Amended

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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning 7/1/2007 , and ending 6/30/2008

B Check if applicable	Please use IRS label or print or type See Specific Instructions.	C Name of organization		D Employer identification number
☐ Address change		**KANSAS WESLEYAN UNIVERSITY**		**48 0543729**
☐ Name change		Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number
☐ Initial return		**100 E Claflin Ave**		**(785) 827-5541**
☐ Final return		City or town, state or country, and ZIP + 4		F Accounting method: ☐ Cash ☑ Accrual
☐ Amended return		**Salina, KS 67401-6196**		☐ Other (specify) ▶
☐ Application pending				

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☑ Yes ☐ No

H(b) If "Yes," enter number of affiliates ▶ 1

H(c) Are all affiliates included? ☑ Yes ☐ No
(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☑ No

I Group Exemption Number ▶ 0000

M Check ▶ ☐ if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

G Website: ▶ www.kwu.edu

J Organization type (check only one) ▶ ☑ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check here ▶ ☐ if the organization is not a 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **12,809,367**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances *(See the instructions.)*

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Contributions to donor advised funds	1a	0		
	b	Direct public support (not included on line 1a)	1b	905,377		
	c	Indirect public support (not included on line 1a)	1c	4,835		
	d	Government contributions (grants) (not included on line 1a)	1d	0		
	e	**Total** (add lines 1a through 1d) (cash $ 909,887 noncash $ 325)			1e	910,212
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	11,153,635
	3	Membership dues and assessments			3	0
	4	Interest on savings and temporary cash investments			4	338,799
	5	Dividends and interest from securities			5	406,721
	6a	Gross rents	6a	0		
	b	Less: rental expenses	6b	0		
	c	Net rental income or (loss). Subtract line 6b from line 6a			6c	0
	7	Other investment income (describe ▶)			7	0

		(A) Securities		(B) Other
8a	Gross amount from sales of assets other than inventory	0	8a	0
b	Less: cost or other basis and sales expenses	0	8b	1,098,259
c	Gain or (loss) (attach schedule) Stmt 1	0	8c	-1,098,259

Revenue	d	Net gain or (loss). Combine line 8c, columns (A) and (B)			8d	-1,098,259
	9	Special events and activities (attach schedule). If any amount is from **gaming**, check here ▶ ☐				
	a	Gross revenue (not including $ 0 of contributions reported on line 1b)	9a	0		
	b	Less: direct expenses other than fundraising expenses	9b	0		
	c	Net income or (loss) from special events. Subtract line 9b from line 9a			9c	0
	10a	Gross sales of inventory, less returns and allowances	10a	0		
	b	Less: cost of goods sold	10b	0		
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a			10c	0
	11	Other revenue (from Part VII, line 103)			11	0
	12	**Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	11,711,108
Expenses	13	Program services (from line 44, column (B))			13	10,930,608
	14	Management and general (from line 44, column (C))			14	0
	15	Fundraising (from line 44, column (D))			15	255,956
	16	Payments to affiliates (attach schedule)			16	0
	17	**Total expenses.** Add lines 16 and 44, column (A)			17	11,186,564
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12			18	524,544
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	40,864,271
	20	Other changes in net assets or fund balances (attach explanation)			20	0
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20			21	41,388,815

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2007)

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ENVELOPE POSTMARK DATE JUL 26 2011

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Part II **Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. *(See the instructions.)*

