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Form 990

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)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

SCANNED APR 12 20th C 599 de 49

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

2008

Open to Public Inspection

| | For the | 2008 calendar year, or tax year beginning 6/01 , 2008, and ending | 5/3 | 31 | | 2009 |
|-------------------------|----------------|---|-------------------------|----------------------------|-----------------|--|
| В | Check if a | oplicable | | D Employ | er Identific | ation Number |
| | Addr | Please use IRS label TEXAS WESLEYAN UNIVERSITY | | 75-0 | 080069 | 91 |
| | \vdash | orprint 11201 WESLVAN ST | | E Telepho | | |
| | \blacksquare | Sée FORT WORTH TX 76105 | | • | | |
| | Initia | return specific Instruc- | | 817- | -531 <i>-</i> 6 | 05/1 |
| | Term | nation tions | | | | |
| | Ame | eded return | | G Gross re | eceipts \$ | 72,1 <u>81,626</u> . |
| | Appl | cation pending F Name and address of principal officer HAROLD G. JEFFCOAT H(| a) Is this | a group returi | n for affilia | tes? Yes X No |
| | ٠٠ ت | | | affiliates incli | | Yes No |
| $\overline{}$ | Tay.o | xempt status X 501(c) (3 | If 'No,' | attach a list | (see instru | rctions) |
| ÷ | | | | | _ | |
| | Webs | | | exemption nu | | |
| <u>K</u> | | organization X Corporation Trust Association OtherG L Year of Formation | 191 | 4 Ms | tate of lega | at domicile TX |
| [Pa | rt I | Summary | | | | |
| | 1 B | riefly describe the organization's mission or most significant activities TEXAS WESL | <u>-Eyan</u> | <u>unive</u> | <u>RSITY</u> | <u>, FOUNDED IN</u> |
| | _1 | <u>890 IN FORT WORTH, IS A UNITED METHODIST INSTITUTION W</u> | ╙┸╫╶╃ | <u>L TRADI</u> | <u>TION</u> | IN_THE |
| Ĕ | 1 1 | LBERAL ARTS AND SCIENCES WITH PROFESSIONAL AND CAREER I | PREPA | ARAT LON | | LIA MOLZZIM AI |
| Ě | | EXAS WESLEYAN UNIVERSITY IS TO DEVELOP STUDENTS TO THE | | | | |
| ð | | heck this box G If the organization discontinued its operations or disposed of more | | | | |
| Ō | 3 N | umber of voting members of the governing body (Part VI, line 1a) | | 1 | 3 | 36 |
| 8 | 4 N | umber of independent voting members of the governing body (Part VI, line 1b) | | | 4 | 35 |
| ₽ | | otal number of employees (Part V, line 2a) | | | 5 | 1,035 |
| Activities & Governance | | otal number of volunteers (estimate if necessary) | | | 6 | 0 |
| Ą | | otal gross unrelated business revenue from Part VIII, line 12, column (C) | | | 7a | 11,451. |
| | | et unrelated business taxable income from Form 990-T, line 34 | | | 7 b | 0. |
| | | RECEIVES | | rior Year | | Current Year |
| | 8 0 | ontributions and grants (Part VIII, line 1h) 125 SBSE COMPLIANCE | | ,894,6 | <u> </u> | 6,656,300. |
| 9 | • | rogram service revenue (Part VIII, line 2g) | | , 426, 4 | | 53,699,053. |
| Revenue | 1 3 5 | vestment income (Part VIII, inle 2g) | | ,566,9 | | -1,097,375. |
| é | 10 li | shor source (Part VIII, column (A), lines 5, 4, and 70/7/2074 - , 2074 49 | | , 389, 7 | | 804,082. |
| _ | | ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) GRP 42 | | | | 60,062,060. |
| | | otal revenue ' add lines 8 through 11 (must equal Part VIII, column (A), line 12) rants and similar amounts paid (Part IXScolumn (A) Tines 1-3) | | 277,8 | | |
| | | | | ,964,0 | 710. | 8,897,666. |
| | | enefits paid to or for members (Rart-IX, column (A), line 4) | | | | |
| | 15 S | alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 26 | 5,848,2 | 25. | 30,990,480. |
| Expenses | 16a F | rofessional fundraising fees (Part IXှို ငှိဝါုပကျာ (နှ), ဥဂြီမိျိုး1e) | | | | |
| 훒 | 1 | otal fundraising expenses (Part IX, column (D), line 25) G1,721,691. | | | | |
| ŭ | | | 10 | 3,532,3 | 14 | 19,419,248. |
| | 17 C | ther expenses (Part IX, column (A)TlinesL11aA1d+3Q24f) | | | | |
| | | otal expenses. Add lines 13-17 must equal Fait X, column (A), line 25) | | 344,5 | | 59,307,394. |
| | | evenue less expenses. Subtract line 18 from line 12 | | <u>, 933, 3</u> | 23. | 754,666. |
| 8 | | | | nning of Y | | End of Year |
| 15 | 20 T | otal assets (Part X, line 16) | | ,414,3 | | 93,188,323. |
| \$ B | 21 T | otal liabilities (Part X, line 26) | -32 | 2,821,2 | 264. | 28,304,666. |
| Net As Fund B | 22 N | et assets or fund balances Subtract line 21 from line 20 | 72 | ,593,0 | 96. | 64,883,657. |
| - | art II | Signature Block | | .,000,5 | | <u> </u> |
| | 31 L 11 | | | | -6 | udadaa aad bahaf daa |
| | | Under penetices of penetry. I decree that have examined this return, including accompanying schedules and states true, correct, and complete peclaration of preparer (other than officer) is based on all information of which preparer | ments, an er has any | o to the best knowledge | or my kno | wiedge and belief, it is |
| | | | 1 | 1110 | 110 | |
| Sig | gn ere | 6///Y | | <u> 7/0</u> | 4/0 | |
| He | ere | / Signature of officer | Da | | • | |
| | | G WILLIAM BLEIBDREY | SR V | <u>P FINAI</u> | NCE_ | |
| | | Type or print name and title | | | | |
| _ | | Date | c | heck if | Prep | parer's identifying number instructions) |
| Pa | aid | | S e | elf- mployed G | | , |
| Pr | | Preparer's signature G SELF-PREPARED | ً ا | ,, · | | |
| pa | rer's | | === | | - 11 | |
| Us | se | Firm's name (or yours if self- | | ~ | | |
| Or | nly | émployed), address, and G | | IN G | | |
| _ | | ZIP + 4 | <u> </u> | none no G | | |
| Ma | y the IR | S discuss this return with the preparer shown above? (see instructions) | | | | Yes No |
| BA | A For F | rivacy Act and Paperwork Reduction Act Notice, see the separate instructions. | | TEEA01121 | 12/22/0 | B Form 990 (2008) |

