For Paperwork Reduction Act Notice, see the separate instructions.

DLN: 93493015012281

OMB No. 1545-0047

2019

2019

Form 990

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Return of Organization Exempt From Income Tax

 \blacktriangleright Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

		enue Service	<u> </u>					
			C Name of organization	ning 07-01-2019 , and ending 06-3	30-2020	D Emplo	wor idon	tification number
		pplicable: change	William Jessup University				-	incation number
□ Na		-				94-12	79803	
☐ Ini			Doing business as					
		n/terminated d return	Number and street (or P.O. box if ma	il is not delivered to street address) Room/s	uite	E Telepho	one numb	er
_		on pending	2121 University Avenue	in is not delivered to street dudress, incomys	idite	(916)	577-220	00
			City or town, state or province, count	ry, and ZIP or foreign postal code				
			Rocklin, CA 95765			G Gross	receipts \$	64,860,785
			F Name and address of principal	officer:	H(a)	Is this a group r	eturn fo	r
			John Jackson 2121 University Avenue			subordinates?		□Yes ☑ No
			Rocklin, CA 95765			Are all subordina included?	ates	☐ Yes ☐No
I Ta	x-exei	mpt status:	✓ 501(c)(3)	nsert no.) 4947(a)(1) or 527		inciuded? If "No," attach a	ı list. (se	
J W	ebsit	te:► ww	w.jessup.edu			Group exemptio	•	•
K Forr	n of o	rganization:	✓ Corporation ☐ Trust ☐ Associ	iation ☐ Other ►	L Year of	f formation: 1945	M Stat	te of legal domicile: CA
Pa	art I	Sum	•	and a large of an about the same				
_		•	cribe the organization's mission or tered university offering degrees v	most significant activities: ia traditional, continuing and online pla	tforms.			
၂၄	:		, , , , , , , , , , , , , , , , , , , ,	, ,				
nag L	-							
Ven	_ '					250/ 6::		
Governance			s box ▶ Ш if the organization disc of voting members of the governing	continued its operations or disposed of	more than	25% of its net	assets.	3 11
×5	l		•	the governing body (Part VI, line 1b)			4	
es es	l		·	endar year 2019 (Part V, line 2a)			5	
<u>ş</u>	l		, ,			• •	6	_
Activities &	l		nber of volunteers (estimate if nece	* *			7	
•	1			VIII, column (C), line 12			7	
	D	Net unrei	ated business taxable income from	Form 990-T, line 39			'	
	_					Prior Year		Current Year
3	l		ions and grants (Part VIII, line 1h)			2,422		14,233,393
Ravenue	l	-	service revenue (Part VIII, line 2g)			48,738	· +	49,372,81
ά.	l		nt income (Part VIII, column (A), li	•			,905	230,379
	l		renue (Part VIII, column (A), lines 5	· · · · · · · · · · · · · · · · · · ·			,489	-77,83
	-			t equal Part VIII, column (A), line 12)		51,352		63,758,75
	l		nd similar amounts paid (Part IX, co			15,185	<u> </u>	16,943,099
	l		paid to or for members (Part IX, co	, ,,			0	
8	l	•		nefits (Part IX, column (A), lines 5-10)		19,007	<u> </u>	20,684,54
Expenses	l		• •	nn (A), line 11e)			0	20,37
Š	1		aising expenses (Part IX, column (D), li					
ш	l	·	penses (Part IX, column (A), lines 1	•		18,371	,709	16,737,09
	18	Total exp	enses. Add lines 13–17 (must equa	al Part IX, column (A), line 25)		52,564		54,385,11
	19	Revenue	less expenses. Subtract line 18 fro	m line 12		-1,212	,230	9,373,63
Net Assets or Fund Balances					Begii	nning of Current	Year	End of Year
sets	20	Total ass	ets (Part X, line 16)			111,642	360	119,325,30
A B	l		ilities (Part X, line 26)			88,971	<u> </u>	87,339,44
ž,Š	l		s or fund balances. Subtract line 2	1 from line 20	-	22,671		31,985,860
	rt II			THOM line 20		22,071	,044	31,963,860
			ature Block eriury. I declare that I have exami	ned this return, including accompanying	a schedule	es and statemen	ts. and '	to the best of mv
know	ledge	and belie		Declaration of preparer (other than off				
any k	nowle	edge.						
		*****	•			2021-01-15		
Sign		Signati	ure of officer			Date		
Here		Diane A	Ahn CFO					
			r print name and title					
		P	rint/Type preparer's name	Preparer's signature	Date	Charle Dir	PTIN	
Paid	t					Check L if self-employed	P007219	<i>1</i> 51
Pre		er 🕝	irm's name	•		Firm's EIN ► 3	5-399089	2
Use		⊢	irm's address ▶ 3050 Saturn Street Suit	e 104		Phone no. (714) 577,000	 R8
						Fillotte 110. (714	, 377-098	
			Brea, CA 92821					
May t	he IR	RS discuss	this return with the preparer show	n above? (see instructions)			. ⊻	Yes 🗌 No

Cat. No. 11282Y

Form **990** (2019)

Form	990 (2019)					Page 2
Pa	rt III Statement	of Program Servi	ce Accomplis	hments		
-	Check if Sche	dule O contains a resp	onse or note to a	any line in this Part III		🗹
1		organization's mission:		•		
In pa	rtnership with the Chu	urch, the purpose of W	Iliam Jessup Uni	versity (WJU) is to edu	icate transformational leaders for	the glory 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 me of grants and allocations to other	
	(Code:) (Expenses \$	39,634,889	including grants of \$	16,639,674) (Revenue \$	41,252,175)
	See Additional Data					
4b	(Code:) (Expenses \$	3,014,222	including grants of \$	179,141) (Revenue \$	6,066,163)
	See Additional Data					
4c	(Code:) (Expenses \$	2,036,579	including grants of \$	124,284) (Revenue \$	2,054,476)
	See Additional Data					
4d	Other program servi	ces (Describe in Sched	ule O.)			
	(Expenses \$	inc	luding grants of	\$) (Revenue \$)
4e	Total program serv	vice expenses ▶	44,685,6	90		

Par	The Checklist of Required Schedules		l	
			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," comple Schedule A $^{\circ}$	1 1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidate for public office? If "Yes," complete Schedule C, Part I 2	ates 3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	J 5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D.Part	right 6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	· •		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🕏	7		No
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III 2	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodial for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII or X as applicable.	I, IX,		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 2	total 11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets report in Part X, line 16? If "Yes," complete Schedule D, Part IX 📆	ted 11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that address the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part 2			No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		,,	
b	Schedule D, Parts XI and XII	. 12a	Yes	No
13	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	
	Did the organization maintain an office, employees, or agents outside of the United States?	13 14a	res	No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments	14a	Yes	140
15	valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		103	No
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV			No
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VI lines 1c and 8a? If "Yes," complete Schedule G, Part II	II, 18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes, complete Schedule G, Part III		1.05	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			110
21	, , , , , , , , , , , , , , , , , , , ,	20b	Yes	
~1	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	2 1	res	

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

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Par	Checklist of Required Schedules (continued)	1	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	NO
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete</i>	23	Yes	
24a	Schedule J	24a	Yes	
h	complete Schedule K. If "No," go to line 25a			
	Did the organization mivest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No No
	to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		No No
		24d		INO
	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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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 🕏	29	Yes	
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	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	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
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
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
88	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	 ;	Yes	⊔ No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2,129		1 63	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	4a		No
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a b	Gross income from members or shareholders			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	11-		Ne
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		No
	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	140		
	parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No

orm	990 (2019)			Page 6
Pai	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	" respo	onse to	lines 🗸
Se	ction A. Governing Body and Management			
		\longrightarrow	Yes	No
Ia	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
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?	\vdash	163	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:			
a	The governing body?	8a	Yes	l
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	<u>e Code</u> T	Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a	165	No
	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?	10a		110
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
h	Describe in Schedule O the process, if any, used by the organization to review this Form 990	110		110
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	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 status with respect to such arrangements?			
	-	16b		
	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AK , CA , CO , DC , MA , MD , MI , NH , NV SC , WA , WI	/,NY,	он , он	< , OR ,
18	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)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: Diane Ahn 2121 University Avenue Rocklin, CA 95765 (916) 577-2200			
		F	orm 99	0 (2019)

Part VII

Trustee

 \checkmark

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 $\mbox{\rm VII}\,$. 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

- 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 relate			ons.	, p = 0		٠	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,,,,,	
• List all of the organization's former directo organization, more than \$10,000 of reportable co	ompensation fro	m the									
See instructions for the order in which to list the	•										
☐ Check this box if neither the organization no (A) Name and title	(B) Average hours per week (list any hours for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the organization and	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MÍSC)	MÍSC)	related organizations	
(1) John Jackson President	40.00	X		x				165,914	0	149,006	
(2) David Punt Chief Financial Officer (Part Year)	40.00			х				60,618	0	134,363	
(3) Tom Sasser Chief Development Officer (Part Year)	40.00					х		169,973	0	20,264	
(4) Dennis Jameson Chief Academic Officer/Provost (Part Year)	40.00					х		101,544	0	86,063	
(5) Judy Rentz Chief Operations Officer	40.00					х		179,775	0	3,596	
(6) Ahmad Shaar Director of Corporate Learning-iMBA Advisor, Asst	40.00					х		158,329	0	6,812	
(7) Stephen Strombeck Dean/School of Business	40.00					х		127,692	0	21,872	
(8) Diane Ahn Interim Chief Financial Officer	40.00			х				89,256	0	9,728	
(9) Clifford Daugherty Chairman	1.00	Х		х				0	0	0	
(10) Bonnie Gore Vice Chair	1.00	Х		х				0	0	0	
(11) Steven Olds Treasurer	1.00	Х		х				0	0	0	
(12) Edward Lee Secretary	1.00	Х		х				0	0	0	
(13) Laura Chiappe Trustee	1.00	Х						0	0	0	
(14) Chris Mann Trustee	1.00	Х						0	0	0	
(15) Bob Robert Reeve Trustee	1.00	Х						0	0	0	
(16) Jennifer Silva Griffin Trustee	1.00	Х						0	0	0	
(17) Paul Edwards	1.00	Х						0	0	0	

