STOLZFUS Trustee	2 00 0 00	х						0	0	0
ERIC JON NICHOLS Trustee	2 00 0 00	х						0	0	0
GREG HARRIS Trustee	2 00 0 00	х						0	0	0
REGINALD MARTIN Trustee	2 00 0 00	х						0	0	0
ROGER LEBEL Trustee	2 00 0 00	х						0	0	0
TOM FRANKS Trustee	2 00 0 00	х						0	0	0
ANN FIELDS PRESIDENT	40 00 0 00	х		х				175,544	0	14,927
KAYE DELANGE Trustee	2 00 0 00	х						0	0	0
DAVID AHMAD Trustee	2 00 0 00	х						0	0	0
RITA DAVIS Trustee	2 00 0 00	х						0	0	0
JUDY WILLIAMS FACULTY REP	40 00 0 00			х				49,244	0	13,467
MARGE WELCH DEAN OF COLLEGE	40 00 0 00			х				79,479	0	14,303
SHERRI TAYLOR VP ADVANCEMENT	40 00 0 00			х				86,028	0	10,573

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

(A) Name and Title	(B) Average hours per week (list		than	not one on i r an	box s bot d a	,		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated	Former			related organizations
DIANNE K BURNS Secretary	40 00 0 00			х				37,902	0	8,323
NOEL STAHLE VP OF ACADEMICS	40 00 0 00			х				112,835	0	16,715
BONNIE L JOHNSON VP OF FINANCE	40 00 0 00			х				110,466	0	16,621
GREG HAFNER VP OF ATHLETICS	40 00 0 00			х				71,089	0	9,772
JOHN OTTOSSON Vice President	40 00 0 00			х				143,193	0	18,138
STEVEN C NOAH VP GOVT RELATIO	40 00 0 00			х				130,866	0	17,708
JOBI LAWRENCE FACULTY MEMBER	40 00 0 00					х		110,436	0	4,555
AVON MICHAEL LAIRD BASEBALL COACH	40 00 0 00					х		85,503	0	15,369
TODD HAFNER FTBALL COACH	40 00 0 00					х		92,947	0	10,082

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As Filed Data -

DLN: 93493135082094

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

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

		ne organ							Employer	ident if icat io	on number
WILL	AM PEN	N UNIVER	5111						42-07071	20	
Pa	rt I	Reas	on for Pu	blic Charity Sta	tus (All ord	anızatıons	must com	plete this i			
				te foundation becaus							·-
1	Г	A chur	ch, convent	ion of churches, or a	ssociation of	churches d	escribed in s	ection 170(b)(1)(A)(i).		
2	~			d in section 170(b)(1							
3	Г			perative hospital se				n 170(b)(1)(A)(iii).		
4	Γ	A medi	cal researc	h organization opera ity, and state						1)(A)(iii). E	nter the
5	Г			erated for the benefi	t of a college	or universi	tv owned or o	perated by	a government	tal unit desc	ribed in
	·	_	•	(A)(iv). (Complete P	=		,	,	J		
6	Г			local government o	· ·	al unit desc	ribed in sect i	ion 170(b)(:	1)(A)(v).		
7	Ţ.			at normally receives						rom the gen	eral public
-	,	_		on 170(b)(1)(A)(vi).		•	- прротопот	a go: 0			a. p
8	Γ	A com	munity trust	: described in sect io i	n 170(b)(1)(A)(vi) (Cor	nplete Part II	[)			
9	Γ	An org	anızatıon th	at normally receives	(1) more th	an 331/3% d	f its support	from contril	outions, mem	bership fees	s, and gross
		receipt	s from activ	rities related to its e	xempt functi	ons—subjec	t to certaın e	xceptions,	and (2) no mo	re than 331	/3% of
		ıts sup	port from gr	oss investment inco	me and unre	lated busine	ss taxable ın	come (less	section 511	tax) from bu	ısınesses
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)									
10	Γ	An org	anızatıon or	ganızed and operate	d exclusively	to test for p	oublic safety	See sectio	n 509(a)(4).		
11	Γ			ganızed and operate							
				ly supported organiz						ee section 5	509(a)(3). Check
			Type I	ibes the type of supp b Type II c						n-functions	ally integrated
е	г			ox, I certify that the							
•	,	•	_	ion managers and ot	_				•	•	•
		section	1509(a)(2)								
f				received a written d	etermination	from the IR	S that it is a	Type I, Typ	e II, or Type	III support	ing organization,
g			this box August 17	2006, has the organ	ization accer	nted any dift	or contributi	on from any	of the		ı
9			ng persons?		izacion decep	rea any gne	or contributi	on nom uny	or the		
		(i) A p	erson who d	irectly or indirectly o	controls, eith	er alone or t	ogether with	persons de	scribed in (ii)		Yes No
		and (111) below, the	governing body of th	ne supported	organızatıoı	٦?			11 g	ı(i)
		(ii) A f	amıly memb	er of a person descr	ıbed ın (ı) ab	ove?				11g	(ii)
		(iii) A	35% contro	lled entity of a perso	n described	ın (ı) or (ıı) a	above?			11g	(iii)
h		Provide	the followi	ng information about	the support	ed organızat	ion(s)				
	i) Nan	ne of	(ii) EIN	(iii) Type of	(iv) Is	the	(v) Did you	ı notıfv	(vi) Is	the	(vii) A mount o
	suppoi		(,	organization	organizati		the organi		organizat		monetary
o	rganiz	ation		(described on	col (i) lis		ın col (i) d		col (i) org		support
				lines 1 - 9 above	your gove docume		suppor	t?	ın the U	S?	
				or IRC section (see	docume	nt?					
				instructions))		T		T	1 1 1 1 1 1 1 1 1 1		-
				, ,	Yes	No	Yes	No	Yes	No	
								ļ	1		
			I	I	I	I	I	1	1	1	I

