

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2009 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
A This return/report is for:	☐ a multiemployer plan; ☒ a single-employer plan; ☐ a multiple-employer plan; or ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☒ an amended return/report; ☐ the final return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information	
1a Name of plan TIAA CREF RETIREMENT PLAN FOR ALL REGULAR FULL FACULTY & ADMIN	1b Three-digit plan number (PN) ▶	001
	1c Effective date of plan 01/01/1951	
	2b Employer Identification Number (EIN) 31-0604719	2c Sponsor's telephone number 937-708-5798
	2d Business code (see instructions) 813000	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) WILBERFORCE UNIVERSITY LYMAN MONTGOMERY PO BOX 1001 WILBERFORCE, OH 45384 PO BOX 1001 WILBERFORCE, OH 45384		

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	11/08/2011	KIMBERLY STATON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") WILBERFORCE UNIVERSITY LYMAN MONTGOMERY PO BOX 1001 WILBERFORCE, OH 45384	3b Administrator's EIN 31-0604719
	3c Administrator's telephone number 937-708-5798
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 304
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).	
a Active participants.....	6a 193
b Retired or separated participants receiving benefits.....	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 102
d Subtotal. Add lines 6a , 6b , and 6c	6d 295
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 0
f Total. Add lines 6d and 6e	6f 295
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g 271
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2L	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☐ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan TIAA CREF RETIREMENT PLAN FOR ALL REGULAR FULL FACULTY & ADMIN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500. WILBERFORCE UNIVERSITY		
D Employer Identification Number (EIN) 31-0604719		

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
FEDERAL INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1963496	20281	000064043397	300	04/05/2009	04/05/2010

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
376	1500

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
WILLIS OF NEW YORK, INC. 200 LIBERTY STREET NEW YORK, NY 10281

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
376			

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	
6 Contracts With Allocated Funds:		
a State the basis of premium rates ▶		
b Premiums paid to carrier	6b	1500
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e Type of contract: (1) ☐ individual policies (2) ☒ group deferred annuity (3) ☐ other (specify) ▶		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐		
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶		
b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add b and c(6)).	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract e(5) from d)	7f	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan TIAA CREF RETIREMENT PLAN FOR ALL REGULAR FULL FACULTY & ADMIN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 WILBERFORCE UNIVERSITY		D Employer Identification Number (EIN) 31-0604719

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
TIAA TEACHERS INSURANCE AND ANNUITY	730 THIRD AVENUE NEW YORK, NY 10017
13-1624203	
(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation	
CREF TIAACREF INVESTMENT MANAGEMENT	730 THIRD AVENUE NEW YORK, NY 10017
13-3586142	
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
TIAACREF MUTUAL FUND TEACH ADVISORS	730 THIRD AVENUE NEW YORK, NY 10017
13-3760073	
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan TIAA CREF RETIREMENT PLAN FOR ALL REGULAR FULL FACULTY & ADMIN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 WILBERFORCE UNIVERSITY	D Employer Identification Number (EIN) 31-0604719	

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1241232	732107
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)	436103	272680
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	15439196	16946407

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	17116531	17951194

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	17116531	17951194
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)	108501	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		108501

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	93107	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		93107
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	-161045	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-161045

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	2017625	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		2017625
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2058188

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	545291	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		545291
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		663666
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	17248	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		17248
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1226205

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		831983
l Transfers of assets:			
(1) To this plan.....	2l(1)		2356328
(2) From this plan	2l(2)		-2353648

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: THOMPSON COBB BAZILIO & ASSOCIATES

(2) EIN: 52-1563500

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		17951194
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☒ No Amount:

- 5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

**WILBERFORCE UNIVERSITY
DEFINED CONTRIBUTION RETIREMENT PLAN**

**FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE
WITH INDEPENDENT AUDITOR'S REPORT**

DECEMBER 31, 2009

THOMPSON, COBB, BAZILIO & ASSOCIATES, P.C.
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**WILBERFORCE UNIVERSITY
DEFINED CONTRIBUTION RETIREMENT PLAN**

**FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE
WITH INDEPENDENT AUDITOR'S REPORT**

DECEMBER 31, 2009

WILBERFORCE UNIVERSITY
DEFINED CONTRIBUTION RETIREMENT PLAN
FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE
WITH INDEPENDENT AUDITOR'S REPORT
DECEMBER 31, 2009 AND 2008