Form 990 (2019)												Page 8
Part VII Section A. Officers, Directors (A) Name and title	(B) Average hours per week (list any hours for related	Position than of is b	on (do	(C) lo not loox, u an off ctor/t	c) ot che unles fficer truste	eck moss person and a	ore son a	(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensatio from relate organization (W-2/1099	e on d	tinued) (F Estima amount of compen from organizat	ated of other sation the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	(W-2/1099 MISC)	-	relat organiz	ed
(18) Rick K Pickering	1.00	Х						0		0		0
Trustee (19) Valerie Hanson			 	 	\vdash	 '	<u> </u> '			\dashv		
Trustee (Part Year)	1.00	х				<u> </u>		0		0		0
	<u> </u>	<u> </u>	<u> </u>	<u></u>		<u> </u>						
	<u> </u>		<u> </u> '	<u> </u>	\bigsqcup	<u> </u>	<u> </u>			\dashv		
	<u> </u>		<u> </u>	<u> </u>	\bigsqcup	<u></u> '	<u> </u>					
	 	 	<u> </u> -	<u> </u> -	\sqcup	<u></u> '	-					
	 	 	 	-	\vdash	<u></u> '	-					
	 		<u> </u>	<u> </u>	\vdash	<u>—</u> '	-					
AL COLUMN			<u> </u>	<u> </u>	بِـــــــــــــــــــــــــــــــــــــ	<u></u>						
c Total from continuation sheets to Part V	•				,	<u>-</u>	_					
d Total (add lines 1b and 1c)					>			1,053,101		0		431,704
2 Total number of individuals (including but of reportable compensation from the orga		those lis	sted a	abov	′e) w 	/ho red	ceive	ed more than \$100	,000			
3 Did the organization list any former office			Lave		1-1-0	- or!	ماحنجا		leves on		Yes	No
3 Did the organization list any former office line 1a? <i>If "Yes," complete Schedule J for</i>								est compensated er	mpioyee on	3		No
4 For any individual listed on line 1a, is the organization and related organizations greindividual									he • • •	4	Yes	
5 Did any person listed on line 1a receive or services rendered to the organization?If "									dual for			N1 -
Section B. Independent Contractors				-					-	5		No
Complete this table for your five highest of from the organization. Report compensations.	compensated in									npen	sation	
	(A) business address	luur , c.	ar Cr.	41119	*****	101 7.	Ter iii .	T	(B) tion of services		(C	
Bon Appetit	MSINESS dudiess							Food Services	tion or services		Compen 1,	.763,083
100 W Temple St Los Angeles, CA 900740196												
Global Education Group LLC								Tuition Sharing	3		1,	.212,999
1611 East 2nd St 51 Casper, WY 82601												
Clean It Janitorial Services LLC								Janitorial Servi	ices			395,085
10408 Fair Oaks Blvd Fair Oaks, CA 95628												
RuffaloCody Holdings LLC								Advertising				269,749
PO Box 718 Des Moines, IA 50303												-:
Lawson Mechanical Contractors 6090 S Watt Avenue								HVAC Service				200,590
Sacramento, CA 95829 2 Total number of independent contractors (in		Limita	1 +2 +		- liet		-:/2)	ha rassived mon	#100 00	o of		
compensation from the organization > 8	- ICluding but not	. IIIIIIcec	1 10 1.	1036		iu abc	رعدد	Willo received mon	e tilali proo ₇ 00	10 01	Form 904	

Form 9 Part		(2019) Statement	of E	Pevenue						Page 9
rait	VII				respo	nse or note to any	line in this Part VIII			🗆
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
10	1	a Federated campa	igns		1a		l	revenue		512 - 514
ants		b Membership dues	5.	. [1 b					
Gifts, Grants nilar Amounts		c Fundraising even	ts .	. [1c	297,378				
ifts, ar A		d Related organizat	tions	; <u> </u>	1 d					
, <u>G</u>		e Government grants	(con	tributions)	1e	1,688,984				
Contributions, Gifts, Grants and Other Similar Amounts		f All other contributio and similar amounts above	ns, g s not	ifts, grants, included	1f	12,247,031				
ntrib d Oth		g Noncash contributio lines 1a - 1f:\$	ns in	cluded in	1 g	9,468,664				
Contand		h Total. Add lines :	1a-1	f		•	14,233,393			
						Business Code				
0.	28	Traditional Education				611710	41,252,175	41,252,175		
Program Service Revenue	Ŀ	Graduate Program				611710	6,066,163	6,066,163		
ice Re	c	Adult Degree Progran	n			611710	2,054,476	2,054,476		
Serv	c	 i								
ogran	6	•								
Ě	f	All other program	cerv	ice revenue						
		Total. Add lines 2				49,372,814				
	3	Investment income	(inc	luding divide	nds, i		7			247.004
		similar amounts). Income from invest		t of tax-even		ond proceeds		4		247,034
							\ <u> </u>			
				(i) Real		(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental	6b							
	ſ	expenses Rental income	60				-			
		or (loss)	6 c							
	•	d Net rental income	or ((ii) Other				
	72	Gross amount		(i) Securit	ies	(II) Other	-			
		from sales of assets other than inventory			71,45	8				
	b	Less: cost or other basis and sales expenses	7b	89	98,452	84,71	0			
	С	Gain or (loss)	7c		-3,403	-13,25	2			
		d Net gain or (loss)					-16,65	5		-16,655
Other Revenue	88	Gross income from fu (not including \$ contributions reported		297,378 of						
eve		See Part IV, line 18			8a	41,037				
er F		b Less: direct expen c Net income or (los			8b	118,872	· -77,83	5		-77,835
Oth	Ì	a recome or (103	.5) 11	om ranaraisii	lig cv.	ents •	1			,
	9a	Gross income from See Part IV, line 19			9a					
	ı	b Less: direct expen	ses		9b					
	•	c Net income or (los	s) fr	om gaming a	ctiviti	es >	_			
	10	a Gross sales of inve								
		returns and allowa			10a		4			
		b Less: cost of good			10b	orv >	_			
		Net income or (los Miscellaneo			iiveiit	Business Code				
	11	La	_							
	ı									
	•	С								
	,	d All other revenue	•							
	•	e Total. Add lines 1	1a-1	l1d		•				
	12	2 Total revenue. S	ee ir	nstructions .		• • • •	63,758,75	1 49,372,814		0 152,544
							, ,	, , -,-=		Form 990 (2019)

Form 990 (2019)					Page 10
	nt of Functional Expenses				
	L(c)(3) and $501(c)(4)$ organizations must c		_		ımn (A).
Check if Sc	hedule O contains a response or note to an	y line in this Part IX			<u> ⊔</u>
Do not include amoun 7b, 8b, 9b, and 10b of	ts reported on lines 6b, Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	sistance to domestic organizations and nts. See Part IV, line 21	87,973	87,973		
2 Grants and other as Part IV, line 22	sistance to domestic individuals. See	16,855,126	16,855,126		
governments, and fo	sistance to foreign organizations, foreign oreign individuals. See Part IV, lines 15				
4 Benefits paid to or f	or members				
5 Compensation of cu key employees .	rrent officers, directors, trustees, and	860,111	105,278	544,278	210,555
defined under section	ncluded above, to disqualified persons (as in 4958(f)(1)) and persons described in B)	241,997	197,180		44,817
7 Other salaries and v	vages	16,486,419	14,950,941	512,411	1,023,067
	ls and contributions (include section 401 loyer contributions)	98,609	98,609		
9 Other employee ber	nefits	1,884,597	1,264,627	578,629	41,341
10 Payroll taxes		1,112,813	1,004,885	54,204	53,724
11 Fees for services (no	on-employees):				
a Management					
b Legal		8,408		8,408	
c Accounting		73,818		73,818	
d Lobbying		16,040		16,040	
e Professional fundrais	sing services. See Part IV, line 17	20,375			20,375
	ment fees	23,673		23,673	
	mount exceeds 10% of line 25, column 11g expenses on Schedule O)	2,206,645	1,839,222	222,320	145,103
12 Advertising and pro	motion	878,595	711,787	890	165,918
13 Office expenses .		1,813,945	1,273,094	380,777	160,074
14 Information technol	ogy	491,255	40,428	447,574	3,253
15 Royalties					_
16 Occupancy		2,291,677	1,954,779	318,771	18,127
17 Travel		628,495	605,462	8,837	14,196
18 Payments of travel of federal, state, or loc	or entertainment expenses for any cal public officials				
19 Conferences, conver	ntions, and meetings	64,118	44,631	12,699	6,788
20 Interest		3,555,164	11,637	3,543,453	74
21 Payments to affiliate	es				
22 Depreciation, deplet	ion, and amortization	2,830,157	2,551,128	262,460	16,569
23 Insurance	. '	268,692	86,801	181,891	
24 Other expenses. Ite miscellaneous exper	mize expenses not covered above (List nses in line 24e. If line 24e amount e 25, column (A) amount, list line 24e				
a Academic Tools		498,506	483,870	1,236	13,400
b Bad Debt		444,077		444,077	
c Student Activities		357,461	357,130		331
d Staff Development	:	127,030	85,829	28,187	13,014
e All other expenses		159,341	75,273	54,350	29,718
25 Total functional ex	kpenses. Add lines 1 through 24e	54,385,117	44,685,690	7,718,983	1,980,444
reported in column educational campaig	ete this line only if the organization (B) joint costs from a combined gn and fundraising solicitation.				
Check here 🕨 🔲 i	f following SOP 98-2 (ASC 958-720).				