Sch	edule A (Form 990 or 990-EZ) 2012							Page 2
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	<u>iplete Pa</u>	rt III.)	
	endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2	312	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not include any "unusual							
	grants ")							
2	Tax revenues levied for the							
	organization's benefit and either							
	paid to or expended on its behalf							
3	The value of services or facilities							
•	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a							
	governmental unit or publicly							
	supported organization) included on							
	line 1 that exceeds 2% of the							
	amount shown on line 11, column							
6	(f) Public support. Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	business activities, whether or not							
	the business is regularly carried							
	on							
10	Other income Do not include gain or loss from the sale of capital							
	assets (Explain in Part IV)							
11	Total support (Add lines 7 through							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	First five years. If the Form 990 is this box and stop here							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and stop here. The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	► □
b	33 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and stop here. The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,	▶ □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							▶ ┌

Schedule A (Form 990 or 990-EZ) 2012 Page 3 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) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 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						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513			-			
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
_	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					<u> </u>
	ction C. Computation of Public			12		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,	 	
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493135082094

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection

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

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

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

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** WILLIAM PENN UNIVERSITY 42-0707120 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes 3 ✓ No Was a correction made? ☐ Yes If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 4 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

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

f Grassroots lobbying expenditures

Sch	nedule C (Form 990 or 990-EZ) 2012					Page 2
Pa	art II-A Complete if the organization	is exempt under	section 501(c)(3) and fil	ed Form 5768	(election
_	under section 501(h)). Check ► if the filing organization belongs to a	an affiliated group (and	lict in Part IV os	ach affiliated are	un mambar's nam	o addross EIN
	expenses, and share of excess lobb	ying expenditures)		_	up member s nam	e, address, LTN
<u>B</u>	Check Frifthe filing organization checked box	x A and "limited contro	ıl" provisions apı	oly		
	Limits on Lobbying E (The term "expenditures" means an		l .)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobb	yıng)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	O ther exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1c	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on li	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	0,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,	.000		
	Over \$17,000,000	\$1,000,000				
	Grassroots nontaxable amount (enter 25% of lin	e 1f)				
_	Subtract line 1g from line 1a If zero or less, ente	•		-		
i	Subtract line 1f from line 1c If zero or less, ente			-		
_	If there is an amount other than zero on either lin		organization file	Form 4720 rep	ortina	1
-	section 4911 tax for this year?					┌ Yes ┌ No
_	4-Voor Av	veraging Period U	Inder Section	F01/b)		
	(Some organizations that made a scolumns below. See the	section 501(h) el	ection do not	have to cor		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		1
	Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontavable amount					

	rt II-B Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)).				
For e	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a	1)	(b)	
activ		Yes	No	Amou	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?		No		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No		
C	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?		Νo		
е	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?	Yes			5,710
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo		
i	O ther activities?		Νo		
j	Total Add lines 1c through 1i				5,710
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo		
b	If "Yes," enter the amount of any tax incurred under section 4912				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		Νo		
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	1 501(c))(5), oı	sectio	n
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		:	2	

			res	NO
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members

2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
C	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier	Return Reference	Explanation
Part II-B, Line 1i	Description	AS PART OF THE ORGANIZATIONS DUES PAID TO THE IOWA ASSOCIATION OF INDEPENDENT COLLEGES & UNIVERSITIES (IAICU), A PORTION IS RESERVED FOR LOBBYING EXPENSES THE (IAICU) WORKS ON BEHALF OF ITS MEMBERS TO INFORM POLICY MAKERS AT THE STATE AND FEDERAL LEVEL ABOUT THE CRITICAL ROLE OF ITS MEMBER INSTITUTIONS AS PART OF THE ENTIRE POSTSECONDARY EDUCATIONAL SECTOR

DLN: 93493135082094

OMB No 1545-0047

Open to Public **Inspection**

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Employer identification number Name of the organization WILLIAM PENN UNIVERSITY 42-0707120 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the tax year 🟲 Number of states where property subject to conservation easement is located ▶___ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

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

▶\$_ 3,043,375 (ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

and section 170(h)(4)(B)(II)?