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash $ ______ noncash $ ______) If this amount includes foreign grants, check here ▶ ☐	22a	0	0		
22b Other grants and allocations (attach schedule) (cash $ ______ noncash $ ______) If this amount includes foreign grants, check here ▶ ☐	22b	0	0		
23 Specific assistance to individuals (attach schedule)	23	0	0		
24 Benefits paid to or for members (attach schedule)	24	0	0		
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	0	0	0	0
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b	0	0	0	0
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c	0	0	0	0
26 Salaries and wages of employees not included on lines 25a, b, and c	26	0	0	0	0
27 Pension plan contributions not included on lines 25a, b, and c	27	0	0	0	0
28 Employee benefits not included on lines 25a – 27	28	0	0	0	0
29 Payroll taxes	29	0	0	0	0
30 Professional fundraising fees	30	0	0	0	0
31 Accounting fees	31	0	0	0	0
32 Legal fees	32	0	0	0	0
33 Supplies	33	0	0	0	0
34 Telephone	34	0	0	0	0
35 Postage and shipping	35	0	0	0	0
36 Occupancy	36	0	0	0	0
37 Equipment rental and maintenance	37	0	0	0	0
38 Printing and publications	38	0	0	0	0
39 Travel	39	0	0	0	0
40 Conferences, conventions, and meetings	40	0	0	0	0
41 Interest	41	0	0	0	0
42 Depreciation, depletion, etc. (attach schedule)	42	435,129	435,129	0	0 Stmt 2
43 Other expenses not covered above (itemize): **a** See Statement 3	43a	10,751,435	10,495,479		255,956
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)–(D), carry these totals to lines 13–15)	44	11,186,564	10,930,608	0	255,956

Joint Costs. Check ▶ ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? ▶ ☐ Yes ☑ No

If "Yes," enter **(i)** the aggregate amount of these joint costs $ ______; **(ii)** the amount allocated to Program services $ ______; **(iii)** the amount allocated to Management and general $ ______, and **(iv)** the amount allocated to Fundraising $ ______

Part III **Statement of Program Service Accomplishments** *(See the instructions.)*

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ Education - University All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	**Program Service Expenses** (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others)
a See Statement 4 (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
b (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
c (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
d (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
e Other program services (attach schedule) (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services). . . . . ▶	10,930,608

Part IV **Balance Sheets** *(See the instructions.)*

		Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only*			(A) Beginning of year		(B) End of year
Assets	45	Cash—non-interest-bearing			0	45	0
	46	Savings and temporary cash investments			8,793,503	46	4,494,361
	47a	Accounts receivable	47a	103,225			
	b	Less: allowance for doubtful accounts	47b	20,000	80,904	47c	83,225
	48a	Pledges receivable	48a	1,069,929			
	b	Less: allowance for doubtful accounts	48b	15,000	1,407,607	48c	1,054,929
	49	Grants receivable			0	49	0
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			0	50a	0
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			0	50b	0
	51a	Other notes and loans receivable (attach schedule) See Statement 5	51a	1,399,212			
	b	Less: allowance for doubtful accounts	51b	175,000	1,126,730	51c	1,224,212
	52	Inventories for sale or use			0	52	0
	53	Prepaid expenses and deferred charges			115,986	53	109,077
	54a	Investments—publicly-traded securities ▶ ☐ Cost ☐ FMV			0	54a	0
	b	Investments—other securities (attach schedule) ▶ ☐ Cost ☐ FMV			0	54b	0
	55a	Investments—land, buildings, and equipment: basis	55a	0			
	b	Less: accumulated depreciation (attach schedule)	55b	0	0	55c	0
	56	Investments—other (attach schedule) Stmt 6			21,643,764	56	21,249,360
	57a	Land, buildings, and equipment: basis	57a	31,476,702			
	b	Less: accumulated depreciation (attach schedule) Stmt 7	57b	8,874,434	17,598,055	57c	22,602,268
	58	Other assets, including program-related investments (describe ▶ See Statement 8)			85,882	58	80,955
	59	**Total assets** (must equal line 74). Add lines 45 through 58			50,852,431	59	50,898,387
Liabilities	60	Accounts payable and accrued expenses			2,260,576	60	2,164,445
	61	Grants payable			0	61	0
	62	Deferred revenue			452,196	62	463,205
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			0	63	0
	64a	Tax-exempt bond liabilities (attach schedule) See Statement 9			6,240,586	64a	5,872,382
	b	Mortgages and other notes payable (attach schedule) Stmt 10			1,034,802	64b	1,009,540
	65	Other liabilities (describe ▶)			0	65	0
	66	**Total liabilities.** Add lines 60 through 65			9,988,160	66	9,509,572
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶** ☑ and complete lines 67 through 69 and lines 73 and 74.					
	67	Unrestricted			23,438,158	67	23,952,851
	68	Temporarily restricted			595,450	68	528,191
	69	Permanently restricted			16,830,663	69	16,907,773
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74.					
	70	Capital stock, trust principal, or current funds				70	
	71	Paid-in or capital surplus, or land, building, and equipment fund				71	
	72	Retained earnings, endowment, accumulated income, or other funds				72	
	73	**Total net assets or fund balances.** Add lines 67 through 69 **or** lines 70 through 72. (Column (A) **must** equal line 19 and column (B) **must** equal line 21)			40,864,271	73	41,388,815
	74	**Total liabilities and net assets/fund balances.** Add lines 66 and 73			50,852,431	74	50,898,387