Form 990 (2019)

3

Assets

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

31

32

33

Liabilities 22

Fund Balances

٥ 29

Assets 30 (B)

End of year

Page **11**

3,011

13,859,806

1,030,733

743.860

80,000

14,804

731,905

98,552,817

4,026,400

281,972

119,325,308

4,378,765

1,670,930

528,277

5,220,670

87.339.448

25,839,021

6,146,839

31,985,860

119,325,308

Form 990 (2019)

75,540,806

Check if Schedule O contains a response or note to any line in this Part IX

1	Cash-non-interest-bear

Intangible assets .

Grants payable .

Deferred revenue . . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Tax-exempt bond liabilities . .

ing . Savings and temporary cash investments . .

Pledges and grants receivable, net . . . Accounts receivable, net

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled Notes and loans receivable, net . . . Inventories for sale or use .

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). Prepaid expenses and deferred charges .

basis. Complete Part VI of Schedule D

b Less: accumulated depreciation

10a Land, buildings, and equipment: cost or other 11 Investments—publicly traded securities .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses .

12 Investments—other securities. See Part IV, line 11 .

10a 10b

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Organizations that follow FASB ASC 958, check here <a> \square and

Unsecured notes and loans payable to unrelated third parties .

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here > \(\begin{align*} \text{and} \\ \text{and} \end{align*}

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Investments—program-related. See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 34) .

22,590,977

121,143,794

3,546,882 296,415 111,642,360 2,428,395 1,641,882 77,721,380

Beginning of year

9,346,553

5,119,954

1,357,921

648.626

90,000

14.758

446,055

90,775,196

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12 13

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15

> 22 23

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31

32

33

6.868.874

88.971.316

16,831,628

5,839,416

22,671,044

111,642,360

3b

Yes Form 990 (2019)

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

Additional Data

Software ID:

Software Version:

EIN: 94-1279803

Name: William Jessup University

Form 990 (2019)

and tutors.

Form 990, Part III, Line 4a:

UNDERGRADUATE AND ONLINE EDUCATION: WJU enrolls more than 1,800 students in its undergraduate and graduate programs with an integrated Biblical foundation in each program. Each undergraduate program is founded on a solid liberal arts core and intentionally designed to foster a student's spiritual development. With more than 30 degree programs, 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 students across all degree platforms with 10 fully-online degree programs. UNDERGRADUATE AND ONLINE EDUCATION (CONTINUED) Majors include Business, Psychology, Criminal Justice, Leadership, English, History, Music, Theater, Visual and Fine Arts, Digital Communication & Design, Liberal Studies & Credentialing, Public Policy, Biblical Studies, Theology, Biology, Kinesiology, 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,

Form 990, Part III, Line 4b:

qualified faculty who share personal concern for each student's spiritual development and personal well-being. Current offerings include a Master of Accountancy, MA in Teaching, MBA, an International MBA, MS in Computer Science, MA in Education, MA in Counseling Psychology, an online program for the MBA. MA in Leadership with a concentration in Christian Ministry, 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. GRADUATE EDUCATION (CONTINUED) Both thesis-based and professional degree programs provide

GRADUATE EDUCATION: WJU offers a growing array of high quality graduate degrees, each designed to offer an advanced-level educational experience taught by highly

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: 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 at all of WJU's campuses (Rocklin and San Jose

as well as teaching site in Elk Grove). 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. ADULT DEGREE COMPLETION (CONTINUED) 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 adult degree completion programs in Business Administration, Psychology, and Leadership.

efil	e GR/	APHIC pri	nt - DO NOT PROCESS	As Filed Data -		DLN: 9	DLN: 93493015012281				
SC		ULE A	Dublic (Charity Statu	e and Dul	hlic Sunn	ort	OMB No. 1545-0047			
	m 99		Complete if the or	ganization is a sect 4947(a)(1) nonexe ▶ Attach to Form	ion 501(c)(3) e mpt charitable 990 or Form 99	organization or trust. 00-EZ.	· a section	2019			
•		the Treasury	► Go to <u>www.irs</u>	. <u>gov/Form990</u> for i	nstructions and	I the latest info	ormation.	Open to Public Inspection			
Nam	e of th	nie Service ne organiza p University	tion				Employer identific	ation number			
vviiliai	ii Jessu	p Offiversity					94-1279803				
	rt I		for Public Charity Statu				See instructions.				
1 1	rganiz		a private foundation because	`	•		(A)(:)				
		•	onvention of churches, or as								
2	✓		scribed in section 170(b)(:		,						
3		·	or a cooperative hospital serv	-			-				
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:									
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170 (b)(1)(A)(iv). (Complete Part II.)									
6		A federal, s	tate, or local government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	ı)(v).				
7			ation that normally receives a (O(b)(1)(A)(vi). (Complete		s support from a	governmental u	nit or from the genera	al public described in			
8		A communi	ty trust described in section	170(b)(1)(A)(vi).	(Complete Part I	I.)					
9			ural research organization de rant college of agriculture. Se					ege or university or a			
10		from activit	ation that normally receives: ties related to its exempt fun income and unrelated busing See section 509(a)(2). (Co	ctions—subject to cer ess taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	ipport from gross			
11		An organiza	ation organized and operated	exclusively to test fo	r public safety. S	See section 509	(a)(4).				
12		more public	ation organized and operated cly supported organizations d through 12d that describes	escribed in section 5	09(a)(1) or sec	ction 509(a)(2). See section 509(a				
a		Type I. A so	supporting organization opera n(s) the power to regularly a Part IV, Sections A and B.	ated, supervised, or coppoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by				
b		Type II. A manageme	supporting organization sup- nt of the supporting organiza plete Part IV, Sections A a	ervised or controlled i Ition vested in the sar							
С		Type III f	unctionally integrated. A s organization(s) (see instructi	upporting organizatio				ted with, its			
d		Type III n	on-functionally integrated integrated integrated. The organization in You must complete Par	I. A supporting organi generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar				
е		Check this	box if the organization receiv or Type III non-functionally	red a written determir	nation from the I		pe I, Type II, Type II	I functionally			
f	Enter		• • • • • • • • • • • • • • • • • • • •		-		<u> </u>				
g			ing information about the su	· · · · · · · · · · · · · · · · · · ·	r '		(v) Amount of				
	(i) N	Name of supported of the second of the secon		(ii) EIN (iii) Type of organization (described on lines 1- 10 above (see instructions)) (iv) Is the organization listed in your governing document?				(vi) Amount of other support (see instructions)			
					Yes	No					
Tota		l. P. '	tion Act Notice, see the In		Cat. No. 11285		8-1	 90 or 990-EZ) 2019			

Р	art III Support Schedule for									
	(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)									
S	tne organization falls to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)					
30	Calendar year	() 2015	(1) 2016	() 2247	(1) 2010	() 2010	(O.T.)			
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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									
3	Gross receipts from activities that are									
	not an unrelated trade or business									
4	under section 513 Tax revenues levied for the									
•	organization's benefit and either paid									
_	to or expended on its behalf									
5	The value of services or facilities 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									
L	3 received from disqualified persons Amounts included on lines 2 and 3									
D	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.)									
Se	ection B. Total Support		1				Г			
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
9	Amounts from line 6									
10a	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties and income from similar sources.									
b	Unrelated business taxable income									
	(less section 511 taxes) from									
	businesses acquired after June 30, 1975.									
С	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	Other income. Do not include gain or									
	loss from the sale of capital assets									
12	(Explain in Part VI.) Total support. (Add lines 9, 10c,									
13	11, and 12.).									
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>			
	check this box and stop here						▶ ⊔			
	ection C. Computation of Public S			! (6))		1 1				
15	Public support percentage for 2019 (lin		•			15				
16	Public support percentage from 2018 S	-	<u> </u>			16				
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17				
17 10	Investment income percentage for 201	-		-		17				
18 10-	331/3% support tests—2019. If the		•			18 33 1/3% and lin	e 17 is not			
	more than 33 1/3%, check this box and s									
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the									
ט	not more than 33 1/3%, check this box	-			•		_			
20	Private foundation. If the organization	-	-							
	ritvate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCGONS	. 📂 📖			

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

10a

answer line 10b below.

the organization had excess business holdings).

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? 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. 3a 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? 5b

5с Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6

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 7 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,"

8 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
```

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

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

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

9b

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Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in
which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
```

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

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

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

	edule A (101111 550 01 550 E2) 2015			age 3
Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
	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		
	A family member of a person described in (a) above?	11b		
	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 .	11c		
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	-		
2	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	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
S	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?			
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			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	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.	ſ	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		
ı	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		

3b

1	Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying true.			. Part VIV See
	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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 Yea (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		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	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		

2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions	
7	Total annual distributions. Add lines 1 through 6.	

5	Qualified set-aside amounts (prior IRS approval require			
6	Other distributions (describe in Part VI). See instruction			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whe details in Part VI). See instructions	sive (provide		
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable

other distributions (describe in Fare 42). See mistractions						
7 Total annual distributions. Add lines 1 through 6.						
Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions						
9 Distributable amount for 2019 from Section C, line 6						
10 Line 8 amount divided by Line 9 amount						
(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019				
	Underdistributions	Distributable				

Schedule A (Form 990 or 990-EZ) (2019)

3 Excess distributions carryover, if any, to 2019:

g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines

a Excess from 2015. **b** Excess from 2016. c Excess from 2017. **d** Excess from 2018. e Excess from 2019.

