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DLN: 93493257000020

Return of Organization Exempt From Income Tax

2008

OMB No 1545-0047

Form **990** 匑

Department of the Treasury Internal Revenue Service

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

Open to Public
Inspection

\ Fo	rthe 2	2008 ca	lendar vea	r, or tax year beginning 06-01-	2008 and ending 05-31-200	19		
		oplicable		C Name of organization	2000 and chaing 03-31-200		D Employer	identification number
_	еск IT ар Iress cha		Please use IRS	DAKOTA WESLEYAN UNIVERSITY	46-0224	589		
_	ne char		label or print or	Doing Business As	E Telephone			
_		-	type. See		5-2607			
_	ial retur		Specific Instruc-	Number and street (or P O box if 1200 WEST UNIVERSITY	mail is not delivered to street addre	ess) Room/suite		ots \$ 19,868,136
_	minatio		tions.					
Am	ended r	eturn		City or town, state or country, and MITCHELL, SD 57301	d ZIP + 4			
App	olication	pending						
			F Nar	ne and address of principal offi	cer	H(a) Is thu	• s a group retu	
						affilia	tes?	ΓYes Γ Nο
						H(b) Are all	affiliates inclu	uded?
						1 -		st (see instructions)
Та	x-exem	pt status	501(c)) (3) ◀ (insert no)	.) or 5 27		, p exemption r	
w	ebsit e	:⊫ ww	W DWU ED	υU				
Tun	o of ora	anization	✓ Cornorat	ion Trust Association Other	<u> </u>	L Year of fo	rmation	M State of logal demosile
	rt I	Sumr	· · · · · · · · · · · · · · · · · · ·	ion Trust Association Other	<u>F</u>	L rear or to	rmation	M State of legal domicile
. u	_		-	e organization's mission or mo	st significant activities			
	I	•		HIGHER EDUCATION				
GOYETHATICE								
		-						
نا	,	Chack t	hic box b C		and its operations or disposed	l of more than	2.5% of its 25	coto
5			,				25 % OF ILS dS	330
				members of the governing body ndent voting members of the go				
HOUTHINGS OF				•	4			
				nployees (Part V , line 2a) . Dlunteers (estimate if necessar				5541
Ş			6					
•		_		ted business revenue from Par				7a
	Ь	Net unre	elated busi	iness taxable income from Forr	m 990-T, line 34			7b
						Prio	r Year	Current Year
a.	8	Contrib	outions and	d grants (Part VIII, line 1h) .			2,666,693	3,860,604
Ę	9	Progra	m service	revenue (Part VIII, line 2g)	14,613,890	14,691,725		
Ravenue	10	Invest	ment incor	me (Part VIII, column (A), lıne	698,457	525,530		
立	11	Other	revenue (P	art VIII, column (A), lines 5, 6	547,625	619,546		
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line					18,526,665	10 607 405
	42							
	13			ar amounts paid (Part IX, colur	5,659,401	<u> </u>		
	14			or for members (Part IX, colum ompensation, employee benefit	0			
8	15	Salarie 10)	s, other co	7,428,418				
Expenses	16a	•	sional fund	raising fees (Part IX, column (A), line 11e)			0
⊕ ⊕	ь			enses (Part IX, column (D), line 25)	••			
Δ	17			(Part IX, column (A), lines 11a			6,397,043	5,144,278
	18		•	Add lines 13-17 (must equal f	•		19,137,643	<u> </u>
	19		•	penses Subtract line 18 from l			-610,978	
07 80 du		IVE A CILL	4C 1C33 CX	Jonato Sabilact fille 10 ff0fff f		Pagine:	ng of Year	End of Year
وَ چون		T-1-1	/D	wh V June 16\		beginni		
*** ***	20		,	rt X, line 16)			45,427,522	
net Assers or Fund Balances	21	Total li	ıabılıtıes (F	Part X, line 26)			12,393,494	10,403,204
	22			d balances Subtract line 21 fr	om line 20		33,034,028	29,039,337
Pai	rt II	Sign	ature Bl	ock				
				егјигу, I declare that I have examined				
		1.		correct, and complete Declaration of	preparer (other than officer) is Dase	1		parer nas any knowleage
ign		**** Signa	** ature of office	er		2010- Date	09-13	
lere	2							
			or print nam	VICE PRESIDENT OF FINANCE ne and title				
	I	F			Data	Chack if	Dronarad- :J	ntifung number
		Preparer' signature		DLSMA	2010-09-13	Check if self-	(see instruction	ntifying number ons)
Paid	,		<u> </u>			empolyed 🕨 🦳		
	arer's	Firm's na if self-em	me (or your	s ELO PROF LLC			EIN Þ	
ıse (Only		and ZIP + 4	PO BOX 249				
				MITCHELL, SD 57301			Phone no 🕨	(605) 996-7717
lay i	he IRS	S discus	s this retu	rn with the preparer shown abo	ve? (see instructions)			✓ Yes 「No

