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DLN: 93493132034104

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)

201

2012

OMB No 1545-0047

Open to Public Inspection

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

			C Name of organization	ing 07-01-2012 , 2012, and ending 00-	-30-2013	D Employer id	dentification number	
_	eck ıf a _l dress ch	pplicable	William Jessup University					
_	me chai	_	Doing Business As			94-12798	03	
_		-						
_	tıal retu		Number and street (or P O box if 333 Sunset Boulevard	f mail is not delivered to street address) Room/	suite	E Telephone nu	ımber	
_	rmınate			(916)577	-2200			
Am —	nended i	return	City or town, state or country, an Rocklin, CA 95765	d ZIP + 4				
Ap	plication	pending	,			G Gross receipt	s \$ 27,911,883	
			F Name and address of p	rıncıpal officer	H(a)	Is this a group retu		
			John Jackson 333 Sunset Boulevard			affiliates?	┌ Yes 🗸 No	
			Rocklin, CA 95765		Н(Ь)	Are all affiliates inc	luded? TYes TNo	
					┙`´		t (see instructions)	
r Ta	ıx-exem	npt status	▼ 501(c)(3)	【(insert no)		6		
J W	ebsite	e:⊨ ww	w jessup edu		H(c)	Group exemption n	lumber 🗜	
		ganızatıon	Corporation Trust Associa	tion Other ►	L Ye	ear of formation 1939	M State of legal domicile CA	
Pa	rt I	Sum	mary					
		•	<u>-</u>	sion or most significant activities nd service in church and society				
œ.								
Governance	-							
Ē	, -	Chack th	are how W if the organization	discontinued its operations or disposed	d of more	than 25% of its not	accotc	
Š		CHECK (is box F If the organization	discontinued its operations of disposed	or more	than 25 % of its fiet	a55et5	
	Ι ε	Number	of voting members of the gove	rning body (Part VI, line 1a)		з	22	
Activities &	4 1	Number	of independent voting member	s of the governing body (Part VI, line 1	b)	4	20	
Ě	5 1	Total nu	mber of individuals employed i	n calendar year 2012 (Part V, line 2a)		5	426	
<u>5</u>	6	Total nu	mber of volunteers (estimate i	fnecessary)		6	60	
4.	7a 1	Total un	related business revenue from	Part VIII, column (C), line 12		7a	0	
	ь	Net unre	lated business taxable income	e from Form 990-T, line 34		71	0	
						Prior Year	Current Year	
	8	Contri	butions and grants (Part VIII,		1,066,064	2,069,563		
를	9	Progra	am service revenue (Part VIII,		22,085,139	25,304,742		
Reveni	10	Inves	tment income (Part VIII, colui	mn (A), lines 3, 4, and 7d)		176,106	80,361	
Ť	11	Other	revenue (Part VIII, column (A	-23,839	-36,407			
	12			1 (must equal Part VIII, column (A), lı	ne	22.202.470	27.410.250	
	1.5					23,303,470	27,418,259	
	13			rt IX, column (A), lines 1–3)		5,704,372	6,609,855	
	14			t IX, column (A), line 4)		0	0	
8	15	5 a ları 5 – 10		yee benefits (Part IX, column (A), lines	,	7,824,656	10,257,726	
Expenses	16a			X, column (A), line 11e)		0	0	
∑	Ь		indraising expenses (Part IX, column					
Ш	17), lines 11a-11d, 11f-24e)		10,446,211	12,622,509	
	18			nust equal Part IX, column (A), line 25)		23,975,239	29,490,090	
	19			e 18 from line 12		-671,769	-2,071,831	
\$ 8 6 8						ginning of Current Year	End of Year	
Net Assets or Fund Balances	20	Total	assets (Part X. line 16)		.	47,592,696	43,179,242	
주 <u>주</u> 등	21					26,842,900	24,432,352	
<u> 25</u>	22			ct line 21 from line 20		20,749,796	18,746,890	
Pa	rt II		ature Block			, ,	· , , , , , , , , , , , , , , , , , , ,	
Jnde ny k	r pena nowlec	alties of dge and	perjury, I declare that I have e	examined this return, including accompa omplete Declaration of preparer (other				
		****	**			2014-05-12		
Sigr	1	IB	ature of officer			Date		
Her		John	Jackson President					
			or print name and title					
			Print/Type preparer's name	Preparer's signature	Date	Check If PTIN		
Paid	d	—	David C Moja	self-employed P00747006				
	pare		Firm's name 🕨 Capin Crouse LLP			Firm's EIN ► 36-399	U892	
	Onl		Firm's address 🟲 3010 Saturn Street S	Guite 205		Phone no (714) 961	-9300	
J 36	, Jiii	۱ و٠	Brea, CA 92821					
			, ,			i		

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

✓ Yes 厂No

Par	t III	Statement of Program S Check if Schedule O contains				
1	Brief	ly describe the organization's mi	ssion			
at Wi	llıam J edited elor of	hip with the Church, the purpose essup University is Christ-cent by the Western Association of S Science degree In addition, it o	ered, Bıblıcal, lıbera chools and Colleges	l arts, applied, and miss s and offers a variety of	ional [Continue on Sch O] That academic programs leading to	ne University is regionally o a Bachelor of Arts or a
2	the p	ne organization undertake any si rior Form 990 or 990-EZ? .			which were not listed on · · · · · · · ·	┌ Yes ┌ No
2		s," describe these new services			4	
3	servi	ne organization cease conductin ces?		nt changes in now it con	ucts, any program	┌ Yes ┌ No
	If "Ye	s," describe these changes on S	chedule O			
4	exper	ribe the organization's program s nses Section 501(c)(3) and 50: otal expenses, and revenue, if an	. (c)(4) organization	s are required to report		
4a	(Cod	e) (Expenses \$	26,024,474	ıncludıng grants of \$	6,609,855) (Revenue \$	25,304,742)
	Majo Educa Assoc prepa (CCT Child has r crede well i	m Jessup University enrolls more than ris include a BS in Business Administration ation, Public Policy, Bible & Theology, Bible attention of Arts degrees are offered in Bible ares students for their Multiple Subject FC) approved and is designed to help might approved and is designed to help might approve and its degree programmatical and a master of arts degree An information of the province individuals, and living in a WJU desires to have its students live in cam	n, Counseling Psychologusiness Administration, F and in Ministry In addireliminary Teaching Creet the subject matter cry, Intercultural Studies, im In the program, studiportant aspect of William residence hall provides	y, or Christian Leadership, a Family & Children's Ministry, I tion, the University offers a Pidential [Continue on Sch O] competence William Jessup U, Management, Music and Wodents can earn either a single in Jessup University is a stude opportunities for growth and	BA in Psychology, English, History, Natercultural Studies, Pastoral Ministry ost-Baccalaureate, Teaching Creden The program is California Commissio University also has certificate program orship, Pastoral Ministry, and Youth National Commission of Ministry of California ent's residence life experience. Holist development outside the classroom	Music, Liberal Studies/Teacher r, or Youth Ministry Two tial This one year program n on Teacher Credentialing ns in Bible, Addiction Studies, Ministry In 2013 The University a preliminary teaching iic education seeks to develop
4b	(Cod	e) (Expenses \$		ıncludıng grants of \$) (Revenue \$)
40	(Cou	е / (Ехрепьез ф		including grants or \$) (Revenue \$,
4c	(Cod	e) (Expenses \$		ıncludıng grants of \$) (Revenue \$)
4d		er program services (Describe ir enses \$	ı Schedule O) ıncludıng grants o	of \$) (Revenue \$	١
4e		Il program service expenses	26,024,474		, ψ	,

