DLN: 93493319110769 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019 D Employer identification number B Check if applicable William Jessup University □ Address change 94-1279803 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite ☐ Application pending (916) 577-2200 City or town, state or province, country, and ZIP or foreign postal code Rocklin, CA $\,$ 95765 $\,$ G Gross receipts \$ 52,099,376 Name and address of principal officer H(a) Is this a group return for ☐Yes **☑**No subordinates? 2121 University Avenue H(b) Are all subordinates Rocklin, CA 95765 ☐ Yes ☐No ıncluded? Tax-exempt status **✓** 501(c)(3) 501(c)() **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ **Website:** ▶ www jessup edu L Year of formation 1945 M State of legal domicile CA K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities Christ-centered university offering degrees via traditional, continuing and online platforms Activities & Governance 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 12 4 10 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 **6** Total number of volunteers (estimate if necessary) 6 80 Total unrelated business revenue from Part VIII, column (C), line 12 0 **b** Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** 8 Contributions and grants (Part VIII, line 1h) . 5,805,390 2,422,590 Ravenua 42,186,601 48,738,280 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 192,810 239,905 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -57,619 -48,489 48,127,182 51,352,286 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 12,742,099 15,185,169 **14** Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 17,185,018 19,007,638 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line 25) ▶1,915,439 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 16,567,564 18,371,709 46,494,681 52,564,516 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . 1,632,501 -1,212,230 Net Assets or Fund Balances Beginning of Current Year End of Year 103,477,273 111,642,360 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 79,677,407 88,971,316 22 Net assets or fund balances Subtract line 21 from line 20 . 23,799,866 22,671,044 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2019-11-15 Signature of officer Sign Here David Punt CFO Type or print name and title Print/Type preparer's name Preparer's signature Check 🔲 ıf P00721951 Paid self-employed Firm's EIN > 36-3990892 Preparer Use Only Firm's address ≥ 3050 Saturn Street Suite 104 Phone no (714) 577-0988 Brea, CA 92821 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

Form	990 (2018)					Page 2
Pa	rt III Statement	of Program Servi	ce Accomplis	hments		
-	Check If Sche	dule O contains a resp	onse or note to	any line in this Part III		🗹
1		organization's mission		·		
In pa	irtnership with the Chu	urch, the purpose of W	ıllıam Jessup Uni	versity is to educate tr	ansformational leaders for the glo	ory of God
2	Did the organization	undertake any signific	ant program ser	vices during the year w	hich were not listed on	
	the prior Form 990 o	r 990-EZ?				🗌 Yes 🗹 No
	If "Yes," describe the	ese new services on Sc	hedule O			
3	Did the organization	cease conducting, or r	nake significant	changes in how it cond	ucts, any program	
	services?					🗌 Yes 🗹 No
	If "Yes," describe the	ese changes on Schedu	le O			
4	Section 501(c)(3) an		ons are required	to report the amount	largest program services, as med of grants and allocations to others	
	(Code) (Expenses \$	41,485,300	ıncludıng grants of \$	14,799,413) (Revenue \$	40,629,362)
	See Additional Data					
4b	(Code) (Expenses \$	2,381,248	ıncludıng grants of \$	172,756) (Revenue \$	5,296,641)
	See Additional Data					
4c	(Code) (Expenses \$	2,117,435	ıncludıng grants of \$	213,000) (Revenue \$	2,812,277)
	See Additional Data					
4d	Other program servi	ces (Describe in Sched	ule O)			
	(Expenses \$	ınc	luding grants of	\$) (Revenue \$)
4e	Total program serv	vice expenses ►	45,983,9	83		

Form 990 (2018) Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Vac 1 2 Yes Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates No 3 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? 4 Yes 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? 5 No 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? Nο 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, No 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? No R 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 Yes q Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Yes If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Yes 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Nο 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏 c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its Nο 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 👺 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 No 11d ın Part X, line 16? If "Yes," complete Schedule D, Part IX 🥞 e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 11e Nο Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f No the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏 12a Did the organization obtain separate, independent audited financial statements for the tax year? 12a Yes b Was the organization included in consolidated, independent audited financial statements for the tax year? **12**b Nο If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏 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 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 14b Yes valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Nο 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV 🖠 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to Nο 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Nο 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 Yes Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Nο

Par	TIV Checklist of Required Schedules (continued)			
3	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	23	Yes Yes	No
4a	Schedule J	24a	Yes	
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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
6	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	Yes	
7	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		No
8	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,	28b	Yes	
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
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M $\mathfrak B$	29	Yes	
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
2	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
3	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
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
	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		
6	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
7	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
В	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	
Pa	statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
1-	Enter the number reported in Box 2 of Form 1096 Enter -0. If not applicable 1.45 1.		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 2,073 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

7e

7f

7g

7h

8

9a

9h

12a

13a

14a

14b

15

No

No

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10a

10b

11a

11b

12b

13b

13c

No

No

Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

9a Did the sponsoring organization make any taxable distributions under section 4966? . . .

Sponsoring organizations maintaining donor advised funds.

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

Section 501(c)(7) organizations. Enter

Section 501(c)(12) organizations. Entera Gross income from members or shareholders .

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .

If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as

If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form

Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

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Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI		onse to	lines
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 12			
	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 1b 10			
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	•
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	∍.)	_
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
Ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in			

	members of the governing body?	/a		INO
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		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?	8 b	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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt 16b List the States with which a copy of this Form 990 is required to be filed▶

Section C. Disclosure AK , CA , CO , DC , MA , MD , MI , NH , NV , NY , OH , OK , OR , SC , WA , WI 17 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest 19 policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records 20 ▶Diane Kim 2121 University Avenue Rocklin, CA 95765 (916) 577-2200

Trustee

(13) Laurie Kubicek

Trustee (Part Year)

Trustee (Part Year)

Chief Financial Officer

Chief Operations Officer

Chief Student Life Officer

(15) David Punt

(16) Judy Rentz

(17) Kay Llovio

(14) Brett Neal

✓

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

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII . Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- year • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation 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 co	mpensation fro	m the c	organ	ızatı	ion a	and ar	ıy re	elated organization:	S	
List persons in the following order individual trus compensated employees, and former such persoi		rs, ınstı	tutio	nal t	:rust	ees, c	office	ers, key employees	s, highest	
\square Check this box if neither the organization no	r any related or	ganızat	ion c	omp	ens	ated a	ny d	current officer, dire	ctor, or trustee	
(A) Name and Title	(B) Average hours per week (list any hours	1 '						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	ee voldud Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) Clifford Daugherty Chairman	1 00	х		×				0	0	0
(2) Bonnie Gore Vice Chair	1 00	х		×				0	0	0
(3) Steven Olds Treasurer	1 00	х		x				0	0	0
(4) Edward Lee Secretary	1 00	х		x				0	0	0
(5) John Jackson President	40 00	x		×				159,012	0	141,901
(6) Valerie Hanson Trustee	1 00	x						0	0	0
(7) Laura Chiappe Trustee	1 00	х						0	0	0
(8) Chris Mann Trustee	1 00	х						0	0	0

1 00 (9) Bob Robert Reeve Х 0 0 0 Trustee 1 00 (10) Jennifer Silva Griffin Trustee 1 00 (11) Paul Edwards 0 0 0 Х Trustee 1 00 (12) Rick K Pickering 0 0 0

0

0

51,979

153,825

117.994

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140,382

14,416

11.961

Form 990 (2018)

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Χ

Х

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

Page 8

Part VII Section A. Officers, Directors	, irustees, K	ey cm	μισγ	ees	<u>, an</u>	iu nig	ines	si compensated	Employees (.ont	mueu)	
(A) Name and Title	(B) Average hours per week (list any hours for related	than o	ne b	ox, i in of tor/t	ot che unle: fficer trust	r and a	son	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organization	,	Estima amount o compens from	ated of other sation the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)		organizat relat organiza	ed
(18) Ahmad Shaar	40 00	<u></u>				×		111,350		0		5,795
Director of Corporate Learning (19) Stephen Strombeck	40 00				+					_		
Dean, Professor of Marketing						X		120,840		0		20,955
(20) Todd Erickson	40 00					×		104,873		0		11,670
Vice-Provost					\vdash			,		1		
					L							
					L							
1b Sub-Total			•		1							
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)					,	` -		819,873	0			347,080
Total number of individuals (including but of reportable compensation from the organization)	not limited to					_	ceıv	ed more than \$100	,000			
											Yes	No No
3 Did the organization list any former offic line 1a? <i>If "Yes," complete Schedule J for</i>			key (emp •	loye •	e, or h	nighe	est compensated er	nployee on	3		No
For any individual listed on line 1a, is the organization and related organizations grandividual									ne 	4	Yes	
5 Did any person listed on line 1a receive o									lual for		1	
services rendered to the organization? If '	•	Schedu	ile J i	or s	uch	persoi	η.		• •	5		No
Section B. Independent Contractors Complete this table for your five highest of		depend	lent c	ontr	racto	rs tha	t red	ceived more than \$:	100,000 of com	pen	sation	
from the organization Report compensat	ion for the caler								tax year			
	(A) pusiness address								(B) tion of services		(C) Compen	sation
Bon Appetit 100 W Temple St								Food Services			1,	717,927
Los Angeles, CA 900740196 Global Education Group LLC								Tuition Sharing				914,975
1611 East 2nd St 51 Casper, WY 82601												
Clean It Janitorial Services LLC								Janitorial Servi	ces			340,054
4005 Manzanita Ave 6-233 Carmichael, CA 95608					_							
RuffaloCody Holdings LLC								Advertising				242,295
PO Box 718 Des Moines, IA 50303												
Lawson Mechanical Contractors								HVAC Service				238,654
6090 S Watt Avenue Sacramento, CA 95829					_							
Total number of independent contractors (iii	ncludina but noi	t limited	d to t	hose	- list	ed abo	ove)	who received more	than \$100.000	of		