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a From 2014. **b** From 2015. c From 2016. **d** From 2017. e From 2018. f Total of lines 3a through e

instructions)

See instructions.

3j and 4c. 8 Breakdown of line 7:

\$

Schedule A (Form 990 or 990-EZ) 2019 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 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, line 1; Part IV, Section D, lines 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 Section D. lines 5, 6, and 8; and Part V. Section E. lines 2, 5, and 6. Also complete this part for any additional information. (See instructions). **Facts And Circumstances Test** 990 Schedule A, Supplemental Information Return Reference Explanation Schedule A. Part II. Line 10. Gross Fundraising Event Fees - 2015 Amount: \$ 97,948. 2016 Amount: \$ 78,707. 2017 Amount:

\$ 83,526. 2018 Amount: \$ 74,185. 2019 Amount: \$ 41,037.

Explanation of Other Income:

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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SCHEDULE C | Political Campaign and Lobbying Activities **SCHEDULE C**

2010

DLN: 93493015012281 OMB No. 1545-0047

(Form 990 or 990-

EZ)		For Organiz	ations exempt From income 1a.	x Officer Section	30 I(c) and Section 327	2017
Department of the Treasury Internal Revenue Service Complete if the organization is described below. ►Attach to Form 990 or Form 990-EZ. Form 990 to www.irs.qov/Form990 for instructions and the latest information.						
• S • S If the • S If the (Prox	ection 501(c)(3) org Section 501(c) (other Section 527 organizer organization ans Section 501(c)(3) organization social Section 501(c)(3) organization ans by Tax) (see separ	ganizations: Cor er than section 5 cations: Complet wered "Yes" or ganizations that ganizations that wered "Yes" or cate instruction	n Form 990, Part IV, Line 4, or Form have filed Form 5768 (election under have NOT filed Form 5768 (election under n Form 990, Part IV, Line 5 (Proxy Ta	te Part I-C. ts I-A and C below. 990-EZ, Part VI, Ii r section 501(h)): Co under section 501(h	Do not complete Part I-B. e 47 (Lobbying Activities) mplete Part II-A. Do not con)): Complete Part II-B. Do no	, then nplete Part II-B. ot complete Part II-A.
Nar	ne of the organizat am Jessup University		•		Employer ident	ification number
Par	t I-A Complet	e if the orga	nization is exempt under secti	on 501(c) or is	94-1279803	ation
1 2 3 Part 1 2 3 4a b Part 1 2	Provide a descript "political campaign Political campaign Volunteer hours for I-B Complet Enter the amount Enter the amount If the organization Was a correction If "Yes," describe I-C Complet Enter the amount Enter the amount Enter the amount control of the complet Enter the amount function activities	cion of the organ n activities") n activity expend or political camp re if the organ of any excise ta of any excise ta n incurred a sect made? in Part IV. re if the organ directly expend of the filing org	ization's direct and indirect political calitures (see instructions)	on 501(c), excent 527 exempt functions for sections for section 4955	Part IV (see instructions fo \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
3	•	·	es. Add lines 1 and 2. Enter here and o		Ψ	
5	Enter the names, organization mad- of political contrib	addresses and e e payments. For outions received	m 1120-POL for this year?employer identification number (EIN) of each organization listed, enter the anthat were promptly and directly delives the ee (PAC). If additional space is needed	of all section 527 po nount paid from the red to a separate p	litical organizations to which filing organization's funds. A colinical organization, such as	Also enter the amount
	(a) Nam	e	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
1						
2						
3						
4						
5						

Part II-B, Line 1:

Sche	dule C (Form 990 or 990-EZ) 2019				Р	age 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NOT f Form 5768 (election under section 501(h)).	iled				
For e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)		(b)	
activ		Yes	No	/	Amoui	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?		No			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No			
С	Media advertisements?		No			
d	Mailings to members, legislators, or the public?		No			
е	Publications, or published or broadcast statements?		No			
f	Grants to other organizations for lobbying purposes?		No			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No			
i	Other activities?	Yes			:	16,040
j	Total. Add lines 1c through 1i				:	16,040
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No			
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pa	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6).)(5), c	r secti	on		
1	Were substantially all (90% or more) dues received nondeductible by members?			1	Yes	No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3			_	3		
	Did the organization agree to carry over lobbying and political expenditures from the prior year?			_)(6)
Pa	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Par answered "Yes."				5 01 (C	:)(6)
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).					
а	Current year	2a				
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				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
	art IV Supplemental Information					
	vide 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)	· Dart II	- A lines	1 25	d 2 (ca	
	ride 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) tructions), and Part II-B, line 1. Also, complete this part for any additional information.	, Part II	-A, iines	⊥ an	u	:e
1	Return Reference Explanation					

Annual membership and advocacy fees paid to organizations that lobby against legislation that would be detrimental to California Christian universities.

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As Filed Data -

DLN: 93493015012281

2019

OMB No. 1545-0047

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

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

	me of the organization iam Jessup University			Employer ide	entification n	umber
VVII	lain Jessup Oniversity			94-1279803		
Pa	rt I Organizations Maintaining Donor Advi			r Accounts.		
	Complete if the organization answered "Ye		rt IV, line 6. dvised funds	(b) Fired	s and other ac	
1	Total number at end of year	(a) Donor a	avisea runas	(b) Fund	is and other ac	counts
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 adviso	rs in writing that the	essets held in donor ad	viced funds are	the	
3	organization's property, subject to the organization's ex					res 🗌 No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, or	or any other purpose o		missible	∕es □ No
Pa	rt II Conservation Easements. Complete if the organization answered "Ye	s" on Form 990, Pa	rt IV, line 7.			
1	Purpose(s) of conservation easements held by the organ					
	Preservation of land for public use (e.g., recreation	n or education)	Preservation of an	historically imp	ortant land are	ea
	Protection of natural habitat	. [Preservation of a c	ertified historic	structure	
	Preservation of open space	_				
2	Complete lines 2a through 2d if the organization held a	gualified concentation	contribution in the for	m of a concent	ation	
2	easement on the last day of the tax year.	quanned conservation	contribution in the for		at the End of	the Year
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easements			2b		
c	Number of conservation easements on a certified histori	c structure included i	ı (a)	2c		
d	Number of conservation easements included in (c) acqu structure listed in the National Register	ired after 7/25/06, an	d not on a historic	2d		
3	Number of conservation easements modified, transferre tax year ▶	ed, released, extinguis	hed, or terminated by	the organizatior	n during the	
4	Number of states where property subject to conservation					
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds	ne periodic monitoring s?	, inspection, handling o	of violations,	☐ Yes [□ No
6	Staff and volunteer hours devoted to monitoring, inspect	ting, handling of viola	tions, and enforcing co	onservation ease	ements during	the year
7	Amount of expenses incurred in monitoring, inspecting, ▶ \$	handling of violations	, and enforcing conserv	vation easemen	ts during the y	ear
8	Does each conservation easement reported on line 2(d)	above satisfy the rec	uirements of section 1	70(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?				☐ Yes [□ No
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the organ				
Par	Organizations Maintaining Collections Complete if the organization answered "Ye			er Similar As	ssets.	
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finar	public exhibition, edu	cation, or research in f			rks of
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub following amounts relating to these items:	.6 (ASC 958), to repo	t in its revenue statem	ent and balance erance of public	e sheet works of service, provide	of art, de the
	(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, histori following amounts required to be reported under SFAS	cal treasures, or othe	similar assets for fina			
а	Revenue included on Form 990, Part VIII, line 1	,	=	▶\$		
b	Assets included in Form 990, Part X					<u> </u>
For	Paperwork Reduction Act Notice, see the Instruction			_	edule D (Forr	n 990) 2019