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? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 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^{\square}	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part x^{\bullet}	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		Νο
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
b	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 valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the 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)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more 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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, 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		No
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		No
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		
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	
		F	orm 99 0	(2012)

Par	Statements Regarding Other IRS Fillings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V	•	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 65		165	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			
	gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			1
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?	За		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		No
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		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
		OD .		
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		L
6a	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		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	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	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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		
9	Sponsoring organizations maintaining donor advised funds.	3		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
LO	Section 501(c)(7) organizations. Enter	- 55		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
l2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
L3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
	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			
С	Enter the amount of reserves on hand			
1 4 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an evolunation in Schedule O	14h		

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.

Check if Schedule O contains a response to any question in this Part VI .															ে
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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
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	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ıe Cod	e.)
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ue Cod Yes	e.) No
	Did the organization have local chapters, branches, or affiliates?	evenu 10a		
10a				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 11a	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	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	No
10a b 11a b 12a 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	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
10a b 11a b 12a b	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	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 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 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?	10a 10b 11a 12a 12b 12c 13	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?	10a 10b 11a 12a 12b 12c 13 14	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 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 taxable entity during the year?	10a 10b 11a 12a 12b 12c 13 14	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?	10a 10b 11a 12a 12b 12c 13 14	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 ►CA
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website Vpon request Vother (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 ►Diane Kim 333 Sunset Boulevard Rocklin, CA (916) 577-2200

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

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

1a Complete this table for all persons required to be listed 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

(A) Name and Title	(B) Average hours per week (list any hours	more pers and	than on is	one bot	not box h ar or/tr	offic ustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) Pat Gelsinger	1 00	х		х				0	0	0
Chairman										
(2) Bill Coyne Vice Chairman	1 00	x		х				0	0	0
(3) Wayne Nader	1 00									
Treasurer		×		х				0	0	0
(4) Kenneth Oosting	1 00									
Secretary		×		×				0	0	0
(5) John Jackson	40 00									
President		X		Х				116,070	0	86,067
(6) Gene De Young	40 00									
COO - Part Year		X		Х				131,797	0	50,071
(7) Pete Bernardoni	1 00	х						0	0	0
Trustee								Ů	Ü	
(8) Marc Bigelow	1 00	x						0	0	0
Trustee - Part Year										
(9) Jon Blackstad	1 00	x						0	0	O
Trustee										
(10) Patricia Cureton	1 00	l x						0	0	O
Trustee										
(11) Dan Derepentigny	1 00	l x						0	0	0
Trustee										
(12) Jim DeRose	1 00	×						0	0	O
Trustee		<u> </u>						Ľ		
(13) Roger Edrington	1 00	l x						0	0	0
Trustee										
(14) Don Hinkle	1 00	l x						0	0	0
Trustee								<u> </u>		
(15) Greg Jamison	1 00	l x						0	0	0
Trustee		<u> </u>								
(16) Laurie Kubicek	1 00	x						0	0	0
Trustee								ĭ	Ŭ	
(17) Brett Neal	1 00									
(,		X		ı		I		l 01	0	0

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 pers	than on is	one bot rect	note boo	chec x, unle n offic rustee	ess er e)	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	Estim amount comper from organi	iated of other isation the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Ke) employee	Highest compensated employee	Former	MISC)	MISC)	and re organiz	lated
(18) Barry Smith	1 00	×						0	(C
Trustee (19) Holly Tiche	1 00										
Trustee		X						0	C		(
(20) Mike West Trustee	1 00	х						0	()	C
(21) Randall Yee	1 00	х						0	()	C
Trustee (22) Bonnie Gore	1 00	×						0	()	C
Trustee (23) Paul Blezien	40 00					X		113,781	(16,662
VP of Student Development	40.00							113,701			10,002
(24) Eric Hogue Chief Development Officer	40 00					х		118,991	(45,683
(25) Dennis Jameson	40 00					х		62,376	()	88,036
Provost/Chief Academic Officer (26) Bryce Jessup	1 00										
Former President/Trustee							Х	11,250	()	24,476
1b Sub-Total	· · · ·		•	•		<u> </u>					
1 = 1 (11 !! 41 . 14)			٠.	٠.		-		554,265	0		310,995
Total number of individuals (including \$100,000 of reportable compensation	but not limited to			ed a	bove	e) who	rec	eived more than			
,										Yes	No
3 Did the organization list any former of on line 1a? If "Yes," complete Schedule									d employee		
4 For any individual listed on line 1a, is organization and related organizations	the sum of repor	table c	ompe	ensa	itior	and	othe	r compensation fr		165	
individual		•	• •	•	•	•	•		4	Yes	
5 Did any person listed on line 1a received services rendered to the organization?		-			-			_	ndividual for		No
Section B. Independent Contract	ors										
1 Complete this table for your five higher		ındepe	nder	nt co	ntra	ctors	tha	t received more th	nan \$100,000 of		