Form	990 (2008)						Page 2
Par	t IIII Stateme	ent of Program Serv	ice Accomplish	ments (see inst	ructions.)		
1	Briefly describe	the organization's mission	l				
INST	ITUTION OF HIG	SHER EDUCATION					
2	Did the organizat	non undertake any signific	ant program corvic	os during the year	which were not listed on		
2		90 or 990-EZ?				┌ Yes ┌ No	
		these new services on S					
3		non cease conducting, or i		anges in how it con	ducts, any program		
						┌ Yes ┌ No	
	If "Yes," describe	these changes on Sched	ule O				
4	Describe the exe	mpt purpose achievement	s for each of the or	ganization's three la	argest program services by	expenses	
	Section 501(c)(3	3) and 501(c)(4) organızat	ions and section 4	947(a)(1) trusts ar	e required to report the amo		
	allocations to oth	ners, the total expenses, a	nd revenue, if any,	for each program se	ervice reported		
		\ /F +	45.002.054		F 002 004) (D	·	
4a	(Code) (Expenses \$ FION AND OTHER SUPPORTING	15,902,854 incl		5,803,801) (Revenue \$)	
	PROVIDE INSTRUC	TION AND OTHER SUPPORTING	SERVICES TO APPROXID	TATELY 660 FULL-TIME	AND 60 PART-TIME STUDENTS		
4b	(Code) (Expenses \$	Inciu	uding grants of \$) (Revenue \$)	
							-
4-	/Codo) (Expenses \$	ındı	uding grants of \$) (Revenue \$,	
4c	(Code) (Expenses \$	IIICIC	iding grants or \$) (Revenue \$)	
	-						
4d	Other program (services (Describe in Sch	redule O)				
	(Expenses \$	•	luding grants of \$) (Revenue \$)	
10				(Must oak - 1 Post TV		/	
4e	rotai program s	ervice expenses►\$	15,902,854	(Must equal Part IX,	Line 25, column (B).)		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🤨	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νo
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Νo
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		Νο
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νο
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		N o
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a	Yes	
Ь	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νο
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νο

	rt V Statements Regarding Other IRS Filings and Tax Compliance			Page			
			Yes	No			
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable						
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0						
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		No			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No			
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?						
b	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						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo			
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c					
6a	Did the organization solicit any contributions that were not tax deductible?	6a		Νo			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a	Yes				
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes				
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No			
	If "Yes," indicate the number of Forms 8282 filed during the year						
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		l No			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		No			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as						
_	required?	7h		No			
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		No			
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.						
а	Did the organization make any taxable distributions under section 4966?	9a		No			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Νο			
10	Section 501(c)(7) organizations. Enter						
а	Initiation fees and capital contributions included on Part VIII, line 12 10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities						
11	Section 501(c)(12) organizations. Enter						
	Gross income from members or shareholders						
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the						

(605) 995-2607

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Se	ction A. Governing Body and Management						
			Yes	No			
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, $process$, or changes in Schedule O. See instructions.						
1a	Enter the number of voting members of the governing body 1a 30						
b	Enter the number of voting members that are independent 1b 30						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο			
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο			
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο			
6	Does the organization have members or stockholders?	6		Νο			
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο			
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
а	The governing body?	8a	Yes				
b	Each committee with authority to act on behalf of the governing body?	8b	Yes				
9a	Does the organization have local chapters, branches, or affiliates?	9a		No			
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b					
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes				
	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No			
Se	ction B. Policies	1					
			Yes	No			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes				
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes				
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes				
13	Does the organization have a written whistleblower policy?	13		N o			
14	Does the organization have a written document retention and destruction policy?	14		N o			
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision						
а	The organization's CEO, Executive Director, or top management official?	15a	Yes				
b	Other officers or key employees of the organization?	15b	Yes				
	Describe the process in Schedule O (see instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο			
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the						
	organization's exempt status with respect to such arrangements?	16b					
Se	ction C. Disclosure						
17	List the States with which a copy of this Form 990 is required to be filed▶						
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request						
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of							
	interest policy, and financial statements available to the public See Additional Data Table						
20	State the name, physical address, and telephone number of the person who possesses the books and records of the THERESA KRIESE 1200 UNIVERSITY BLVD MITCHELL, SD 57301	ie orga	nızatıor	.			

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) A verage hours per week	(C) Position (check all that apply) x Individual	Institutional Trustee		Highes emplo:	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
TRUSTEE BOB BENSON	1	X					0	0	0
TRUSTEE	1	Х					0	0	0
BRADLEY PRATT TRUSTEE	1	Х					0	0	0
BRUCE CUTLER TRUSTEE	1	Х					0	0	0
DEANELL BACKLUND TRUSTEE	1	Х					0	0	0
DEBORAH LIEDER KIESEY TRUSTEE	1	Х					0	0	0
DEBRA BALL-KILBOURNE TRUSTEE	1	Х					0	0	0
DONALD MESSER TRUSTEE	1	Х					0	0	0
FRANCES WAGNER TRUSTEE	1	Х					0	0	0
GOPAL VYAS TRUSTEE	1	Х					0	0	0
GREG KROGER TRUSTEE	1	Х					0	0	0
HANK KOR TRUSTEE	1	Х					0	0	0
JACK BILLION TRUSTEE	1	Х					0	0	0
JAMES PERSONS TRUSTEE	1	Х					0	0	0
JEFF KRALL TRUSTEE	1	Х					0	0	0
JERRY THOMSEN TRUSTEE	1	Х					0	0	0
JOHN BYRE TRUSTEE	1	Х					0	0	0