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return *(See the instructions.)*

a	Total revenue, gains, and other support per audited financial statements			a	11,711,108
b	Amounts included on line **a** but not on Part I, line 12:				
1	Net unrealized gains on investments	b1	0		
2	Donated services and use of facilities	b2	0		
3	Recoveries of prior year grants	b3	0		
4	Other (specify):	b4	0		
	Add lines **b1** through **b4**			b	0
c	Subtract line **b** from line **a**			c	11,711,108
d	Amounts included on Part I, line 12, but not on line **a:**				
1	Investment expenses not included on Part I, line 6b	d1	0		
2	Other (specify):	d2	0		
	Add lines **d1** and **d2**			d	0
e	**Total revenue** (Part I, line 12). Add lines **c** and **d** ▶			e	11,711,108

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements			a	11,186,564
b	Amounts included on line **a** but not on Part I, line 17:				
1	Donated services and use of facilities	b1	0		
2	Prior year adjustments reported on Part I, line 20	b2	0		
3	Losses reported on Part I, line 20	b3	0		
4	Other (specify):	b4	0		
	Add lines **b1** through **b4**			b	0
c	Subtract line **b** from line **a**			c	11,186,564
d	Amounts included on Part I, line 17, but not on line **a:**				
1	Investment expenses not included on Part I, line 6b	d1	0		
2	Other (specify):	d2	0		
	Add lines **d1** and **d2**			d	0
e	**Total expenses** (Part I, line 17). Add lines **c** and **d** ▶			e	11,186,564

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) *(See the instructions.)*

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
See Statement 11				

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

			Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 36			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		✔
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization.". ▶ If "Yes," attach a statement that includes the information described in the instructions	75c		✔
d	Does the organization have a written conflict of interest policy?	75d	✔	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances

Part VI Other Information *(See the instructions.)*

			Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		✔
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		✔
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		✔
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		✔
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	✔	
b	If "Yes," enter the name of the organization ▶ See Statement 12 and check whether it is ☐ exempt **or** ☐ nonexempt			
81a	Enter direct and indirect political expenditures. (See line 81 instructions.) 81a 0			
b	Did the organization file **Form 1120-POL** for this year?	81b		✔

Part VI Other Information *(continued)*

			Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		✔
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	✔	
b	Did the organization comply with the disclosure requirements relating to *quid pro quo* contributions?	83b	✔	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		✔
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85	*501(c)(4), (5), or (6) organizations.* **a** Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b		
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members 85c			
d	Section 162(e) lobbying and political expenditures 85d			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86	*501(c)(7) orgs.* Enter **a** Initiation fees and capital contributions included on line 12 86a			
b	Gross receipts, included on line 12, for public use of club facilities 86b			
87	*501(c)(12) orgs.* Enter: **a** Gross income from members or shareholders 87a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b			
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		✔
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI ▶	88b		✔
89a	*501(c)(3) organizations.* Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
b	*501(c)(3) and 501(c)(4) orgs.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		✔
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ 0			
e	*All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		✔
f	*All organizations.* Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		✔
g	*For supporting organizations and sponsoring organizations maintaining donor advised funds.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		✔

90a List the states with which a copy of this return is filed ▶ None

b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.) **90b** 245

91a The books are in care of ▶ Wayne Schneider Telephone no. ▶ 785-827-5541
Located at ▶ 100 E Claflin Ave, Salina, KS ZIP + 4 ▶ 67401-6196

			Yes	No
b	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)?	91b		✔
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** Report of Foreign Bank and Financial Accounts.			