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation for the calendar year ending with or within the organization's tax year

(A)	(B)	(c)
Name and business address	Description of services	Compensation
Reeve-Knight Construction 128 Ascot Drive Roseville CA 95661	Construction	9,819,203
Webb Design 130 S Prospect Ave Tustin CA 92780	Construction Design	2,361,973
Bon Appetit 1000 West Temple Street Los Angeles CA 900740196	Food Service	1,106,647
Staybridge 6664 Lonetree Blvd Rocklin CA 95765	Student Housing	274,477
The Taylor Group of Architects of Califo 10 River Park Place East Ste 208 Fresno CA 937201535	Architecture Design	246,474

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►10

Part V		Statement o	if Revenue ule O contains a respon	ise to any question i	n this Part VIII			
		Check if Seried	ure o contains a respon	ise to any question	(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	1a	Federated cam	paigns 1a					
ant	b	Membership du	es 1b					
Gr.	С	Fundraising eve	ents 1c	175,505				
fts, ir A	d	Related organiz	zations 1d					
, Gi	e	Government grants						
ons Sir		All other contribution	ons, gifts, grants, and 1f	1,894,058	-	-		
uti her	'	sımılar amounts no			ļ	ļ		
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contribution 1a-1f \$	ons included in lines	1,026,893				
Cor ant	h	Total. Add lines	s 1a-1f	🛌	2,069,563			
				Business Code				
enu	2a	Tuition & fees		611710	21,282,084	21,282,084		
Program Serwce Revenue	b	Auxiliary services		611710	3,823,062	3,823,062		
93	С	Other program rev	enue	611710	199,596	199,596		
žer v	d							
m 5	е							
ogra	f	All other progra	am service revenue					
ξ	g	Total. Add lines	ι s 2a-2f	🕨	25,304,742			
	3		ome (ıncludıng dıvıdend		81,339			81,339
	4		ar amounts) stment of tax-exempt bond p		31,333			1 01,333
	5		· · · · · · · · ·					
			(ı) Real	(II) Personal				
	6a	Gross rents						
	Ь	Less rental expenses						
	С	Rental income or (loss)						
	d	, ,	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	395,406					
	ь	Less cost or	206 204					
		other basis and sales expenses	396,384					
		Gain or (loss)	-978		-978			-978
	d 8a	Net gain or (los Gross income f	г	· · · · •	- 376			-978
Other Revenue		events (not inc \$175	luding ,505 s reported on line 1c)					
7 TO			a	60,833				
Ě	b		penses b	97,240	-36,407			-36,407
•	c 9a		(loss) from fundraising e from gaming activities	events p -	-30,407			-30,407
	34	See Part IV, lin						
	b		penses b [
	C 102		(loss) from gaming activ	/ities . ►				
	10a	Gross sales of returns and allo						
	b		oods sold b					
	С		(loss) from sales of inve					ļ
	11-	Miscellaneous	s Kevenue	Business Code				
	11a b							
	_							
	c d	All other reven	ue .					
	e		ue	🕨				
	12		See Instructions	-				
			See Instructions		27,418,259	25,304,742	0	43,954
								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 6,609,855 6,609,855 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and 413,483 341,368 47,434 24,681 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) . . . 147,784 118,998 22,483 6,303 Other salaries and wages 7,371,447 6,156,793 807,538 407,116 Pension plan accruals and contributions (include section 401(k) 69,492 50,815 17,263 and 403(b) employer contributions) 1,414 1,751,934 1,343,440 228,112 Other employee benefits 180,382 10 503,586 414,234 58,241 31,111 11 Fees for services (non-employees) Management Legal 56,524 56,524 125,765 9,701 96,662 19,402 Lobbying Professional fundraising services See Part IV, line 17 Investment management fees 13,752 13,752 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 294,444 26,697 267,747 Schedule O) Advertising and promotion . . 620,730 460,528 2,774 12 157,428 13 Office expenses 747,662 443,405 219,357 84,900 75,713 74,615 283 14 Information technology . . 815 15 617 617 Royalties . 3,754,958 3,597,139 112,345 45,474 16 Occupancy **17** 348,783 311,122 9,895 27,766 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . . . 33,359 16,973 11,044 5,342 20 1,811,734 1,811,734 Payments to affiliates 21 22 Depreciation, depletion, and amortization . 1,327,562 1,305,758 5,616 16,188 23 408,452 297,560 110,892 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 Student activities 1,655,678 1,652,358 340 2,980 Academic materials 581,091 581,091 Event expenses 355,942 259,044 13,054 83,844 197,180 d Other expenses 271,140 61,421 12,539 e All other expenses 138,603 105,905 24,308 8,390 Total functional expenses. Add lines 1 through 24e 25 29,490,090 26,024,474 2,081,794 1,383,822 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