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

		(C) Position (check all that apply)						(D)	(5)	(F Estim		
(A) Name and Title	(B) Average hours per week	x Individual	Institutional Trustee	Former Highest compensated employee Key employee Officer Institutional Trustee			(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	amount of other compensation from the organization and related organizations			
JOHN CLARKE TRUSTEE	1	Х						0	0	ı	0	
JOHN HARTUNG TRUSTEE	1	Х						0	C	ı	0	
KEN HAINES TRUSTEE	1	Х						0	O		0	
KENT MILLARD TRUSTEE	1	Х						0	O		0	
LEROY KETEL TRUSTEE	1	Х						0	0		0	
LISA RENTSCHLER TRUSTEE	1	Х						0	0	1	0	
MIKE ROGERS TRUSTEE	1	Х						0	O		0	
NANCY THEELER TRUSTEE	1	Х						0	0		0	
NANCY WAHLSTROM TRUSTEE	1	Х						0	O		0	
PAUL CHRISTEN TRUSTEE	1	Х						0	0		0	
RANDY CROSS TRUSTEE	1	Х						0	O	0		
RAY BAKER TRUSTEE	1	Х						0	O	0		
RICH CUTLER 1 TRUSTEE 1		Х						0	O	0		
RICK MELMER TRUSTEE	(MELMER 1 Y							0	0 0		0	
ROBERT NIELSEN TRUSTEE	1	Х						0	O		0	
ROD GALLAND TRUSTEE	1	Х						0	O		0	
RON MARTIN TRUSTEE	1	Х						0	O		0	
THEODORE ROMAN TRUSTEE	1	Х						0	O		0	
TOM RASMUSSON TRUSTEE	1	Х						0	O		0	
WAYNE PUETZ TRUSTEE	1	Х						0	0		0	
BOYD HOPKINS JR TRUSTEE	1	Х						0	0		0	
1b Total			•		•	<u> </u>						
2 Total number of compensation fr		(including those in 1a) who receive anization ⊁ 1	d mo	re th	nan :	\$100	,000	ın reportable				
										Yes	No	
		y former officer, director or trustee, te Schedule J for such individual •	key •	emp •	loye	e, or	hıghe •	st compensated	d employee		No	
		line 1a, is the sum of reportable co ganizations greater than \$150,000?							om the		No	
		e 1a receive or accrue compensation? If "Yes," complete Schedule J for s						rganızatıon for s	ervices 5		No	
Section B. Inde	pendent	Contractors										
		r five highest compensated indepen i from the organization	dent	con	rac	tors t	hat re					
		(A) Name and business address							(B) n of services	(C Comper		
							_					

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation

from the organization 🕨

					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512,513,or 514
<u>\$</u>	1a	Federated cam	paigns 1a					
죨	ь	Membership du	es					
್ಕ	С	Fundraising eve	ents 1c					
E =	d	Related organiz	rations 1d					
Contributions, gifts, grants and other similar amounts	e	Government grants						
瓮	f	_	ons, gifts, grants, and 1f	3,860,604				
重量	•	sımılar amounts no						
₽₹	g		butions included in					
<u> </u>		lines 1a-1f \$ _ Total. Add lines			3,860,604			
ပက	h	rotal. Add lines	5 1d-11					
e E				Business Code				
ē.	2a	TUITION & FEES			12,500,656	12,500,656		
22	b	SALES & SERVICES	OF AUX ENT		2,191,069	2,191,069		
<u> </u>	С							
<u>\$</u>	d							
٦. 3	e							
⊕rai	f	All other progra	am service revenue					
Program Service Revenue		Total Addi	. 3. 2f		14 004 705			
	g		s 2a-2f		14,691,725			
	3		ome (including dividen		525,530			525,530
			ar amounts) stment of tax-exempt bond	-	323,330			323,330
	4 5							
	3	Royalties	(ı) Real	(II) Personal				
	6a	Gross Rents	435,185	(II) Fersonal				
	ь	Less rental	170,731					
		expenses Rental income	264,454					
	С	or (loss)						
	d	Net rental inco	me or (loss)		264,454			264,454
		C	(ı) Securities	(II) O ther				
	7a	Gross amount from sales of						
		assets other than inventory						
	ь	Less cost or						
		other basis and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (los	s)					
	8a		rom fundraising					
Other Revenue		events (not inc \$	iuaing					
₹ >		of contributions	reported on line 1c)					
ě Ž		See Part IV, lin						
<u>.</u>			a					
₹	ь		penses b (loss) from fundraising					
•	c 9a			events				
	Ja	See Part IV, lin	rom gaming activities ie 19					
			а					
	b	Less direct ex	penses b					
	С	Net income or ((loss) from gamıng actı	vities				
	10a	Gross sales of						
		returns and allo	owances . a					
	h	1000 000						
	b c		oods sold b (loss) from sales of inv	entory 🟲				
	_	Miscellaneous		Business Code				+
	11a	OTHER INCOM		Dasmess code	355,092	355,092		
	ь	OTHERINCON	16		-,	-,		+
								
	С							
	d	All other reven			355,092			<u> </u>
	e		s 11a-11d		19,697,405	15,046,817		789,984
	12	Total Revenue.	Add lines 1h, 2g, 3, 4,	5, 6d, 7d, 8c, ►	19,097,405	13,040,81/		/69,984