TABLE OF CONTENTS

	<u>PAGE</u>
Independent Auditor's Report	1
Statements of Net Assets Available for Plan Benefits.....	2
Statement of Changes in Net Assets Available for Plan Benefits	3
Notes to Financial Statements.....	4
 Supplemental Schedule	
Schedule H, Line 4(i) – Schedule of Assets Held at End of Year	14



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INDEPENDENT AUDITOR'S REPORT

To the Board of Directors
Wilberforce University Defined Contribution
Retirement Plan

We were engaged to audit the accompanying statements of net assets available for plan benefits of the Wilberforce University Defined Contribution Retirement Plan (the "Plan") as of December 31, 2009 and 2008, and the related statement of changes in net assets available for plan benefits for the year ended December 31, 2009, and the supplemental schedule as listed in the table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by the Teachers Insurance and Annuity Association of America and College Retirement Equities Fund ("TIAA-CREF") and JP, Morgan Chase Bank, the recordkeeper and trustee, respectively, of the Plan, except for comparing such information with the related information included in the financial statements and schedule. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and the Plan Manager, TIAA-CREF, executes investment transactions. The Plan administrator has obtained a certification from the trustee as of December 31, 2009 and 2008 and for the year ended December 31, 2009 that the information provided to the Plan administrator by the trustee is complete and accurate.

Because of the significance of the information in the financial statements related to the Plan's investments that we did not audit as described in the second paragraph above, the scope of our work was not sufficient to enable us to express, and we do not express, an opinion on the accompanying financial statements and supplemental schedule taken as a whole.

Washington, D.C.
June 15, 2011

Thompson, Cobb, Bazilio & Associates, PC

WILBERFORCE UNIVERSITY
DEFINED CONTRIBUTION RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
DECEMBER 31, 2009 AND 2008

	<u>2009</u>	<u>2008</u>
<u>ASSETS</u>		
Investments, at fair value	<u>\$ 17,951,193</u>	<u>\$ 17,116,530</u>
Total assets	<u>17,951,193</u>	<u>17,116,530</u>
Net assets available for plan benefits	<u><u>\$ 17,951,193</u></u>	<u><u>\$ 17,116,530</u></u>

The accompanying notes are an integral part of these financial statements.

WILBERFORCE UNIVERSITY
DEFINED CONTRIBUTION RETIREMENT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
YEAR ENDED DECEMBER 31, 2009

	<u>2009</u>
Additions	
Investment income:	
Interest	\$ 93,107
Net appreciation in fair value of investments	<u>1,856,580</u>
Net investment income	1,949,687
 Contributions:	
Participant	<u>108,501</u>
Total contributions	108,501
 Transfers into Plan	<u>2,680</u>
Total additions	<u>2,060,868</u>
 Deductions	
Benefits paid to participants	1,208,957
Administrative expenses	<u>17,248</u>
Total deductions	<u>1,226,205</u>
 Net increase	834,663
 Net assets available for plan benefits:	
Beginning of year	<u>17,116,530</u>
End of year	<u><u>\$ 17,951,193</u></u>

The accompanying notes are an integral part of these financial statements.

WILBERFORCE UNIVERSITY
DEFINED CONTRIBUTION RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

NOTE 1: DESCRIPTION OF PLAN

The following description of the Wilberforce University Defined Contribution Retirement Plan (the "Plan") provides only general information. Participants should refer to the Summary Plan Description for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution retirement 403(b) plan established by Wilberforce University (the "University") and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The University is the Plan sponsor, and the Teachers Insurance and Annuity Association of America and College Retirement Equities Fund ("TIAA-CREF") is the record keeper and trustee of the Plan. JPMorgan Chase Bank, a New York banking corporation, and its successors, if any, act as a directed trustee, custodian, or both.

Beginning January 1, 2009, the Plan is subject to annual form 5500 reporting, disclosure and audit requirements under ERISA. Previously, the Plan was exempt from ERISA requirements for disclosure and plan audit.

Eligibility

All faculty, officers, managerial personnel and professional staff of the University who have completed at least two years of service (defined as 1,000 hours or more each year), without a break in service, and have attained the age of twenty-one, are eligible to participate in the Plan. Students, independent contractors and other employees not included in the categories described above are not eligible to participate in the Plan. Participants may voluntarily contribute to the Plan beginning on the first day of the month following commencement of employment. Prior to the 2009 plan year, all eligible employees, after two years of service to the University, were required to participate in the Plan and to contribute 5% of eligible earnings as a condition of employment. Effective January 1, 2009, the University amended and restated the Plan which was originally adopted on May 1, 1951 to permit voluntary rather than mandatory participation in the Plan.