Par	t III	Organizations Maintaining Co	llections of Art,	Histori	ical Tı	reasu	res, or Ot	ther S	imilar Ass	sets (conti	nued)	
3		g the organization's acquisition, accessic s (check all that apply):	on, and other record	s, check	any of	the fol	llowing that	are a s	ignificant us	e of its coll	ection	
а		Public exhibition		d		Loan	or exchange	e progr	ams			
b		Scholarly research		e		Other	·					
С		Preservation for future generations										
4	Provi Part	ide a description of the organization's co XIII.	llections and explain	n how the	ey furth	her the	e organizatio	n's exe	mpt purpos	e in		
5		ng the year, did the organization solicit $\mathfrak c$ ts to be sold to raise funds rather than t								☐ Yes	□ N	o
Pai	rt IV	Escrow and Custodial Arrange Complete if the organization ans X, line 21.		orm 990), Part	IV, lir	ne 9, or re	ported	an amour	nt on Form	า 990,	Part
1a		e organization an agent, trustee, custod ded on Form 990, Part X?								Yes	☑ N	o
b	If "Y	es," explain the arrangement in Part XII	I and complete the t	followina	table:			\top	Am	nount		_
c		nning balance	•	_			10					_
d	_	tions during the year					10	1				_
e							· · —					_
_		ibutions during the year					· _ -					_
f	Endir	ng balance						<u>' </u>				_
2a	Did t	he organization include an amount on F	orm 990, Part X, line	e 21, for	escrow	or cu	stodial acco	unt liab	ility?	✓ Yes	□ N	o
b	If "Ye	es," explain the arrangement in Part XII	I. Check here if the	explanat	ion has	been	provided in	Part XI	II	✓		
Pa	rt V	Endowment Funds.									-	
		Complete if the organization ans	wered "Yes" on Fo	orm 990	, Part							
			(a) Current year		Prior yea	_			d) Three year			
1 a	Beginr	ning of year balance	3,672,873	3	3,449	9,105	3,02	26,478	2,68	88,813	1,6	542,730
b	Contri	butions	669,438	3	158	3,952	31	15,938	13	37,647	9	972,559
С	Net in	vestment earnings, gains, and losses	6,176	5	192	2,889	20	00,791	26	69,568		63,823
d	Grants	s or scholarships	126,351		128	3,073	8	34,854	(69,550		75,930
е		expenditures for facilities rograms						9,248				
f	Admin	istrative expenses										-85,631
g	End of	year balance	4,222,136	5	3,672	2,873	3,44	19,105	3,02	26,478	2,6	588,813
2 a		ide the estimated percentage of the curred designated or quasi-endowment	ent year end balanc 6.580 %	e (line 1	g, colu	mn (a)) held as:					
h		nanent endowment > 93.420 %										
_												
С		porarily restricted endowment										
3а	Are t	percentages on lines 2a, 2b, and 2c sho here endowment funds not in the posse nization by:	· ·	ation tha	t are h	eld and	d administer	red for	the		Yes	No.
	-	nrelated organizations								3a(i)	1.62	No No
	• •	related organizations								3a(ii)	+	No
b		es" on 3a(ii), are the related organizatio		· · I on Sche	• • • edule R	? .	• •			3b	\vdash	
4		ribe in Part XIII the intended uses of the										
Pai	rt VI											
ų.	· ·	Complete if the organization ans		orm 990). Part	IV. lir	ne 11a. Se	e Forn	n 990. Part	t X. line 1	0.	
	Descr	ription of property (a) Cost or of (investm	ther basis (b) Cos	st or other			(c) Accumu				ook value	е
	Land		14,485,160		22,74	42,413					37	,227,573
		ngs	, , ==			27,547		1	.3,664,310			,163,237
		· -			. 2,02			-	,55.,510			,,
		hold improvements			10 50	88 VE2			9 766 OF2			Q21 200
		ment				88,052			8,766,852		1	,821,200
			15 000 0			00,622	10())		159,815			340,807
Tota	ıı. Add	lines 1a through 1e. (Column (d) must	equal Form 990, Pai	rt X, colu	ımn (B)), line .	10(c).) .	. •	•		98	,552,817

Part VII Investments—Other Securities.	Dart TV/ li	ne 11h See Form 990 [Part V line 12	
Complete if the organization answered "Yes" on Form 990, F (a) Description of security or category (including name of security)	(b) Book value	(c) Metho	d of valuation: year market valu	le
(1) Financial derivatives				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, F (a) Description of investment	Part IV, li	(b) Book value	Part X, line 13. (c) Method of Cost or end-of- valu	year market
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) Part IX Other Assets.		<u> </u>		
Complete if the organization answered 'Yes' on Form 990, Pa (a) Description	art IV, lir	ne 11d. See Form 990, Par		ook value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities.			•	
Complete if the organization answered 'Yes' on Form 990, Pa 1. (a) Description of liability		e 11e or 11f.See Form		e 25.) Book value
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote	e to the or	ganization's financial state	ments that report	s the
organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check h				

2

а

b

4

b

C

Part XII

5

1

2

C

d

е 3

b

Part XIII

See Additional Data Table

4

5

Schedule D (Form 990) 2019

Page 4

64,114

47,645,161

16,113,590

63,758,751

38,394,459

122,932

38,271,527

16,113,590

54.385.117

Schedule D (Form 990) 2019

47,709,275

Total expenses and losses per audited financial statements

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Amounts included on Form 990, Part VIII, line 12, but not on line 1: 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:

Subtract line 2e from line 1

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

Supplemental Information

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 . . .

Net unrealized gains (losses) on investments

Donated services and use of facilities

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

Donated services and use of facilities . .

Prior year adjustments

Other (Describe in Part XIII.) . . .

Add lines 2a through 2d .

Return Reference

2c

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

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.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

4a 4b

2a

2b

2c

2d

4a

4b

Explanation

2a

2b

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

3 16,113,590 4c 5

4,060

118,872

16.113.590

2e

3

4c

5

2e

-58.818

118.872

4.060

chedule D (Form 990) 2019	Page 5
Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2019

Additional Data

EIN: 94-1279803 Name: William Jessup University

Part IV, Line 2b:

emental	Info	rmati	or
Return R	Referen	ce	

Software ID: Software Version:

Explanation

Custodial accounts payable are prepaid tuition amounts held for students.

Supplemental Information	
Return Reference	Explanation
Part V, Line 4:	The endowment was established to fund student scholarships. Form 990, Schedule D, Part V, Lines 2a - 2c: In accordance with the principles of FASB ASU 2016-14 (ASC 958), the organi zation has implemented required changes to its audited financial statements for the period ended 06/30/2020. To date, Form 990 and its associated schedules have not been updated to reflect changes made by this standard. Thus, we have reported the revised net asset categ ories from the audited financial statements as follows on Form 990, Schedule D, Part V, Li nes 2a-2c: Line 2a - Without donor restrictions Line 2b - With donor restrictions

upplemental Information		
Return Reference	Explanation	
Part XI, Line 2d - Other Adjustments:	Fundraising Event Expenses 118,872.	

s

upplemental Information	
Return Reference	Explanation
Part XI, Line 4b - Other Adjustments:	Student aid netted with revenue per financial statements 16,113,590.

Sι

Supplemental Information	
Return Reference	Explanation
Part XII, Line 2d - Other Adjustments:	Fundraising events 118,872.

-

upplemental Information	
Return Reference	Explanation
Part XII, Line 4b - Other Adjustments:	Student aid netted with revenue per financial statements 16,113,590.

Sι

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493015012281 OMB No. 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ Complete if the organization answered "Yes" on Form 990, 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 information. Inspection Department of the Treasury Namel Retherosganization **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, 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 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: 5a Nο **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? . 5c Νo **d** Scholarships or other financial assistance? . 5d Νo e Educational policies? . . 5e No f Use of facilities? . . 5f No **g** Athletic programs? 5g Νo 5h No 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? Yes 6a b Has the organization's right to such aid ever been revoked or suspended? 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. Cat. No. 50085D Schedule E (Form 990 or 990-EZ) (2019)

Schedule E (Form 990 or 990EZ) (2019)	Page 2
Part II Supplemental Information. Provide the explainance of the expla	anations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide
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 the homepage of 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. In May 2020, the University received Higher Education Emergency Relief Funds (HEERF) as well.

These programs are administered by the institution in accordance with guidelines established by the U.S. Department of Education. Schedule F (Form 990 or 990-F7) (2019)

efile GRAPHIC print	t - DO NOT	PROCESS /	As Filed Data	-		DLN	93493015012281
SCHEDULE F	State	ement of A	Activities	Outside the Un	ited S	tates	OMB No. 1545-0047
(Form 990) Department of the Treasury			zation answered " ► Attach (gov/Form990 for i		2019 Open to Public Inspection		
Internal Revenue Service Name of the organization						Employer ider	ntification number
William Jessup University						94-1279803	
	nformation Part IV, line		Outside the U	Jnited States. Comple	ete if the	organization a	inswered "Yes" on
other assistance, to award the gran	the grantees' its or assistan s. Describe in	eligibility for th	e grants or assi	substantiate the amoun stance, and the selection 	criteria u	used 	☐ Yes ☐ No her assistance
3 Activites per Region	n. (The followi	ng Part I, line 3 t	table can be dupli	icated if additional space is	s needed.)	ı	
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	program spe	ity listed in (d) is a service, describe cific type of (s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data							
3a Sub-total b Total from continuat	Tion sheets to	0	0				82,883
Part I	non sileets to	0	o				c
)				82,883

	uplicated if addit	(c) Number of		(a) Mannay of as -1-	(f) Amount of	(a) Decembring	(h) Math
ype of grant or assistance	(b) Region	recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other

Sched	dule F (Form 990) 2019		Page 4
Par	Toreign 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)	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 (F	orm 990) 2019	Page 5
	Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part II, line 1 (accomethod); and Part III, column (c) (estimated number of recipients), as apany additional information. See instructions.	unting method); Part III (accounting
990 Schedi	ule F, Supplemental Information	
	Return Reference	Explanation
Part III Accou	nting Method:	

Additional Data

Sub-Saharan Africa

Software ID: Software Version:

EIN: 94-1279803

Name: William Jessup University

Study Abroad Program

14,850

1 990 Schedule F Part I - Activities Outside The United States
--

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe	0	0	Program Services	Study Abroad Program	68,033

0 Program Services

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

DLN: 93493015012281

OMB No. 1545-0047

2019

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.