Fal	T X	Check if Schedule O contains a response to any question in thi	s Part	x			
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			1,446,928		1,785
	2	Savings and temporary cash investments			6,431,204	2	2,658,525
	3	Pledges and grants receivable, net			1,434,513	3	478,520
	4	Accounts receivable, net			70,056	4	86,588
	5	Loans and other receivables from current and former officers, cemployees, and highest compensated employees. Complete P. Schedule L	lirecto art II	ors, trustees, key of			
Assets	6	Loans and other receivables from other disqualified persons (a 4958(f)(1)), persons described in section 4958(c)(3)(B), and and sponsoring organizations of section 501(c)(9) voluntary e organizations (see instructions) Complete Part II of Schedule	contrı mploy	buting employers	100,000	6	105,000
	7	Notes and loans receivable, net			7		
₹	8	Inventories for sale or use			306.627	8	262,592
	9	Prepaid expenses and deferred charges		555,527	9	202,002	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D		00.504.704			
	ь	Less accumulated depreciation	10b	5,342,260	31,513,809	10c	33,192,441
	11	Investments—publicly traded securities			1,091,602	11	1,380,196
	12	Investments—other securities See Part IV, line 11		92,931	12	101,226	
	13	Investments—program-related See Part IV, line 11		48,746		49.718	
	14	Intangible assets		,	14	<u>'</u>	
	15	Other assets See Part IV, line 11			5,056,280	15	4,862,651
	16	Total assets. Add lines 1 through 15 (must equal line 34).		47,592,696	16	43,179,242	
	17	Accounts payable and accrued expenses	2,816,623	17	1,081,963		
	18	Grants payable		2,010,020	18	1,001,000	
	19	Deferred revenue		613,563	19	654,296	
	20	Tax-exempt bond liabilities			010,000	20	354,255
	21	Escrow or custodial account liability Complete Part IV of Sch			21		
lities	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disquali		21			
Liabiliti		persons Complete Part II of Schedule L				22	
ï	23	Secured mortgages and notes payable to unrelated third partie			23,262,714	23	22,546,093
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to rela and other liabilities not included on lines 17-24) Complete Pa	ted th	ırd partıes,			_
		D			150,000	25	150,000
	26	Total liabilities. Add lines 17 through 25			26,842,900	26	24,432,352
ces		Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34.	✓ and	l complete			
<u>a</u>	27	Unrestricted net assets			17,280,553	27	16,078,920
<u>ස</u>	28	Temporarily restricted net assets	2,030,291	28	1,074,806		
Fund Balance	29	Permanently restricted net assets			1,438,952	29	1,593,164
or Fui		Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34.	ere ►	┌ and			
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
AS	32	Retained earnings, endowment, accumulated income, or other				32	
Šet	33	Total net assets or fund balances			20,749,796	33	18,746,890
Z	34	Total liabilities and net assets/fund balances			47,592,696	34	43,179,242
	ı				1,552,556	- 1	,,12

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				୮
		П			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		27,4	118,259
2	Total expenses (must equal Part IX, column (A), line 25)	2		29.4	190,090
3	Revenue less expenses Subtract line 2 from line 1	3			71,831
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		20,.	68,925
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			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		18,7	746,890
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. 区
				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	ewed 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 sep basis, consolidated basis, or both	arate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
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?	ne	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	require	3b	Yes	

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As Filed Data -

DLN: 93493132034104

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

William Jessup University

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

									94-1279		
	rt I			blic Charity Sta						nstruction	S
	rganı		•	te foundation becaus	•			•	•		
1		A chur	ch, convent	on of churches, or a	ssociation of	f churches c	lescribed in s	ection 170	(b)(1)(A)(i).		
2		A scho	ol described	in section 170(b)(1	L)(A)(ii). (At	tach Sched	ule E)				
3	Γ	A hosp	ital or a coo	perative hospital se	rvice organiz	zatıon descr	ıbed ın sectio	n 170(b)(1	L)(A)(iii).		
4	Γ	A medi	cal researc	h organization opera	ted ın conjun	ction with a	hospital des	cribed in s e	ection 170(b)((1)(A)(iii).	Enter the
_	_			ty, and state							
5	ı	_	•	erated for the benefi	_	or universi	ity owned or o	perated by	a governmen	tal unit des	cribed in
_	_			A)(iv). (Complete P	· ·						
6	<u> </u>			local government o	_			• •			
7				at normally receives			support from	a governm	nental unit or f	rom the ge	neral public
8	_			on 170(b)(1)(A)(vi). : described in sectio i			mplete Part II	r \			
9	<u>'</u>		•	at normally receives	. , . , .	, , , ,	•	•	ibutions mom	harchin fac	s and gross
,	'	_		rities related to its e					· ·	•	
		•		oss investment inco	•	=		-			
		•		ganization after June				•		tax) nom t	Jusillesses
10	_	•	,	ganized and operated	•			•	•		
11	<u>'</u>	_		•	•		•		. , , ,	to corru ou	the nurneses of
11	ı	_		ganized and operated	,				•		
	one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a the box that describes the type of supporting organization and complete lines 11e through 11h							oos(a)(o): oneek			
		a	Type I	b	Type II	I - Functior	nally integrate	ed d	Type III - N	on-functior	nally integrated
e	\sqcap	•	_	ox, I certify that the	-		•		, ,	•	•
				on managers and ot	her than one	or more pul	blicly support	ed organiz	atıons descrıb	ed in secti	on 509(a)(1) or
f			1509(a)(2)	received a written de	otormination	from the IP	C that it is a	Typo I Ty	no II or Typo	III cuppoi	ting organization
•			this box	received a writteri d	etermination	nom the in	S that it is a	Type I, Ty	pe II, or Type	III Suppoi	
g				2006, has the organ	ızatıon accep	oted any gift	t or contributi	on from an	y of the		•
			ng persons?								
		., .		rectly or indirectly o	•		5	persons d	escribed in (ii)		Yes No
		•		governing body of th	• •	•	n?				.g(i)
			•	er of a person descr							g(ii)
				lled entity of a perso						11	g(iii)
h		Provide	e the follown	ng information about	the supporte	ed organizat	tion(s)				
(i	i) Nan	ne of	(ii) EIN	(iii) Type of	(iv) Is	the	(v) Did you	ı notıfy	(vi) Is	the	(vii) A mount of
•	suppoi			organization	organizati		the organi		organizat		monetary
organizatio		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	Πtγ					
				instructions))	-	T	+	T	+	Τ	_
				,,	Yes	No	Yes	No	Yes	No	
							1	-		1	
	1										

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	iplete Pa	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					
	ction C. Computation of Public			1.2		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: 93493132034104

OMB No 1545-0047

Inspection

Open to Public

Department of the Treasury Internal Revenue Service

SCHEDULE D (Form 990)

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.