Cat No 52283D Schedule D (Form 990) 2012

Par	t IIII Organizations Maintaining Co	liections of Art,	, mist	יו וט.	cai iica	sures, or c	une	r Similiar A	ssets	(continued
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other record	ds, che	ecka	ny of the f	following that	are a	significant us	e of its	
а	Public exhibition		d	Γ	Loan or e	xchange prog	rams			
b	▼ Scholarly research		e	Γ	Other					
c	Preservation for future generations									
4	Provide a description of the organization's c Part XIII	ollections and explai	ın how	they	further th	e organizatioi	ı's ex	cempt purpose	ın	
5	During the year, did the organization solicit							nılar	_	_
	assets to be sold to raise funds rather than							aall ta Farra	┌ Yes	✓ No
Pa	rt IV Escrow and Custodial Arrang Part IV, line 9, or reported an ar					ion answere	eu r	es to Form	990,	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?					ns or other as:	sets	not	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II and complete the	follow	ıng t	able	-				
						-		Α	mount	
С	Beginning balance					-	1c			
d	Additions during the year					-	1d			
e	Distributions during the year					-	1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21?						☐ Yes	□ No
ь	If "Yes," explain the arrangement in Part XII									<u>. '</u>
Pa	rt V Endowment Funds. Complete							t IV, line 10 Three years back		
1a	Beginning of year balance	(a)Current year 5,959,108	(D)P	rior y	217,613	5,906,33	_	5,710,050		r years back 5,217,79
b	Contributions	228,435		-,-	94,192	47,15	+	90,36	1	879,06
c	Net investment earnings, gains, and losses	,			,	,		<u> </u>		<u>, , , , , , , , , , , , , , , , , , , </u>
		212,149			39,929	557,38	2	341,939	1	-376,13
d	Grants or scholarships									
е	Other expenditures for facilities and programs	345,289		3	312,768	293,26	1	236,023	:	10,67
f	Administrative expenses									
g	End of year balance	6,054,403		5,9	59,108	6,217,61	3	5,906,333		5,710,05
2	Provide the estimated percentage of the cur	rent year end balanc	e (line	≘ 1g,	column (a)) held as				
а	Board designated or quasi-endowment 🕨									
ь	Permanent endowment 🛌 100 000 %									
С	Temporarily restricted endowment ►									
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%								
За	Are there endowment funds not in the posse	ssion of the organiza	ation tl	hat a	re held an	d admınıstere	d for	the	_	
	organization by							<u></u>	Y (:)	
	(i) unrelated organizations			•			•		(i) (ii)	No
	(ii) related ergonizations							~		I No
ь	(ii) related organizations				ule R?		٠.		3b	No No
ь 4	(ii) related organizations	ns listed as required	d on So	ched			•		_	
4	If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of the standing of t	ns listed as required ne organization's end	d on So dowme	ched ent fu	ınds		•		3b	
4	If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of t	ns listed as required ne organization's end	d on So dowme	ched ent fu rt X, (a)	ınds			(c) Accumulate	3b	
4 Pa	If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of the standing of t	ns listed as required ne organization's end	d on So dowme	ched ent fu rt X, (a)	Inds Ine 10. Cost or othe	t) basis (other		(c) Accumulate	3b	No
Par	If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of the second sec	ns listed as required ne organization's end	d on So dowme	ched ent fu rt X, (a)	Inds Ine 10. Cost or othe	t) basis (other	er) 2,751	(c) Accumulate	d (d)	No Book value
Pai	If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of to the second	ns listed as required ne organization's end	d on So dowme	ched ent fu rt X, (a)	Inds Ine 10. Cost or othe	t) basis (other)4 1,24.	er) 2,751	(c) Accumulate depreciation	d (d)	Book value
Par 1a b	If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of to the second	ns listed as required ne organization's end	d on So dowme	ched ent fu rt X, (a)	Inds Ine 10. Cost or othe	t) basis (other)4 1,24.	er) 2,751 5,973	(c) Accumulate depreciation	d (d)	Book value
1a b c d	If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of to the second s	ns listed as required ne organization's end ent. See Form 99	d on Sodowme	ched ent fu rt X, (a) basis	line 10. Cost or othe (investment) 2,076,10	basis (other) 4 1,24. 43,826	er) 2,751 5,973	(c) Accumulate depreciation	d (d)	No Book value 3,318,85 33,686,988

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	<u>)</u> .	
(a) Description of security or category	(b)Book value		od of valuation
(including name of security)		Cost or end-o	f-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
(2, (2,	<u> </u>		
Part VIII Investments—Program Related. Se			
(a) Description of investment type	(b) Book value		od of valuation f-year market value
		Cost of elia-o	, year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	F		
Part IX Other Assets. See Form 990, Part X, I	ine 15.		
(a) Descr	ıptıon		(b) Book value
(1) REMAINDER INTEREST TRUSTS			1,468,168
(2) LIBRARY BOOKS			648,681
(3) CONSTRUCTION IN PROCESS			4,485,641
(4) COLLECTIBLES			3,043,375
(5) BENEFICIAL INTEREST IN PERPETUAL TR			6,294,971
(S) BENEFICIAL INTEREST IN FERFETURE TR			0,294,371
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1	5.)		19,163,171
Part X Other Liabilities. See Form 990, Part			
1 (a) Description of liability	(b) Book value		
Federal income taxes			
US GOVERNMENT GRANTS REFUNDABLE	1,496,409		
03 GOVERNMENT GRANTS RETUNDABLE	1,490,409		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	1,496,409		
2. Fin 48 (ASC 740) Footnote In Part XIII, provide the te	xt of the footnote to the organ	nization's financial states	ments that reports the

Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	27,124,821
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	-12,654,203
3	Subtract line 2e from line 1	3	39,779,024
4	Amounts 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 XIII)		
С	Add lines 4a and 4b	4 c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	39,779,024
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	25,644,553
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	936,611
3	Subtract line 2e from line 1	3	24,707,942
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 XIII)		
С	Add lines 4a and 4b	4c	13,358,893
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	38,066,835

Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation
Part XII, Line 4b	Part XII, Line 4b Other revenue amounts included on 990 but not included in F/S	SCHOLARSHIPS AND GRANTS \$13358893
Part XII, Line 2d	Part XII, Line 2d Other expenses and losses per audited F/S	SPECIAL EVENT EXPENSES \$16358 RENTAL EXPENSES \$191429 grouping differences \$94071
Part X	Part X FIN48 Footnote	The University has a tax determination letter from the Internal Revenue Service stating it qualifies under the provision of Section 501(c)(3) of the Internal Revenue Code and is exempt from federal income taxes. As such, the University is subject to federal income taxes only on any net unrelated business income under the provisions of Section 511 of the Internal Revenue Code. The University follows the accounting standards for contingencies in evaluating uncertain tax positions. This guidance prescribes recognition threshold principles for the financial statement recognition of tax positions taken or expected to be taken on a tax return that are not certain to be realized. No liability has been recognized by the University for uncertain tax positions as of June 30, 2013 and 2012. The University is subject to routine audits by taxing jurisdictions, however, there are currently no audits for any tax periods in progress. The University believes it is no longer subject to income tax examinations for years ended prior to June 30, 2010.
Part V, Line 4	Part V, Line 4 Intended uses of the endowment fund	ENDOWMENT FUNDS CONSIST OF APPROXIMATELY 108 INDIVIDUAL FUNDS ESTABLISHED FOR SCHOLARSHIPS, GRANTS AND UNRESTRICTED PURPOSES FOR THE UNIVERSITY ONLY REVENUE EARNED BY THE PORTFOLIO OF INVESTMENTS CAN BE USED FOR THE INTENDED PURPOSE
Part III, Line 4	Part III, Line 4 Description of organization's collections and how it furthers its purpose	THE UNIVERSITY MAINTAINS A COLLECTION OF MIDDLE EAST ARTIFACTS AND A REPLICA OF THE JING YUNG BELL FOR PURPOSES OF PUBLIC EXHIBIT AND SCHOLARLY RESEARCH

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DLN: 93493135082094

OMB No 1545-0047

2012

2012

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

WILLIAM PENN UNIVERSITY

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

Schools

► Attach to Form 990 or Form 990-EZ.

Employer identification number

42-0707120

Pa	rt I		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No,"			
	please explain If you need more space use Part II	3	Yes	
4	Does the organization maintain the following?			
	Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4a 4b	Yes Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
5 a	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
	Scholarships or other financial assistance?	5d		No
	Educational policies?	5e		No
	Use of facilities?	5f		No
_	Athletic programs?	5g		No
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II	<u>5h</u>		<u>No</u>
	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
	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 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05	6b		No
	of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7	Yes	

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

ldentifier	Return Reference	Explanation
Schedule E, Line 3 - Racially Nondiscriminatory Policy Publicized		NONDISCRIMINATION POLICY NOTED IN ALL PUBLIC ADVERTISING, UNIVERSITY CATALOGS AND FINANCIAL AID LITERATURE
Schedule E, Line 6 - Explanation of Aid or Assistance from Governmental Agency		We receive Pell and SEOG grants from the federal government. The pell grant is awarded to individual students based on need which is defined by the federal government through the FASFA application SEOG is awarded by the institution based on need which is derived from the FASFA application. We also receive Direct sub-subsidized and unsubsidized and plus loans which are direct loans between students and the government. These are awarded to students and are disbursed after an application process between the student and the government. We also receive an low a Tuition Grant from the State of low a which is awarded to individual students based on need. We also received vocational rehab grants and VA benefits which are awarded to specific students based on criteria from those organizations.

Schedule E (Form 990 or 990-EZ) 2012

DLN: 93493135082094

OMB No 1545-0047

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service

SCHEDULE G

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. Form 990-EZ filers are not required to complete this part.

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

Open to Public Inspection

	ne of the organization							Employer iden	tification number
WIL.	LIAM PENN UNIVERSITY							42-0707120	
Pa	rt I Fundraising Act	ivities. Complete	ıf the o	rganızatı	ion a	nswered "Yes" t	o Forn	n 990, Part IV,	line 17.
1	Indicate whether the organ	ızatıon raısed funds	through a	ny of the 1	follow	ing activities Che	ck all t	hat apply	
а	✓ Mail solicitations			e		Solicitation of non	-	-	
b	Internet and email solid	citations		f		Solicitation of gov		=	
C	Phone solicitations			g	굣	Special fundraisin	g event	S	
d	✓ In-person solicitations								
2a	Did the organization have a or key employees listed in								Γ _{Yes} Γ _{No}
b	If "Yes," list the ten highes to be compensated at least			undraiser	rs) pu	rsuant to agreeme	ents und	ler which the fun	draiser is
((i) Name and address of Individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or crol of outions?) Gross receipts from activity	(or	mount paid to retained by) aiser listed in col (i)	(vi) A mount paid to (or retained by) organization
			Yes	No					
			+						
			+						
Tot a	al			>					
3	List all states in which the dicensing	organization is regis	tered or li	censed to	soli	cit funds or has be	en notif	ied it is exempt	from registration or
А									

		G (Form 990 or 990-EZ) 2012				Page 2				
Pai	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts of	aising event contributi							
		<u> </u>	(a) Event #1 DUCKPLUCKERS	(b) Event #2 GOLF TOURNAMENT	(c) O ther events (total number)	(d) Total events (add col (a) through col (c))				
<u>Φ</u>			(event type)	(event type)		27.404				
Revenue	1	Gross receipts	29,466	8,025		37,491				
æ	2	Less Contributions	18,670	5,400)	24,070				
	3	Gross income (line 1 minus line 2)	10,796	2,625	5	13,421				
	4	Cash prizes	452	:		452				
ω.	5	Noncash prizes	10,650)		10,650				
Expenses	6	Rent/facility costs	500	3,304		3,804				
å Ä	7	Food and beverages .	683	3		683				
Direct E	8	Entertainment								
چ	9	Other direct expenses .	769	,		769				
	10	Direct expense summary Add lir	nes 4 through 9 in column	(d)		(16,358)				
	11	Net income summary Combine I				-2,937				
Par	t II	I Gaming. Complete if the o	rganızatıon answered '	"Yes" to Form 990, Pa	irt IV, line 19, or repo					
		\$15,000 on Form 990-EZ, li				1				
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))				
<u>~</u>	1	Gross revenue								
မွ	2	Cash prizes								
xpenses	3	Non-cash prizes								
Direct B	4	Rent/facility costs								
Ē	5	Other direct expenses								
	6	Volunteer labor	☐ Yes ☐ No	┌ Yes ┌ No	┌ Yes					
	7	Direct expense summary Add line	s 2 through 5 in column (d)						
	8	Net gaming income summary Com	nbine lines 1 and 7 in colu	mn (d)						
9 a b										
10a b	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No									