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

Open to Public Inspection

Employer identification number

Villati Jessap Offiversity							94-1279803	
Part I Fundraising Activities Form 990-EZ filers ar					ered "Yes" on	Form 9	90, Part IV, line 1	.7.
1 Indicate whether the organizati	ion raised funds thr	ough an	y of the f	ollowin	g activities. Che	ck all tha	it apply.	
a 🗹 Mail solicitations			e	• 🗸	Solicitation of r	on-gover	nment grants	
b Internet and email solicitati	ions		f	· 🗸	Solicitation of g	overnme	nt grants	
c Phone solicitations			g		Special fundrais	sing even	ts	
d ✓ In-person solicitations			-	_	•	-		
2a Did the organization have a wri								es 🗌 No
b If "Yes," list the 10 highest paid to be compensated at least \$5,			draisers)	pursua	ant to agreemer	nts under	which the fundraise	er is
i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai custo cont	Did ser have ody or rol of outions?		Gross receipts rom activity	(c	Amount paid to privile retained by) draiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
Westfall Group Inc dba Westfall Gold PO Box 81712 Atlanta, GA 30366	lajor donor event	Yes	No No			0	20,375	-20,375
otal			. ▶				20,375	-20,375
3 List all states in which the organi licensing.	zation is registered	or licens	sed to sol	icit cor	ntributions or ha	s been no	otified it is exempt f	rom registration or

AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, MO, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA,

Cat. No. 50083H

		(a)Event #1 University Fund	(b) Event #2 Warrior Golf Classic	(c)Other events 2	(d) Total events (add col. (a) through col. (c))
ue		Dinner (event type)	(event type)	(total number)	con (cy)
Keverkie					
	1 Gross receipts	274,792	44,642	18,981	338,41
	2 Less: Contributions	254,162	38,286	4,930	297,37
	3 Gross income (line 1 minus line 2)	20,630	6,356	14,051	41,03
	4 Cash prizes				
<u>ဖွ</u>	5 Noncash prizes		7,090		7,09
ense	6 Rent/facility costs	10,857	11,962	479	23,29
Direct Expenses	7 Food and beverages	35,633	42	4,338	40,01
_ [[8 Entertainment	1,500			1,50
5	9 Other direct expenses	46,109	723	139	46,97
	10 Direct expense summary. Add lines 4 t	through 9 in column (d)		.	4400
	·	amough 9 m column (u)			118,87
	11 Net income summary. Subtract line 10	from line 3, column (d)			118,87 -77,83
	11 Net income summary. Subtract line 10 Till Gaming. Complete if the organism on Form 990-EZ, line 6a.	from line 3, column (d)	s" on Form 990, Part I		-77,83
Par	Gaming. Complete if the orga	from line 3, column (d)	s" on Form 990, Part I (b) Pull tabs/Instant bingo/progressive bingo	V, line 19, or reported (c) Other gaming	-77,83 more than \$15,000 (d) Total gaming (add
Par	Gaming. Complete if the orga	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		-77,83 more than \$15,000 (d) Total gaming (add
Ises Keverkie	Gaming. Complete if the organization on Form 990-EZ, line 6a.	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		-77,83 more than \$15,000 (d) Total gaming (add
ISes Revenue	Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		-77,83 more than \$15,000 (d) Total gaming (add
Expenses Revenue a	Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		-77,83 more than \$15,000 (d) Total gaming (add
Jirect Expenses Revenue	Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		-77,83 more than \$15,000
Jirect Expenses Reversie	Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		-77,83 more than \$15,000 (d) Total gaming (add
Jirect Expenses Reversie	Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	from line 3, column (d) anization answered "Ye (a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	-77,83 more than \$15,000 (d) Total gaming (add
Direct Expenses Reversie	Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes 3 Noncash prizes	from line 3, column (d) anization answered "Ye (a) Bingo Yes	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	-77,83 more than \$15,000 (d) Total gaming (add
Direct Expenses Reversite	Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	rom line 3, column (d) anization answered "Ye (a) Bingo Yes % No Chrough 5 in column (d)	(b) Pull tabs/Instant bingo/progressive bingo Yes % No	(c) Other gaming Yes % No	-77,83 more than \$15,000 (d) Total gaming (add
Direct Expenses Reversite	Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	(a) Bingo Yes % No Chrough 5 in column (d)	(b) Pull tabs/Instant bingo/progressive bingo Yes	(c) Other gaming Yes % No	-77,83 more than \$15,000 (d) Total gaming (add
a Direct Expenses Reversite	Gaming. Complete if the organization on Form 990-EZ, line 6a. 1 Gross revenue	rom line 3, column (d) anization answered "Ye (a) Bingo Yes % No Chrough 5 in column (d) t line 7 from line 1, column (d) aming activities in each of	(b) Pull tabs/Instant bingo/progressive bingo Yes % No n (d)	(c) Other gaming Yes % No	-77,83 more than \$15,000 (d) Total gaming (add col.(a) through col.(c))
Direct Expenses Reversite	Gaming. Complete if the organization on Form 990-EZ, line 6a. 1 Gross revenue	(a) Bingo Yes % No Chrough 5 in column (d) t line 7 from line 1, column (d) aming activities in each of	(b) Pull tabs/Instant bingo/progressive bingo Yes % No n (d)	(c) Other gaming Yes % No	-77,83 more than \$15,000 (d) Total gaming (add col.(a) through col.(c))

Sche	dule G (Form 990 or 990-EZ) 2019				F	Page 3
11	Does the organization conduct gamin	g activities with nonmembe	ers?	□Yes	□No	
12	Is the organization a grantor, benefic formed to administer charitable gami		a member of a partnership or other entity	□Yes	Пио	
13	Indicate the percentage of gaming ac	tivity conducted in:				
а	The organization's facility		13a			%
b	An outside facility		13b			%
14	Enter the name and address of the pe	erson who prepares the org	ganization's gaming/special events books and records:			
	Name •					
152	Address Does the organization have a contrac		hom the organization receives gaming			
134			· · · · · · · · · · · · · · · · · · ·	□ vos	Пис	
b	If "Yes," enter the amount of gaming amount of gaming revenue retained l	revenue received by the or	rganization 🕨 \$ and the	□ les		
С	If "Yes," enter name and address of t	:he third party:				
	Name ►					
	Address •					
16	Gaming manager information:					
	Name ►					
	Gaming manager compensation ► \$					
	Description of services provided ▶					
	☐ Director/officer	☐ Employee	☐ Independent contractor			
17	Mandatory distributions:					
а	Is the organization required under started retain the state gaming license?		distributions from the gaming proceeds to	□Yes	Пио	
b	Enter the amount of distributions req	uired under state law distri	buted to other exempt organizations or spent			
	in the organization's own exempt act		•			
Pai			ations required by Part I, line 2b, columns (iii) a pplicable. Also provide any additional information			s.
	Return Reference		Explanation			
Sche	dule G, Part I, Line 2b, Column (v)		essional fundraising services was entered into at the e ere were no gross receipts to report.	nd of the fi	scal year	. As

efile GRAPHIC print - DO	NOT PROCESS	As Filed Data -					DLN: 9	34930150	12281
Note: To capture the full c	ontent of this d	ocument, please sel	ect landscape mode	: (11" x 8.5") whe	en printing.				
Schedule I		Grants and O	ther Assistanc	o to Organiz	ations		OMB	No. 1545-004	17
(Form 990)			and Individuals		•		2	2019	
	Co	mplete if the organiza	tion answered "Yes," o		, line 21 or 22.		On	en to Public	
Department of the Treasury Internal Revenue Service		► Go to <u>www</u>	► Attach to Form v.irs.gov/Form990 for		on.			nspection	
Name of the organization						Employ	er identificatio	n number	
William Jessup University						94-127	'9803		
Part I General Informa	ation on Grants	and Assistance							
	o award the grants anization's procedur Assistance to Dom	or assistance? es for monitoring the use	e of grant funds in the Un	ited States.			art IV, line 21,	Yes for any recip	□ No
(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)	(g) Descript noncash assi		h) Purpose o r assistance	f grant
(1) National Hispanic Christian Leadership Conference PO Box 293389 Sacramento, CA 95829	76-0745631	501(c)(3)	25,000				М	ission support	:
2 Enter total number of section	on 501(c)(3) and go	vernment organizations	listed in the line 1 table .				•		1
3 Enter total number of other	organizations listed	d in the line 1 table					•		0
For Paperwork Reduction Act Notic	e. see the Instruction	ns for Form 990.		Cat. No. 50055	5P		Schedul	e I (Form 990) 2019

Page 2

Schedule I (Form 990) 2019

(3) (4)

(5) (6)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Schedule I (Form 990) 2019

Part III

(2)

(7) Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference Explanation Part I, Line 2:

The financial aid office at William Jessup University requires students to complete the Free Application for Federal Student Aid (FAFSA) form to determine eligibility for Federal, State, and institutional grants, scholarships, and loans. This is an equitable formula that measures all assets consistently. Enrollment and eligibility are monitored by the University. 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.