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

А	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).								
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(c)	(D) Fundraising expenses				
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21								
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	5,803,801	5,803,801						
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors, trustees, and key employees	402,496	305,286		97,210				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)								
7	Other salaries and wages	5,496,505	4,572,159	905,169	19,177				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	176,970	146,323	27,155	3,492				
9	Other employee benefits	939,517	655,951	280,115	3,451				
10	Payroll taxes	412,930	341,421	63,362	8,147				
11	Fees for services (non-employees)								
а	Management								
ь	Legal								
С	Accounting								
d	Lobbying								
е	Professional fundraising See Part IV, line 17								
f	Investment management fees								
g	Other								
12	Advertising and promotion	106,617	81,198	25,419					
13	Office expenses	82,073	59,207	22,866					
14	Information technology								
15	Royalties								
16	Occupancy	844,333	814,858	29,475					
17	Travel	348,067	300,734	45,200	2,133				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	62,738	41,477	21,261					
20	Interest	162,340	162,340						
21	Payments to affiliates								
22	Depreciation, depletion, and amortization								
23	Insurance	178,808		178,808					
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)								
а	CONTRACTUAL SERVICES	1,099,874	993,396	106,478					
b	SUPPLIES	457,661	417,002	38,844	1,815				
c	PRO GRA MMIN G	403,208	388,957	947	13,304				
d	COST OF SALES - BOOKSTORE	379,152	379,152						
e	EQUIP RENT & MAINTENANCE	297,962	196,064	101,898					
f	All other expenses	721,445	243,528	477,879	38				
25	Total functional expenses. Add lines 1 through 24f	18,376,497	15,902,854	2,324,876	148,767				
26	Joint Costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation								

Pa	rt X	Balance Sheet					<u> </u>	~g~
					(A)		(В	-
	l .				Beginning of year		End of	year
	1	Cash—non-interest-bearing			4 505 000	1		4 0 4 5 0 4 0
	2	Savings and temporary cash investments	1,525,926			1,045,012		
	3	Pledges and grants receivable, net	•		723,168			394,232
	4	Accounts receivable, net			535,568	4		423,994
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L				5		
	6	Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B) Complete Part II of		, , , , , ,		6		
	7	Notes and loans receivable, net			1,187,071	7		1,009,493
Assets	8	Inventories for sale or use		149,424	8		119,608	
SS	9	Prepaid expenses and deferred charges			277,297	9		218,124
⋖	10a	Land, buildings, and equipment cost basis	10a	30,807,656				
	b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b	11,567,892	20,127,723	10c	19	9,239,764
	11	Investments—publicly traded securities			20,467,930	11	10	6,577,035
	12	Investments—other securities See Part IV, line 11				12		
	13	Investments—program-related See Part IV, line 11			13			
	14	Intangible assets			14			
	15	Other assets See Part IV, line 11		433,415			415,279	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		•	45,427,522	16	39	9,442,541
	17	Accounts payable and accrued expenses .			1,353,121	17		1,157,403
	18	Grants payable	1,000,121	18		1, 107, 400		
	19	Deferred revenue	369,014			368,266		
	1		5,277,030			4,885,049		
Ø.	20	Tax-exempt bond liabilities	5,277,030			4,000,049		
Ĕġ	21	Escrow account liability Complete Part IV of Schedule D		21				
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
		persons Complete Part II of Schedule L	•	2 2 11 2 11	22			
	23	Secured mortgages and notes payable to unrelated third parties	•	2,941,241	23	•	1,732,581	
	24	Unsecured notes and loans payable				24		
	25	Other liabilities Complete Part X of Schedule D	•		2,453,088	25		2,259,905
	26	Total liabilities. Add lines 17 through 25			12,393,494	26	10	0,403,204
S O		Organizations that follow SFAS 117, check here ▶	let e li	nes 27				
Balance	27	Unrestricted net assets			9,400,496	27	,	9,596,102
<u>8</u>	28	Temporarily restricted net assets			4,204,451	28	;	3,486,238
귤	29	Permanently restricted net assets			19,429,081	29	15	5,956,997
r Fund		Organizations that do not follow SFAS 117, check here ► an lines 30 through 34.	d com	plete				
S 0.	30	Capital stock or trust principal, or current funds				30		
sets	31	Paid-in or capital surplus, or land, building or equipment fund				31		
ASS	32	Retained earnings, endowment, accumulated income, or other fu				32		
Net	33	Total net assets or fund balances			33,034,028	33	29	9,039,337
Ž	34	Total liabilities and net assets/fund balances			45,427,522	34	3:	9,442,541
Pa	rt XI	Financial Statements and Reporting			,			-,,
1	Acco	unting method used to prepare the Form 990	Accrı	ual 「Other			Yes	No
2a		Accounting method used to prepare the Form 990						
b		the organization's financial statements audited by an independen		•		2a 2b	Yes	No
c								
3a	Asa	result of a federal award, was the organization required to underg e Audit Act and OMB Circular A-133?	oana	udit or audits as s	et forth in the	2c 3a	Yes	
b	If "Ye	3b	Yes					

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DLN: 93493257000020

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Public Charity Status and Public Support

Open to Public Inspection

Name of the organization DAKOTA WESLEYAN UNIVERSITY Employer identification number