Name of the organization William Jessup University

Employer identification number

				94-1279803	
Part I			r Similar Fun	ds or Accoun	ts. Complete ıf th
	organization answered "Yes" to Form 990	, Part IV, line 6. (a) Donor advised	d funds	(h) Funds an	d other accounts
Tota	I number at end of year	(a) Donor advised	1 141143	(b) I alias ali	d other accounts
	regate contributions to (during year)				
	regate grants from (during year)				
	regate value at end of year				
	the organization inform all donors and donor advisors are the organization's property, subject to the or			advised	┌ Yes ┌ No
Did t	the organization inform all grantees, donors, and do donly for charitable purposes and not for the benef erring impermissible private benefit?	onor advisors in writing the	at grant funds ca		「Yes 「No
	Conservation Easements. Complete if	the organization answ	ered "Yes" to F	orm 990, Part	IV, line 7.
	pose(s) of conservation easements held by the orgoneservation of land for public use (e g , recreation Protection of natural habitat Preservation of open space uplete lines 2a through 2d if the organization held a	or education) Pres	ervation of an hi ervation of a cer	tified historic str	ucture
ease	ement on the last day of the tax year				
Tota	I number of conservation easements		 	Held at t	he End of the Year
	I acreage restricted by conservation easements			2b	
	ber of conservation easements on a certified histo	oric structure included in (. —	2c	
Num	aber of conservation easements included in (c) acq oric structure listed in the National Register	not on a	2d		
	ber of conservation easements modified, transferr	ad released extinguished			an during
	ax year 🛌	ed, released, extiligaished	i, or terminated i	by the organization	on during
Num	ber of states where property subject to conservati	on easement is located 🛌		_	
	s the organization have a written policy regarding treement of the conservation easements it holds?	he periodic monitoring, in:	spection, handlir	ng of violations, a	nd Yes N e
Staff ►	f and volunteer hours devoted to monitoring, insper	cting, and enforcing conse	ervation easemer	nts during the yea	ar
A mo	unt of expenses incurred in monitoring, inspecting	, and enforcing conservati	on easements d	uring the year	
Does	s each conservation easement reported on line 2(c section 170(h)(4)(B)(ii)?	d) above satisfy the requir	ements of section	on 170(h)(4)(B)(i) └────────────────────────────────────
bala	art XIII, describe how the organization reports cor nce sheet, and include, if applicable, the text of the organization's accounting for conservation easeme	e footnote to the organizat		•	-
rt III	Organizations Maintaining Collection Complete if the organization answered "Y			Other Simila	r Assets.
work	e organization elected, as permitted under SFAS 1 is of art, historical treasures, or other similar asselice, provide, in Part XIII, the text of the footnote t	16 (ASC 958), not to reports held for public exhibition	ort in its revenue n, education, or	research in furthe	
If th work	e organization elected, as permitted under SFAS 1 is of art, historical treasures, or other similar asse lice, provide the following amounts relating to these	16 (ASC 958), to report i ts held for public exhibitio	n its revenue sta	atement and balar	
	Revenues included in Form 990, Part VIII, line 1			► \$	
	Assets included in Form 990, Part X				
Ifth	e organization received or held works of art, histori wing amounts required to be reported under SFAS				

Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Par	Organizations Maintaining Co	liections of Ar	t, HIS	storical i	reasures, or O	tne	r Similar As	sets (cc	ontinued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other reco	rds, cl	neck any of	the following that a	are a	significant use	of its	
а	Public exhibition		d	┌ Loan	or exchange progi	rams			
b	Scholarly research		e	┌ Othe	r				
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and expl	ain ho	w they furth	er the organization	ı's ex	cempt purpose i	n	
•	Part XIII				-			.,	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							Yes	□ No
Par	t IV Escrow and Custodial Arrang		-				es" to Form 9	90,	<u>·</u>
	Part IV, line 9, or reported an an								
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other interm	nediary	for contribu	utions or other ass	ets	not J	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete th	e follov	wing table	_		·		
					-		Am	nount	
С	Beginning balance				-	1c			
d	Additions during the year				-	1d			
е	Distributions during the year				L	1e			
f	Ending balance					1 f			
2a	Did the organization include an amount on Fo	orm 990, Part X, III	ne 21?	•			j	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if th	e expla	anation has	been provided in F	art)	×III		Γ
Pa	rt V Endowment Funds. Complete								
		(a)Current year	(b)	Prior year	b (c)Two years back	+		(e)Four ye	
1a	Beginning of year balance	3,337,817		2,968,467	1,731,971	-	1,846,108		1,976,597
b	Contributions	185,752		484,272	1,157,668	3	2,867,000		1,952,336
С	Net investment earnings, gains, and losses	102,517		-59,782	131,468	3	84,081		-119,897
d	Grants or scholarships	59,406		55,140	52,640		3,065,218		1,963,293
e	Other expenditures for facilities	2 444 244							265
	and programs	2,111,244							-365
f	Administrative expenses								
g	End of year balance	1,455,436		3,337,817	2,968,467	1	1,731,971		1,846,108
2	Provide the estimated percentage of the cur		nce (lır	ne 1g, colum	nn (a)) held as				
а	Board designated or quasi-endowment 🕨	0 330 %							
b	Permanent endowment ► 99 670 %								
c	Temporarily restricted endowment ► Che percentages in lines 2a, 2b, and 2c sho) % uld equal 100%							
3a	Are there endowment funds not in the posse	ssion of the organi	zatıon	that are hel	d and administere	d for	the		
	organization by (i) unrelated organizations						3a(Yes	No No
	(ii) related organizations		•			•	3a(i		No
ь	If "Yes" to 3a(II), are the related organization					٠.	3b		
4	Describe in Part XIII the intended uses of th								<u> </u>
Par	t VI Land, Buildings, and Equipme	ent. See Form 9	90, Pa	art X, line	10.				
	Description of property			(a) Cost or basis (inves			(c) Accumulated depreciation	(d) Bo	ok value
1a	Land				1,617	,185			1,617,185
b	Buildings		•						
c	_easehold improvements				28,949	,570	1,332,523	3 2	7,617,047
d I	Equipment				7,216	,742	3,990,617	7	3,226,125
e	Other				751	,204	19,120)	732,084
	I. Add lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part	X, colu	ımn (B), lıne	10(c).)		🕨	3	3,192,441

Part VII Investments—Other Securities. S	ee Form 990, Part X, line 12	<u>2</u> .	
(a) Description of security or category	(b)Book value	(c) Metho	od of valuation
(including name of security)		Cost or end-o	f-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
7.1. (6.1. (1) 1.5. (20.0.1.) (10.1. (2))	<u></u>		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	Con Form 000 Dowl V line	12	
Part VIII Investments—Program Related. (a) Description of investment type	(b) Book value		od of valuation
(a) Description of investment type	(b) Book value		f-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			
(a) Des			(b) Book value
(1) Campus leasehold asset			4,596,253
(2) Trust assets			71,113
(3) Beneficial interest in trust assets held by third partic	es		195,285
· · · · · · · · · · · · · · · · · · ·			·
Total. (Column (b) must equal Form 990, Part X, col.(B) line	<i>= 15.)</i>		4,862,651
Part X Other Liabilities. See Form 990, Pa	rt X, line 25.		
1 (a) Description of liability	(b) Book value		
Federal income taxes			
Permit allowance	150,000		
	<u> </u>		
	+		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	150000		
2. Fin 48 (ASC 740) Footnote In Part XIII, provide the	text of the footnote to the organ	aization's financial atata	ments that reports the
	cover or the loorlings to the oldat	neacion o illiancial State	nents that repuils tile