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 ▶ 8

		(2018)												Page 9
Part	VIII													
		Check If Schedul	le O contains i	a respo	onse or no	ote to any	((A) revenue	Rela ex fui	(B) ated or empt action venue	Uı b	(C) nrelated usiness evenue	exc tax u	(D) Revenue cluded from nder sections 512 - 514
(6	1:	a Federated campaig	ns	1a		ı			10	veriue	l			,12 314
ints ints		b Membership dues		1 b	İ									
9 10 10		c Fundraising events		1c	İ	175,111								
[\$, [d Related organizatio	ons	1d										
<u>ā</u>		e Government grants (c	ontributions)	1e	1	235,341								
tions, r Sim	1	f All other contributions and similar amounts n above		1f	2	2,012,138								
Contributions, Gifts, Grants and Other Similar Amounts	!	g Noncash contribution in lines 1a - 1f \$	ons included	84	,599									
a Co		h Total. Add lines 1a	-1f			>		2,422,590						
						Business	Code	2,122,330						
Program Service Revenue	2 a	Traditional Education					611710	40,6	29,362	40,62	29,362			
3	b	Graduate Program					611710	5,2	96,641	5,29	96,641			
<u>ب</u>	С	Adult Degree Program					611710	2,8	312,277	2,8	12,277			
ž.							011710							
ο C	d			_										
gran	e f	All other program se	oruso rovonuo											
ď					_	48,7	38,280							
		Total. Add lines 2a-2 Investment income (i			untoroot .	d - + b - v	1						1	
		similar amounts) .			interest, a	and other		211,284	1					211,284
		Income from investm				eeds 🕨	· <u> </u>							
	5	Royalties				<u> </u>	<u> </u>							
	6-	Gross rents	(ı) Rea		(II) P	ersonal	-							
	Va	I GIOSS TEIRS												
	_	Less rental expenses												
	•	Rental income or (loss)												
	c	Net rental income o	or (loss)		٠	•	1							
			(ı) Securit	ies	(11)	Other								
	7a	Gross amount from sales of assets other than inventory	ϵ	53,037	,									
	t	 Less cost or other basis and sales expenses 	6	23,614		802	2							
		Gain or (loss)		29,423	1	-802	<u> </u>							
		Net gain or (loss)				<u> </u>		28,62	1					28,621
Other Revenue	Od	Gross income from f (not including \$ contributions reporte See Part IV, line 18	175,111 ed on line 1c)	of		74,185								
Rev	Ŀ	Less direct expense		b		122,674	4							
e _	c	Net income or (loss)	from fundrais	sing ev	ents .	· •		-48,489	9					-48,489
ot l	9a	Gross income from g See Part IV, line 19		es										
_		See Factive, inte 13		a	1									
	b	Less direct expense	s	b			1							
	c	Net income or (loss)	from gaming	activit	ties	>								
	10	Gross sales of invent returns and allowand		a										
	b	Less cost of goods s	sold	b			_							
	•	Net income or (loss)		inven										
	4 4	Miscellaneous	Revenue		Busine	ess Code	-							
	11	.d												
	t	•												
	C													
							1							
		All other revenue		_					-					
		Total. Add lines 11a				•			1					
	12	Total revenue. See	Instructions			. •		51,352,286	5	48,738,28	0		0	191,416
									•		•		For	m 990 (2018)

Form 990 (2018)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all	columns All other orga	anızatıons must comp	olete column (A)	
Check if Schedule O contains a response or note to ar	ny line in this Part IX .			\square
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	46,670	46,670		
2 Grants and other assistance to domestic individuals See Part IV, line 22	15,138,499	15,138,499		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	566,694	87,845	303,158	175,691
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	273,167	189,985		83,182
7 Other salaries and wages	15,216,441	13,755,043	639,207	822,191
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	90,364	90,364		
9 Other employee benefits	1,866,977	1,194,545	642,366	30,066
10 Payroll taxes	993,995	906,673	44,713	42,609
11 Fees for services (non-employees)				
a Management				
b Legal	85,244		85,244	
c Accounting	67,555		67,555	
d Lobbying	15,000		15,000	
e Professional fundraising services See Part IV, line 17				
${f f}$ Investment management fees $\ . \ . \ . \ . \ .$	21,895		21,895	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,610,697	3,114,864	178,410	317,423
12 Advertising and promotion	812,613	605,840	48,884	157,889
13 Office expenses	1,595,069	1,252,935	215,007	127,127
14 Information technology	272,292	27,768	244,164	360
15 Royalties				
16 Occupancy	2,154,935	1,811,153	327,339	16,443
17 Travel	1,059,139	994,989	13,769	50,381
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	75,443	50,060	8,987	16,396
20 Interest	3,746,322	2,899,945	827,543	18,834
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,922,608	2,634,464	271,034	17,110
23 Insurance	244,399	74,708	169,691	
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 Academic Tools	444,051	439,355	679	4,017
b Bad Debt	401,223		401,223	
c Student Activities	381,190	380,511	37	642

127,026

335,008

52,564,516

d Staff Development

e All other expenses

25 Total functional expenses. Add lines 1 through 24e

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

17,925

121,264

4,665,094

94,165

193,602

45,983,983

14,936

20,142

1,915,439

Form **990** (2018)

Form	990	(2018)				Page 11
Pa	art X	Balance Sheet				
		Check if Schedule O contains a response or not	e to any line in this Part IX .			🗹
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		1,579	1	9,346,553
	2	Savings and temporary cash investments .		3,671,354	2	5,119,954
	3	Pledges and grants receivable, net		2,857,738	3	1,357,921
	4	Accounts receivable, net		397,037	4	648,626
	5 6	Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L	ated employees Complete fied persons (as defined under n 4958(c)(3)(B), and ations of section 501(c)(9)	104,044	5	90,000
2	_	voluntary employees' beneficiary organizations Part II of Schedule L		_		
ssets	7	Notes and loans receivable, net		44.000	7	44.750
As	8	Inventories for sale or use		14,280 260,709	8	14,758 446,055
	9 10a	Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	110,607,47		9	446,055
	b	Less accumulated depreciation	10b 19,832,27	_	10c	90,775,196
	11	Investments—publicly traded securities .	10,002,21	3,131,316	111	3,546,882
	12	Investments—other securities See Part IV, line	11	3,131,313	12	0,010,002
	13	Investments—program-related See Part IV, line			13	
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11	294,539	15	296,415	
	16	Total assets.Add lines 1 through 15 (must equ		103,477,273	16	111,642,360
	17	Accounts payable and accrued expenses	1,980,517	17	2,428,395	
	18	Grants payable			18	· · ·
	19	Deferred revenue	1,258,375	19	1,641,882	
	20	Tax-exempt bond liabilities			20	77,721,380
۸)	21	Escrow or custodial account liability Complete F			21	310,785
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee	officers, directors, trustees,			
æ		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrela	ited third parties	73,029,049	23	0
	24	Unsecured notes and loans payable to unrelated	I third parties	3,409,466	24	6,868,874
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		,	25	
	26	Total liabilities.Add lines 17 through 25		79,677,407	26	88,971,316
Balances	27	Organizations that follow SFAS 117 (ASC 9 complete lines 27 through 29, and lines 33 Unrestricted net assets		16,928,036	27	16,831,628
ala	28	Temporarily restricted net assets		10,020,000	28	10,001,020
8	29	Permanently restricted net assets		6,871,830	29	5,839,416
Fund		Organizations that do not follow SFAS 117	(ASC 958).	5,5.1,000		3,555,110
٥	30	check here ▶ ☐ and complete lines 30 th Capital stock or trust principal, or current funds	rough 34.		30	
ets	31	Paid-in or capital surplus, or land, building or ed			31	
Assets	32	Retained earnings, endowment, accumulated in		32		
Net /	33	Total net assets or fund balances	·	23,799,866	33	22,671,044
Z	34	Total liabilities and net assets/fund balances .		103,477,273	34	111,642,360

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3a

3b

Yes

Yes Form 990 (2018)

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version:

EIN: 94-1279803

Name: William Jessup University

Form 990 (2018)

Form 990, Part III, Line 4a:

UNDERGRADUATE AND ONLINE EDUCATION WJU enrolls more than 1,100 students in its undergraduate and online programs with an integrated Biblical foundation in each program Each undergraduate program is founded on a solid liberal arts core and designed to foster a student's spiritual development. With more than 70 degree options, WJU has a variety of concentrations and specializations from which students may choose. Experiential and co-curricular learning opportunities are a hallmark of the traditional undergraduate programs as our internship opportunities and work preparedness courses assist students in school-to-work transitions. The growth of online options and programs now includes 9 fully-online degree programs. Majors include Business, Psychology, Criminal Justice, Christian Leadership, English, History, Music, Theater, Visual and Fine Arts, Digital Communication & Design, Liberal Studies & Credentialing, Public Policy, Biblical Studies, Theology, Biology, Kinesiology, Environmental Science, Math, Aviation, Computer Science, and Youth Ministry. Jessup also offers three associate degrees and a certificate program in Addiction Studies WJU provides a holistic educational experience for its residential and commuter students. The University Learning Commons provides entry level and continuing educational support services for special needs and at-risk students through a team of academic specialists, advisors, and tutors

GRADUATE EDUCATION WJU offers a growing array of high quality graduate degrees, each designed to offer an advanced-level educational experience taught by highly qualified faculty who share personal concern for each student's spiritual development and personal well-being. Current offerings include an MA in Teaching, an MBA, an International MBA, an MS in Computer Science, an MA in Education, an MA in Counseling Psychology, and fully online programs for the MBA. MA in Leadership with a

Form 990, Part III, Line 4b:

concentration in Christian Ministry, MA in Sports Management, and MS in Kinesiology, Jessup is selectively building high quality graduate degrees that serve student interests and marketplace demands based on the core academic strengths of its programs and faculty Both thesis based and professional degree programs provide opportunities for

critical thinking, speaking, and writing with the goal of preparing knowledgeable and highly qualified graduates who may pursue additional graduate study and/or professional careers. Internship opportunities and experiential learning emphases provide students with hands-on opportunities to promote their professional development. New graduate degrees under exploration include healthcare, social work, and theology

Form 990, Part III, Line 4c:

adult degree completion programs in Business Administration, Psychology, and Leadership