70ES	the organization operate gaming	activities with nonlinelinders		· · I Yes I No
.2		neficiary or trustee of a trust or a men		
	formed to administer charitable of	gaming?		· · · · Fyes F No
.3	Indicate the percentage of gamir	ng activity operated in		
а	The organization's facility			13a
b	An outside facility			13b
.4	Enter the name and address of th	ne person who prepares the organizati	on's gaming/special events books	and records
	Name ►			
	Address 🟲			
	revenue?	ntract with a third party from whom the		
	amount of gaming revenue retain	ed by the third party 🟲 \$		
C	If "Yes," enter name and address	s of the third party		
	Name 🟲			
	Address ►			
.6	Gaming manager information			
	Name 🟲			
	Gaming manager compensation I	\$ \$		
	Description of services provided	>		
	☐ Director/officer	Employee	Independent contractor	
.7	Mandatory distributions			
а	Is the organization required unde	er state law to make charitable distrib	utions from the gaming proceeds to	
	retain the state gaming license?			Г _{Yes} Г _{No}
b	Enter the amount of distributions	required under state law distributed t	to other exempt organizations or sp	ent
		activities during the tax year 🟲 💲		
Par	columns (III) and (v), a	mation. Complete this part to pr and Part III, lines 9, 9b, 10b, 15b ditional information (see instructi	, 15c, 16, and 17b, as applical	
	Identifier	Return Reference	Explana	tion

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Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

DLN: 93493135082094 OMB No 1545-0047

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

Open to Public Inspection

Name of the organization	Employer identification number						
WILLIAM PENN UNIVERSITY	42-0707120						
Part I General Information	on on Grants and	l Assistance				•	
 Does the organization maintain the selection criteria used to a Describe in Part IV the organization 	ward the grants or as: cation's procedures fo	sistance? r monitoring the use o	of grant funds in the Unite	ed States			✓ Yes N
Part II Grants and Other A Form 990, Part IV, III				e United States. Con art II can be duplicate			es" to
(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 gran or assistance
2 Enter total number of section 5						_	0
3 Enter total number of other org	anızatıons lısted ın th	e line 1 table				<u></u>	0

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) VOCATIONAL REHAB GRANTS FOR STATES	8	16,605		CASH	
(2) INSTITUTION SCHOLARSHIPS AND GRANTS	1201	12,827,166		CASH	
(3) FEDERAL SEOG	961	512,622		CASH	
(4) ENGLISH LANGUAGE ACQUISITION	5	2,500		CASH	

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Complete this part to provide	mplete this part to provide the information required in rate 1, time 2, rate 111, column (b), and any other additional information							
Identifier	Return Reference	Explanation						
Grantmaker's Description of How Grants are Used		THE UNIVERSITY HAS A FINANCIAL AID DEPARTMENT WHOSE STAFF IS TRAINED AND CONTINUOUSLY EDUCATED REGARDING FEDERAL FINANCIAL AID RULES AND REGULATIONS THE STAFF OF THE UNIVERSITY						
		DETERMINES THE FINANCIAL NEED OF THE STUDENT AND DETERMINES THE AMOUNT OF FINANCIAL ASSISTANCE THAT CAN BE AWARDED TO THE STUDENT BASED ON FEDERAL RULES AND REGULATIONS THE						
		FINANCIAL AID STAFF ALSO AWARDS GRANTS AND SCHOLARSHIPS BASED ON ENDOWED GIFTS THAT COMPLY WITH THE TERMS OF THE ENDOWED GIFTS						

Schedule I (Form 990) 2012

DLN: 93493135082094

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensated Employees ► Complete if the organization answered "Yes" to Form 990,

Part IV, question 23. ► Attach to Form 990. ► See separate instructions.

Compensation Information

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

Open to Public Inspection

Name of the organization WILLIAM PENN UNIVERSITY

Employer identification number

42-0707120

26	Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form		163	140
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	▼ Travel for companions			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Yes	<u> </u>
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	✓ Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990 , Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		No
b	Any related organization?	5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		No
b	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III			
		8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		No

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

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

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of (i) Base compensation	W-2 and/or 1099-MIS (ii) Bonus & Incentive compensation	C compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported as deferred in prior Form 990
				соттрензаціон				
(1)JOHN OTTOSSON Vice President	(i) (ii)	143,193			6,286	11,852	161,331	
(2)ANN FIELDS PRESIDENT	(i) (ii)	175,544			7,465	7,462	190,471	

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Identifier	Return Reference	Explanation
Sch J, Part I, Line 1a	Part I, Line 1a Relevant information	
	ın regards to selections on 1a	