Contributions

Each year, participants may contribute up to the Internal Revenue Service ("IRS") maximum limit, a portion of their annual pre-tax compensation as a deferral, as defined in the Plan. Deferrals are always fully vested and cannot be forfeited. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants age 50 or older

WILBERFORCE UNIVERSITY
DEFINED CONTRIBUTION RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

NOTE 1: DESCRIPTION OF PLAN (Continued)

may defer up to an extra \$5,500 each year into the Plan as a pre-tax catch-up contribution within certain Plan limits.

The University may contribute, at its discretion, ten percent of a participant's gross wages after two or more years of service without a break. Contributions are subject to certain limitations.

Participant Accounts

Each participant's account is credited with an allocation of the University's contributions and the participant's salary reduction contributions, rollover contributions, and an allocation of Plan earnings (net of administrative expenses). Allocations are based on the participant's eligible compensation or account balances, as defined by the Plan. The benefit to which a participant is entitled is the vested portion of the participant's account. Participants direct the investment of their contributions into various investment options offered by the Plan. Contributions to the Plan are invested either in annuity contracts or in mutual funds held in custodial accounts as directed by the participant.

Vesting and Forfeiture

Participants' 403(b) accounts are 100% vested at all times. Once the University makes a contribution to the Plan for the participant's benefit, including salary reduction contributions, that contribution belongs to the participant. Participant accounts are non-forfeitable.

Participant Loans

Effective January 1, 2009, participant loans are permitted under the Plan. Prior to this date, participant loans were not permitted under the Plan. Only employee contributions are eligible for loan distribution. No loan to a Participant under the Plan may exceed the lesser of \$50,000, reduced by the greater of (1) the outstanding balance on any loan from the Plan to the Participant on the date the loan is made or the highest outstanding balance on loans from the Plan to the Participant during the one-year period ending on the day before the date the loan is approved by the Administrator (not taking into account any payments made during such one-year period); or (2) one half of the value of the Participant's vested Account Balance (as of the valuation date immediately preceding the date on which such loan is approved by the Administrator). The loans are secured by participant account balances and incur interest commensurate with local prevailing rates as determined monthly by the Plan administrator. Payments of principal and interest are made monthly or quarterly through the term of the loan.

WILBERFORCE UNIVERSITY
DEFINED CONTRIBUTION RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

NOTE 1: DESCRIPTION OF PLAN (Continued)

Payment of Benefits

Participants or their beneficiaries are eligible for distribution upon termination of service due to retirement, permanent disability or death. Participants requesting a distribution with account balances of less than \$1,000 must be paid in a lump-sum distribution. Participants requesting a distribution with account balances of more than \$1,000 may be paid in a lump-sum distribution or in periodic installments under options described in the Plan Document. Hardship withdrawals that satisfy the Plan definition of a hardship shall be permitted under the Plan. No Elective Deferrals are allowed under the Plan during the 6-month period beginning on the date the Participant receives a distribution on account of hardship (pursuant to § 1.401(k)-1 (d)(3)(iv)(E) of the Income Tax Regulations). There is a 6-month suspension of the Participant's right to make elective deferrals under the Plan.

Termination of Plan

Although it has not expressed any intent to do so, the University has the right under the Plan to terminate the Plan at any time subject to the provisions of ERISA.

Administrative Expenses

All reasonable Plan administrative expenses, including those involved in retaining necessary professional assistance, may be paid from the assets of the Plan to the extent permitted by the Plan. These expenses may be allocated to all Plan participants, or for expenses directly related to one participant, charged against that participant's account balance. The University may, at its discretion, pay a portion or all of these expenses.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting and Use of Estimates

The accompanying financial statements are presented on the accrual basis of accounting. The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's management to use estimates and assumptions that affect the accompanying financial statements and disclosures. Actual results could differ from those estimates.

Payment of Benefits

Benefits are recorded when paid.

WILBERFORCE UNIVERSITY
DEFINED CONTRIBUTION RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition

The Plan's mutual funds, money market and variable annuity investments are valued at fair value using quoted market prices. The Plan's fixed annuity contract investments are valued at contract value, which approximates market value.