ADULT DEGREE COMPLETION WJU's Adult Degree Completion (ADC) programs are customized to serve working adult students in a course of study that is convenient, flexible and relevant to their personal and professional goals. Accelerated courses are offered in the evening and weekends on both of WJU's campuses (Rocklin and San Jose) The ADC pedagogy is built to serve high-context adult learners who bring with them into the classroom a wide range of work and life skills, gifts, and abilities. Expert

faculty who are selected and appointed for their academic expertise, professional experience, missional fit, and ability to teach in an accelerated adult classroom, capitalize on the adult learner's training and experience to help them grow in their expert knowledge of the subject matter as well as the ability to think, write, read, and speak well

The ADC educational experience seeks to bring the world of work into the classroom and take the knowledge and experience of the classroom back into their respective work situations Fostering a student's passion for knowledge, professional growth and development, and matters of personal faith and spiritual formation reflects the spirit of WJU's

SCHEDU Form 990 o 90EZ)		Com	olete if the o	Charity Statu rganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) empt charitable 990 or Form 99	organization or trust. 90-EZ.	a section	2018 Open to Public
epartment of the ternal Revenue t ame of the	Service	nn .	► Go to	www.irs.gov/Form	990 for the late	est information	Employer identific	Inspection
illiam Jessup U							94-1279803	acion number
				us (All organization				
ne organizati	on is not a j	private found	lation because	e it is (For lines 1 thro	ugh 12, check o	only one box)		
1	church, cor	nvention of c	hurches, or as	ssociation of churches	described in sec	tion 170(b)(1)	(A)(i).	
Ľ	school desc	ribed in sec	tion 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	990 or 990-EZ))		
·	hospital or	a cooperativ	e hospital ser	vice organization desci	ribed in section	170(b)(1)(A)(iii).	
n	ame, city, a	nd state	•	ed in conjunction with	·			·
	-	on operated v). (Complet		t of a college or unive	rsity owned or o	perated by a gov	ernmental unit descri	bed in section 170
			•	governmental unit de	scribed in secti	on 170(b)(1)(A)(v).	
			nally receives vi). (Complete	a substantial part of it Part II)	s support from a	a governmental u	nıt or from the gener	al public described in
3	community	trust descri	bed in section	170(b)(1)(A)(vi)	(Complete Part I	II)		
				escribed in 170(b)(1) ee instructions Enter				lege or university or
fr In	om activitie ivestment ir	s related to ncome and u	its exempt fur nrelated busir	(1) more than 331/39 actions—subject to cer- less taxable income (le complete Part III)	taın exceptions,	and (2) no more	than 331/3% of its s	upport from gross
				d exclusively to test fo	r public safety S	See section 509	(a)(4).	
⊔ m	ore publicly	supported of	organizations (d exclusively for the be described in section 5 the type of supporting	09(a)(1) or se	ction 509(a)(2). See section 509(a	
☐ T	ype I. A su rganızatıon(pporting org s) the power	anızatıon oper	ated, supervised, or co	ontrolled by its s	supported organiz	zation(s), typically by	
m	nanagement	of the supp		pervised or controlled in ation vested in the sare and C.				
				supporting organizatio				ated with, its
l □ T	ype III no inctionally i	n-functiona ntegrated T	Ily integrate ne organizatio	 d. A supporting organi n generally must satis rt IV, Sections A and 	zation operated fy a distribution	in connection wi requirement and	th its supported orgai	
	•		-	ved a written determir	•		pe I, Type II, Type II	I functionally
_	-		n-functionally organizations	integrated supporting	organization			
				upported organization(1 (2)
	ne of suppo ganızatıon	rted	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		janization listed ning document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (se instructions)
					Yes	No		
tal								
			a coatha Ti	 nstructions for	L Cat No 1128!	<u> </u> 5F •	 Schedule A (Form 9	100 or 000 E7\ 301

instructions

12	Support Schedule for	organizations	vescribed in So	ections 170(b)	(1)(A)(IV), 1/	U(D)(1	.)(A)(VI)	, and 170
	(b)(1)(A)(ix)			0-50-17-5				ada Bal
	(Complete only if you ch						to quality	under Part
_	III. If the organization fa	ans to quanty und	uer the tests list	ed below, pleas	e complete Part	111.)		
	ection A. Public Support	Г		1				
	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2	.018	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not	5,900,499	3,591,789	3,934,719	5,805,390	2	2,422,590	21,654,987
	include any "unusual grant ")	-,,	-,,	.,,	-,,		, ,	,,
	Tax revenues levied for the							
	organization's benefit and either paid							
	to or expended on its behalf							
_	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge	5 000 100	2 524 722	2 22 4 74 2	5 005 000		400 500	24.654.007
	Total. Add lines 1 through 3	5,900,499	3,591,789	3,934,719	5,805,390		2,422,590	21,654,987
	The portion of total contributions by							
	each person (other than a governmental unit or publicly							
	supported organization) included on							7,187,575
	line 1 that exceeds 2% of the							.,,,
	amount shown on line 11, column (f)							
	Public support. Subtract line 5							14,467,412
	from line 4 ection B. Total Support							
	Calendar year	Г						
	(or fiscal year beginning in) ▶	(a)2014	(b) 2015	(c)2016	(d) 2017	(e) 2	018	(f)Total
7	Amounts from line 4	5,900,499	3,591,789	3,934,719	5,805,390		2,422,590	21,654,987
8	Gross income from interest,	-,,	-,,	-,,-	-,,		7	
•	dividends, payments received on	150 641	24.454	122.052	161 227		244 204	600 560
	securities loans, rents, royalties and	158,641	24,454	132,853	161,337		211,284	688,569
	income from similar sources							
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital	91,511	97,948	78,707	83,526		74,185	425,877
	assets (Explain in Part VI)	91,311	37,340	78,707	63,320		74,103	423,677
11	Total support. Add lines 7 through							
	10							22,769,433
12	${\it Gross \ receipts \ from \ related \ activities},$	etc (see instructio	ns)			12		191,752,126
13	First five years. If the Form 990 is fo	or the organization'	s first, second, thii	d, fourth, or fifth	tax year as a secti	ion 501(c)(3) orga	nization,
	check this box and stop here						▶ 🗆	
S	ection C. Computation of Public							
	Public support percentage for 2018 (lii	• •		olumn (f))		14		63 540 %
	Public support percentage for 2017 Sc			. , ,		15		77 900 %
	33 1/3% support test—2018. If the			n line 13, and line	14 is 33 1/3% or		neck this b	
	and stop here. The organization quali					,		▶ ☑
b			• •		nd line 15 is 33 1/3	3% or m	ore, check	
_	box and stop here. The organization	dualifies as a nubl	licly supported ora	anization				▶ □
173	10%-facts-and-circumstances test				e 13. 16a. or 16b.	and line	14	<i>-</i>
1/a	is 10% or more, and if the organizatio							
	in Part VI how the organization meets							
	organization			·				ightharpoons
h	10%-facts-and-circumstances tes	st—2017. If the or	ganization did not	check a box on lin	ne 13, 16a, 16b. or	⁻ 17a, ar	nd line	- -
	15 is 10% or more, and if the organiz							
	Explain in Part VI how the organization						cly	
	supported organization							ightharpoons
18	Private foundation. If the organizati	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box	and see		

Р	Support Schedule for						
	(Complete only if you c						ler Part II. If
- C	the organization fails to ection A. Public Support	quality under t	ne tests listed	pelow, please co	omplete Part II.)	
30	Calendar year		43.554.5		413.004-		(0) =
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose Gross receipts from activities that are						
3	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 The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, 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						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
36	ection B. Total Support Calendar year			I	1		1
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
b	income from similar sources Unrelated business taxable income						
D	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12							
	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is fo	r the organization	ı 's fırst, second, tl	nird, fourth, or fift	:h tax vear as a se	ction 501(c)(3) c	rganization.
	check this box and stop here	,	, ,	, ,	,	(), ()	• □
Se	ection C. Computation of Public	Support Perce	ntage				<u> </u>
15	Public support percentage for 2018 (lin			column (f))		15	
16	Public support percentage from 2017 S					16	
	ection D. Computation of Investi					1 1	
<u> </u>	Investment income percentage for 201			line 13, column (f	·))	17	
18	Investment income percentage from 2	•		,	••	18	
	331/3% support tests—2018. If the		·	on line 14 and lin	ne 15 is more than		ne 17 is not
							_
	more than 33 1/3%, check this box and s						
b	33 1/3% support tests—2017. If the	-			•		_
	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a publ	icly supported org	anization	▶⊔_
20	Private foundation. If the organization	on did not check a	box on line 14, 1	.9a, or 19b, check	this box and see	instructions	▶ □

Schedule A (Form 990 or 990-EZ) 2018 Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509

(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

3а Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

determination 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

checked 12a or 12b in Part I, answer (b) and (c) below 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported

organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a

amendment to the organizing document) Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?

5b 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

than (1) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its

6

7

8

answer line 10b below

the organization had excess business holdings)

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in

section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

complete Part I of Schedule L (Form 990 or 990-EZ)

8 Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

9b which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

>cn	edule A (Form 990 or 990-E2) 2018		F	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11 c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization	-		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
_	<u> </u>			
	ection D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		103	-140
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations		l	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions)		
	The organization satisfied the Activities Test Complete line 2 below	•		
	b			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test Answer (a) and (b) below.	į	Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement			
,		2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	_		
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	3h		

Sched	lule A (Form 990 or 990-EZ) 2018			Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount		_	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrat	ed Type III supporting or	ganızatıon (see

Schedule A (Form 990 or 990-EZ) (2018)

c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2
If the amount is greater than zero, explain in Part VI

Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 Excess distributions carryover to 2019. Add lines.

a Excess from 2014. **b** Excess from 2015. **c** Excess from 2016.

See instructions

d Excess from 2017.e Excess from 2018.