46-0224589

Pai	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganızatıo	ns) (See	Instruct	ions)		
The o	rganız	zation is not	a private found	ation because it is (Please	check onl	ly one org	anızatıon j)				
1	Γ	A church, c	onvention of ch	iurches, or association of ch	urches de	escribed in	Section 1	170(b)(1)((A)(i).			
2	굣	A school de	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)									
3	Γ	A hospital	or a cooperative	e hospital service organizati	on descril	bed in Sec	t ion 170(l	b)(1)(A)(i	ii). (Attac	h Schedul	le H)	
4	Γ	A medical i	research organı	zatıon operated ın conjunctı	on with a l	hospital d	escribed i	n Section :	170(b)(1)	(A)(iii). E	nter the	
		hospital's r	name, city, and	state								
5	Γ	An organiza	atıon operated f	or the benefit of a college or	universit	y owned o	r operated	l by a gove	ernmental	unıt desc	rıbed ın	
		Section 170	D(b)(1)(A)(iv).	(Complete Part II)								
6	Γ	A federal, s	tate, or local go	overnment or governmental	unıt descr	ıbed ın Se	ction 170	(b)(1)(A)	(v).			
7	Γ	An organiza	ation that norma	ally receives a substantial p	art of its s	support fro	m a gove	rnmental u	ınıt or fron	n the gene	ral public	:
		described i	n Section 170(b	o)(1)(A)(vi) (Complete Par	tII)							
8	Γ	A communi	ty trust describ	ed in Section 170(b)(1)(A)	(vi) (Com	nplete Par	tII)					
9	Γ	An organiza	ation that norma	ally receives (1) more than	331/3% 0	fits supp	ort from c	ontribution	ıs, membe	rship fees	, and gro	SS
		receipts fro	m activities rel	ated to its exempt functions	s—subject	to certair	n exceptio	ns, and (2) no more	than 331/	'3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess sectio	on 511 tax	() from bu	sınesses	
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complet	e Part III)			
10	Γ	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ct ion 509((a)(4). (Se	e instruc	tions)	
11	Γ	An organiza	atıon organızed	and operated exclusively fo	r the bene	fit of, to p	erform the	functions	of, or to o	arry out t	he purpos	ses of
				orted organizations describe						Section 5	09(a)(3).	. Check
		_		type of supporting organiza Type II c	tion and c Type III					Гтуре	. T.T. O.H	
_	_		• •	rtify that the organization is								
е	,	•	- '	agers and other than one or						-	-	
		section 50		- -		,	3				(/(_,
f				d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportir	ng organiz	atio <u>n,</u>
		check this			Jeu		6					ı
g		following pe		as the organization accepted	d any gift	or contrib	ution from	any of the				
				r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes	No
		and (III) bel	ow, the governi	ng body of the the supported	d organiza	tion?				11g	(i)	
		(ii) a family	/ member of a p	erson described in (i) above	?					11g(
		(iii) a 35%	controlled enti	ty of a person described in ((i) or (ii) al	bove?				11g(
h				nation about the organizatio			supports				- 1	<u> </u>
			_	-								
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) I	s the	(vii) An	nount of
		orted		(described on lines 1-9		ation in	_	nızatıon		atıon ın	supp	ort?
Organization				above or IRC section		listed in		i) of your		rganized		
				(See Instructions))		verning ment?	supp	ort?	ın the	057		
					Yes	No	Yes	No	Yes	No	1	
					162	140	163	140	162	140		
								-				
								-				
								-				
Total												

Part II	Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, check this	oox an	u see	▶ □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched)(2)		
	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
·	line 6)						
To	tal Support		•	•			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income Do not include gain or loss						
12	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organization's fi	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶□
	mputation of Public Support Perc						
15	Public Support Percentage for 2008 (line		•	olumn (f))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
	mputation of Investment Income			40 1 1			
17	Investment Income Percentage for 2008 (-))	17	
18	Investment Income Percentage from 2007	'Schedule A , Pa	rt IV-A, line 27	h		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

For Paperwork Reduction Act Notice, see the Intructions for Form 990

OMB No 1545-0047

Open to Public Inspection

Schedule D (Form 990) 2008

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Employer identification number Name of the organization DAKOTA WESLEYAN UNIVERSITY 46-0224589

Par	Organizations Maintaining Donor A organization answered "Yes" to Form 99		Other Similar Fu	inas or Accoun	its. Comple	te if the
		(a) Donor ad	lvised funds	(b) Funds an	d other accou	nts
1	Total number at end of year					
2	Aggregate contributions to (during year)					
3 /	Aggregate grants from (during year)					
4	Aggregate value at end of year					
	Did the organization inform all donors and donor adv funds are the organization's property, subject to the			or advised	☐ Yes	ר No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ber impermissible private benefit?			may be	☐ Yes	√ No
Part	Conservation Easements. Complete	ıf the organızatıon	answered "Yes" to	Form 990, Part	IV, line 7.	
1	Purpose(s) of conservation easements held by the o	organization (check al	that apply)			
	Preservation of land for public use (e g , recreat	:ion or pleasure)	Preservation of an		•	а
	Protection of natural habitat	ı	Preservation of ce	rtified historic struc	cture	
	Preservation of open space					
	Complete lines 2a–2d if the organization held a qual on the last day of the tax year	lified conservation co	ntrıbutıon ın the form	of a conservation e	easement	
	on the last day of the tax year			Held	at the End of	the Yea
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easement	ts		2b		
c	Number of conservation easements on a certified h		ıded ın (a)	2c		
d	Number of conservation easements included in (c)			2d		
3	Number of conservation easements modified, transfe	•		d by the organization	on during	
	the taxable year 🕨	errea, rereasea, exem	garomea, or commute	a by the organization	on daning	
	Number of states where property subject to conserv	vation assement is loc	atad Ma			
	Does the organization have a written policy regardin enforcement of the conservation easements it holds		ring, inspection, viola	itions, and	☐ Yes	ן No
6	Staff or volunteer hours devoted to monitoring, inspe	ecting and enforcing e	asements during the	year ►		
7	A mount of expenses incurred in monitoring, inspecti	ing, and enforcing eas	ements during the ye	ar ► \$		
	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the	requirements of sec	tion	☐ Yes	√ No
	In Part XIV, describe how the organization reports c balance sheet, and include, if applicable, the text of the organization's accounting for conservation easer	the footnote to the or		•	•	
Part	Organizations Maintaining Collection Complete if the organization answered			or Other Simila	ır Assets.	
	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fii	d for public exhibition,	education or researc	h in furtherance of		е,
_	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these item:	public exhibition, edu			•	
	(i) Revenues included in Form 990, Part VIII, line 1	1		► \$		
	(ii) Assets included in Form 990, Part X			► \$		
	If the organization received or held works of art, hist following amounts required to be reported under SFA			r financial gain, pro	ovide the	
а	Revenues included in Form 990, Part VIII, line 1			► \$		
b	Assets included in Form 990, Part X			► \$		