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue	er Re	urn
1	Total revenue, gains, and other support per audited financial statements	1	20,960,817
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		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	-6,554,682
3	Subtract line 2e from line 1	3	27,515,499
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) 4b -97,240		
c	Add lines 4a and 4b	4c	-97,240
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	27,418,259
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per R	eturn
1	Total expenses and losses per audited financial statements	1	22,963,72
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	97,240
3	Subtract line 2e from line 1	3	22,866,483
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)]	
c	Add lines 4a and 4b	4c	6,623,60
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	29,490,090

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
Description of Intended Use of Endowment Funds	Part V, Line 4	Student Scholarships
Part XI, Line 2d - Other Adjustments		Investment management fees netted with investment income - 13,752 Student aid netted with revenue per financial statements -6,609,855
Part XI, Line 4b - Other Adjustments		Fundraising expenses -97,240
Part XII, Line 2d - Other Adjustments		Fundraising expenses 97,240
Part XII, Line 4b - Other Adjustments		Investment management fees netted with investment income 13,752 Student aid netted with revenue per financial statements 6,609,855

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As Filed Data -

DLN: 93493132034104

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Schools ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 13,

or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

Employer identification number

Name of the organization William Jessup University 94-1279803 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes 4d Yes d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? Νo 5a **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo 5h Νo h Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a 6a Does the organization receive any financial aid or assistance from a governmental agency? Yes b Has the organization's right to such aid ever been revoked or suspended? Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05

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

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
Explanation of Nondiscriminatory Policy Publication	Schedule E, Part I, Line 3	The University Catalogue and Application state that "William Jessup University admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the University. It does not discriminate on the basis of race, color, national and ethnic origin, age, gender, or physical handicap in the administration of its educational policies, employment practices, admissions requirements, or scholarship and loan programs."
Explanation of Government Financial Assistance	Schedule E, Part I, Line 6	Federal financial aid funds are received from the U.S. Department of Education under the authority of Title IV of the higher education act. The student financial assistance programs offered by the institution are the College Work Study program (FWS), Supplemental Educational Opportunity Grant program (SEOG), Pell Grant program (PELL), and the Federal Direct Student Loan program. These programs are administered by the institution in accordance with guidelines established by the U.S. Department of Education.

Schedule E (Form 990 or 990-EZ) 2012

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As Filed Data -

DLN: 93493132034104

Statement of Activities Outside the United States

OMB No 1545-0047

Department of the Treasury

SCHEDULE F

(Form 990)

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ See separate instructions

Open to Public

ntemal Revenue Service					Inspection		
	e of the organization im Jessup University						ification number
						94-1279803	
Pa			n on Activitie rt IV, line 14b.		ne United States. Co	omplete if the organiz	zation answered
1	assistance, the gr	antees' elig	jibility for the g	grants or assis	s to substantiate the a stance, and the selection	on criteria used to awa	ard
	tne grants or assi	stance /					Yes No
2	For grantmakers. the United States		ા Part V the orણ	ganızatıon's pı	rocedures for monitorii	ng the use of grant fu	ınds outsıde
3	Activites per Regioi	າ (The follow	ing Part I, line 3	table can be du	uplicated if additional spa	ice is needed)	
	(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
	See Add'l Data						
	Sub-total		0	0			82,113
b	Total from continuat to Part I	tion sheets	0	0			55,764
С	Totals (add lines 3a	and 3b)	0	0			137,877

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2				ted above that are r e or counsel has pro					
3	Enter total nur	mber of other or	ganizations or en	tities					

Schedule F (Form 990) 2012

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Y	'es	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Γ	Y	'es	্য	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Г	Y	'es	<u> </u>	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Γ	Υ	'es	<u> </u>	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Г	Υ	'es	<u> </u>	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).	Γ	Υ	'es	<u> </u>	No

Schedule F (Form 990) 2012

Part V	Supplementa	al Information
Part v	Supplementa	ai intormatio

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	ReturnReference	Explanation

Additional Data

Software ID: Software Version:

EIN: 94-1279803

Name: William Jessup University

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Europe	0	0	Program Services	Mission trips	5,264
Europe	0	0	Travel	Travel to and from the region	9,152
South America	0	0	Program Services	Mission trips	10,583

Form 990 Schedule F	form 990 Schedule F Part I - Activities Outside The United States								
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region				
South America	0	0	Travel	Travel to and from the region	12,375				
Sub-Saharan Africa	0	0	Program Services	Mission trips	10,573				
Sub-Saharan Africa	0	0	Travel	Travel to and from the region	10,566				

Form 990 Schedule F I	<u> Part I - Activit</u>	<u>ies Outside T</u>	he United States	_	
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	0	Program Services	Mission Trips	13,490
Central America and the Caribbean	0	0	Travel	Travel to and from region	10,110
East Asia	0	0	Program Services	Mission trips	8,855

Form 990 Schedule F	Part I - Activit	<u>ties Outside T</u>	he United States	_	
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
East Asia	0	0	Travel	Travel to and from the region	11,519
Europe	0	0	Program Services	Mission Trips	19,251
Europe	0	0	Travel	Travel to and from region	16,139

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SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

William Jessup University

DLN: 93493132034104

OMB No 1545-0047

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.