3_j and 4c

8 Breakdown of line 7

Schedule A (Schedule A (Form 990 or 990-EZ) 2018 Page 8						
Part VI	Section A, lines 1, 2, 3 Part IV, Section D, line	mation. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Pa 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, li es 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See	ne 1,				
		Facts And Circumstances Test					
990 Sched	dule A, Supplement	tal Information					
Ret	urn Reference	Explanation					
	, Part II, Line 10, of Other Income	Gross Fundraising Event Fees - 2014 Amount \$ 91,511 2015 Amount \$ 97,948 2016 Amount \$ 78,707 2017 Amount \$ 83,526 2018 Amount \$ 74,185					

990 Schedule A, Supplemental Information						
Return Reference	Explanation					
Schedule A, Part II	The organization is a school as described under $170(b)(1)(A)(ii)$ and is not required to complete a public support schedule Schedule A, Part II is completed to verify the School can qualify under public charity status section $170(b)(1)(A)(vi)$ and, therefore, qualifies to use the first listed special rule for Schedule B reporting					

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• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.

Political Campaign and Lobbying Activities

▶Go to www.irs.gov/Form990 for instructions and the latest information.

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

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2018

DLN: 93493319110769

Schedule C (Form 990 or 990-EZ) 2018

Cat No 50084S

2018

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

EZ)

SCHEDULE C (Form 990 or 990-

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

● S If the ● S If the (Prox	Section 527 organizations Complete organization answered "Yes" or Section 501(c)(3) organizations that Section 501(c)(3) organizations that organization answered "Yes" or (y Tax) (see separate instruction Section 501(c)(4), (5), or (6) organization	n Form 990, Part IV, Line 4, or Form 9 thave filed Form 5768 (election under s thave NOT filed Form 5768 (election un n Form 990, Part IV, Line 5 (Proxy Tax s), then	90-EZ, Part VI, Iir ection 501(h)) Co ider section 501(h	ne 47 (Lobbying Administration Admin	ctivitie o not d -B Do rm 990	es), the comple not c 0-EZ,	ete Part II- complete P Part V, Ii r	art II-A ie 35 c
	ne of the organization am Jessup University			Employ	er ide	ntific	ation nur	nber
******	am sessap chirelatey			94-1279	803			
Par	t I-A Complete if the organ	nization is exempt under sectio	n 501(c) or is	a section 527 o	rgan	izati	ion.	
1	Provide a description of the organ "political campaign activities")	ization's direct and indirect political can	npaign activities ir	Part IV (see instru	ctions	for d	efinition of	:
2	Political campaign activity expend	itures (see instructions)			>	\$		
3	Volunteer hours for political camp	- ;						
Par	I-B Complete if the organ	nization is exempt under sectio	n 501(c)(3).					
1	Enter the amount of any excise ta	ex incurred by the organization under se	ction 4955		>	\$		
2	Enter the amount of any excise ta	ex incurred by organization managers ui	nder section 4955		>	\$		
3	If the organization incurred a sect	cion 4955 tax, did it file Form 4720 for t	hıs year?				☐ Yes	☐ No
4a	Was a correction made?						☐ Yes	□ No
b	If "Yes," describe in Part IV							
Par	I-C Complete if the organ	nization is exempt under sectio	n 501(c), exce	pt section 501	(c)(3).		
1	Enter the amount directly expend	ed by the filing organization for section	527 exempt funct	ion activities	>	\$		
2	Enter the amount of the filing org function activities	anization's funds contributed to other o	rganizations for se	ection 527 exempt I	>	\$		
3	Total exempt function expenditure	es Add lines 1 and 2 Enter here and or	Form 1120-POL,	line 17b	>	\$		
4	Did the filing organization file For	m 1120-POL for this year?					☐ Yes	□ No
5	organization made payments For of political contributions received	employer identification number (EIN) of each organization listed, enter the amo that were promptly and directly delivere ee (PAC) If additional space is needed,	ount paid from the ed to a separate p	filing organization's olitical organization	s fund:	s Als	o enter the	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid filing organizati funds If none, 6 -0-	on's	d		vered to a political n If none,
1								
2								
3								
4								
5								
6								

ь	Total lobbying expenditures to influence a legislative	body (direct lobbying)	
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and	i 1d)	
f	Lobbying nontaxable amount Enter the amount fron columns		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	
	Not over \$500,000	20% of the amount on line 1e	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
	Over \$17,000,000	\$1,000,000	
			 •
g	Grassroots nontaxable amount (enter 25% of line 1f)	
h	Subtract line 1g from line 1a If zero or less, enter -()-	

i Subtract line 1f from line 1c If zero or less, enter -0j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting ☐ Yes ☐ No section 4911 tax for this year? 4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) Total beginning in) 2a

Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e))

Total lobbying expenditures Grassroots nontaxable amount

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

Grassroots lobbying expenditures

activity

Volunteers?

Media advertisements?

Mailings to members, legislators, or the public?

Taxable amount of lobbying and political expenditures (see instructions)

instructions), and Part II-B, line 1 Also, complete this part for any additional information

Supplemental Information

1

5

Part IV

Part II-B, Line 1

Return Reference

(b)

Amount

(a)

No

Nο

Nο

Nο

Nο

Yes

5

Nο Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? No No Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? No Yes Other activities? 15.000 Total Add lines 1c through 1i 15,000 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? Nο b If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-A 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." 1 Dues, assessments and similar amounts from members 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year b Carryover from last year 2b С Total 2c 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

detrimental to William Jessup University

Explanation

Annual membership and advocacy fees paid to organizations that lobby against legislation that would be

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE D**

(Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990. ▶ Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

DLN: 93493319110769

Open to Public **Inspection**

	ame of the organization				Emp	oloyer i	dentificat	ion nu	mber
VVI	lliam Jessup University				94-1	.279803			
P	art I Organizations Maintaining Donor Adv				or Acc	ounts	•		
	Complete if the organization answered "Ye					(1.)5	1 1 11		
	Total number of and of users	(a) Donor ad	IVIS	sea runas		(b)Fun	ds and oth	er acco	ounts
1	Total number at end of year								
2	Aggregate value of contributions to (during year)								
3	Aggregate value of grants from (during year)								
4	Aggregate value at end of year								
5	Did the organization inform all donors and donor advisor organization's property, subject to the organization's ex		SSE	ets held in donor ac	lvised	funds ar	e the	□ Y∈	es 🗌 No
6	Did the organization inform all grantees, donors, and d charitable purposes and not for the benefit of the donor private benefit?							□ Y∈	es 🗌 No
P	art II Conservation Easements. Complete if t	he organization answ	vei	red "Yes" on Forr	n 990	, Part I	V, line 7.		
1	Purpose(s) of conservation easements held by the orga	anızatıon (check all that	ар	pply)					
	\square Preservation of land for public use (e g , recreation	on or education)		Preservation of an	histor	ically im	portant la	nd area	1
	Protection of natural habitat]	Preservation of a	certifie	d histori	c structure	<u> </u>	
	Preservation of open space								
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	a qualified conservation	со	ntribution in the foi	rm of a		vation at the En	d of th	a Vear
a					2a	Helu	at the Li	u oi ti	ie rear
b					2b				
c		ric structure included in	(a)	2c				
d			•	•	2d				
u	structure listed in the National Register	111 ca arter 7, 25, 55, and		or on a morone	Zu				
3	Number of conservation easements modified, transferred tax year	ed, released, extinguish	ned	, or terminated by	the or	ganızatı	on during t	he	
4	Number of states where property subject to conservation	on easement is located	>						
5	Does the organization have a written policy regarding t and enforcement of the conservation easements it hold		ın	spection, handling	of viola	= ations,	☐ Yes	. C	No
6	Staff and volunteer hours devoted to monitoring, inspe	ecting, handling of violat	tıor	ns, and enforcing co	onserv	ation ea	sements d	uring th	he year
7	Amount of expenses incurred in monitoring, inspecting, \$ \bigs \$, handling of violations,	ar	nd enforcing conser	vation	easeme	nts during	the ye	ar
8	Does each conservation easement reported on line $2(d)$ and section $170(h)(4)(B)(1)$?) above satisfy the requ	ure	ements of section 1	70(h)(4)(B)(ı)	☐ Yes	. Г] No
9	In Part XIII, describe how the organization reports con- balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemer	e footnote to the organiz					, and		
Pa	rt III Organizations Maintaining Collections		Tre	easures, or Oth	er Si	milar A	Assets.		
	Complete if the organization answered "Ye								
1a	If the organization elected, as permitted under SFAS 1: art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its final	r public exhibition, educ	atı	on, or research in f					s of
b	If the organization elected, as permitted under SFAS 1: historical treasures, or other similar assets held for pub following amounts relating to these items								
	(i) Revenue included on Form 990, Part VIII, line 1					▶ \$			
	(ii) Assets included in Form 990, Part X					· - ▶ \$			
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS				ncıal g	· -	vide the		
a	Revenue included on Form 990. Part VIII, line 1	(,			▶ \$			