Net appreciation of investments included in the accompanying statement of changes in net assets available for benefits includes realized gains or losses from the sale of investments and unrealized appreciation or depreciation in fair value of investments. Net unrealized appreciation or depreciation in the fair value of investments represents the net change in the fair value of the investments held during the period. The net realized gains or losses on the sale of investments represent the difference between the sale proceeds and the fair value of the investment as of the beginning of the period or the cost of the investment if purchased during the year. Purchases and sales of securities are recorded on a trade-date basis. Interest and dividend income is recorded on a cash basis, which approximates generally accepted accounting principles.

NOTE 3: INVESTMENTS

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified as complete and accurate by TIAA-CREF, the trustee of the Plan.

Investments consisted of the following as of December 31:

	<u>2009</u>	<u>2008</u>
TIAA Traditional Annuity	\$ 9,465,001	\$ 9,734,214
Real Estate	272,680	436,103
Mutual Funds	7,481,405	5,704,981
Money Market Funds	<u>732,107</u>	<u>1,241,232</u>
Total investments	<u><u>\$ 17,951,193</u></u>	<u><u>\$ 17,116,530</u></u>

WILBERFORCE UNIVERSITY
DEFINED CONTRIBUTION RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

NOTE 3: INVESTMENTS (Continued)

During the year ended December 31, 2009, the Plan's investment income (including gains and losses on investments bought, sold, and held during the year) was as follows:

	<u>2009</u>
TIAA Traditional Annuity	\$ 296,938
Real Estate	(113,199)
Mutual Funds	1,671,491
Money Market Funds	<u>1,350</u>
Net appreciation in fair value of investments	1,856,580
Interest and dividends	<u>93,107</u>
Net investment return	<u><u>\$ 1,949,687</u></u>

Investments that represent 5% or more of the Plan's net assets at December 31, 2009 and 2008, respectively, are as follows:

	<u>2009</u>	<u>2008</u>
TIAA Traditional Annuity	\$ 9,465,001	\$ 9,734,214
CREF Stock	5,283,807	4,241,789

NOTE 4: FAIR VALUE MEASUREMENTS

Assets and liabilities recorded at fair value in the statements of net assets available for plan benefits are categorized based upon the level of judgment associated with the inputs used to measure their fair value. In accordance with Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures* (formerly Statement of Financial Accounting Standards No. 157), the Plan is required to classify certain assets and liabilities based on the following fair value hierarchy:

- Level 1: Quoted prices (unadjusted) in active markets for identical assets and liabilities.
- Level 2: Observable market-based inputs other than quoted prices in active markets for identical assets or liabilities. This includes instruments that are primarily valued using valuation techniques that use observable market-based inputs or unobservable inputs that are corroborated by market data.

WILBERFORCE UNIVERSITY
DEFINED CONTRIBUTION RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

NOTE 4: FAIR VALUE MEASUREMENTS (Continued)

Level 3: Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable. This is comprised of instruments whose fair value is estimated based on a market approach using alternate techniques or internally developed models using significant inputs that are generally less readily observable because of limited market activity or little transparency.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The University is responsible for the determination of fair value. Accordingly, the University performs periodic analysis on the prices received from the pricing services used to determine whether the prices are reasonable estimates of fair value. As a result of these reviews, the University has not historically adjusted the prices obtained from the pricing services.

Following is a description of the valuation methodologies used for assets measured at fair value.

The TIAA Traditional Annuity is a guaranteed annuity contract and is reported at contract value. The contract value, which approximates fair value, equals the accumulated cash contributions and interest credited to the Plan's contract, less any withdrawals. It is not available for sale or transfer on any securities exchange. Transactions involving purchases and sales of the TIAA contracts are not observable in the public market place.

The Real Estate Account (REA) generally invests in real estate properties and real estate-related investments. The REA's value is principally derived from the market value of underlying real estate holdings or other real estate related investments. Real estate holdings are valued principally using external appraisals, which are estimates of property values based on a professional opinion. The REA sometimes hold securities as well. These are generally priced using values obtained from independent pricing sources. Unit values are calculated each day. Although the underlying assets of the REA cannot be quickly sold and converted to liquid assets, the TIAA general account provides the REA with a liquidity guarantee.