efil	e GRAPHIC pi	rint - DO NOT PROCESS	As Filed Dat	a -	DLN: 934	19301	15012	281
Sch	nedule J	Co	mpensati	ion Information	10	1B No.	1545-0	0047
(For	m 990)	For certain Office		rustees, Key Employees, and Higl	hest			
		► Complete if the orga		ated Employees vered "Yes" on Form 990, Part IV,	line 23.	20)
D			▶ Attach	to Form 990. instructions and the latest inform))pen i		
•	tment of the Treasury al Revenue Service	P do to <u>www.ms.gov</u>	101 1111990	me ratest mom	lation.		ectio	
	me of the organization in the second in the				Employer identificat	tion nu	ımber	
		•			94-1279803			
Pa	rt I Questi	ons Regarding Compensat	ion				l	
1 a				the following to or for a person listed y relevant information regarding thes			Yes	No_
		s or charter travel		Housing allowance or residence for p				
		companions		Payments for business use of persor				
	☐ Tax idemi	nification and gross-up payments		Health or social club dues or initiation	n fees			
	Discretion	nary spending account		Personal services (e.g., maid, chauf	feur, chef)			
b				follow a written policy regarding payr ve? If "No," complete Part III to expla		1b	Yes	
2	Did the organiza	ation require substantiation prior	to reimbursing (or allowing expenses incurred by all		2	Yes	
	directors, truste	es, officers, including the CEO/E	kecutive Directo	r, regarding the items checked on Lin	e 1a? . .			
3	organization's C	EO/Executive Director. Check all	that apply. Do r					
	used by a relate	ed organization to establish comp	ensation of the	CEO/Executive Director, but explain in	n Part III.			
		ation committee		Written employment contract				
		ent compensation consultant	⊻	Compensation survey or study	Li			
	☐ Form 990	of other organizations	•	Approval by the board or compensat	tion committee			
4	During the year related organiza		90, Part VII, Se	ction A, line 1a, with respect to the fi	ling organization or a			
а	Receive a sever	ance payment or change-of-cont	rol payment? .			4a	Yes	
b	•	r receive payment from, a supple	•	•		4b		No
С				nsation arrangement? Slicable amounts for each item in Part		4c		No_
	Only 501(c)(3), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.				
5	For persons liste		A, line 1a, did	the organization pay or accrue any				
а	The organization	n?				5a		No
b	Any related orga	anization?				5b		No
	•	5a or 5b, describe in Part III.						
6		ed on Form 990, Part VII, Section ontingent on the net earnings of:		the organization pay or accrue any				
a	-	n?				6a		No
b	, -				• •	6b		No
7	· ·	6a or 6b, describe in Part III.	للالم عمالة م	the organization provide any nonfixed	1			
,	payments not d	escribed in lines 5 and 6? If "Yes,	," describe in Pa	rt III		7	Yes	
8	subject to the ir	nitial contract exception described	in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," de 		8		No
9	If "Yes" on line	8, did the organization also follow	v the rebuttable	presumption procedure described in	Regulations section	9		INU
For F	Panerwork Redu	iction Act Notice, see the Inst	ructions for Fo	orm 990. Cat. No. 5	0053T Schedule J	(Form	1 990)	2019

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual. (C) Retirement and (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (D) Nontaxable (E) Total of columns (F) Compensation in other deferred benefits (B)(i)-(D) column (B) reported (i) Base (ii) Bonus & incentive (iii) Other as deferred on prior compensation compensation compensation reportable Form 990 compensation 1 John Jackson 147,320 (i) 0 18,594 28,892 0 120,606 315,412 President 0 0 0 0 0 0 (ii) 0 2 David Punt 60,618 (i) 0 0 22,586 112,269 195,473 0 Chief Financial Officer (Part Year) 0 0 0 0 0 0 (ii) 3 Tom Sasser 169,973 (i) 0 0 0 0 20,756 190,729 Chief Development Officer (Part Year 0 0 0 0 0 0 0 (ii) 4 Dennis Jameson 101,544 (i) 0 0 0 17,990 68,565 188,099 Chief Academic Officer/Provost (Part 0 0 0 0 0 0 0 (ii) 5 Judy Rentz 179,775 (i) 0 0 490 0 3,596 183,861 Chief Operations Officer 0 0 0 0 0 0 0 (ii) 6 Ahmad Shaar 119,721 (i) 0 38,608 0 7,107 165,436 0 Director of Corporate Learning-iMBA 0 0 0 0 0 0 0 (ii)

Page 3
nation
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.
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 D. Jameson
David Punt, CFO and Tom Sasser, CDO received \$29,580 and \$40,130 (respectively) in separation payments during the year.
John Jackson, President received \$18,954 in loan forgiveness. This was a discretionary amount approved by the board and included in his taxable income.

Schedule 1 (Form 990) 2019

DLN: 93493015012281 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No. 1545-0047 Schedule K **Supplemental Information on Tax-Exempt Bonds** (Form 990) ▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI. Open to Public ▶ Attach to Form 990. Department of the Treasury Internal Revenue Service ▶Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization **Employer identification number** William Jessup University 94-1279803 Part I **Bond Issues** (b) Issuer EIN (c) CUSIP # (f) Description of purpose (h) On (i) Pool (a) Issuer name (d) Date issued (e) Issue price (g) Defeased behalf of financing issuer Yes No Yes No Yes No 78,905,343 Refunding issue of taxable bonds California Municipal Finance 20-1563466 13048VJF6 05-08-2019 Χ Х 6/24/2014 and 5/26/2015 Authority **Proceeds** Part ${f I}$ C В D Α 2,065,000 2 3 78,999,906 4,712,000 5 6 7 1,155,770 8 9 10 4,000,000 11 69,037,573 12 13 2019 Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue of tax-exempt 14 Χ Were the bonds issued as part of an advance refunding issue of taxable 15 Χ Has the final allocation of proceeds been made? Χ 16 Does the organization maintain adequate books and records to support the final allocation of 17 Χ Part 🏻 **Private Business Use** Α R C D Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned property Χ Are there any lease arrangements that may result in private business use of bond-financed Cat. No. 50193E Schedule K (Form 990) 2019 For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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

Exception to rebate?

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

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

Schedule K (Form 990) 2019

За

Part IV

b

C

Arbitrage

Page 2

D

Schedule K (Form 990) 2019

No

Yes

		A		В	(Ō.	ŗ	D
	Yes	No	Yes	No	Yes	No	Yes	No
Are there any management or service contracts that may result in private business use of bond-financed property?		Х						

	bond initiational property.				
b	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?				
С	Are there any research agreements that may result in private business use of bond-financed property?	Х			
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?				

0 %

0 %

0 %

В

No

Yes

C

No

Yes

Χ

Х

Χ

Νo

Χ

Χ

Χ

Χ

Χ

Yes

Х

Yes

Χ

No

Explanation Investment earnings in the amount of \$94,563 were added to the issue price of \$78,905,343 for FYE 6/30/20, resulting in total proceeds of issue in the amount of

Yes

No

Yes

Nο

Page 3

D

Nο

Yes

эа	(GIC)?	X		
b	Name of provider			

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

Schedule K (Form 990) 2019

Term of GIC .

period?

Part V

Part VI

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?

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

\$78,999,906.

requirements of section 148? . . .

Return Reference

Form 990, Schedule K, Part II, Line 3:

	C print - DO NO	T PROCES	S As Fi	iled Data -				DI	LN: 93	34930	1501	2281
Schedule L		Tran	saction	ns with Ir	ntereste	d Person	s	OMB No. 1545-0047				0047
(Form 990 or 990	-EZ) ► Complet	e if the orga	nization a 28b, or 28	nswered "Yes Bc, or Form 99	s" on Form 99 00-EZ, Part V,	90, Part IV, li , line 38a or 4	6,	20	19	9		
Department of the Trea		o to <u>www.ii</u>		ch to Form 990 <u>m990</u> for inst			ormation	١.		Open Insi	to Pu ectio	
Name of the orga							Emple	yer id	entifica			
William Jessup Univ	versity						94-12	79803				
	ss Benefit Tran	•				,						
-	lete if the organizate Name of disqualif			Form 990, Part Relationship be							1 Corr	t - d 2
1 (a) Name or disquain	ied person	(6)		etween disquai organization	iiried person ar		Descrip ransact) Corr es	No.
												110
4958	mount of tax incurr				· • • •		year unde	_	n \$ —— \$ —			
Part II Loa	ans to and/or F	7										
Con	nplete if the organi	zation answe	red "Yes" o	n Form 990-EZ,	, Part V, line 3	8a, or Form 99	0, Part I\	, line 20	5; or if	the org	ganizat	ion
Con repo (a) Name of		zation answe n Form 990, I	red "Yes" or Part X, line (d) Loan	n Form 990-EZ, 5, 6, or 22	(e) Original principal amount	8a, or Form 99 (f) Balance due	0, Part I\ (g) In default?	(I Appro boa	h) ved by rd or	(i	ganizat) Writi reeme	en
Con repo (a) Name of	nplete if the organi orted an amount or (b) Relationship	zation answe n Form 990, F (c) Purpose	red "Yes" or Part X, line (d) Loan orga	n Form 990-EZ, 5, 6, or 22 to or from the nization?	(e) Original principal	(f) Balance	(g) In default?	Appro boa comm	h) ved by rd or nittee?	(i ag) Writ	en nt?
Con repo (a) Name of nterested person (1) John Jackson	nplete if the organi orted an amount or (b) Relationship with organization	zation answe n Form 990, F (c) Purpose	red "Yes" or Part X, line (d) Loan	n Form 990-EZ, 5, 6, or 22 to or from the	(e) Original principal	(f) Balance	(g) In	Appro boa comm	h) ved by rd or	(i) Writ	en
Con repo (a) Name of interested person (1) John Jackson	nplete if the organi orted an amount or (b) Relationship with organization President and	zation answe n Form 990, I (c) Purpose of loan	red "Yes" or Part X, line (d) Loan orga	n Form 990-EZ, 5, 6, or 22 to or from the nization?	(e) Original principal amount	(f) Balance due	(g) In default?	Appro boa comm	h) ved by rd or nittee?	(i) Writ	en nt?
Con repo (a) Name of interested person (1) John Jackson	nplete if the organi orted an amount or (b) Relationship with organization President and	zation answe n Form 990, I (c) Purpose of loan	red "Yes" or Part X, line (d) Loan orga	n Form 990-EZ, 5, 6, or 22 to or from the nization?	(e) Original principal amount	(f) Balance due	(g) In default?	Appro boa comm	h) ved by rd or nittee?	(i) Writ	en nt?
Con repo (a) Name of interested person (1) John Jackson	nplete if the organiorted an amount of (b) Relationship with organization President and Board Member	zation answe n Form 990, f (c) Purpose of loan Home Loan	red "Yes" or Part X, line (d) Loan orga To	n Form 990-EZ, 5, 6, or 22 to or from the nization? From X	(e) Original principal amount	(f) Balance due	(g) In default?	Appro boa comm	h) ved by rd or nittee?	(i) Writ	ten nt?
(a) Name of interested person (1) John Jackson	nplete if the organi orted an amount or (b) Relationship with organization President and	zation answe n Form 990, f (c) Purpose of loan Home Loan	red "Yes" or Part X, line (d) Loan orga To	n Form 990-EZ, 5, 6, or 22 to or from the nization? From X	(e) Original principal amount	(f) Balance due	(g) In default?	Appro boa comm	h) ved by rd or nittee?	(i) Writ	ten nt?
(a) Name of interested person (1) John Jackson (1) Fotal Part III Gra	nplete if the organiorted an amount of (b) Relationship with organization President and Board Member	zation answe n Form 990, f (c) Purpose of loan Home Loan	red "Yes" or Part X, line (d) Loan orga To To ing Inter	From Y	(e) Original principal amount 100,000 **State of the image of the im	(f) Balance due 80,000	(g) In default?	Appro boa comm	h) ved by rd or nittee?	(i) Writ	ten nt?
Con report (a) Name of nterested person (1) John Jackson (1) Total Part III Gra Com	pplete if the organiorted an amount of (b) Relationship with organization President and Board Member Ints or Assistant pplete if the organization (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	zation answe n Form 990, f (c) Purpose of loan Home Loan	red "Yes" or Part X, line (d) Loan orga To To ing Inter swered "Yes" or between in and the	From yes person state of the st	(e) Original principal amount 100,000 **State of the image of the im	(f) Balance due 80,000	(g) In default? Yes No	Approba boa comm Yes Yes	n) ved by rd or nittee? No	(i) Writireeme	en nt?
(a) Name of interested person (1) John Jackson Total Part III Gra	pplete if the organiorted an amount of (b) Relationship with organization President and Board Member Ints or Assistant pplete if the organization (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	zation answen Form 990, Fo	red "Yes" or Part X, line (d) Loan orga To To ing Inter swered "Yes" or between in and the	From Y	(e) Original principal amount 100,000 **State of the image of the im	(f) Balance due 80,000 80,000 line 27.	(g) In default? Yes No	Approba boa comm Yes Yes	n) ved by rd or nittee? No	Yes Yes) Writireeme	en nt?
Con report (a) Name of interested person (1) John Jackson (1) Total . Part III Gra Com	pplete if the organiorted an amount of (b) Relationship with organization President and Board Member Ints or Assistant pplete if the organization (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	zation answen Form 990, Fo	red "Yes" or Part X, line (d) Loan orga To To ing Inter swered "Yes" or between in and the	From Y	(e) Original principal amount 100,000 **State of the image of the im	(f) Balance due 80,000 80,000 line 27.	(g) In default? Yes No	Approba boa comm Yes Yes	ved by rd or nittee?	Yes Yes) Writireeme	en nt?
Con report (a) Name of interested person (1) John Jackson (1) Total . Part III Gra Com	pplete if the organiorted an amount of (b) Relationship with organization President and Board Member Ints or Assistant pplete if the organization (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	zation answen Form 990, Fo	red "Yes" or Part X, line (d) Loan orga To To ing Inter swered "Yes" or between in and the	From Y	(e) Original principal amount 100,000 **State of the image of the im	(f) Balance due 80,000 80,000 line 27.	(g) In default? Yes No	Approba boa comm Yes Yes	ved by rd or nittee?	Yes Yes) Writireeme	en nt?