| | 1 990 (2008) TEXAS WESLEYAN UNIVERSITY | 75-0 | 800691 | Page 2 |
|--------------|---|--|---------------------------------------|------------------|
| Par | | | | |
| 1 | Briefly describe the organization's mission SEE SCHEDULE 0 | | | |
| | ZEE ZCHEDOLE 0 | | | |
| | | | | |
| | | | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed | on the prior | | |
| | Form 990 or 990-EZ? | | ☐ Yes [> | No No |
| | If 'Yes,' describe these new services on Schedule O | | | _ |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program | services? | Yes [> | No |
| | If 'Yes,' describe these changes on Schedule O | | | _ |
| 4 | Describe the exempt purpose achievements for each of the organization's three largest program serving and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants expenses, and revenue, if any, for each program service reported | rices by expenses and allocations (| Section 501(c)(3 to others, the total |)) |
| 4 a | (Code) (Expenses \$ 33,486,421. including grants of \$ 8,897,66 | - | \$ 50,779, | 042.) |
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| 4 t | (Code | | | |
| | CENTER, FRESHMAN EXPERIENCE, INTERNATIONAL PROGRAMS, COUNSELENCE IN TEACHING AND LEARNING. | | | FOR |
| | A DEPARTMENT OF EDUCATION TITLE III GRANT HAS PROVIDED PART STUDENTS A UNIQUE OPPORTUNITY TO BE A PART OF THE LEARNING OF | | | |
| | THIS PROGRAM PROVIDES A UNIFIED COMMON LEARNING AND EDUCATION | | | |
| | COHORTS OF ERESHMEN STUDENTS. | | oe mono | |
| | | | | |
| | | | · | |
| | | | | |
| 40 | C (Code) (Expenses \$2,001,362_ including grants of \$ SEE_SCHEDULE 0 |) (Revenue | \$ <u>1,865</u> | <u>. 636 .</u>) |
| | | | | |
| | | | · | |
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| | | | . | |
| | | | | |
| | | | | |
| _ | d Other program services (Describe in Schedule O.) SEE SCHEDULE O | | | |
| 4 (| | nue \$ 1 | ,531,480.) | |
| | Total program convice expenses C \$ 48 144 382 (Must equal Part IX Line 25 col | | - | |

Form 990 (2008) TEXAS WESLEYAN UNIVERSITY
Part IV Checklist of Required Schedules Checklist of Required Schedules

| | | | 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 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Х | |
| 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 | | х |
| 4 | Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II | 4 | Х | |
| 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 | | X |
| 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 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III | 8 | | X |
| 9 | or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V | 10 | Х | |
| 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 | Х | |
| 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 | Х | |
| | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | 13 | Χ. | |
| 148 | Did the organization maintain an office, employees, or agents outside of the U.S.? | 14a | | <u> X</u> |
| t | 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 | х | |
| 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 | | X |
| 16 | individuals located outside the United States? If 'Yes,' complete Schedule F, Part III | 16 | | X |
| 17 | | 17 | | X |
| 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 | _ X | |
| 19 | Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III | 19 | | X |
| 20 | Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H | 20 | | X |
| 21 | Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II | 21 | | X |
| 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 | Х | |
| 23 | Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J | 23 | _X | |
| 24 8 | a 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, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No, 'go to question 25 | 24a | х | |
| t | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | Χ |
| | 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 | | Х |
| c | d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? | 24d | | X |
| 25 8 | a 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 | | X |
| ı | D 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 | | Х |
| 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 | | х |
| 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 | | <u>x</u> |
| | | E orm | 200 | (2000) |