b Assets included in Form 990, Part X

Par	t IIII	Organizations Ma	aintaining Collections o	of Art, Histor	rical T	reas	ures, o	r Other	Similar As	sets (con	tinued)	
3		g the organization's acq s (check all that apply)	uisition, accession, and other	records, check	any of	the fo	ollowing t	hat are a	sıgnıfıcant u	se of its co	llection	
а		Public exhibition		d		Loan	or exch	ange prog	ırams			
b		Scholarly research		е		Othe	er					
С		Preservation for future	e generations									
4	Prov Part		organization's collections and	explain how th	ney furt	her th	e organiz	ation's ex	kempt purpo:	se in		
5			anization solicit or receive do nds rather than to be maintai						ular	☐ Yes	□ N	o
Pai	rt IV		odial Arrangements. ganızatıon answered "Yes	" on Form 99	0, Part	: IV,	ıne 9, o	r reporte	ed an amou	nt on For	m 990,	Part
1a		e organization an agent ided on Form 990, Part X	, trustee, custodian or other X?	intermediary fo	or contri	butior	ns or othe	er assets I	not	☐ Yes	☑ N	o
b	If "Y	es," explain the arrange	ement in Part XIII and comple	ete the followin	g table				Aı	mount		_
С		nning balance	·		-			1c				_
d	Addı	tions during the year						1d				_
е	Dıstr	ributions during the year	-					1e				_
f	Endi	ng balance						1f				_
2a	Did t	the organization include	an amount on Form 990, Pai	t X, line 21, fo	r escrov	v or cu	ustodial a	ccount lia	ability?	✓ Yes	□ N	o
b	If "Y	es," explain the arrange	ment in Part XIII Check her	e if the explana	tion has	s beer	provide	d in Part)	XIII	✓		
Pa	rt V	Endowment Fund	ds. Complete if the organ	ızatıon answe	ered "Y	es" o	n Form	990, Par	t IV, line 1	0.		
			(a)Currer		Prior yea	_	(c)Two y	ears back) Four year	
	_	ning of year balance .		,449,105		5,478		2,688,813		542,730	1,	674,901
		butions		158,952 192,889		5,938 0,791		137,647 269,568		63,823		30,709 -1,202
		vestment earnings, gair	·	·								
		s or scholarships		128,073		4,854		69,550		75,930		70,605
е		expenditures for facilities rograms	es		Ś	9,248						
f	Admır	nistrative expenses .								-85,631		-8,927
g	End of	f year balance		,672,873	3,449	9,105		3,026,478	2,6	588,813	1,	642,730
2		•	ntage of the current year end	l balance (line :	1g, colu	mn (a	ı)) held a	S				
а		d designated or quasi-e										
b		nanent endowment >	89 160 %									
С		porarily restricted endov		201								
3a	Are t		, 2b, and 2c should equal 100 not in the possession of the		at are h	eld ar	nd admin	stered fo	r the		Yes	No
	-	inrelated organizations								3a(i	-	No No
	• •	related organizations .			٠					3a(ii	-	No
b		_	lated organizations listed as r	equired on Sch	edule R	? .				3b		
4	Desc	cribe in Part XIII the inte	ended uses of the organizatio	n's endowment	funds							
Pa	rt VI			" on Form 00		T\/ '		Coc F	000 D=-		10	
	Descr	ription of property	ganization answered "Yes (a) Cost or other basis	(b) Cost or other					m 990, Pai	· ·	10. Book valu	
	Desci	inguion or property	(investment)	, 5555 61 64110	_ ==== (, , , , , ,		F 2.22011	(-/	7414	
1a	Land		5,085,160		22,7	42,413					27	7,827,573
b	Buildir	ngs			67,8	78,275			10,921,801		56	,956,474
С	Lease	hold improvements			4,6	49,757			544,448			1,105,309
d	Equipi	ment			9,9	17,683			8,167,867			,749,816

136,024

90,775,196

198,163

334,187

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) .

	Saa Form duli Dart V lina 17					
	See Form 990, Part X, line 12. (a) Description of security or category (including name of security)		(b) Book value) Method of val r end-of-year m	
	al derivatives					
	Tield equity interests	<u> </u>				
(A)						
[B)						
(C)						
(D)						
(E)						
F)						
(G)						
(H)						
Fotal. (Colum	nn (b) must equal Form 990, Part X, col (B) line 12)	•				
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on I	Form 990. P	art IV. line	11c. See Forn	n 990. Part X.	. line 13.
	(a) Description of investment		ook value	(c) Method of val r end-of-year m	uation
(1)				Cost o	r end-or-year m	iarket value
(2)						
(3)						
4)						
5)						
6)						
(7)						
(8)						
(8)						
(9)	nn (b) must equal Form 990, Part X, col (B) line 13)	•				
(9) Fotal. (Colum	Other Assets. Complete if the organization answered		m 990, Part	IV, line 11d See	e Form 990, Par	
9) Fotal. (Column Part IX			m 990, Part	IV, line 11d See	e Form 990, Par	t X, line 15 (b) Book value
9) Fotal. (Column Part IX 1)	Other Assets. Complete if the organization answered		m 990, Part	IV, line 11d See	e Form 990, Par	
Fotal. (Column Part IX 1)	Other Assets. Complete if the organization answered		m 990, Part	IV, line 11d See	e Form 990, Par	
Fotal. (Column Part IX 1) 2) 3)	Other Assets. Complete if the organization answered		m 990, Part	IV, line 11d See	e Form 990, Par	
(9) Fotal. (Column Part IX 1) 2) 3)	Other Assets. Complete if the organization answered		m 990, Part	IV, line 11d See	e Form 990, Par	
(9) Fotal. (Column Part IX 1) 2) 3) 4)	Other Assets. Complete if the organization answered		m 990, Part	IV, line 11d See	e Form 990, Par	
Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 6)	Other Assets. Complete if the organization answered		m 990, Part	IV, line 11d See	e Form 990, Par	
Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 6) 7)	Other Assets. Complete if the organization answered		m 990, Part	IV, line 11d See	e Form 990, Par	
9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7)	Other Assets. Complete if the organization answered		m 990, Part	IV, line 11d See	e Form 990, Par	
9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8)	Other Assets. Complete if the organization answered (a) Description		m 990, Part	IV, line 11d See	e Form 990, Par	
9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8)	Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization asserted.	·				(b) Book value
9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X	Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, col (B) line 15	·				(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Total. (Column Part X	Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization at See Form 990, Part X, line 25.	·	es' on Forn			(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X 1) Federal (1)	Other Assets. Complete if the organization answered (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization at See Form 990, Part X, line 25. (a) Description of liability	·	es' on Forn			(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X 1. 1) Federal (1)	Other Assets. Complete if the organization answered (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization at See Form 990, Part X, line 25. (a) Description of liability	·	es' on Forn			(b) Book value
9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) Part X 1) Federal (2) 3)	Other Assets. Complete if the organization answered (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization at See Form 990, Part X, line 25. (a) Description of liability	·	es' on Forn			(b) Book value
9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) Part X 1) Federal (2) 3)	Other Assets. Complete if the organization answered (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization at See Form 990, Part X, line 25. (a) Description of liability	·	es' on Forn			(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Total. (Column Part X 1) Federal (1) 2) 3) 4)	Other Assets. Complete if the organization answered (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization at See Form 990, Part X, line 25. (a) Description of liability	·	es' on Forn			(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Total. (Column Part X 1) Federal (2) 3) 4) 5)	Other Assets. Complete if the organization answered (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization at See Form 990, Part X, line 25. (a) Description of liability	·	es' on Forn			(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) Fotal. (Column Part X 1) Federal (2) 3) 4) 5) 6)	Other Assets. Complete if the organization answered (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization at See Form 990, Part X, line 25. (a) Description of liability	·	es' on Forn			(b) Book value
Fotal. (Colum Part IX 1) 1) 2) 3) 4) 5) 6) 7) Part X 1. 1) Federal (1) 2) 3) 4) 5) 6) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7)	Other Assets. Complete if the organization answered (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization at See Form 990, Part X, line 25. (a) Description of liability	·	es' on Forn			(b) Book value
Fotal. (Column Part IX 1) (2) (3) (4) (5) (6) (7) (8) (7) Fotal. (Column Part X 1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Other Assets. Complete if the organization answered (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization at See Form 990, Part X, line 25. (a) Description of liability	·	es' on Forn			(b) Book value

Part XI

2

5

1

2

c

d

3

4

b

5

Part XIII

See Additional Data Table

Part XII

Schedule D (Form 990) 2018

83.408

4.772

122.674

15,138,499

4,772

122,674

15.138.499

2e

3

4c

5

2e

3

4c

5

Page 4

210,854

36,213,787

15,138,499

51,352,286

37,553,463

127,446

37,426,017

15,138,499

52.564.516

Schedule D (Form 990) 2018

-	Add mics za through za i i i i	•
3	Subtract line 2e from line 1	
4	Amounts included on Form 990, Part VIII,	I

Add lines **4a** and **4b**

Donated services and use of facilities . . .

Other (Describe in Part XIII)

Supplemental Information

Add lines 2a through 2d . .

Return Reference

С	Recoveries of prior year grants
d	Other (Describe in Part XIII)
е	Add lines 2a through 2d
3	Subtract line 2e from line 1
4	Amounts included on Form 990, Part VIII, lir

c	Recoveries of prior year grants
d	Other (Describe in Part XIII)
e	Add lines 2a through 2d
3	Subtract line 2e from line 1
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 .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Donated services and use of facilities

veries of prior year grants	
r (Describe in Part XIII)	
lines 2a through 2d	
ract line 2e from line 1	
unts included on Form 990, Part VIII, line 12, but not on li	ne 1

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

2a

2b

2c 2d

4a

4b

2a

2b

2c

2d

4a 4b

Explanation

Schedule D (Form 990) 2018	Page 5
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

Software ID: Software Version: **EIN:** 94-1279803 Name: William Jessup University

Supplemental Inform

Part IV, Line 2b

emental	Information	
Return F	Reference	Ī

Custodial accounts payable are prepaid tuition amounts held for students

Explanation

pplemental Information	
Return Reference	Explanation
rt V, Line 4	The endowment was established to fund student scholarships

Sur

upplemental Information			
Return Reference	Explanation		
Part XI, Line 2d - Other Adjustments	Fundraising Event Expenses 122,674		

Su

upplemental Information	
Return Reference	Explanation
Part XI, Line 4b - Other Adjustments	Student aid netted with revenue per financial statements 15,138,499

Sι

Supplemental Information	
Return Reference	Explanation
Part XII, Line 2d - Other Adjustments	Fundraising events 122,674

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Supplemental Information	
Return Reference	Explanation
Part XII, Line 4b - Other Adjustments	Student aid netted with revenue per financial statements 15,138,499

Supplemental Information	
Return Reference	Explanation
Form 990, Schedule D, Part V, Lines 2a - 2c	In accordance with the principles of FASB ASU 2016-14 (ASC 958), the organization has implemented required changes to its audited financial statements for the period ended 06/30/20 19 To date, Form 990 and its associated schedules have not been updated to reflect change s made by this standard. Thus, we have reported the revised net asset categories from the audited financial statements as follows on Form 990, Schedule D, Part V, Lines 2a-2c. Line

2a - Without donor restrictions Line 2b - With donor restrictions

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493319110769 OMB No 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ Complete if the organization answered "Yes" on Form 990, EZ) Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. Open to Public ▶ Go to www.irs.gov/Form990EZ for the latest instructions. Inspection Department of the Treasury Namel & the organization **Employer identification number** William Jessup University 94-1279803 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 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 basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Nο b Admissions policies? 5b Nο 5c c Employment of faculty or administrative staff? Nο d Scholarships or other financial assistance? 5d Nο e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Nο h Other extracurricular activities? 5h Nο If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes b Has the organization's right to such aid ever been revoked or suspended? 6b No 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 Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule E (Form 990 or 990-EZ) (2018)

Schedule E (101111 330 01 330EZ) (2010)	rage 4
Part II Supplemental Information. Provide any other additional information (see installation)	le the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also provide structions)
Return Reference	Explanation
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." The University publishes its nondiscriminatory policy on its website and includes it on the admissions application.
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

Page 2

Schedule F (Form 990 or 990-F7) (2018)

Schedule E (Form 990 or 990EZ) (2018)

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.