Mutual Funds invest principally in equity securities, fixed-income instruments, other mutual funds and short-term instruments in accordance with each fund's investment objectives. Fund holdings are generally valued using market quotations or prices

WILBERFORCE UNIVERSITY
DEFINED CONTRIBUTION RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

NOTE 4: FAIR VALUE MEASUREMENTS (Continued)

obtained from independent pricing services. Share prices or net asset values (NAV) are determined daily.

Money Market Funds invest principally in equity securities, fixed-income instruments and short-term investments in accordance with each portfolio's investment objectives. Money market funds are primarily valued using market quotations or prices obtained from independent pricing sources that may employ various pricing methods to value investments including matrix pricing. College Retirement Equities Fund (CREF) Money Market Accounts holdings are generally valued at amortized cost. The unit values are determined daily.

The following table presents the Plan's investments that are measured at fair value on a recurring basis at December 31, 2009 consistent with the fair value hierarchy provisions of FASB ASC 820.

	<u>Fair Value Measurement at Reportable Date Using</u>			<u>Total</u>
	<u>Quoted Prices in Active Markets for Identifiable Assets</u>	<u>Significant Other Observable Inputs</u>	<u>Significant Unobservable Inputs</u>	
	<u>(Level 1)</u>	<u>(Level 2)</u>	<u>(Level 3)</u>	
Registered Investment Companies				
TIAA Traditional Annuity	\$ -	\$ -	\$ 9,465,001	\$ 9,465,001
Real Estate	-	-	272,680	272,680
Mutual Funds	7,481,405	-	-	7,481,405
Money Market Funds	-	732,107	-	732,107
Total	<u>\$ 7,481,405</u>	<u>\$ 732,107</u>	<u>\$ 9,737,681</u>	<u>\$ 17,951,193</u>

WILBERFORCE UNIVERSITY
DEFINED CONTRIBUTION RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

NOTE 4: FAIR VALUE MEASUREMENTS (Continued)

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2009.

	Level 3 Assets	
	Real Estate	Annuity Contracts
Balance, beginning of the year	\$436,103	\$9,734,215
Realized gains (losses)	(21,065)	48,500
Unrealized gains (losses)	(92,134)	248,438
Interest and dividend income	-	93,107
Contributions and deductions	(18,278)	(773,034)
Transfers	(31,946)	113,775
Balance, end of year	<u>\$ 272,680</u>	<u>\$ 9,465,001</u>

The following table presents the Plan's investments that are measured at fair value on a recurring basis at December 31, 2008 consistent with the fair value hierarchy provisions of FASB ASC 820.

	Fair Value Measurement at Reportable Date Using			Total
	Quoted Prices in Active Markets for Identifiable Assets	Significant Other Observable Inputs	Significant Unobservable Inputs	
	(Level 1)	(Level 2)	(Level 3)	
Registered Investment Companies				
TIAA Traditional Annuity	\$ -	\$ -	\$ 9,734,214	\$ 9,734,214
Real Estate	-	-	436,103	436,103
Mutual Funds	5,704,981	-	-	5,704,981
Money Market Funds	-	1,241,232	-	1,241,232
Total	<u>\$ 5,704,981</u>	<u>\$ 1,241,232</u>	<u>\$ 10,170,317</u>	<u>\$ 17,116,530</u>

WILBERFORCE UNIVERSITY
DEFINED CONTRIBUTION RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

NOTE 4: FAIR VALUE MEASUREMENTS (CONTINUED)

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2008.

	Level 3 Assets	
	Real Estate	Annuity Contracts
Balance, beginning of the year	\$ 1,126,520	\$ 7,313,796
Realized and unrealized gains (losses)	(70,529)	326,239
Interest and dividend income	-	143,087
Contributions and deductions	(6,983)	64,149
Transfers	(612,905)	1,886,944
Balance, end of year	<u>\$ 436,103</u>	<u>\$ 9,734,214</u>

NOTE 6: TAX STATUS

The Plan received a determination letter from the Internal Revenue Service (IRS) stating that the Plan is qualified under Section 403(b) of the Internal Revenue Code (the "Code"). Subsequent to this determination by the IRS, the Plan was amended and a new determination letter will be requested. The Plan is required to operate in conformity with the Code to maintain its qualification. Although the Plan has been amended since receiving the determination letter, the Plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code.

NOTE 7: RISK AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rates, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of the investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

NOTE 8: SUBSEQUENT EVENTS

The University has evaluated events subsequent to December 31, 2009 and through June 15, 2011, the date the financial statements were available to be issued, and determined there have not been any events that have occurred that would require adjustments to the financial statements.