Form 990 (2008) TEXAS WESLEYAN UNIVERSITY

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. | | | |
| i | 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 | X | # ** |
| l | Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV | 28b | | Χ_ |
| (| 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 | X | |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M. | 29 | X | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M | 30_ | | Χ |
| | | | | |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I | 31 | | _X_ |
| 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_ | | X |
| 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 | | Х |
| 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 | L | Х |
| 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 | | Х |
| 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 | | X |
| 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 | | _ x_ |
| RAA | | Forn | 1 990 | (2008) |

BAA

Form 990 (2008)

Statements Regarding Other IRS Filings and Tax Compliance 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 4.612 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1_b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the 1.035 calendar year ending with or within the year covered by this return نيعي يا 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2t Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 31 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)? X 4 a b If 'Yes,' enter the name of the foreign country. G UNKNOWN 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? 5*a* b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 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? 5 c Χ 6a Did the organization solicit any contributions that were not tax deductible? 6a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c) 2 a Did the organization provide goods or services in exchange for any guid pro guo contribution of more than \$75? 7a b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7 c Form 82827 d If 'Yes,' indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7 e henefit contract? 7 f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 a g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . X h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 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? R 9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a 9b b Did the organization make any distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from other members or shareholders 11 a 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 year

| • | | | | |
|------|--|-------------|---------|---------------|
| Forr | n 990 (2008) TEXAS WESLEYAN UNIVERSITY 75-0800691 | | |)000 E |
| | Governance, Management and Disclosure (Sections A, B, and C request information about required by the Internal Revenue Code.) | ıt po | licies | Page 6 not |
| Sec | ction A. Governing Body and Management | | | |
| | For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstances, | | Yes | No |
| | processes, or changes in Schedule O. See instructions | | , | |
| 1 8 | Enter the number of voting members of the governing body 1a 36 | 4 | | 1 |
| ١ | b Enter the number of voting members that are independent 1b 35 | , , | | 3 |
| 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 | | x |
| 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 | | x |
| 4 | Did the organization make any significant changes to its organizational documents | 4 | | X |
| | since the prior Form 990 was filed? | | | |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | 1 | Х |
| 6 | Does the organization have members or stockholders? | 6 | | X |
| 7 : | a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | 7a | | x |
| l | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | | X |
| | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | ۇ ئورىد |
| i | a The governing body? | 8a | X | |
| | b Each committee with authority to act on behalf of the governing body? | 8b | X | |
| | a Does the organization have local chapters, branches, or affiliates? | 9a | | X |
| I | 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 SEE SCHEDULE O | 10 | Х | |
| | 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 | | х |
| Sec | ction B. Policies | | | |
| | | | Yes | No |
| 12 | a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 | 12a | X | |
| ı | b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Х | |
| (| 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 | | |
| 13 | Does the organization have a written whistleblower policy? | 13 | Х | |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | Х | |
| 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 | | | 1 |
| i | a The organization's CEO, Executive Director, or top management official? | 15a | Χ | |
| ı | b Other officers of key employees of the organization? SEE SCHEDULE 0 | 15b | | X |
| | Describe the process in Schedule O (see instructions) | 3. | ٠, - | : |
| 16 | a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16 <u>a</u> | <u></u> | X |
| ŀ | of '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 | | | . 5 |

| | status with respect to such arrangements? | וטטן |
|-----|---|-----------------|
| Sec | ction C. Disclosures | |
| 17 | List the states with which a copy of this Form 990 is required to be filed G TX | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available. Check all that apply. | able for public |
| | Own website Another's website X Upon request | |
| 19 | Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, statements available to the public. SEE SCHEDULE O | , and financial |

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: GLORI LOGAN, CONTROLLER 1201 WESLEYAN ST FORT WORTH TX 76105 817-531-6571

Form 990 (2008)

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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
- ? 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) or more than \$100,000 from the organization and any related organizations
- ? List all of the organization's former officers, key employees, and 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