Part VI Other Information *(continued)*

		Yes	No
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶	91c		✔

92 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ | 92 |

Part VII Analysis of Income-Producing Activities *(See the instructions.)*

Note: *Enter gross amounts unless otherwise indicated.*	Unrelated business income (A) Business code	Unrelated business income (B) Amount	Excluded by section 512, 513, or 514 (C) Exclusion code	Excluded by section 512, 513, or 514 (D) Amount	(E) Related or exempt function income
93 Program service revenue:					
a **Tuition and Fees**					8,026,739
b **Room and Board**					2,719,551
c **Other Sources**					277,082
d **Volunteer Connection**					130,263
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					338,799
96 Dividends and interest from securities					406,721
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					-1,098,259
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		0	10,800,896

105 **Total** (add line 104, columns (B), (D), and (E)) ▶ 10,800,896

Note: *Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes *(See the instructions.)*

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
	See Statement 13

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities *(See the instructions.)*

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts *(See the instructions.)*

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☑ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☑ No

Note: *If "Yes" to* ***(b)****, file Form 8870* ***and*** *Form 4720 (see instructions).*

Part XI **Information Regarding Transfers To and From Controlled Entities.** *Complete only if the organization is a controlling organization as defined in section 512(b)(13).*

		Yes	No
106	Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
107	Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2007, covering the interest, rents, royalties, and annuities described in question 107 above?		

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Signature of officer | Date

Wayne Schneider, VP for Finance

Type or print name and title

Paid Preparer's Use Only			
Preparer's signature	Date	Check if self-employed ▶ ☐	Preparer's SSN or PTIN (See Gen Inst X)
Firm's name (or yours if self-employed), address, and ZIP + 4		EIN ▶	Phone no ▶ ( )

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2007

Name of the organization: KANSAS WESLEYAN UNIVERSITY

Employer identification number: 48 0543729

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Matt Williams 100 E Claflin Ave, Salina, KS 67401-6196, US	Staff 50	67,252	16,813	0
John Blackwell 100 E Claflin Ave, Salina, KS 67401-6196, US	Staff 50	64,287	16,072	0
Carol Ahlvers 100 E Claflin Ave, Salina, KS 67401-6196, US	Staff 50	58,758	14,689	0
Darrell Victory 100 E Claflin Ave, Salina, KS 67401-6196, US	Staff 50	58,190	14,548	0
David Dallas 100 E Claflin Ave, Salina, KS 67401-6196, US	Staff 50	56,035	14,009	0
Total number of other employees paid over $50,000 ▶	10			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
Jone Gillam Architects 730 N 9th, Salina, KS 67402, US	Architecture	138,375
Hedlund Electic Inc 1201 S Main, McPherson, KS 67460, US	Electrical Contractor	80,258
Mid-Contintal Restoration Co PO Box 429, Fort Scott, KS 66701, US	Brick Restoration	50,450
Total number of others receiving over $50,000 for professional services ▶ 0		

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over $50,000 for other services ▶ 0		

Part III **Statements About Activities** (See page 2 of the instructions.)

		Line	Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ 0 (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)	1		✔
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)*			
a	Sale, exchange, or leasing of property?	2a		✔
b	Lending of money or other extension of credit?	2b		✔
c	Furnishing of goods, services, or facilities?	2c		✔
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d		✔
e	Transfer of any part of its income or assets?	2e		✔
3a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments) **Stmt.15**	3a	✔	
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	✔	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		✔
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		✔
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a		✔
b	Did the organization make any taxable distributions under section 4966?	4b		✔
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		✔
d	Enter the total number of donor advised funds owned at the end of the tax year ▶			
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶			0
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶			0

Part IV **Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)

6 ☑ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8 ☐ A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A.)