Supplemental Information Regarding

Open to Public Inspection

Employer identification number

						94-1279803	
Pa	rt I Fundraising Act	ivities. Complete	e if the oi	ganızatı	on answered "Yes" t	o Form 990, Part IV	, line 17.
a b c d 2a	Indicate whether the organ Mail solicitations Internet and email solic Phone solicitations In-person solicitations Did the organization have a or key employees listed in If "Yes," list the ten highes to be compensated at least	citations i written or oral agre Form 990, Part VII) t paid individuals or	ement with or entity entities (f	e f g n any Indi In connec	Solicitation of non Solicitation of gov Special fundraising vidual (including officer	-government grants ernment grants g events s, directors, trustees undraising services?	FYes FN o
	i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
			Yes	No			
Tota	 I			<u> </u>			
3	List all states in which the licensing	organization is regis	tered or li	censed to	I o solicit funds or has be	l en notified it is exempt	I from registration or

Sche	dule	e G (Form 990 or 990-EZ) 2012				Page 2
Pa	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts g	aising event contributi			
			(a) Event #1 Warrior Golf Classic (event type)	(b) Event #2 University Fund Dinner (event type)	(c) O ther events 2 (total number)	(d) Total events (add col (a) through col (c))
E.	1	Gross receipts	60,910	138,870	36,558	236,338
Revenue	2	Less Contributions	41,625	118,860	15,020	175,505
<u>~</u>	3	Gross income (line 1 minus line 2)	19,285	20,010	21,538	60,833
	4	Cash prizes				
မာ	5	Noncash prizes				
Expenses	6	Rent/facility costs	6,102		761	6,863
ă	7	Food and beverages .	7,107	8,312	4,666	20,085
Direct	8	Entertainment				
ā	9	Other direct expenses .	21,093	42,516	6,683	70,292
	10	Direct expense summary Add lir	nes 4 through 9 in column	(d)		(97,240)
	11	Net income summary Combine I	ine 3, column (d), and line	10		-36,407
Par	t II	Gaming. Complete if the o \$15,000 on Form 990-EZ, li		'Yes" to Form 990, Pa	rt IV, line 19, or repo	·
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				
enses	2	Cash prizes				
D P P P	3	Non-cash prizes				
ы Д	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteerlabor	Г Yes Г No	┌ Yes	Г Yes	
	7	Direct expense summary Add line				
	8	Net gaming income summary Con	nbine lines 1 and 7 in colu	mn (d)	<u> </u>	
9 a b	Ist	ter the state(s) in which the organiz the organization licensed to operate 'No," explain	e gaming activities in each	of these states?		
10a b		re any of the organization's gaming	licenses revoked, suspen	ded or terminated during	the tax year?	

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
	<u> </u>	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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DLN: 93493132034104

OMB No 1545-0047

Open to Public

Department of the Treasury

Schedule I

(Form 990)

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

Internal Revenue Service			- Attach to Form 550				Inspection
Name of the organization William Jessup University						Employer identification	on number
						94-1279803	
Part I General Informati							
Does the organization maintain the selection criteria used to a							✓ Yes
2 Describe in Part IV the organi							
			rganizations in the more than \$5,000. Pa				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 gra or assistance
	1	1	1	l I		1 1	
2 Enter total number of section 5	501(c)(3) and governr	nent organizations list	ted in the line 1 table .			🕨	
3 Enter total number of other org	ganizations listed in th	e line 1 table				•	

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

(a) Type of grant or a	ssistance	(b) Number of recipients		(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Scholarships		833		6,609,855			
Part IV Suppleme	ntal Informat	ion.					
Complete this part to provide			ne 2, P	art III, column (b), and	any other additional in	formation	
Identifier	Return Reference	e	Explan	nation			
Procedure for Monitoring Grants in the U S	Part I, Line 2						res students to complete the Free , State and institutional grants,

monitored by the University

scholarships, and loans This is an equitable formula that measures all assets consistently. Enrollment and eligibility are

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DLN: 93493132034104

OMB No 1545-0047

Compensation Information

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization William Jessup University

Employer identification number

94-1279803

Pai	t I 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 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 ☐ Payments for business use of personal residence			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
ь	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	
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		No
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			
	Compensation committee Written employment contract			
	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	Yes	
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?	4 c		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			
a	The organization?	5a		No
b	Any related organization?	5b		No
	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		No
	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			
	ın 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		

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	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990
(1)John Jackson President	(i) (ii)	111,270 0	0	4,800 0	8,909 0	86,418 0	211,397 0	0
(2)Gene De Young COO - Part Year	(i) (ii)	131,797 0	0	0	2,416 0	47,655 0	181,868 0	0
(3)Eric Hogue Chief Development Officer	(i) (ii)	118,991 0	0	0	0	45,683 0	164,674 0	0
(4)Dennis Jameson Provost/Chief Academic Officer	(i) (ii)	62,376 0	0	0	20,178 0	69,418 0	151,972 0	0
(5) Bryce Jessup Former President/Trustee	(i) (ii)	11,250	0	0	0	24,476 0	35,726 0	0

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
	Part I, Line 1a	A housing allowance is provided to the university's president
		The Board of Trustees determines the salary for the President of the University The reasonableness of compensation is determined annually using a compensation study. The board approved compensation is documented in the board minutes upon approval
	Part I, Line 4a	Paul Blezian - severance payment of \$113,300

Schedule J (Form 990) 2012

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As Filed Data -

DLN: 93493132034104

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.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization William Jessup University

Schedule L (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Employer identification number

Part I Ex	cess Benef	it Transac	tions	(sectio	n 501(c)(3) and section	501(c)(4) or		4-127 ations				
), Part IV, line 2						40b	
1 (a) N	ame of dısqualı	fied person	(b) R		hıp between		(c) Descri	ption	of tran	saction		(d) Corr	ected?
				person	and organiz	ation						Yes	No
		x incurred by	organı	zatıon m	anagers or o	disqualified pers	ons during the	year	under	section			
4958 .									•	► \$			
3 Enter th	ne amount of ta	x, if any, on l	ıne 2, a	ibove, re	ımbursed by	the organizatio	n	•	• •	* \$			
Part II	Loans to an	d/or Fron	n Inte	restec	Persons								
_	Complete if the	organızatıor	nanswe	ered "Ye	s" on Form 9	90-EZ, Part V,	line 38a, or Fo	orm 99	0, Pa	rt IV , lıı	ne 26, c	or if the	
	organization re						(a) = 1					1 4153.17	
(a) Name of interested	(b) Relationship (c) Purposition load					(e)O riginal principal	(f) Balance due	(g) In (h) default? Approv			(i)Writte ed agreeme		
person	With organizat	1001	organiza				auc auc				board or		
						4			1	commi			_
4) 7				То	From	100,000	105.000	Yes	No	Yes	No	Yes	No
1)John ackson		HomeLoa	an		X	100,000	105,000		No	Yes		Yes	
												_	
										ļ		_	
otal	_			<u> </u>	\$	_	105,000						
Part III (Grants or As	ssistance l	Benef	itting I	[nterested	d Persons. Form 990, Pa	rt IV line 27						
	of interested	(b) Relation				it of assistance	(d) Type o		stance	(6)	Purnos	se of ass	ıstancı
	rson	interested p			(c) Amoun	ic or assistance	(4) 1 / pc o	/1 u 3 3 1.	stance		ri dipos	,c 01 433	i stante
		orgar	nızatıor	1									
1)					56,936		Tuition Remi	ssion					
							1						
							_						
							_						