Schedule J (Form 990) 2012

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2012

OMB No 1545-0047

Open to Public

Inspection

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization WILLIAM PENN UNIVERSITY Employer identification number

WIL	ILLIAM PENN UNIVERSITY 42											42-0707120				
Р	art I Bond Issues															
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue pric	ce	(f) Descriptio	n of purpose	(g) Def	[:] eased	beha	On alf of uer		Pool incing		
		!	<u> </u>			\perp			Yes	No	Yes	No	Yes	No		
A	IOWA HIGHER EDUCATION LOAN AUTHORITY	42-1235696		10-02-2009	1,150,0		ONSTRUCTION CILITIES	I OF		x		×		х		
В	IOWA HIGHER EDUCATION LOAN AUTHORITY	42-1235696	462460TX4	05-19-2005	6,535,6	555 se	e part vı			х		х		Х		
Pa	art III Proceeds						_									
					Α_		E	3	С			D				
1	A mount of bonds retired					15,00	00				\longrightarrow					
	A mount of bonds legally defea								\longrightarrow							
3	Total proceeds of issue				1.	,163,11		6,567,553			\longrightarrow					
4	Gross proceeds in reserve funds					95,55	-	530,484			\longrightarrow					
5	Capitalized interest from proceeds				<u> </u>	19,31	15	19,315			\longrightarrow					
6		Proceeds in refunding escrows									\longrightarrow					
7	Issuance costs from proceeds					20,77	7 2	130,391			\longrightarrow					
8	Credit enhancement from proc										\longrightarrow					
9	Working capital expenditures f				20,002											
10	Capital expenditures from prod	ceeds			1	,026,78	6,788 388,409									
11	O ther spent proceeds				5	,498,95	5 5	5,498,955								
12																
13	Year of substantial completion	n			2008	,	20	06								
_					Yes	No	Yes	No	Yes	N.	<u>•</u>	Yes	\dashv	No		
14	Were the bonds issued as part	t of a current refund	ing issue?			Χ	X									
15	Were the bonds issued as part	t of an advance refu	nding issue?			Χ		Х								
16	Has the final allocation of proc	ceeds been made?			Х		Х									
17	Does the organization maintain allocation of proceeds?	n adequate books a	nd records to supp	ort the final	х		Х									
Pa	rt IIII Private Business U	Jse					1									
					A Van		B V I		<u> </u>		\longrightarrow	D		- B1 -		
i				Yes	No	Yes	No	Yes	No	0	Yes		No			

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bond-

Χ

Χ

Χ

Sche	dule K (Form 990) 2012									Page 2
Par	Private Business Use (Continued)									
				Α		В		<u>C</u>		D
За	Are there any management or service contracts that may result in private	husiness use	Yes	No	Yes	No	Yes	No	Yes	No
J a	of bond-financed property?	business use		Х		Х				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the fine property?									
С	Are there any research agreements that may result in private business us financed property?	e of bond-		х		х				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed proper									
4	Enter the percentage of financed property used in a private business use be other than a section $501(c)(3)$ organization or a state or local government			%		%		9/0		%
5	Enter the percentage of financed property used in a private business use a unrelated trade or business activity carried on by your organization, anoth (c)(3) organization, or a state or local government			%		%		%		%
6	Total of lines 4 and 5			%		%		%		%
7	Does the bond issue meet the private security or payment test?									
8a	Has there been a sale or disposition of any of the bond financed property to nongovernmental person other than a 501(c)(3) organization since the bor issued?									
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or	disposed of		%		%		%		%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations 1 141-12 and 1 145-2?									
9	Has the organization established written procedures to ensure that all non- bonds of the issue are remediated in accordance with the requirements und Regulations sections 1 141-12 and 1 145-2?		x		Х					
Do-										
Par	t IV Arbitrage	Α			В		С		D	
		Yes	No	Yes	No	Yes		No	Yes	No
1	Has the issuer filed Form 8038-T?		Х		Х					
2	If "No" to line 1, did the following apply?							I		
а	Rebate not due yet?	×			Х					
b	Exception to rebate?	×		Х						
С	No rebate due?		Х	Х						
	If you checked "No rebate due" in line $2c$, provide in Part VI the date the rebate computation was performed			•	'	· ·		<u>'</u>		
3	Is the bond issue a variable rate issue?									
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х		Х					
b	Name of provider									
С	Term of hedge									
d	Was the hedge superintegrated?									
e	Was a hedge terminated?									
					•	•	•		•	

Part IV Arbitrage (Continued)

			Α		В		С		D					
			Yes	No	Yes	No	Yes	No	Yes	No				
5a	Were gross proceeds investe contract (GIC)?	d in a guaranteed investment		Х		Х								
b	Name of provider													
С	Term of GIC													
d	value of the GIC satisfied?													
6	Were any gross proceeds invested beyond an available temporary period?			X		X								
7	Has the organization establis the requirements of section 1	hed written procedures to monitor 48?	Х		×									
Pa	rt V Procedures To Un	dertake Corrective Action												
			Α		В	3	С		D					
			Yes	No	Yes	No	Yes	No	Yes	No				
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?			Х		х									
Pa	art VI Supplemental I	nformation. Complete this part to p	rovide additior	<u>ıal ınformatı</u>	on for respo	nses to ques	tions on Sch	<u>edule K (see</u>	instructions)) <u>.</u>				
	Identifier	Return Reference				Explana	ation							
Supr	olemental Information	Part VI	Schedule K. Part	IV Arbitrage	Schedule K. Part IV. Arbitrage Line 2c (a) Issuer Name. Iowa Higher Education Loan Authority DATE THE									

Identifier
Return Reference
Supplemental Information
Supplemental Information

Part VI
Schedule K, Part IV, Arbitrage, Line 2c (a) Issuer Name Iowa Higher Education Loan Authority DATE THE REBATE COMPUTATION WAS PERFORMED 04/30/2010SCHEDULE K, PART I, LINE B, COLUMN (F) CONSTRUCT & IMPROVE FACILITY & REFUND PRIOR BONDS - 06/27/91, 07/17/96, 07/27/00SCHEDULE K, PART II, LINE 3 THE TOTAL PROCEEDS DO NOT AGREE TO THE ISSUE PRICE IN PART I, COLUMN (E) DUE TO INVESTMENT EARNINGS

Schedule K (Form 990) 2012

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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, line 38a or 40b.