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493319110769 OMB No 1545-0047 SCHEDULE F Statement of Activities Outside the United States (Form 990) 2018 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. **Open to Public** ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** William Jessup University 94-1279803 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and 1 other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures offices in the employees, agents, region (by type) (e.g., program service, describe for and investments and independent fundraising, program specific type of in region region contractors in services, investments, grants service(s) in region region to recipients located in the region) See Add'l Data 89,829 3a Sub-total b Total from continuation sheets to Part I c Totals (add lines 3a and 3b) n 89,829

Schedule F (Form 990) 2018							Page 3
Part IIII Grants and Otl				ed States. Complete r	f the organization ar	nswered "Yes" to Form 9	990, Part IV, line 16.
	duplicated if addit			T	1		
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Sche	dule F (Form 990) 2018		Page 4
Par	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately 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, don't file with Form 990)		
		☐ Yes	✓ 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)		
	Corporations (See Instructions for Form 5471)	\square Yes	✓ No
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, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	✓ No
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)		
		☐ Yes	✓ No
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 separately file Form 5713, International Boycott Report (see Instructions for Form		
	5713, don't file with Form 990)	☐ Yes	✓ No

Schedule F (Form 990) 2018	Page 5
amounts of inv method); and F	ormation required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; estments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide information (see instructions).
Return Reference	Explanation
Part I, line 3	Expenditures are accounted for using the accrual method of accounting

Additional Data

Sub-Saharan Africa

Software ID: Software Version:

EIN: 94-1279803

Name: William Jessup University

Mission trips

12,964

Form 990 Sche	dule F Part I - A	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
East Asia and the Pacific	0	0	Program Services	Mission Trips	37.784

0 Program Services

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) 14.245 Europe 0 Program Services Mission trips Russia and Neighboring States 0 Program Services Mission trips 24,836

Inspection Internal Revenue Service Go to www irs gov/Form990 for instructions and the latest information **Employer identification number** Name of the organization William Jessup University 94-1279803 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations ☐ Special fundraising events ☐ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col (i) contributions? Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2018

Supplemental Information Regarding

Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

DLN: 93493319110769OMB No 1545-0047

Open to Public

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SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury

If "Yes," explain _

che	dule G (Form 990 or 990-EZ) 2018					F	Page 3
.1	Does the organization conduct gaming	activities with nonmember	5?		☐ Yes	□Ne	
.2	Is the organization a grantor, beneficia formed to administer charitable gaming		member of a partnership or other entity		□Yes		
3	Indicate the percentage of gaming activ	vity conducted in					
а	The organization's facility			13a			%
b	An outside facility			13b			%
4	Enter the name and address of the pers	son who prepares the orga	nization's gaming/special events books and ri	ecords			
	Name ►						
	Address ►						
5a	Does the organization have a contract virevenue?	with a third party from who	om the organization receives gaming		□Yes	□No	
b	If "Yes," enter the amount of gaming re amount of gaming revenue retained by		anization ▶ \$ and th	ne			
С	If "Yes," enter name and address of the	e third party					
	Name ►						
	Address ►						
6	Gaming manager information						
	Name ►						
	Gaming manager compensation ▶ \$						
	Description of services provided ▶						
	☐ Director/officer	☐ Employee	☐ Independent contractor				
7	Mandatory distributions						
а	Is the organization required under state retain the state gaming license?	e law to make charitable di	stributions from the gaming proceeds to		Yes	□No	
b	Enter the amount of distributions requirements in the organization's own exempt activities.		ated to other exempt organizations or spent		53		
Pai	t IV Supplemental Informatio	n. Provide the explanat	rions required by Part I, line 2b, column licable. Also provide any additional info				 S.
_	Return Reference		Explanation				

Schedule G (Form 990 or 990-EZ) 2018

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Note: To capture the full co	ntent of this do	ocument, please se	lect landscape mode	e (11" x 8.5") whe	n printing.				
Schedule I (Form 990)		Governments	Other Assistand and Individuals tion answered "Yes," o	s in the Unite	d States		(2018	
Department of the Treasury Internal Revenue Service	Col		► Attach to Form <i>w.irs.gov/Form990</i> for	990.	•			Open to Public Inspection	
Name of the organization William Jessup University						Eı	mployer identific	cation number	
						94	4-1279803		
Part I General Informa	tion on Grants	and Assistance							
1 Does the organization maint the selection criteria used to	award the grants	or assistance?				ce, and		☑ Yes	□ No
2 Describe in Part IV the organ	· '								
		estic Organizations ar can be duplicated if add		nts. Complete if the o	rganization answered "Yes'	" on Form 9	90, Part IV, line	21, for any recip	ient
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		escription of h assistance	(h) Purpose o or assistance	f grant
(1) Convoy of Hope 330 S Patterson Ave Springfield, MO 65802	68-0051386	501(c)(3)	40,900					To aid victims of	of CARR
(2) InFaith Community Foundation 625 4th Ave Ste 1500 Minneapolis, MN 55415	41-1802412	501(c)(3)	5,770					To aid victims of Fire	of CARR
2 Enter total number of sectio	n 501(c)(3) and go	vernment organizations	listed in the line 1 table .				. •		2
3 Enter total number of other	organizations listed	d in the line 1 table					▶		0
For Paperwork Reduction Act Notice	, see the Instruction	ns for Form 990.		Cat No 50055	5P		Sch	nedule I (Form 990) 2018

(a) Type of grant or assist	ance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
l) Scholarships		1313	15,138,499			
)						
)						
)						
)						
)						
Part IV Supplemental	Informatio	n. Provide the info	rmation required in F	Part I, line 2; Part III	, column (b); and any other ad	lditional information.
Return Reference	Explanatio		· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , ,	. , , ,	
art I, Line 2	The financia	l aid office at William	Jessup University requir	es students to complete	the Free Application for Federal St	tudent Aid (FAFSA) form to determine eligibilit

Federal, State and institutional grants, scholarships, and loans. This is an equitable formula that measures all assets consistently. Enrollment and eligibility are monitored by the University Financial aid awarded is applied directly to student accounts and no cash changes hands. Occasional grants are awarded to 501(c)(3) organizations that support education and whose exempt purpose are consistent with the University's mission

Schedule I (Form 990) 2018

efil	e GRAPHIC pr	int - DO NOT PROCESS As Filed Data -		DLN: 934	9331	9110	769
Sch	edule J	Compensation Information		OM	IB No	1545-0	0047
(For	n 990)	For certain Officers, Directors, Trustees, Key Employees,	and Highes	t 📙			
		Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990,	Part IV. lin	e 23.	20	18	ζ .
		► Attach to Form 990.					
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.gov/Form990</u> for instructions and the late	st informat	ion.		to Pul ectio	
	ne of the organiza		En	ployer identificat			
WIII	am Jessup Universit	У	94	-1279803			
Pa	rt I Questi	ons Regarding Compensation					
						Yes	No
1a		opiate box(es) if the organization provided any of the following to or for a pe- ection A, line 1a Complete Part III to provide any relevant information regal					
	First-class or charter travel Housing allowance or residence for personal use						
	_	Travel for companions — Payments for business use of personal residence					
		nification and gross-up payments \square Health or social club dues					
	☐ Discretion	nary spending account Light Personal services (e.g., ma	aid, chauffeui	r, cner)			
b		xes in line 1a are checked, did the organization follow a written policy regard all of the expenses described above? If "No," complete Part III to explain	ling payment	or reimbursement	1 b	Yes	
2		ation require substantiation prior to reimbursing or allowing expenses incurre les, officers, including the CEO/Executive Director, regarding the items check		2	2	Yes	
	directors, truste	es, officers, including the CEO/Executive Director, regarding the items check	ted in line 1a	,			
3		If any, of the following the filing organization used to establish the compensation					
	_	EO/Executive Director Check all that apply Do not check any boxes for met ed organization to establish compensation of the CEO/Executive Director, but		art III			
		ation committee					
		of other organizations Graphical Compensation survey of secompensation	•	committee			
4		, did any person listed on Form 990, Part VII, Section A, line 1a, with respec					
•	related organiza						
а	Receive a sever	ance payment or change-of-control payment?			4a		No
b	Participate in, o	r receive payment from, a supplemental nonqualified retirement plan?			4b		No
С		r receive payment from, an equity-based compensation arrangement?			4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and provide the applicable amounts for each ite	em in Part III				
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	For persons liste	ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrondingent on the revenues of					
	•				_		l
a b	The organization Any related organization				5a 5b		No
ט	, -	5a or 5b, describe in Part III			30		No_
6	For persons liste	ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accr	ue any				
	compensation co	ontingent on the net earnings of					
a	The organization				6a		No
b	Any related orga	anization? 6a or 6b, describe in Part III			6b		No_
7	•	·	, nonfined				
7		ed on Form 990, Part VII, Section A, line 1a, did the organization provide any escribed in lines 5 and 6? If "Yes," describe in Part III	y nonfixed		7		No
8	subject to the in	nts reported on Form 990, Part VII, paid or accured pursuant to a contract t nitial contract exception described in Regulations section 53 4958-4(a)(3)? If		ıbe			
	ın Part III				8		No
9	If "Yes" on line 8 53 4958-6(c)?	8, did the organization also follow the rebuttable presumption procedure des	cribed in Reg	ulations section	9		
For I	Danarwark Badu	ection Act Notice, see the Instructions for Form 990.	at No 5005	ST Schedule 1	/Form	990)	2018