SUPPLEMENTAL INFORMATION

WILBERFORCE UNIVERSITY
DEFINED CONTRIBUTION RETIREMENT PLAN
EIN: 31-0604719; PLAN NO.: 001
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2009

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
* TIAA-CREF	TIAA TRADITIONAL	**	\$ 9,465,001
* TIAA-CREF	TIAA Real Estate	**	272,680
* TIAA-CREF	CREF Stock	**	5,283,807
* TIAA-CREF	CREF Money Market	**	732,107
* TIAA-CREF	CREF Social Choice	**	228,697
* TIAA-CREF	CREF Bond Market	**	429,932
* TIAA-CREF	CREF Global Equities	**	380,509
* TIAA-CREF	CREF Growth	**	527,891
* TIAA-CREF	CREF Equity Index	**	359,901
* TIAA-CREF	CREF Inflation-Linked Bond	**	177,573
* TIAA-CREF	TIAA-CREF Access Growth & Income	**	2,245
* TIAA-CREF	TIAA-CREF Access International Equity	**	2,786
* TIAA-CREF	TIAA-CREF Access Mid-Cap Growth	**	25,881
* TIAA-CREF	TIAA-CREF Access Mid-Cap Value	**	31,276
* TIAA-CREF	TIAA-CREF Access Real Estate Sectors	**	1,069
* TIAA-CREF	TIAA-CREF Access Small-Cap Blend Index	**	1,593
* TIAA-CREF	TIAA-CREF Access Small-Cap Equity	**	28,245
			<u>\$ 17,951,193</u>

* Represents a party-in-interest

** Cost omitted for participant directed investments

See Accompanying Independent Auditor's Report.



FINANCIAL SERVICES
FOR THE GREATER GOOD®

WILBERFORCE UNIVERSITY

Schedule of Assets Held for Investment

Total Plan Assets Under Management

For the Period Ending 12/31/2009

FUND ID	TICKER	INVESTMENT NAME	ENDING INVESTMENT PRICE	ENDING UNIT BALANCE	ENDING MARKET VALUE	ENDING COST VALUE
1	TIAA#	TIAA TRADITIONAL			\$9,465,001.42	\$8,993,524.47
X1	TREA#	TIAA Real Estate	\$193.453900	1,409.5340	\$272,679.85	\$440,283.95
X2	CSTK#	CREF Stock	\$208.254700	25,371.8499	\$5,283,806.99	\$5,928,293.09
X3	CMMA#	CREF Money Market	\$25.532600	28,673.4056	\$732,106.59	\$723,183.30
X4	CSCL#	CREF Social Choice	\$123.287100	1,855.0004	\$228,697.62	\$221,979.50
X5	CBND#	CREF Bond Market	\$91.306200	4,708.6809	\$429,931.76	\$403,613.81
X6	CGLB#	CREF Global Equities	\$85.352500	4,458.0881	\$380,508.96	\$415,786.87
X7	CGRW#	CREF Growth	\$62.198400	8,487.2154	\$527,891.21	\$533,154.03
X8	CEQX#	CREF Equity Index	\$79.664200	4,517.7260	\$359,901.03	\$399,361.95
X9	CILB#	CREF Inflation-Linked Bond	\$55.499400	3,199.5497	\$177,573.09	\$170,331.81
8B	W413#	TIAA Access Growth & Income T4	\$23.733200	94.6025	\$2,245.22	\$1,929.74
8A	W411#	TIAA Access Intl Equity T4	\$18.904100	147.3596	\$2,785.70	\$2,304.09
8E	W416#	TIAA Access Mid-Cap Gr T4	\$22.169300	1,167.4387	\$25,881.30	\$25,000.00
8F	W417#	TIAA Access Mid-Cap Val T4	\$20.647000	1,514.7850	\$31,275.77	\$27,880.13
8S	W430#	TIAA Access Real Est Secs T4	\$14.286200	74.8140	\$1,068.81	\$758.37
8Q	W428#	TIAA Access Sm-Cap Bl Idx T4	\$19.967600	79.7941	\$1,593.29	\$1,334.38
8G	W418#	TIAA Access Sm-Cap Equity T4	\$19.232900	1,468.5624	\$28,244.71	\$25,576.01
Subtotal					\$17,951,193.32	\$18,314,295.50
TOTAL					\$17,951,193.32	\$18,314,295.50