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

2012

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Name of the or WILLIAM PENN UN							Em	ploye	r ident if	ication	numbei	r	
Doub T. Free	D	· T		/t	- F01/-\/2\		F01/a\/4\ a	_	-0707				
							501(c)(4) org :5a or 25b, or F				/ line 4	10b	
	ne of disqualifi				iip between o		(c) Descrip						ected?
- ` `	·	,	. ,		and organiza								No
												r If the (i) Writte agreemen	
											-		
2 Futuation													
	amount of tax	incurred by	organiz	zation ma	inagers or di	isqualified pers	ons during the	yearu -	naers	section F \$ -			
		 . ıf anv. on lı	ne 2. al	bove, reii	mbursed by	the organizatio	n			▶ \$			
		,, ,	,		,				-	·			
	ans to and												
							line 38a, or For	m 990), Par	t IV, line	e 26, o	rıfthe	
	(b) Relations					(e)Original	(f)Balance	(a)	In	(h)	`	Lijwr	ıtten
interested	with	los		or from		principal	due		ult?	Appro	ved	1	
• •	organization		organization?		amount					board or nmittee?			
				To	From	-		Yes	No	Yes	No	Ves	No
(1) JO E	OFFICER	OPERA	TIN	X	110111	1,000,000	1,000,000	163	No	Yes	140	+	110
CROOKHAM		0.2		,		, ,	, ,					' "	
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				<u> </u>								_	
otal				<u> </u>	\$		1,000,000						
	ants or Ass						+ T\/ line 27						
						orm 990, Par	1			(-)	D	e of ass	
(a) Name of i		(b) Relatior interested p			(C) A mount	orassistance	(d) Type of	assis	tance	(e)	urpos	e or ass	istance
,			nization										
1)				:	15,370		NONCASH			TUIT	ION B	ENEFIT	
							_						
							_						
							_						

	Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.													
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh of organiz reven	f zation's									
				Yes	No									
(1) Mahaska Comm Group MCG	See Part V	166,790	Phone Internet Cable		Νo									
					1									

Part V Supplemental Information

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

		es to questions on senedule E (see instructions)
Identifier	Return Reference	Explanation
		Additional Information for Schedule L, Part IV, Line (1), Column (b) MAHASKA COMMUNICATION GROUP (MCG) and Musco Sports Lighting, LLC are wholly owned subsidiaries of Musco Corporation Joe CROOKHAM, BOARD OFFICER, and his immediate family are THE majority shareholders of Musco CorpORATION Joe COOKHAM is also President and CEO of all three entities

Schedule L (Form 990 or 990-EZ) 2012

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SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

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

Noncash Contributions

Name of the organization WILLIAM PENN UNIVERSITY

Employer identification number

42-0707120

Pa	rt I Types of Property			L.	42 0707120			
		(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 d noncash contrib	etermı		ts
1	Art—Works of art							
	Art—Historical treasures .							
	Art—Fractional Interests							
	Books and publications							
	Clothing and household							
_	goods							
6	Cars and other vehicles							
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—O ther							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other \blacktriangleright (MISCELLANEOUS)	Х		81,527	FAIR VALUE			
26	Other►(<u>ANNUITY</u>)	Х	1	11,554	FAIR VALUE			
	TRAVEL							
27	Other ► (EXPENDITURES)	X	1	8,548	COST			
28	equipment & Other ► (van)	×	1	274 689	faır value			
	Number of Forms 8283 received		nization during the tay yea		lan value			
23	for which the organization comple				29			
	-		·		'		Yes	No
30a	During the year, did the organiza	ition receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it			
	must hold for at least three year	s from the	date of the initial contributi	on, and which is not require	d to be used			
	for exempt purposes for the enti	re holding p	period?			30a		No
b	If "Yes," describe the arrangem	ent in Part 1	II					
31	Does the organization have a gif			review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us	e third part	ies or related organizations	to solicit, process, or sell i	noncash			
	contributions?					32a		Νo
h	If "Yes," describe in Part II							
	If the organization did not report	an amount	: in column (c) for a type of	property for which column (a) is checked.			
	describe in Part II		(2) (3) (4) (4) (5)	r - r = /	.,			

Page 2

Schedule M	(Form 990) (201:
Part II	Supplem

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) (2012)

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.