Part III Officers,	Dire	ctors, Trustees, Ke	y Employees, and Hig	ahest Compensated	Employees. Use dun	licate conies if addition	nal space is needed	-
			rted on Schedule J, report					
instructions, on row (ii)	Do no	ot list any individuals that	it are not listed on Form 99 idividual must equal the to	90, Part VII		_	·	it individual
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base (ii) Bonus & incentive (iii) Other			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(I)-(D)	(F) Compensation in column (B) reported
		compensation	compensation	reportable compensation	compensation			as deferred on prior Form 990
John Jackson President	(i)	146,191	11,572	1,249	28,993	113,403	301,408	0
Treside	(ii)	0	0	0	0	0	0	0
2 David Punt Chief Financial Officer	(i)	45,089	0	6,890	21,761	119,113	192,853	0
Siller i manetar oss.	(ii)	0	0	0	0	0	0	0
3 Judy Rentz Chief Operations Officer	(i)	153,775	0	50	3,076	11,818	168,719	0
cilier Operations officer	(ii)	0	0	0	0	0	0	0
	+-							
	$\perp \!\!\! \perp \!\!\! \mid$							
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	$\perp \!\!\! \perp \!\!\! \mid$							<u> </u>
	\prod							

Page 3							
art III Supplemental Information							
ovide 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							
Return Reference	Explanation						
·	Because the University is a 501(c)(3) organization under IRS statute, and because the President and other staff members are ordained ministers, the board may designate a portion of their compensation as a housing allowance. Such designations are approved in advance and recorded in the Board minutes as required by IRS regulations. Pusuant to Internal Revenue Code Section 107, the ministerial housing allowance is not inlouded in taxable compensation. The people whom						

received the housing allowance are below J Jackson D Punt

ef	ile GRAPHIC print - DO NO	T PROCESS As	Filed Data -									DLN: 93	49331	9110	769
	te: To capture the full cont	tent of this docum	ent, please select	landscape mode	(11" x 8.	5") wl	hen p	printing.			,				
	hedule K	Sun	pplemental In	formation o	n Tav_F	vom	nt F	Ronde				OMB No 1545-0047			
(F	orm 990)		e organization answe						criptions,			2.0	018	}	
		•	explanations, a	and any additional	information				. ,						
	artment of the Treasury rnal Revenue Service			Attach to Form 990 s.gov/Form990 for		nforma	ition.						to Pub		
Nam	ne of the organization									Emplo	yer ıden	tification r			
VVIII	ıam Jessup University									94-12	79803				
Pa	art I Bond Issues									•					
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	orice	((f) Description	n of purpose	(g) De	feased	(h) On behalf of		(i) Pool	
											issuer		financing		
										Yes	No	Yes	No Y	es	No
Α	California Municipal Finance Authority	20-1563466	13048VJF6	05-08-2019	78,9	05,343		nding issue of /2014 and 5/	taxable bonds		Х		×		X
	Additionity						0,24,	72014 and 37	20,2013						
Pa	Proceeds														
	A				,	Δ		В		С	С		D		
1	Amount of bonds retired														
	Amount of bonds legally defea														
	3 Total proceeds of issue					78,905									
4	Capitalized interest from proce					4,/12	2,000								
5	Proceeds in refunding escrows														
<u>6</u> 7	Issuance costs from proceeds					1 1 5	- 770								
_	Credit enhancement from proc					1,155	5,770								
<u> </u>	Working capital expenditures f														
10	Capital expenditures from prod	•				4 000	0,000								
11	Other spent proceeds					69,037									
12	Other unspent proceeds					05,057	,,,,,,								
13	Year of substantial completion			•	20	19									
					Yes	No	,	Yes	No	Yes	No	٠,	Yes	No	
14	Were the bonds issued as part	of a current refunding	ıssue?			Х									
15	Were the bonds issued as part	of an advance refund	ng issue?		Х										_
16	Has the final allocation of proc	eeds been made? .			Х										
17				Х											
Pa	art III Private Business U					•			•						
						Δ.		В		C			D		
	Was the organization a partne		mombor of an U.C. will	arch arread assessment	Yes	No	>	Yes	No	Yes	No		Yes	No	<u> </u>
1	was the organization a partne financed by tax-exempt bonds					×									
2	Are there any lease arrangeme	ents that may result in	private business use o			Х									
Ear	property?					t No. 50	<u> </u> 193⊑	<u> </u>				chodulo I	(/Form	۱۵۵۵	2018

Penalty in Lieu of Arbitrage Rebate? . . . If "No" to line 1, did the following apply?...

Rebate not due yet?

Exception to rebate?

If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed Is the bond issue a variable rate issue?

Was the hedge superintegrated?

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

counsel to review any research agreements relating to the financed property?

a section 501(c)(3) organization or a state or local government Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3)

organization, or a state or local government

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were

Enter the percentage of financed property used in a private business use by entities other than

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

b

d

6

Part IV

b

C

Arbitrage

Page 2

D

D

Schedule K (Form 990) 2018

No

Yes

Yes

C

No

Yes

C

No

Yes

Yes Are there any management or service contracts that may result in private business use of If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside

counsel to review any management or service contracts relating to the financed property? Are there any research agreements that may result in private business use of bond-financed

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

Α

Yes

Χ

Χ

No

Χ

Χ

Χ

Χ

Χ

Nο

Χ

Χ

0 %

0 %

0 %

В

No

Yes

Х

Χ

Yes

No

		Yes	No
а	Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

Schedule K (Form 990) 2018

period?

Part VI

Arbitrage (Continued)

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

Term of GIC

requirements of section 148? . . .

Return Reference

Date Rebate Computation Performed

Χ

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Issuer Name California Municipal Finance Authority Date the Rebate Computation was Performed 06/30/2019

Х

Yes

Χ

No

Explanation

Page 3

No

D

D

No

Yes

Yes

C

R

No

Yes

No

Yes

No

Additional Data

Software ID: **Software Version:**

Issuer Name California Municipal Finance Authority Date the Rebate Computation was Performed 06/30/2019

Date Rebate Computation

Performed

Explanation

Return Reference

EIN: 94-1279803 Name: William Jessup University

efile GRAPHI	C print - DO NC	T PROCES	S As Fi	led Data -					DI	LN: 93	4933	191	10769
Schedule L (Form 990 or 990	ı-EZ) ► Complet	te if the org	anization a	ns with li	s" on Form 99	90, Part IV, li	nes 2	25a, :	25b, 2		MB No		
			► Attac	c, or Form 99 h to Form 99	0 or Form 99	0-EZ.					20	1	8
Department of the Tre Internal Revenue Serv		≯ Go t	o <u>www.irs.</u>	gov/Form990	of for the lates	st informatio	n.				Open Inst	to P	ıblic
Name of the org	anızatıon						Er	nplo	yer ide	entifica	ation n		
William Jessup Uni	versity						94	1-127	9803				
	ss Benefit Trar lete if the organiza												
) Name of disquali			Relationship be	etween disqual			(c) [Descrip	tion of	(d) Cor	rected?
				(organization		-	tr	ansact	ion	Y	es	No
Part II Loc Cor rep (a) Name of	mount of tax, if and ans to and/or I mplete if the organiorted an amount of (b) Relationship with organization	From Interization answerization answering form 990, (c) Purpose	ested Perered "Yes" or Part X, line 5	sons. Form 990-EZ 5, 6, or 22	organization .		90, Pa		line 26	5, or if h) ved by rd or nittee?	(i	anıza)Wrıt reem	ten
			То	From			Yes	No	Yes	No	Yes		No
(1) John Jackson	President and Board Member	Home Loan		×	100,000	90,000		No	Yes		Yes		
Total)	\$	90,000		1		1			
			swered "Ye between on and the		990, Part IV,	(d) Type o	of assi	stand	ce	(e) Pu	rpose c	of ass	stance
									-				
For Danerwork Dec	luction Act Notice s	ee the Instru	ctions for Eq	rm 000 or 000-l	F 7 C3	L No. 50056Δ				1 /5	. 000		E7) 2019

(a) Name of Interested person	(b) Relationship between interested	(c) Amount of transaction	(d) Description of transaction	(e) Si	narıng f
	person and the organization			organız rever	
				Yes	No
(1) Derek Martın	Family relationship with	79,528	Wages and other benefits		No

No

Schedule L (Form 990 or 990-EZ) 2018

	Family relationship with John Jackson, President		Wages and other benefits
	Family relationship with John Jackson, President	68,695	Wages
(2) Dawn Bickering	Family relationship with	11 160	Magas

Provide additional information for responses to questions on Schedule L (see instructions)

(3) Dawn Pickering	Rick Pickering, Trustee	11,160	wages		INO
(4) James Jessup	Family relationship with William Jessup, Founder	1	Wages and other benefits		No
(5) Bryce Jessup	Family relationship with	1	Independent Contractor	·	No

	William Jessup, Founder	,	1	
. , ,	Family relationship with William Jessup, Founder		Independent Contractor (Consulting)	No

(-) /	William Jessup, Founder	28,896	(Consulting)		INO	
Carty Supplemental Information						