| Check this box if the organization did not compensate any officer, director, trustee, or key employee. | | | | | | | | | | |
|--|------------------|---------------------------------|-----------------------|---------|--------------|------------------------------|------------------------------|--|---|--|
| (A) | (B) | | _ | (0 | :) | | | (D) | (E) | (F) |
| Name and Title | Average hours | Position (check all that apply) | | | _ | Reportable compensation from | Reportable compensation from | Estimated | | |
| | per week | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | compensation from the organization (W-2/1099-MISC) | compensation from related organizations (W-2/1099-MISC) | amount of other compensation from the organization and related organizations |
| ANNE SKIPPER | | | | | | | | | | |
| CHA I RMAN | 2 | X | | Х | | | | 0 | 0. | 0. |
| KENNETH H. JONES, JR. VICE CHAIRMAN | 2 | х | | х | | | | 0 | 0. | 0. |
| DAN BOULWARE TRUSTEE | 2 | X | | x | | | | 0. | 0. | 0. |
| JERRY_CHISMTRUSTEE | 2 | Х | | Х | | | | 0. | 0 | 0. |
| TAYLOR GANDY TRUSTEE | 2 | Х | | х | | | _ | 0. | 0. | 0. |
| JOHN H. MADDUX TRUSTEE | 2 | Х | | Х | | | | 0. | 0. | 0. |
| LOUELLA BAKER MARTIN | | | П | | | | | | | |
| TRUSTEE JOHN R. MURPHEY | 2 | X | Н | Х | | | _ | 0. | 0. | 0 |
| TRUSTEE | 2 | Х | | х | | | | 0. | 0 | 0. |
| LAMAR_SMITH TRUSTEE | 2 | x | | x | | | | 0. | 0. | 0. |
| THAD SMOTHERMAN | | | | | | | | | | |
| TRUSTEE BEVERLY-VOLKMAN POWELL | 2 | Х | Н | Х | | | <u> </u> | 0. | 0. | 0. |
| TRUSTEE | 2_ | Х | | х | | | | 0. | 0. | 0. |
| JAMES ABLE TRUSTEE | 0 | X | | | | | | 0. | 0. | 0 |
| MIKHAIL BARASH TRUSTEE | 0 | Х | | | | | | 0. | 0. | 0. |
| ROY C. BROOKS TRUSTEE | 0 | Х | | | | | | 0. | 0.1 | 0. |
| TIMOTHY K. BRUSTER | | | П | | | | | | | |
| TRUSTEE TIM CARTER | 0 | X | - | | _ | | - | 0. | 0. | 0. |
| TRUSTEE | 0_ | X | \sqcup | | _ | | ldash | 0. | 0. | 0. |
| RONALD CHRISTMAN TRUSTEE | 0 | х | | | | | | 0. | 0. | 0. |
| BAA | | 1 | TEEAG | 0107L | . 04 | /24/09 | | | | Form 990 (2008) |

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization G 43

| 3 | Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual | 3 | X | X |
|---|---|---|----|---|
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual | 4 | x_ | |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person | 5 | | Х |

Section B Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

| (A) Name and business address | (B) Description of Services | (C) Compensation |
|--|-----------------------------|---------------------|
| THOMAS S BYRNE 3100 W 7TH ST, SUITE 200 FORT WORTH, TX 76107 | CONSTRUCTION | 1,202,610. |
| PONDER COMPANY INC 6825 LEVELLAND DALLAS, TX 75252 | CONSTRUCTION | 177,944. |
| GAME COURT SERVICES 10901 CIRCLE DR AUSTIN, TX 78736 | CONTRUCTION | 145,250. |
| | | |
| Total number of independent contractors (including those in 1) who received m compensation from the organization G 3 | . 4 | |