Part IV	Business	Transactions	Involvina	Interested	Persons

(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	organiz	f zatıon's
			Yes	No
Son of Gene DeYoung, former COO)	10,442	Compensation		No
Son of Bryce Jessup, President Emeritus	62,245	Compensation		No
Wife of Gene DeYoung,	39,393	Compensation		No
Son-ın-law of John Jackson, President	35,703	Compensation		No
	between interested person and the organization Son of Gene DeYoung, former COO) Son of Bryce Jessup, President Emeritus Wife of Gene DeYoung, COO Son-in-law of John	between interested person and the organization Son of Gene DeYoung, former COO) Son of Bryce Jessup, President Emeritus Wife of Gene DeYoung, 62,245 Wife of Son-In-law of John 35,703	between interested person and the organization Son of Gene DeYoung, former COO) Son of Bryce Jessup, President Emeritus Wife of Gene DeYoung, COO Son-in-law of John transaction 10,442 Compensation 62,245 Compensation 39,393 Compensation	between interested person and the organization Son of Gene DeYoung, former COO) Son of Bryce Jessup, President Emeritus Wife of Gene DeYoung, COO Son-in-law of John Son of John Transaction 10,442 Compensation 62,245 Compensation Compensation Compensation Compensation Compensation

Part V Supplemental Information

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

Ident if ier	Return Reference	Explanation
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Schedule L (Form 990 or 990-EZ) 2012

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DLN: 93493132034104

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

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

Noncash Contributions

milemai revenue ocivide		Inspection
Name of the organiza William Jessup University	tion	Employer identification number
		94-1279803

76	Types of Property						
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d) Method of de noncash contribu	_	its
1	Art—Works of art			_			
2	Art—Historical treasures .						
3	Art—Fractional interests						
4	Books and publications	Х		6,000	FMV		
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities—Publicly traded .	Х	3	1,010,893	Proceeds from sale		
10	Securities—Closely held stock \cdot						
11	Securities—Partnership, LLC, or trust interests						
12	Securities—Miscellaneous						
13	Qualified conservation contribution—Historic structures						
14	Qualified conservation contribution—Other						
15	Real estate—Residential .						
16	Real estate—Commercial						
17	Real estate—Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies .						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other► (Whirlpooltub)	X	1	1,500	FMV		
	Work Utility						
	Other ► (Vehicle)	X	1	8,500	FMV		
	Other ► ()						
	Other ► ()	L					
29	Number of Forms 8283 received for which the organization comple				29		
					I	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 o	date of the initial contributi	on, and which is not require	d to be used		
	for exempt purposes for the enti	re holding p	period?			30a	No
b	If "Yes," describe the arrangement	ent in Part 1	II				
31	Does the organization have a gif	t acceptano	ce policy that requires the i	review of any non-standard	contributions?	31	No
32a	Does the organization hire or us contributions?				noncash 	32a	No
	If "Yes," describe in Part II If the organization did not report describe in Part II	: an amount	in column (c) for a type of	property for which column (a) is checked,		

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.

Transper of recent recent and a complication of bean fine complete and part for any additional information				
Identifier	Return Reference	Explanation		
Method for Determining Number of Contributions	Part I, Column (b)	Number of contributions		

Schedule M (Form 990) (2012)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

SCHEDULE 0

(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

Open to Public

Inspection

Name of the organization William Jessup University

Employer identification number

94-1279803

ldentifier	Return Reference	Explanation
	Form 990, Part VI, Section A, line 2	
	Form 990, Part VI, Section B, line 11	Form 990 is prepared by an independent CPA firm and reviewed by the organization's top man agement. The reviewed Form 990, with Schedule B redacted, is then forwarded to the board for review prior to filing.
	Form 990, Part VI, Section B, line 12c	The board expects of itself and its members ethical and businesslike conduct. Board member is must represent unconflicted loyalty to the interests of the entire organization, superse ding any conflicting loyalty such as that to advocacy or interest groups and membership on other boards or staffs. In connection with any actual or possible conflict of interest, a ninterested person must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the directors and members of the committees with governing board delegated powers considering the proposed transaction or arrangement. After disclosure of the financial interest and all material facts, and after any discuss ion with the interested person, he/she shall leave the governing board or committee meetin given the determination of a conflict of interest is discussed and voted upon. The remaining board or committee members shall decide if a conflict of interest exists. To ensure the university operates in a manner consistent with charitable purposes and does not engage in activities that could jeopardize its tax-exempt status, periodic reviews are conducted.
	Form 990, Part VI, Section B, line 15	The executive relations committee is tasked with the annual performance review and compens ation recommendations for the University President. The Board of Trustees shall fix the sa lary of the President and may fix the salaries of other employees of the Corporation including the other officers. If the Board does not fix the salaries of the other officers, the President shall fix such salaries. The reasonableness of compensation is determined annua. If you is a compensation study for all positions within the University. The board approved compensation is documented in the board minutes upon approval.
	Form 990, Part VI, Section C, line 18	The Organization's Form 990 is available for public inspection upon request or through gui destar org. Form 1023 was filed prior to July 15, 1987, therefore it is not required to be made available to the public.
	Form 990, Part VI, Section C, line 19	The Organization's governing documents, conflict of interest policy, and financial statements are available to the public upon request
Explanation of Responsibility	Form 990, Part XII, Line 2c	The University has a committee that assumes responsibility for oversight of the audit of its financial statements and selection of an independent accountant. This has not changed sunce the prior year