11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12 ☐ An organization that normally receives: **(1) more than 33⅓%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and **(2) no more than 33⅓%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization:

☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents? Yes	No	(e) Amount of support
Total ▶					0

14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting.*

Note: *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.*

Calendar year (or fiscal year beginning in) ▶	**(a)** 2006	**(b)** 2005	**(c)** 2004	**(d)** 2003	**(e)** Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18.					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22					
24 Line 23 minus line 17					
25 Enter 1% of line 23					

26 **Organizations described on lines 10 or 11:** a Enter 2% of amount in column (e), line 24 ▶ **26a**

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a **Do not file this list with your return.** Enter the total of all these excess amounts ▶ **26b**

c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ **26c**

d Add: Amounts from column (e) for lines 18 ______ 19 ______ 22 ______ 26b ______ ▶ **26d**

e Public support (line 26c minus line 26d total) ▶ **26e**

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ **26f** %

27 **Organizations described on line 12:** a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" **Do not file this list with your return.** Enter the sum of such amounts for each year:

(2006) .... (2005) .... (2004) .... (2003) ....

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year:

(2006) .... (2005) .... (2004) .... (2003) ....

c Add Amounts from column (e) for lines. 15 ______ 16 ______ 17 ______ 20 ______ 21 ______ ▶ **27c**

d Add. Line 27a total ______ and line 27b total ______ ▶ **27d**

e Public support (line 27c total minus line 27d total) ▶ **27e**

f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶ **27f**

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ **27g** %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)).** ▶ **27h** %

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15

Part V **Private School Questionnaire** (See page 9 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	✔	
30	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?	30	✔	
31	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?	31	✔	
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement) **See Statement 16**			
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	✔	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	✔	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	✔	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	✔	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		✔
b	Admissions policies?	33b		✔
c	Employment of faculty or administrative staff?	33c		✔
d	Scholarships or other financial assistance?	33d		✔
e	Educational policies?	33e		✔
f	Use of facilities?	33f		✔
g	Athletic programs?	33g		✔
h	Other extracurricular activities?	33h		✔
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	✔	
b	Has the organization's right to such aid ever been revoked or suspended?	34b		✔
	If you answered "Yes" to either 34a or b, please explain using an attached statement. **Stmt 17**			
35	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," attach an explanation	35	✔	

Part VI-A **Lobbying Expenditures by Electing Public Charities** (See page 10 of the instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check ▶ a ☐ if the organization belongs to an affiliated group. Check ▶ b ☐ if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table—			
If the amount on line 40 is— / **The lobbying nontaxable amount is—**			
Not over $500,000 — 20% of the amount on line 40			
Over $500,000 but not over $1,000,000 — $100,000 plus 15% of the excess over $500,000			
Over $1,000,000 but not over $1,500,000 — $175,000 plus 10% of the excess over $1,000,000	41		
Over $1,500,000 but not over $17,000,000 — $225,000 plus 5% of the excess over $1,500,000			
Over $17,000,000 — $1,000,000			
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: *If there is an amount on either line 43 or line 44, you must file Form 4720.*

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	**(a)** 2007	**(b)** 2006	**(c)** 2005	**(d)** 2004	**(e)** Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B **Lobbying Activity by Nonelecting Public Charities**
(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers		✔	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		✔	
c Media advertisements		✔	
d Mailings to members, legislators, or the public		✔	
e Publications, or published or broadcast statements		✔	
f Grants to other organizations for lobbying purposes		✔	
g Direct contact with legislators, their staffs, government officials, or a legislative body		✔	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		✔	
i Total lobbying expenditures (Add lines c through h.)			0

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 13 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of.			
(i) Cash	51a(i)		✔
(ii) Other assets	a(ii)		✔
b Other transactions:			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		✔
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		✔
(iii) Rental of facilities, equipment, or other assets	b(iii)		✔
(iv) Reimbursement arrangements	b(iv)		✔
(v) Loans or loan guarantees	b(v)		✔
(vi) Performance of services or membership or fundraising solicitations	b(vi)		✔
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		✔

d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☑ No

b If "Yes," complete the following schedule·

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Statement 1
Form 990
Page 1
Part I
Question 8