Yes No

| Total feveruse Tota | Fai | t viii Statement of Revenue | | | | |
|--|----------|--|-------------|----------------------------------|-----------------------|--|
| 1 1 2 2 3 1 2 3 3 3 3 3 3 3 3 3 | | | | Related or exempt function | Unrelated business | Revenue excluded from tax under sections |
| Description | 5.0 | 1a Federated campaigns 1a | | 10701100 | | 372, 313, 01 314 |
| 3 Investment income (including dividends, interest and other similar amounts) 1,477,857. | ANT | · · · · · · · · · · · · · · · · · · · | 1 | | : | |
| 3 Investment income (including dividends, interest and other similar amounts) 1,477,857. | 윤호 | · · · · · · · · · · · · · · · · · · · | 1 | | | |
| 3 Investment income (including dividends, interest and other similar amounts) 1,477,857. | TS. | | -{ | | | |
| 3 Investment income (including dividends, interest and other similar amounts) 1,477,857. | ₽ | * | ł | | | |
| 3 Investment income (including dividends, interest and other similar amounts) 1,477,857. | S S | e Government grants (contributions) 1e 2,316,255. | } | | | , |
| 3 Investment income (including dividends, interest and other similar amounts) 1,477,857. | 토삐 | f All other contributions, gifts, grants, and | | | ļ | |
| 3 Investment income (including dividends, interest and other similar amounts) 1,477,857. | 문하 | | | | | : |
| 3 Investment income (including dividends, interest and other similar amounts) 1,477,857. | 동원 | | | | | [|
| 3 Investment income (including dividends, interest and other similar amounts) 1,477,857. | <u> </u> | h Total Add lines 1a-1f G | 6,656,300. | | | |
| 3 Investment income (including dividends, interest and other similar amounts) 1,477,857. | ₹ | | | | | V.00 |
| 3 Investment income (including dividends, interest and other similar amounts) 1,477,857. | - ₹ | | | | | |
| 3 Investment income (including dividends, interest and other similar amounts) 1,477,857. | <u> </u> | | | | | |
| 3 Investment income (including dividends, interest and other similar amounts) 1,477,857. | ≥ | c LAW SCHOOL BOOKSTORE 451211 | 1,054,375. | 1,054,375 | | |
| 3 Investment income (including dividends, interest and other similar amounts) 1,477,857. | SE | d | | ļ <u></u> _ | | |
| 3 Investment income (including dividends, interest and other similar amounts) 1,477,857. | ¥ | e | | | | <u></u> _ |
| 3 Investment income (including dividends, interest and other similar amounts) 1,477,857. | ğ | | | | | |
| Other similar amounts) 4 Income from investment of tax-exempt bond proceeds G 5 Royalties 6 G 6 Gross Rents 6 G 7 Gross Rents 6 Less rental expenses c Rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c G G 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c G G G 7 a Gross income from fundraising events frot including \$\frac{1}{71,900}\$. 3 d Net yada nor (loss) 6 G - 2,575,232. 8 a Gross income from fundraising events frot including \$\frac{7}{71,900}\$. 5 C Net income or (loss) from fundraising events C Net income or (loss) from gaming activities. See Part IV, line 18 b Less direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less cost of goods sold b 13,228. c Net income or (loss) from gaming activities. G Less cost of goods sold c Net income or (loss) from sales of inventory. G Less cost of goods sold c Net income or (loss) from sales of inventory G 11,451. 11,451 11,451 12, Total Revenue Add lines 1h, 2a, 3, 4, 5, 6d, 7d, 8c, 9c. | _= | g Total Add lines 2a-2f G | 53,699,053. | | | |
| A Income from investment of tax-exempt bond proceeds G Royalties G G 345,110. 345,1 | ŀ | 3 Investment income (including dividends, interest and | 4 477 057 | | | |
| Seventees | | • | | | | 1,477,857. |
| 10 Real (ii) Personal 113,506 13,506 13,506 | | • • • | | | | |
| 113,506 | | | 345,110. | | | 345,110. |
| D Less rental expenses C Rental income or (loss) G R7,889 R7,89 | | | 1 | | | |
| C Rental Income or (loss) 87,889. G 87,889 87,889. | | | 1 | | | ; |
| A log to the content of the conten | | | 1 | | | , |
| Table Tabl | 1 | | | | | |
| 12 Uses cost or other basis and sales epenses 12008960 | | ` <u> </u> | 87,889 | 87,889. | | |
| 12008960 | | / a Gross amount from sales of 1 | | | | ; |
| and sales expenses C Gain or (loss) Regain or (loss) 8 Gross income from fundraising events (not including \$\frac{71,900}{71,761}\$. See Part IV, line 18 b Less direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less. direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less. direct expenses c Net income or (loss) from gaming activities. And allowances b Less cost of goods sold c Net income or (loss) from gaming activities. The same of the | 1 | assets other than inventory 9,433,728. | ļ | | | |
| C Gain or (loss) C -2575232. | | b Less cost or other basis | | | | |
| See Part IV, line 18 | | | | | | |
| Ba Gross income from fundraising events (not including \$ 71,900.) of contributions reported on line 1c). See Part IV, line 18 a 42,177. b Less direct expenses b 71,761. c Net income or (loss) from fundraising events G -29,584. 9a Gross income from gaming activities. See Part IV, line 19 b Less. direct expenses b c Net income or (loss) from gaming activities G 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold b 13,228. c Net income or (loss) from sales of inventory G 11,451. Miscellaneous Revenue Business Code 11a b COLLECTION OF BAD DEBTS 611600 73,100. 73,100. c MISCELLANEOUS INCOME 900099 316,116. 316,116. d All other revenue e Total. Add lines 11a-11d G 389,216. | | | 2 575 222 | | · | |
| (not including \$ 7T, 900. of contributions reported on line 1c). See Part IV, line 18 | | , | -2,3/3,232. | | | -2,3/3,232. |
| See Part IV, line 18 | NOE | 8a Gross income from fundraising events (not including \$ | | | | |
| b Less direct expenses c Net income or (loss) from fundraising events See Part IV, line 19 b Less. direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less. direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory G 11, 451. Miscellaneous Revenue Business Code 11a b COLLECTION OF BAD DEBTS 611600 73,100. 73,100 | 2 | | į | | | |
| c Net income or (loss) from fundraising events G -29,584. 9a Gross income from gaming activities. See Part IV, line 19 a b Less. direct expenses b c Net income or (loss) from gaming activities G loa Gross sales of inventory, less returns and allowances a 24,679. b Less cost of goods sold b 13,228. c Net income or (loss) from sales of inventory G 11,451. Miscellaneous Revenue Business Code load b COLLECTION OF BAD DEBTS 611600 73,100. 73,100. c MI SCELLANEOUS I NCOME 900099 316,116. 316,116. d All other revenue e Total. Add lines 11a-11d G 389,216. | 8 | | | | | |
| c Net income or (loss) from fundraising events G -29,584. 9a Gross income from gaming activities. See Part IV, line 19 a b Less. direct expenses b c Net income or (loss) from gaming activities G loa Gross sales of inventory, less returns and allowances a 24,679. b Less cost of goods sold b 13,228. c Net income or (loss) from sales of inventory G 11,451. Miscellaneous Revenue Business Code load b COLLECTION OF BAD DEBTS 611600 73,100. 73,100. c MI SCELLANEOUS I NCOME 900099 316,116. 316,116. d All other revenue e Total. Add lines 11a-11d G 389,216. | ₹ | • | _ | | | |
| b Less. direct expenses c Net income or (loss) from gaming activities G 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory G 11,451. Miscellaneous Revenue Business Code 11a b COLLECTION OF BAD DEBTS C MI SCELLANEOUS I NCOME 900099 316,116. 316,116. d All other revenue e Total. Add lines 11a-11d G 389,216. | _ | c Net income or (loss) from fundraising events G | -29,584. | | | -29,584. |
| c Net income or (loss) from gaming activities G 10a Gross sales of inventory, less returns and allowances a 24,679. b Less cost of goods sold b 13,228. c Net income or (loss) from sales of inventory G 11,451. Miscellaneous Revenue Business Code 11a b COLLECTION OF BAD DEBTS 611600 73,100. 73,100. c MI SCELLANEOUS I NCOME 900099 316,116. 316,116. d All other revenue e Total. Add lines 11a-11d G 389,216. | | 9a Gross income from gaming activities. See Part IV, line 19 a | | | | ! |
| 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11a b COLLECTION OF BAD DEBTS 611600 73,100. 73,100. c MISCELLANEOUS INCOME 900099 316,116. 316,116. d All other revenue e Total. Add lines 11a-11d G 389,216. | | b Less. direct expenses b |] | | | |
| and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory G 11, 451. Miscellaneous Revenue Business Code 11a b COLLECTION OF BAD DEBTS 611600 73,100. 73,100. c MI SCELLANEOUS I NCOME 900099 316,116. 316,116. d All other revenue e Total. Add lines 11a-11d G 389,216. | | c Net income or (loss) from gaming activities G | | | | |
| b Less cost of goods sold b 13,228. c Net income or (loss) from sales of inventory G 11,451. Miscellaneous Revenue Business Code 11a b COLLECTION OF BAD DEBTS 611600 73,100. 73,100. c MISCELLANEOUS INCOME 900099 316,116. 316,116. d All other revenue e Total. Add lines 11a-11d G 389,216. | | 10a Gross sales of inventory, less returns and allowances a 24, 679. | | | | , |
| C Net income or (loss) from sales of inventory G 11,451. 11,451 Miscellaneous Revenue Business Code 11a b COLLECTION OF BAD DEBTS 611600 73,100. 73,100. c MISCELLANEOUS INCOME 900099 316,116. 316,116. d All other revenue e Total. Add lines 11a-11d G 389,216. | | | 1 | | | |
| b COLLECTION OF BAD DEBTS 611600 73,100. 73,100. c MISCELLANEOUS INCOME 900099 316,116. 316,116. d All other revenue e Total. Add lines 11a-11d G 389,216. | | <u> </u> | 11,451. | | 11,451 | |
| b COLLECTION OF BAD DEBTS 611600 73,100. 73,100. c MISCELLANEOUS INCOME 900099 316,116. 316,116. d All other revenue e Total. Add lines 11a-11d G 389,216. | | Miscellaneous Revenue Business Code |] | | | |
| c MISCELLANEOUS INCOME 900099 316,116. 316,116. d All other revenue e Total. Add lines 11a-11d G 389,216. | | | | | _ | |
| d All other revenue . e Total. Add lines 11a-11d G 389, 216. | | | | | | |
| e Total. Add lines 11a-11d G 389, 216. | | c MISCELLANEOUS INCOME 900099 | 316,116. | 316,116. | | |
| 12 Total Revenue Add lines 1h. 2g. 3, 4, 5, 6d. 7d. 8c. 9c. | | | | | | |
| Total Revenue Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, G 60, 062, 060. 54, 176, 158. 11, 451781, 849. | | e Total. Add lines 11a-11d G | 389,216. | | | |
| | | | 60,062,060. | 54,176,158. | 11,451. | -781,849. |