Explanation

Supplemental Information

Return Reference

Schedule L (Form 990 or 990-EZ) 2018

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493319110769 SCHEDULE M OMB No 1545-0047 **Noncash Contributions** (Form 990) 2018 ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization Employer identification number William Jessup University 94-1279803 Part I **Types of Property** (a) (b) (c) (d) Check If Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Art—Historical treasures Art—Fractional interests 4 Books and publications Χ 9,513 Appraisal 31,820 Appraisal Clothing and household Х goods Cars and other vehicles . Boats and planes . . Intellectual property . . Securities—Publicly traded . Χ 34,015 Proceeds from sale Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . 12 Securities—Miscellaneous . 13 Qualified conservation contribution—Historic structures 14 Qualified conservation contribution-Other . . 15 Real estate—Residential . 16 Real estate—Commercial . 17 Real estate—Other . . 18 Collectibles **19** Food inventory . . . 20 Drugs and medical supplies . **21** Taxidermy 22 Historical artifacts . . . 23 Scientific specimens . . 24 Archeological artifacts . 2.748 Cost 25 Other ▶ (Office & Theater equipment) Χ 26 Other ▶ (2,500 Appraisal Musical instruments) 27 Other ▶ (Χ 2,500 Face Value Auction Gift Certificate) Χ 1,500 Appraisal 28 Other ▶ (Golf Cart) Number of Forms 8283 received by the organization during the tax year for contributions 0 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a Nο b If "Yes," describe the arrangement in Part II 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο b If "Yes," describe in Part II 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II Schedule M (Form 990) (2018) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51227J

chedule M (Form 990) (2018)							
I, column (b), the	Information. Ination required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part in number of contributions, the number of items received, or a combination of both. Also complete idditional information.						
Return Reference	Explanation						
Part I, Column (b)	The number of contributions represent the number of contributions received, not the number of items donated						
	Schedule M (Form 990) (2018)						

efile GRAPHIC print - DO NOT PROCESS As Filed Data -						93493319110769				
COLLEBIU		OMB No 1545-0047								
SCHEDULE O (Form 990 or 990- EZ) Supplemental Information to Form 990 or 99 Complete to provide information for responses to specific question Form 990 or 990-EZ or to provide any additional information						2018				
Department of the T	► Attach to Form 990 or 990-EZ. Department of the Treasury ► Go to <u>www.irs.gov/Form990</u> for the latest information.									
Name l Bf the of g William Jessup Uni					Employer ident 94-1279803	ification number				
990 Schedul	e O, Suppl	lemental Informatio	in							
Return Reference	Explanation									
Form 990, Part VI, Section A, line 1	of the full b		mmittee consists of the	e broad authority to act on beha c Chairman, Vice Chairman, Sec						

Return Explanation

line 2

Form 990,
Part VI,
Section A.

Clifford Daugherty, Chairman and Jennifer Silva Griffin, Trustee have a business relationship

Return Explanation
Reference

line 11b

Form 990,	Form 990 is prepared by an independent CPA firm and reviewed in detail by the organization
Part VI,	's top management The reviewed Form 990, with Schedule B redacted, is then forwarded to t
Section B.	he board

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

Reference	Explanation
Form 990, Part VI, Section B, line 15	The executive committee is tasked with the annual performance review and compensation recommendations for the University President. The Board of Trustees shall fix the salary of the President and may fix the salaries of other employees of the Corporation including the other officers. If the Board does not fix the salaries of the other officers, the President shall fix such salaries. The reasonableness of compensation is determined annually using a compensation study for all positions within the University. The board-approved compensation is documented by the Board Chair and notice sent to the Human Resources Department.

Explanation

990 Schedule O, Supplemental Information

Return Explanation

Reference

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

990 Schedule O, Supplemental Information

Return Explanation

Reference	
Form 990, Part VII	Compensation reported in Part VII, column D and Schedule J, Part II, column B is the amoun t reported on the individual's W-2, box 1 or 5 (whichever amount is greater) per the IRS i nstructions. In the case of minister's compensation when box 5 of the W-2 is not applicable, box 1 compensation is used. Employee deferrals to qualified retirement plans are normally captured in box 5, not box 1 of Form W-2. For reporting purposes we have included the minister's retirement plan deferrals in Part VII, column F and Schedule J, Part II, column.

Return

Reference	Explaination
Part X, Lines 27 - 29	In accordance with the principles of FASB ASU 2016-14 (ASC 958), the organization has implemented required changes to its audited financial statements for the period ended 06/30/20 19 To date, Form 990 and its associated schedules have not been updated to reflect change similarly made by this standard. Thus, we have reported the revised net asset categories from the audited financial statements as follows on Form 990, Part X, Lines 27-29. Line 27 - Net as sets without donor restrictions \$16,831,628 Line 29 - Net assets with donor restrictions 5,839,416. Total net assets \$22,671,044

Explanation

Return Explanation
Reference

rocess has not changed since the prior year

Form 990, The University has a sub-committee of the board that assumes responsibility for oversight of the audit, its financial statements, and selection of an independent accountant. This p

efile GRAPHIC print - DC	NOT PROCESS	As Filed Data -										DLN: 93493	319110	769			
SCHEDULE R (Form 990)	> 0	Related C	ization an	swered "Yes ▶ Attach to	s" on Form Form 990.	n 990, Parl	: IV, line 33	, 34, 35b,		37.		OMB No 1545-0047 2018 Open to Public					
Department of the Treasury Internal Revenue Service		► Go to <u>www</u>	v.irs.gov/	<u>Form990</u> for	instructio	ns and the	e latest info	rmation.					o Public ection	C			
Name of the organization William Jessup University									Emp	loyer identif	ication	number					
										279803							
Part I Identification	of Disregarded E	ntities Complete If	the organ	ization answ	rered "Yes	on Form	990, Part	IV, line 3.	3.								
Name, address, and	(a) EIN (If applicable) of disre	egarded entity		(b) Primary activity		(c) Legal domicile (state or foreign country)		(d) Total income		(e) End-of-year assets		Direct co	(f) ontrolling atity				
Part II Identification of related tax-exen	of Related Tax-Ex npt organizations di		ı s Comple	ete if the org	anızatıon	answered	"Yes" on F	orm 990,	Part IV	/, line 34 be	cause	ıt had one or	more				
Name, address, an	(a) d EIN of related organızatı	on	Prim			(c) (d) nicile (state in country) Exempt Code		le section Public		(e) lic charity status ection 501(c)(3))		(f) rect controlling entity	Section (13) cor enti	512(b) ntrolled ty?			
													Tes	No			
For Paperwork Reduction Ac	t Notice, see the Inc	structions for Form 9	90.		Cā	at No 5013	 				Sche	edule R (Form	990) 20	18			

one or more related organization		(b)				1		1					
(a) Name, address, and EIN of related organization			(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predomin income(relate unrelate excluded f tax undo sections 5	ated, total incor id, from er	(g) Share of ne end-of-year assets	(h Dispropr allocat	tionate tions?	(i) Code V-UB: amount in bo 20 of Schedule K- (Form 1065	General Genera	(j) eral or naging tner?	(k) Percentag ownershij
					514)			Yes	No		Yes	No	
		+			+						\neg	$\overline{}$	
art IV Identification of Related Orga because it had one or more relat							swered "Yes	" on Fo	orm 99	00, Part I\	/, line	34	
		L do (state	on or tru (c) .egal .micile or foreign	st during th	(d) t controlling		swered "Yes' (f) Share of total income	Share	(g) of end-o	of- Perc	/, line (h) entage ership	s	(I) ection 512(3) controll entity?
because it had one or more relat (a) Name, address, and EIN of related organization	ted organizations treated as (b) Primary activity	L do (state	on or tru (c) .egal micile or foreign untry)	st during th	(d) t controlling	(e) Type of entity (C corp, S corp,	(f) Share of total	Share	(g) of end-o	of- Perc	(h) entage	S (:	ection 512(.3) controll entity? Yes No
because it had one or more relat (a) Name, address, and EIN of	ted organizations treated as	L do (state	on or tru (c) .egal .micile or foreign	st during th	(d) t controlling	(e) Type of entity (C corp, S corp,	(f) Share of total	Share	(g) of end-o	of- Perc	(h) entage	S (:	ection 512(.3) controll entity?
because it had one or more relat (a) Name, address, and EIN of related organization	ted organizations treated as (b) Primary activity Hold assets and remit	L do (state	on or tru (c) .egal micile or foreign untry)	st during th	(d) t controlling	(e) Type of entity (C corp, S corp,	(f) Share of total	Share	(g) of end-o	of- Perc	(h) entage	S (:	ection 512(.3) controll entity? Yes No
because it had one or more relat (a) Name, address, and EIN of related organization	ted organizations treated as (b) Primary activity Hold assets and remit	L do (state	on or tru (c) .egal micile or foreign untry)	st during th	(d) t controlling	(e) Type of entity (C corp, S corp,	(f) Share of total	Share	(g) of end-o	of- Perc	(h) entage	S (:	ection 512(.3) controll entity? Yes No
because it had one or more relat (a) Name, address, and EIN of related organization	ted organizations treated as (b) Primary activity Hold assets and remit	L do (state	on or tru (c) .egal micile or foreign untry)	st during th	(d) t controlling	(e) Type of entity (C corp, S corp,	(f) Share of total	Share	(g) of end-o	of- Perc	(h) entage	S (:	ection 512(.3) controll entity? Yes No
because it had one or more relat (a) Name, address, and EIN of related organization	ted organizations treated as (b) Primary activity Hold assets and remit	L do (state	on or tru (c) .egal micile or foreign untry)	st during th	(d) t controlling	(e) Type of entity (C corp, S corp,	(f) Share of total	Share	(g) of end-o	of- Perc	(h) entage	S (:	ection 512(.3) controll entity? Yes No
because it had one or more relat (a) Name, address, and EIN of related organization	ted organizations treated as (b) Primary activity Hold assets and remit	L do (state	on or tru (c) .egal micile or foreign untry)	st during th	(d) t controlling	(e) Type of entity (C corp, S corp,	(f) Share of total	Share	(g) of end-o	of- Perc	(h) entage	S (:	ection 512(.3) controll entity? Yes No

c Gift, grant, or capital contribution from related organization(s).

Loans or loan guarantees to or for related organization(s) . .

No

o

No

No

No

No

No

No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	П		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
h. Gift, grant, or capital contribution to related organization(s)	1b		No

2 If the answer to any of the above is "Yes." see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(b)

Transaction

type (a-s)

(c)

Amount involved

m Performance of services or membership or fundraising solicitations by related organization(s)

(a)

Name of related organization

1c

1d 1e

1g 1h

11

1 m

1n

10

1q

1r

1s

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(d)

Method of determining amount involved

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	section 501(c)(3) organizations?		(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership	
			514)	Yes	No			Yes	No		Yes	No		
													_	
													_	
	•								•	Schedul	e R (Form	1 99	0) 2018	