KANSAS WESLEYAN UNIVERSITY
48-0543729

Sales of Assets Other than Inventory

Noninventory Asset

Description:	Investment Activities Endowment		
Sold To:	Various		
Sales Price:	$0 00	**Date Sold:**	06/30/2008
Expense of Sale:	$0 00	**Date acquired:**	06/30/2006
Cost or value when acquired:	$1,098,259 00	**How acquired:**	
Depreciation since acquistion:	$0 00	Purchase	
Net Sale:	**-$1,098,259.00**		

Statement 2
Form 990
Page 2
Part II
Question 42

KANSAS WESLEYAN UNIVERSITY
48-0543729

Depreciation and Depletion

Asset	Current Deprec.
Plant Assets	$435,129 00
Total	**$435,129.00**

Statement 3
Form· 990
Page 2
Part II
Question 43

KANSAS WESLEYAN UNIVERSITY
48-0543729

Attachment listing other expenses for Part II

Description	Total:	Pgm Services	Mgt and General	Fundrasing
Instruction	$3,115,328 00	$3,115,328 00	$0 00	$0 00
Institutional Support	$2,249,308 00	$1,993,352 00	$0 00	$255,956 00
Auxiliary Enterprises	$1,474,233 00	$1,474,233 00	$0 00	$0 00
Student Services	$1,205,049 00	$1,205,049 00	$0 00	$0 00
Athletics	$1,186,897 00	$1,186,897 00	$0 00	$0 00
Plant Maintenance	$863,952 00	$863,952 00	$0 00	$0 00
Academic Support	$382,312 00	$382,312 00	$0.00	$0 00
Other Expenses	$148,708 00	$148,708 00	$0 00	$0 00
Independent Operations	$125,648 00	$125,648 00	$0 00	$0 00
Total:	**$10,751,435.00**	**$10,495,479.00**	**$0.00**	**$255,956.00**

Statement 4
Form 990
Page 3
Part III
Question

KANSAS WESLEYAN UNIVERSITY
48-0543729

Program Services

Achievement	**Pgm. Svc. Exp.**
Education, General/Other Instruction of nearly 900 students in undergraduate and graduate courses (0 students)	$10,930,608 00
Grants and Allocations: $0.00 This amount includes foreign grants: N/A	
Total:	**$10,930,608.00**

Statement 5
Form 990
Page 4
Part IV
Question 51

KANSAS WESLEYAN UNIVERSITY
48-0543729

Schedule of Other Notes and Loans Receivable

Borrower's Name:	Loans receivable
Borrower's Title:	
Original Amount:	$1,399,212 00
Balance Due:	$1,399,212 00
Date of Note:	02/15/2005
Maturity Date:	02/16/2009
Repayment Terms:	Over 10 yeats
Interest Rate:	5
Security Provided by Borrower:	Transcript
Purpose of Loan:	Perkins Loan Program
Description of Consideration:	Education
FMV of Consideration:	$1,399,212 00
Relationship of Borrower/Lender:	None
Total Due:	**$1,399,212.00**

Statement 6
Form 990
Page 4
Part IV
Question 56

KANSAS WESLEYAN UNIVERSITY
48-0543729

Other Investments

Investment	Valuation Type	Amount
Long Term Investments	FMV	$13,736,971 00
Beneficial Trusts	Cost	$7,512,389 00
Total:		**$21,249,360.00**

Statement 7
Form 990
Page 4
Part. IV
Question 57

KANSAS WESLEYAN UNIVERSITY
48-0543729

Schedule of Land, Buildings and Equipment

Description	Cost	Depreciation	Book Value
Plant Assets	$31,476,702 00	$8,874,434 00	$22,602,268 00
Total:	**$31,476,702.00**	**$8,874,434.00**	**$22,602,268.00**

Statement 8
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Page 4
Part IV
Question 58

KANSAS WESLEYAN UNIVERSITY
48-0543729

Other Assets

Asset Description	BOY Amount	EOY Amount
Bond Issuance Cost	$85,882 00	$80,125 00
Other Assets	$0 00	$830 00
Total:	**$85,882.00**	**$80,955.00**