Part IX | Statement of Functional Expenses

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)

| | All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) | | | | | | | | |
|-------------|---|-----------------------|------------------------------------|-------------------------------------|--------------------------------|--|--|--|--|
| Do 1 6b, | not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (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 | 8,897,666. | 8,897,666. | | | | | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | | | | f 1 | | | | |
| 4 | Benefits paid to or for members | | | | | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 1,210,834 | 638,207. | 179,766 | 392,861. | | | | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B) | 0. | 0. | 0. | 0. | | | | |
| 7 | Other salaries and wages | 23,584,655. | 19,454,858. | 3,511,672. | 618,125. | | | | |
| | Pension plan contributions (include section | 23,304,033. | 13,434,636. | 3,311,072. | 010, 123. | | | | |
| 8 | 401(k) and section 403(b) employer contributions) | 1,201,270. | 990,857. | 164,107. | 46,306. | | | | |
| 9 | Other employee benefits | 3,356,505. | 1,654,093 | 1,616,906. | 85,506. | | | | |
| 10 | Payroll taxes | 1,637,216. | 1,350,443. | 223,661. | 63,112. | | | | |
| 11 | Fees for services (non-employees). | .,00.,210. | 1,000,410. | | 05,112. | | | | |
| | a Management | | | | | | | | |
| | b Legal | 56,809. | | 56,809. | | | | | |
| | | 113,196 | 17,500. | 95,696. | | | | | |
| | Accounting | 105,000. | 17,300. | 95,090. | 105 000 | | | | |
| | 1 Lobbying | 103,000. | | | 105,000. | | | | |
| | e Prof fundraising svcs See Part IV, in 17 | 61 700 | | 61 700 | | | | | |
| | Investment management fees | 61,700. 2,042,390 | 7 710 070 | 61,700. | 70 570 | | | | |
| | g Other | | 1,716,972. | 252,846. | 72,572. | | | | |
| | Advertising and promotion | 254,571 | 127,247. | 127,324. | 05 454 | | | | |
| 13 | Office expenses | 1,094,457. | 912,718 | 146,588. | <u>35,151</u> | | | | |
| 14 | Information technology | | | | | | | | |
| 15 | Royalties | | | | | | | | |
| 16 | Occupancy | 4,733,923. | 4,456,349 | 258,144. | 19,430. | | | | |
| 17 | Travel | 1,081,258. | 1,014,425 | 42,300. | 24,533. | | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | <u></u> | | | | |
| 19 | Conferences, conventions, and meetings | 365,638. | 227,535. | 80,610. | 57,493. | | | | |
| 20 | Interest | 1,038,339. | 1,033,353. | 4,138. | 848. | | | | |
| 21 | Payments to affiliates . | | | | | | | | |
| 22 | Depreciation, depletion, and amortization | 2,747,034. | 2,481,009. | 220,801. | 45,224. | | | | |
| 23 | Insurance | 435,991. | 39,376. | 396,615. | | | | | |
| 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) | | | · | | | | | |
| | BOOK STORE PURCHASES | 800,844. | 800,844. | | | | | | |
| | OTHER SERVICES | 781,059. | 707,397. | 69,273. | 4,389. | | | | |
| | ENTERPRISE SOFTWARE SUPPORT | 616,963. | | 616,963. | | | | | |
| | BAD DEBT | 494,661. | 98,666. | 395,995. | | | | | |
| | OTHER CHARGES | 436,163. | 361,514. | 65,609. | 9,040. | | | | |
| | All other expenses | 2,159,252. | 1,163,353. | 853,798. | 142,101. | | | | |
| | Total functional expenses Add lines 1 through 24f | 59,307,394. | 48,144,382. | 9,441,321. | 1,721,691. | | | | |
| 26 | | | | | | | | | |
| 20 | SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational | | | | | | | | |
| BAA | campaign and fundraising solicitation . | | | | Form 990 (2008) | | | | |