Cat No 52283D

3	Using the organization's accession and othe											ontinuea)
	items (check all that apply)			_	_							
а	Public exhibition		d	ı	Loan or	rexc	hange progr	ams				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co Part XIV	ollections and explai	n hov	w the	y further	the o	organization	's ex	empt purp	ose ir	1	
5	During the year, did the organization solicit of	or receive donations	ofar	t, hıs	torical tr	reası	ires or othe	rsım	nılar			
	assets to be sold to raise funds rather than t										Yes	✓ No
Pari	Part IV, line 9, or reported an an						ınızatıon a	nsw	ered "Yes	s" to	Form 9	90,
	Is the organization an agent, trustee, custod included on Form 990, Part X?			for c	ontributi	ons	or other ass	ets	not	Γ	Yes	√ No
b	If "Yes," explain why in Part XIV and comple	te the following tabl	e				Г			Δm	ount	
с	Pagunung halanga						F	1c			June	
d	Beginning balance							1d				
	Additions during the year											
e £	Distributions during the year						-	1e				
г -	Ending balance						L	1f			-	
	Did the organization include an amount on Fo		21?							J	Yes	✓ No
	If "Yes," explain the arrangement in Part XIV				1 _0 _2		F			10		
Par	t V Endowment Funds. Complete	f the organization (a)Current Year)Prior			<u>Form 990,</u> vo Years Back		rt IV, line Three Years E		(a)Four V	ears Back
1a	Beginning of year balance	21,464,437	(,,	71 1101	rear	(0)11	vo rears back	1(4)	Tillee Tears I	Jack	(C) our i	Cars back
ь	Contributions	639,623						+				
	Investment earnings or losses	-3,669,706										
d	Grants or scholarships	-560,560										
e	Other expenditures for facilities	-426,606										
_	and programs							+				
f	Administrative expenses	17,447,188			-					-		
g	End of year balance	, ,										
	Provide the estimated percentage of the yea	r end balance held a	S									
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment ► 100 000 %											
c	Term endowment 🕨											
	Are there endowment funds not in the posses	ssion of the organiza	tion	that	are held a	and a	idministere	d for	the			
	organization by (i) unrelated organizations									3a(i	Yes	No No
	(ii) related organizations		•	•	• •	•		•		3a(ii	-	No
b	If "Yes" to 3a(II), are the related organization					٠.		٠.		3b		No
4	Describe in Part XIV the intended uses of th											
Pari	VI Investments—Land, Buildings	s, and Equipmer	ıt. S	ee F	orm 99	0, Pa	art X, line	10.				
	Description of investment				Cost or ot s (investm		(b)Cost or o		(c) Depreci	ation	(d) Bo	ook value
1a L	and						313	3,447				313,447
	uildings											, ,
	easehold improvements								1			
	quipment											
	other				1.18	3,120	29,311	.089	11.56	57,892	 	18,926,317
	Add lines 1a-1e (Column (d) should equal Fo		nn (B), line						.,,552	+	19,239,764
	(22.2(2) 22 24441 / 6	, ,	,-/	,	1-/-/		- ·			ula D	<u> </u>	990) 2008

(a) Description of security or category	Form 990, Part X, line 1	(c) Method of valuation
(including name of security)	(b) Book value	Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. Se	e Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, I	ne 15.	
(a) Descri	ption	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15.)	
Part X Other Liabilities. See Form 990, Part 1	X, line 25.	
(a) Description of Liability	(b) A mount	
Federal Income Taxes		
ADV FROM FED FOR STUDENT LOANS	1,495,942	
ANNUITIES PAYABLE & SPLIT INT AGREEM	603,525	
OTHER LIABILITIES	160,438	
DRAFTS PAYABLE		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	2,259,905	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	19,697,40!
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	18,376,497
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,320,908
4	Net unrealized gains (losses) on investments	4	-4,160,734
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-987,83
9	Total adjustments (net) Add lines 4 - 8	9	-5,148,567
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-3,827,659
_	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p		
1	Total revenue, gains, and other support per audited financial		9,863,698
	statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
Ь	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-4,029,906
3	Subtract line 2e from line 1	3	13,893,604
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	5,803,80
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	19,697,40!
-	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	13,691,357
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments		
C	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	1,118,66
3	Subtract line 2e from line 1	3	12,572,696
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	5,803,80
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	18,376,497

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
RECONCILATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	DEPRECIATION & INTEREST - RENTAL EXPENSES 130,828 TUITION ALLOWANCES (NETTED ON F/S'S) -5,803,801 DEPRECIATION & INTEREST - RENTAL EXPENSES -130,828 CHANGE IN VALUE OF SPLIT INT AGREEMENTS -64,266 TUITION ALLOWANCES (NETTED ON F/S'S) 5,803,801 BOOK / TAX DEPRECIATION DIFFERENCE -923,567
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	DEPRECIATION & INTEREST - RENTAL EXPENSES 130,828
REVENUE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 4B	TUITION ALLOWANCES (NETTED ON F/S'S) 5,803,801
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 2D	DEPRECIATION & INTEREST - RENTAL EXPENSES 130,828 CHANGE IN VALUE OF SPLIT INT AGREEMENTS 64,266 BOOK / TAX DEPRECIATION DIFFERENCE 923,567
EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 4B	TUITION ALLOWANCES (NETTED ON F/S'S) 5,803,801