Statement 9
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Page 4
Part. IV
Question 64a

KANSAS WESLEYAN UNIVERSITY
48-0543729

Tax Exempt Bond Liabilities

Purpose:	Education Facilities	
Issue Date:	06/01/2007	
Original Amount:	$7,000,000 00	
Amount of issue outstanding:	$5,872,382 00	
Unexpended Proceeds:	$0 00	
Facility used by 3rd Party:	No	
Percent used by 3rd Party:		
Obligation is a Mortgage:	Yes	
Maturity Date:	06/30/2022	
Repayment Terms:	Semiannual Interest, Annual Principal	
Interest Rate:	4 59	
Security Provided by Borrower:	Real Estate	
Contingent Liability:	No	*If 'Yes', this record will not be included in the total returned to the Form 990*
Total Due:	**$5,872,382.00**	

Statement 10
Form 990
Page 4
Part IV
Question 64b

KANSAS WESLEYAN UNIVERSITY
48-0543729

Mortgages and Other Notes Payable

Type:	Non-Mortgage
Lender's Name:	Federal Government
Original Amount:	$1,009,540 00
Balance Due:	$1,009,540 00
Date of Note:	01/01/2000
Maturity Date:	01/01/2012
Repayment Terms:	When fund terminated
Interest Rate:	0
Security Provided by Borrower:	None
Purpose of Loan:	Loans to students
Description of Consideration:	Education
FMV of Consideration:	$1,009,540 00
Relationship:	None
Total Due:	**$1,009,540.00**

Statement 11
Form 990
Page 5
Part V
Question

KANSAS WESLEYAN UNIVERSITY
48-0543729

Officers, Directors, Trustees, and Key Employees

Name and Address		Ave. Hrs/week	Comp.	Benefits	Expenses
Darin Russell		50	$71,890 00	$17,973 00	$0 00
Title	Vice President				
Addr 1	100 E Claflin Ave				
Addr 2					
CSZ	Salina, KS 67401-6196				
Country	United States				
Glenna Alexander		50	$67,330 00	$16,833 00	$0 00
Title	Director of Enrollment Services				
Addr 1	100 E Claflin Ave				
Addr 2					
CSZ	Salina, KS 67401-6196				
Country	United States				
Mikey Mitchell		50	$81,565 00	$20,391.00	$0 00
Title	Vice President				
Addr 1	100 E Claflin Ave				
Addr 2					
CSZ	Salina, KS 67401-6196				
Country	United States				
Philip P Kerstetter		50	$132,458 00	$33,115 00	$0 00
Title	President				
Addr 1	100 E Claflin Ave				
Addr 2					
CSZ	Salina, KS 67401-6196				
Country	United States				
Wayne R Schneider		50	$89,810 00	$22,453 00	$0 00
Title	Vice President				
Addr 1	100 E Claflin Ave				
Addr 2					
CSZ	Salina, KS 67401-6196				
Country	United States				
TOTALS			**$443,053.00**	**$110,765.00**	**$0.00**

Statement 12
Form 990
Page 6
Part VI
Question 80 b

KANSAS WESLEYAN UNIVERSITY
48-0543729

Related Organizations

Description	Exempt
The Kansas Wesleyan University Foundation	Yes

Statement 13
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Page 8
Part VIII
Question

KANSAS WESLEYAN UNIVERSITY
48-0543729

Relationship of Activities

Line No	Relationship of Activities to the Accomplishment of Exempt Purposes
100	Educational Services
93 c	Educational Services
93 d	Educational Services
95	Educational Services
93 a	Educational Services
93 b	Educational Services
96	Educational Services

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Question 3a

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Explanation of Grant Determination

Explanation of grant qualifications

Scholarships and grants based on meeting criteria for need and/or merit

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Publicize Racially Nondiscriminatory Policy

Explanation/Description

Publicized in all recruitment materials and in our catalog

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Financial Assistance

Explanation
We participate in Department of Education aid programs for higher education