OMB No 1545-0047

2012

Open to Public Inspection

lame d	of the	organization
VILLIAM	PENN	UNIVERSITY

Employer identification number

42-0707120

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 16	
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	Articles of incorporation and by-laws are available upon request to the business office of the organization
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	THE ORGANIZATION USED COMPARABLE DATA TO DETERMINE THE AMOUNT FOR EXECUTIVE COMPENSATION F OR THE PRESIDENT AND OTHER OFFICERS AND TOP MANAGEMENT
Form 990, Part VI, Line 15a	Form 990, Part VI, Line 15a Compensation Review & Approval Process - CEO, Top Management	THE ORGANIZATION USED COMPARABLE DATA TO DETERMINE THE AMOUNT FOR EXECUTIVE COMPENSATION F OR THE PRESIDENT AND OTHER OFFICERS AND TOP MANAGEMENT
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	Every board member, administrator, or person who has control over a budget, completes a conflict of interest form. They are reviewed by the Finance Committee of the Board of Direct ors
Form 990, Part VI, Line 11b	Form 990, Part VI, Line 11b Form 990 Review Process	COPY OF FORM 990 WAS REVIEWED BY THE FINANCE COMMITTEE.
Form 990, Part VI, Line 2	Form 990, Part VI, Line 2 Description of Business or Family Relationship of Officers, Directors, Et	2 CURRENT TRUSTEES ARE EMPLOYED BY THE SAME COMPANY
Form 990, Part III, Line 4d	Form 990, Part III, Line 4d Other Program Services Description	OTHER PROGRAM SERVICES 4 COST OF SALES, SUPPORT AND MAINTENANCE OF CAMPUS BOOKSTORE FOR 2,026 STUDENTS, FACULTY AND STAFF OTHER PROGRAM SERVICES 5 SCHOLARSHIP PROGRAMS FOR SCHOL ARSHIPS AND GRANTS TO 1,201 STUDENTS OTHER PROGRAM SERVICES 6 STUDENTS SERVICES, INCLUDING STUDENT DEVELOPMENT, ACADEMIC AND CAREER COUNCELING, INTERCOLLEGIATE ATHLETICS, FINANCIAL ASSISTANCE AND OTHER SERVICES, WAS PROVIDED TO 2,026 FULL AND PART TIME STUDENTS

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DLN: 93493135082094

OMB No 1545-0047

2012

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SCHEDULE R (Form 990)

▶ 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. Department of the Treasury

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

Part I Identification of Disregarded Entities (Complete	ıf the organization	answered "Yes" to	o Form 990, P	art IV, line 33.)	
(a) Name, address, and EIN (ıf applicable) 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 Organizat		the organization a	ınswered "Yes	" to Form 990, P	art IV, line 34 because it had one

Related Organizations and Unrelated Partnerships

Part II Identification of Related Tax-Exempt Organiza or more related tax-exempt organizations during the		the organization a	answered "Yes" to	Form 990, Part IV	, line 34 because it	had or	ne
(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	Section (13) co	512(b) ontrolled aty?
(1) 21 10 10 10 10 10 10 10 10 10 10 10 10 10			50100			Yes	No
(1) BLANCHE JOHNSON TRUST	RENTAL REAL ESTATE	IA	501C3	11			No
124 SOUTH FIRST STREET					N/A		
OSKALOOSA, IA 52577 42-6613277							
						1	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	I	Cat No 501	35Y	l	Schedule R (Form	1990) 2	012

(a) Name, address, and EIN o related organization	f	(b) Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-	(f) Share of total income	(g) Share of end-of-yea assets	(h Disprop r allocat	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	ral or	(k) Percentae ownersh
					514)			Yes	No		Yes	No	
V Identification of Related Or line 34 because it had one or r	ganizations Taxa nore related organi	ble as a Corpo zations treated a	ration s a cor	or Trust (poration or	Complete if t	he organı the tax ye	zatıon ar ar.)	swere	ed "Ye	s" to Form	990,	Part	IV,
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domıcıle (state or foreign country)		(d) Direct controlli entity	(e) Type of enti (C corp, S corp, or trust)	(f) Share of to income	total Share e of	(g) e of end- year ssets	of end- Percentage S ear ownership		(i) Section 512 (b)(13) controlled entity?		
		,,			,						Yes		No

Yes No

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No		
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more r	elated organizations li	sted in Parts II-IV?						
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity									
b Gıft, grant, or capıtal contribution to related organization(s)									
c Gift, grant, or capital contribution from related organization(s)									
d Loans or loan guarantees to or for related organization(s)									
e	Loans or loan guarantees by related organization(s)				1e		No		
f	Dividends from related organization(s)				1f		No		
g	Sale of assets to related organization(s)				1g		No		
h	Purchase of assets from related organization(s)				1h		No		
i	Exchange of assets with related organization(s)				1i		No		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		No		
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		No		
	Performance of services or membership or fundraising solicitations for related organization(s)				11		No		
	m Performance of services or membership or fundraising solicitations by related organization(s)								
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
• Sharing of paid employees with related organization(s)									
D	Reimbursement paid to related organization(s) for expenses				1p		No		
	Reimbursement paid by related organization(s) for expenses				1q		No		
r	Other transfer of cash or property to related organization(s)				1r		No		
	Other transfer of cash or property from related organization(s)				1s		No		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete	e this line, including co	overed relationships	and transaction thresholds					
	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amo	ount in	ıvolved			
1) BL	ANCHE JOHNSON TRUST	С	187,817	CASH					

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

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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)	(d) Predominant income (related, unrelated, excluded from tax under section 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	

Additional Data Return to Form

Software ID: 12000229

Software Version: 2012v2.0

EIN: 42-0707120

Name: WILLIAM PENN UNIVERSITY

Schedule R (Form 990) 2012

Page **5**

Part VII Supplemental Information

 Complete this part to provide additional information for responses to questions on Schedule R (see instructions)							
Identifier	Return Reference	Explanation					
	•						