| | | | | , | | | | | |
|---|---------|---|--------------------|--------------------------|---------------|---|--|--|--|
| | | | | (A) Beginning of year | | (B) End of year | | | |
| _ | 1 | Cash ' non-interest-bearing | | 66,343. | 1 | 603,867. | | | |
| | 2 | Savings and temporary cash investments | | 007070. | 2 | 000,007. | | | |
| | 3 | Pledges and grants receivable, net | | 1,979,483. | 3 | 2,071,596. | | | |
| | 4 | Accounts receivable, net | | 861,250. | 4 | 526,876. | | | |
| | 5 | Receivables from current and former officers, directors, trustees, k | ev employees | 001,230. | | 320,070. | | | |
| | | or other related parties. Complete Part II of Schedule L | - · · | _ | 5 | | | | |
| | 6 | Receivables from other disqualified persons (as defined under secti | on 4958(f)(1)) | | | | | | |
| | | and persons described in section 4958(c)(3)(B) Complete Part II of | f Schedule L | | 6 | | | | |
| S S E T | 7 | Notes and loans receivable, net | | | 7 | | | | |
| Ę | 8 | Inventories for sale or use | | 140,010. | 8 | 154,269. | | | |
| s | 9 | Prepaid expenses and deferred charges | | 545,767 | 9 | 528,361. | | | |
| | 10 a | Land, buildings, and equipment, cost basis 10a 10 | <u>1,2</u> 18,538. | | | | | | |
| | b | Less accumulated depreciation. Complete Part VI of | | , 10° | | | | | |
| | | Schedule D 10b 4 | 5,896,860. | 52,972,233. | 10c | 55,321,678 | | | |
| | 11 | Investments ' publicly-traded securities | | 33,445,215. | 11 | 21,465,629. | | | |
| | 12 | Investments ' other securities. See Part IV, line 11 | | 5,634,335. | 12 | 4,944,738. | | | |
| | 13 | Investments ' program-related. See Part IV, line 11 | | | 13 | | | | |
| | 14 | Intangible assets | | 104,187. | 14 | 82,050. | | | |
| | 15 | Other assets. See Part IV, line 11 | | 9,665,537. | 15 | 7,489,259. | | | |
| | 16 | Total assets Add lines 1 through 15 (must equal line 34) | | 105,414,360. | 16 | 93,188,323. | | | |
| | 17 | Accounts payable and accrued expenses | | 8,287,987 | 17 | 9,162,511. | | | |
| | 18 | Grants payable | | 259,854. | 18 | 123,672. | | | |
| | 19 | Deferred revenue | | 4,192,155. | 19 | 2,739,034. | | | |
| Ļ | 20 | | | | | | | | |
| A B | 21 | Escrow account liability Complete Part IV of Schedule D | 21 | 14,208,649. | | | | | |
| Ĩ | 22 | | | | | | | | |
| Ĩ | | Payables to current and former officers, directors, trustees, key emhighest compensated employees, and disqualified persons. Complete | Land Control State | - | 1 | | | | |
| Ė | | of Schedule L | | | 22 | | | | |
| S | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | 1,800,000. | | | | |
| | l - | 24 Unsecured notes and loans payable 4,600,000. 24 | | | | | | | |
| | 25 | Other liabilities Complete Part X of Schedule D | | | | | | | |
| | 26 | Total liabilities Add lines 17 through 25 | | 32,821,264. | 26 | 28,304,666. | | | |
| Ņ E T | | Organizations that follow SFAS 117, check here G X and com | plete lines | , 4 s | | | | | |
| | | 27 through 29 and lines 33 and 34. | | | منت | المستسلا أأناه فرانشك | | | |
| SSETS | 27 | Unrestricted net assets | | 36,229,839. | 27 | 33,977,328. | | | |
| Į | 28 | Temporarily restricted net assets | | 12,246,765. | 28 | 8,611,286. | | | |
| 0 | 29 | Permanently restricted net assets | | 24,116,492. | 29 | 22,295,043. | | | |
| R | | | nd complete | | ٠,٠ | | | | |
| E UZO | | lines 30 through 34. | | | | * | | | |
| | 30 | Capital stock or trust principal, or current funds | | | 30 | | | | |
| B女し女 さ しゃの | 31 | Paid-in or capital surplus, or land, building, and equipment fund | | | 31 | | | | |
| Ă | 32 | Retained earnings, endowment, accumulated income, or other fund | ls . | 70 700 000 | 32 | | | | |
| Ë | 33 | Total net assets or fund balances. | | 72,593,096. | 33 | 64,883,657. | | | |
| _ | 34 | Total liabilities and net assets/fund balances | | 105,414,360. | 34 | 93,188,323. | | | |
| [Pa | rt XI | Financial Statements and Reporting | | | | | | | |
| _ | _ | | | | | Yes No | | | |
| 1 Accounting method used to prepare the Form 990 Cash X Accrual Other 2a Were the organization's financial statements compiled or reviewed by an independent accountant? | | | | | | | | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? | | | | | | | | | |
| | | re the organization's financial statements audited by an independent | | F-1 | ۵.۵ | 2b X | | | |
| c if 'Yes' to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | | | | | | | | | |
| review, or compilation of its financial statements and selection of an independent accountant? 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single | | | | | | | | | |
| J | Au | dit Act and OMB Circular A-133? | | 35 551 .5161 111 110 0 | -5.0 | 3a X | | | |
| | b If '\ | Yes,' did the organization undergo the required audit or audits? | | | | 3b X | | | |
| BA | 4 | | | · - - | | Form 990 (2008) | | | |