Employer identification number

33493257000020

OMB No 1545-0047

2008

Open to Public Inspection

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-EZ. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

Schools

DAKOTA WESLEYAN UNIVERSITY 46-0224589 YES NO 1 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? Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain 3 Yes POLICY IS INCLUDED IN ALL PROMOTIONAL LITERATURE AND REGISTRATION MATERIALS Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes **b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? 5c Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes **b** Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either 6a or b, please explain using an attached statement 🧈 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 CB 587, covering racial nondiscrimination? If "No," attach an explanation

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DLN: 93493257000020

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Open to Public Inspect ion

Name of the organization						Linployer ident	incation number
DAKOTA WESLEYAN UNIVE	RSITY					46-0224589	
Part I General Infor	rmation on Gra	nts and Assistance)				
 Does the organization methe selection criteria us Describe in Part IV the 	ed to award the gra	nts or assistance?			ıbılıty for the grants or as	ssistance, and	. Ves I
Form 990, Part Part IV and Scl		ny recipient that rece tional space is			tes. Complete if the confined in the confined		
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
2 Enter total number of se organizations3 Enter total number of otl							<u> </u>

	· · · · · · · · · · · · · · · · · · ·
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
SCHOLARSHIP ALLOWANCES	660	5,803,801			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

1dent if ier	keturn kererence	explanation

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DLN: 93493257000020

OMB No 1545-0047

Supplemental Information on Tax Exempt Bonds

Department of the Treasury Internal Revenue Service

Schedule K

(Form 990)

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O.

Open to Public Inspect ion

	Name of the organization									Employer identification number					
DAKOTA WESLEYAN UNIVERSITY									46-0224	46-0224589					
P	art I Bond Issues (Require	ed for 2008)													
	(a) Issuer Name (b) Issuer EIN (c) CUSIP #		(c) CUSIP #	(d) Date	Issued	(e) Issue Price		(f) Description of Purpose			(g) Defeased		(h) O r Behalf (Issue)		
											Yes	No	Yes	No	
A	CITY OF MITCHELL SD	46-6000305		06-30-	2005	1,	650,000	FUNDS WER	E USED TO	ос		x		×	
Pā	art II Proceeds (Optional fo	or 2008)												1	
1	Total Proceeds of Issue			-	4	<u> </u>	3	-	2)	_	E		
	Gross Proceeds in Reserve Fund	ds						+				+			
- 3	Proceeds in Refunding or Defeas											+			
4	Other Unspent Proceeds											+			
5	Issuance Costs from Proceeds							1							
6	Working Capital Expenditures fr	om Proceeds													
7	Capital Expenditures from Proce	eeds										_			
8	Year of Substantial Completion					<u> </u>									
				Yes	No	Yes	No	Yes	No	Yes	No	Yes		No	
9	Were the bonds issued as part o	of a current refunding issue?													
10	Were the bonds issued as part o	of an advance refunding issu	e?												
11	Has the final allocation of proce	eds been made?													
12	Does the organization maintain final allocation of proceeds?	adequate books and records	to support the												
Pa	rt IIII Private Business Us	e (Optional for 2008)		1				1		ı					
				<u> </u>		-	3 	-				+	E		
1	Was the organization a partner i which owned property financed b		r of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No	Yes		No	
2	Are there any lease arrangemen which may result in private busi		ed property												
For	Paperwork Reduction Act Notice, see	the Instructions for Form 990				Cat No 501	L93E			S	chedule K	(Form 99	0) 2008		

Schedule K	(Form 990) 20	800	
Part III	Private Bu	siness Use	(Continued)

		4	A	E	3	(С	I	D	I	E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	rt IV Arbitrage (Optional for 2008)										
		ı	Α	E	3	(<u>c</u>	ı	<u> </u>	ı	Ε
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5											
	Were any gross proceeds invested beyond an available temporary period?										

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DLN: 93493257000020

OMB No 1545-0047

2008

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

► To be completed by organizations that answered

"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,

or Form 990-EZ, Part V lines 38b or 40b.

Transactions with Interested Persons

Name of the organization DAKOTA WESLEYAN UNIVERSITY Employer identification number