No

Nο

No

Nο

Nο

No

Nο

Schedule L (Form 990 or 990-EZ) 2019

of

Page 2

• •	•
(1) m 1 h 1 h 1	
(1) Derek Martin	
(1) Delek Haran	

(a) Name of interested person

organization's revenues? Yes 75,494 Wages and other benefits 72,889 Wages

(d) Description of transaction

Return Reference

(2) Jennifer Martin

(3) Dawn Pickering

(4) James Jessup

Part V

Supplemental Information

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

(c) Amount of

transaction

13,900 Wages

Explanation

44,817 Wages and other benefits

28,896 Independent Contractor

(Consulting)

(b) Relationship

between interested

person and the

organization

Family relationship with

John Jackson, President

Family relationship with

John Jackson, President

Family relationship with

Rick Pickering, Trustee

Family relationship with

William Jessup, Founder

Family relationship with

William Jessup, Founder

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

DLN: 93493015012281 **SCHEDULE M** OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶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 Books and publications Clothing and household 41,550 Cost Х goods Cars and other vehicles 7 Boats and planes . . Intellectual property . . Securities—Publicly traded . Χ 19,742 Proceeds from sale 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . Securities—Miscellaneous . Qualified conservation contribution—Historic structures **14** Oualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . Χ 9,400,000 Appraisal 17 Real estate—Other . Collectibles . . . 18 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts . . 23 Scientific specimens . . Archeological artifacts . X 1 3,900 Face Value Vacation 25 Other ▶ (packages Cub Cadet Χ 2,400 Cost Other ► (mower Promotional Χ 1,072 Cost Other ► (pens 27 28 Other ▶ (_____ Number of Forms 8283 received by the organization during the tax year for contributions 2 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 isn't required to be used for exempt purposes for the entire holding period? . 30a Nο **b** If "Yes," describe the arrangement in Part II. 31 Yes Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Nο **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J Schedule M (Form 990) (2019)

Schedule M (Form 990) (2019)	Page 2			
is reporting in Part I, col	ation. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization umn (b), the number of contributions, the number of items received, or a combination of both. Also by additional 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) (2019)			

efile GRAPH	IIC print -	DO NOT PROCESS	As Filed Data -		DLN	: 93493015012281
SCHEDUL (Form 990 or EZ)	· 990-	Complete to pro Form 990	ovide information fo or 990-EZ or to prov Attach to Forn	on to Form 990 or 9 r responses to specific quest ide any additional information n 990 or 990-EZ. 90 for the latest information.	ions on on.	OMB No. 1545-0047 2019 Open to Public Inspection
Namel & the of g William Jessup Uni 990 Schedul	iversity	lemental Informatio	on		Employer ident 94-1279803	ification number
Return Reference				Explanation		
Form 990, Part VI, Section A, line 1	of the full b		nmittee consists of the	e broad authority to act on beha Chairman, Vice Chairman, Sec		

Return Explanation
Reference

Form 990,
Part VI,
Section A,
Iline 2

Return Explanation
Reference

line 11b

Form 990, Part VI, Section B. Form 990 is prepared by an independent CPA firm and reviewed in detail by the organization 's top management. The reviewed Form 990, with Schedule B redacted, is then forwarded to the board before it is filed.

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 o f 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 t he committees with governing board delegated powers considering the proposed transaction o r arrangement. After disclosure of the financial interest and all material facts, and afte r 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, annual reviews ar e conducted.

Return 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 outher 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.	

990 Schedule O, Supplemental Information

Return

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

Evolunation

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 C.

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493015012281 OMB No. 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2019 (Form 990) ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** William Jessup University 94-1279803 Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (b) (e) Legal domicile (state Direct controlling Name, address, and EIN (if applicable) of disregarded entity Primary activity Total income End-of-year assets or foreign country) entity Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (b) (g) Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) Primary activity or foreign country) (if section 501(c)(3)) (13) controlled entity? Yes No For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y Schedule R (Form 990) 2019

Part III Identification of Related Organ one or more related organizations	treated as a partnership	during the ta	x year.		941112401011										
(a) Name, address, and EIN o related organization	f	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	unrelated, excluded from tax under sections 512-		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate r allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	x managing partner? L		Percer	(k) rcentage vnership
					514)				Yes	No		Yes	No		
Part IV Identification of Related Organ because it had one or more related							ation ans	wered "Ye	s" on F	orm 9	990, Part IV	, line	34		
(a) Name, address, and EIN of related organization	(b) Primary activity	L do (state	(c) egal micile or foreign		(d) t controlling entity	Type (C cor	(e) of entity p, S corp, trust)	(f) Share of total income		(g) of end- year assets	-of- Perce owne	ntage	S (1	(i) ection 5 13) con entit	512(b) trolled
Manager and a Damachus Linguistic (2)	11-14		untry)	MCII:-	1									-	No
(1)Irrevocable Perpetual Trusts (3)	Hold assets and remit income to University		CA	Unive	m Jessup rsity									Yes	
						l			ı						

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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?			T
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	12	3	No
b Gift, grant, or capital contribution to related organization(s)	11)	No
c Gift, grant, or capital contribution from related organization(s)	10	Yes	
d Loans or loan guarantees to or for related organization(s)	10	1	No
e Loans or loan guarantees by related organization(s)	16	2	No
f Dividends from related organization(s)	11	f	No
g Sale of assets to related organization(s)	10	9	No
h Purchase of assets from related organization(s)	11	1	No
i Exchange of assets with related organization(s)	11	i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1	i	No
k Lease of facilities, equipment, or other assets from related organization(s)	11	(No
l Performance of services or membership or fundraising solicitations for related organization(s)	1	I	No
m Performance of services or membership or fundraising solicitations by related organization(s)	11	n	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1	n	No
o Sharing of paid employees with related organization(s)	10)	No
p Reimbursement paid to related organization(s) for expenses	1,)	No
q Reimbursement paid by related organization(s) for expenses	10	1	No
r Other transfer of cash or property to related organization(s)	11	r	No
s Other transfer of cash or property from related organization(s)	15	5	No

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

Part VI 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.

was not a related organization. See instructions regarding exclusion for certain investment partnerships.															
(a) Name, address, and EIN of entity	(b) Primary activity	domicilo	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	coction		(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No			
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				_						Schedul	e R (Form	1990)) 2019		

Schedule R (Form 990) 2019								
Part VII	Supplemental Information							
	Provide additional infor	mation for responses to questions on Schedule R. (see instructions).						
Return Reference		Explanation						