						46	6-022	24589	9			
art I Excess Benefit Transac												4.0.1
To be completed by organization			s" on	Form 990, Part IV	, line	25a or 25t	o, or F	orm 9	90-EZ		V , line c) Corr	
1 (a) Name of disqualifie	d persor	ו		(b) Des	crıpt	on of transa	action			<u></u>	Yes	No
		I										
2 Enter the amount of tax imposed on	the orga	nızatıon mana	gers o	or disqualified pers	ons	during the y	earui	nder				
section 4958									\$ —			
Enter the amount of tax, if any, on li	ne 2, abo	ove, reimburse	d by t	he organization .				•	\$			
art II Loans to and/or From												
To be completed by organiza	ations th T	at answered "\	res" c	on Form 990, Part	IV,I	ine 26, or Fo	orm 9	90-E	1		: 38a T	
	1	an to or					(e)	In	Appr	f) roved	(g)W	rittei
(a) Name of interested person and purpose	1	n the Ization?	(c)	Original principal amount	(d)B	alance due	default?			ard or	or agreemer	
parpose			4	amount				1	comm	1		_
	То	From					Yes	No	Yes	No	Yes	No
												₩
	_				_							<u> </u>
	+											
	_				 					 		
tal				> \$	<u> </u>			<u> </u>		<u> </u>	<u> </u>	1
rt IIII Grants or Assistance E												
To be completed by orga	nızatıon	ıs that answe	ered '	"Yes" on Form 9	90,	Part IV, lın	ne 27					
(a) Name of interested person	(veen interested pe	rson	(c)A m	ount d	of grai	nt or ty	pe of a	ıssısta	nce
		and	tne o	rganization		+						
						_						
art IV Business Transactions												
To be completed by orga	nızatıon	ns that answe	ered '	"Yes" on Form 9	90,	Part IV, lın	ne 28	a, 28	b, or			
		b) Relationshi		(-) A						-	e) Sha	_
(a) Name of interested person		tween interest person and the		(c) A mount of transaction		(d) Descr	rption	oftra	ansacti	ion 🛚	rganıza reven	
	'	organization		transaction							Yes	No
ETZ CORPORATION	ВОА	RD MEMBER		1,!	505	CONSTRUC	CTIOI	N				Νο
UNTY FAIR FOOD STORES	ВОА	RD MEMBER		9,:	174	FOODAND	FUE	L				Νo
DCAN THEELED LLD	BO A	DD MEMBER		27.	5 A O	LECALOTO						NI ~
RGAN THEELER LLP	BOA	RD MEMBER		27,0	048 	LEGAL SER	VICE	:5				Νo
	-									-		

OMB No 1545-0047

Inspection

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization DAKOTA WESLEYAN UNIVERSITY Employer identification number

46-0224589

ldentifier	Return Reference	Explanation
AMENDED RETURN EXPLANATION	FORM 990, PAGE 1, ITEM B	TAXPAYER IS REQUIRED TO ELECTRONICALLY FILE AND ORIGINAL WAS PAPER FILED AMENDED RETURN IS BEING ELECTRONICALLY FILED TO COMPLY WITH REQUIREMENTS

ldentifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 10	THE FORM IS REVIEWED WITH ADMINISTRATION FOR ACCURACY OF INFORMATION THE FORM IS THEN REVIEWED BY THE BOARD OF TRUSTEES AUDIT COMMITTEE BEFORE SUBMISSION TO THE FEDERAL GOVERNMENT THE AUDIT COMMITTEE HAS BEEN GRANTED AUTHORITY FROM THE BOARD OF TRUSTEES TO APPROVE THE SUBMISSION THE ENTIRE FORM 990 IS THEN REVIEWED WITH THE WHOLE BOARD AT THE NEXT REGULARLY SCHEDULED MEETING

lde	entifier	Return Reference	Explanation
ENFORG CONFLI POLICY		FORM 990, PAGE 6, PART VI, LINE 12C	EACH YEAR ADMINISTRATION REVIEWS THE VENDORS USED BY THE UNIVERSITY TO DETERMINE IF THERE IS A CONNECTION WITH ANY EMPLOYEE, OFFICER, OR TRUSTEE MAJOR CONTRACTS INVOLVING THESE INDIVIDUALS ARE APPROVED BY THE BOARD OF TRUSTEES PRIOR TO ENGAGEMENT WITH THE VENDOR ALL INDIVIDUALS FALLING UNDER THIS POLICY ARE AWARE OF THE POLICY AND THE DISCLOSURE REQUIREMENTS ANY RELATED PARTY TRANSACTIONS ARE DISCLOSED IN THE ANNUAL AUDIT

ldentifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE	COMPENSATION IS DETERMINED BY A BOARD OF TRUSTEES APPOINTED COMMITTEE THIS COMMITTEE REVIEWS COMPARABLE DATA FROM OTHER INSTITUTIONS OF SIMILAR SIZE AND MISSION THE COMMITTEE RECOMMENDS COMPENSATION TO THE BOARD OF TRUSTEES EXECUTIVE COMMITTEE FOR BOARD APPROVAL THE PRESIDENT IS ISSUED A MULTI-YEAR CONTRACT THAT ADDRESSES ALL COMPENSATION

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOYEES OF THE UNIVERSITY IS DETERMINED AFTER COMPARABLE DATA IS REVIEWED COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOYEES IS AT THE DISCRETION OF THE PRESIDENT WITH BOARD OF TRUSTEES OVERSIGHT

ldentifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	THESE DOCUMENTS ARE MADE AVAILABLE UPON REQUEST THE 990 FORM IS AVAILABLE ONLINE THROUGH THE IRS WEBSITE

ldentifier	Return Reference	Explanation
PURPOSE OF ISSUE DESCRIPTION	SCHEDULE K	CITY OF MITCHELL, SD THE CAMPUS OF DAKOTA WESLEYEAN UNIVERISTY

Additional Data

Software ID:

Software Version:

EIN: 46-0224589

Name: DAKOTA WESLEYAN UNIVERSITY

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
CONTRACTUAL SERVICES	1,099,874	993,396	106,478	
SUPPLIES	457,661	417,002	38,844	1,815
PRO GRA MMING	403,208	388,957	947	13,304
COST OF SALES - BOOKSTORE	379,152	379,152		
EQUIP RENT & MAINTENANCE	297,962	196,064	101,898	