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

2008

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

G Attach to Form 990 or Form 990-EZ G See separate instructions

Open to Public Inspection

| TEXAS | WESLEYAN UNI | VERSITY | | | | | | 75-08 | 300691 | 1 | |
|----------|---|---|--|--|-----------------------|----------------------|---|------------------------|------------------------|--|----------|
| Part I | Reason for Pu | blic Charity Statu | s (All organizations | must | compl | ete thi | s part | | | | _ |
| The orga | | | e it is. (Please check on | | | | | | | | _ |
| 1 [| A church, convention | on of churches or asso | ciation of churches desc | ribed in | section | 170(b)(1 | I)(A)(ı). | | | | |
| 2 X | | |)(II) (Attach Schedule E | | | , | | | | | |
| 3 | 4 | | organization described i | - | n 170(b) | (1)(A)(ii |) (Atta | ich Sche | dule H.) | | |
| 4 | | | I in conjunction with a ho | | | | | | | | |
| - | name, city, and sta | | • | • | | | | . , , , , | ` ' | | |
| 5 | An organization ope 170(b)(1)(A)(iv) (C | erated for the benefit of omplete Part II.) | of a college or university | owned o | or opera | ted by a | govern | mental i | unit desc | ribed in section | |
| 6 7 | An organization tha | local government or g it normally receives a s (A)(vi). (Complete Pa | overnmental unit describ substantial part of its sup rt II) | ed in se oport fro | ction 17 m a gov | (0(b)(1)(ernment | A)(v). (al unit | or from (| the gene | ral public described | |
| 8 | 7 | | 70(b)(1)(A)(vi) (Complete | Part II |) | | | | | | |
| 9 | | | l) more than 33-1/3 % of | | | contrib | utions | member | shin fee | s, and dross receints | |
| _ | from activities relati investment income | ed to its exempt functi | ons ' subject to certain is taxable income (less s | exception | ons, and | (2) no r | nore th | an 33-1/ | 3 % of it | s support from gross | |
| 10 | An organization org | panized and operated of | exclusively to test for put | olic safe | ty See | section | 509(a)(4 |) (see | ınstructio | ons) | |
| 11 | more publicly support | orted organizations de | exclusively for the beneficescribed in section 509(a) ation and complete lines | (1) or s | ection 5 | 09(a)(2) | tions of See s | , or carr ection 50 | y out the 09(a)(3). | purposes of one or Check the box that | |
| | а Птуре і | b Type II | c Type III | ' Fund | tionally | integrati | ed | | dП | Type III 'Other | |
| e [| By checking this bo than foundation ma 509(a)(2). | x, I certify that the organizers and other than | panization is not controlle one or more publicly su | ed direct pported | ly or ind organiza | rectly bations de | y one o escribed | r more o | disqualificion 509(a | ed persons other a)(1) or section | |
| f | | received a written dete | ermination from the IRS t | hat is a | Туре І, | Туре ІІ с | ог Туре | III supp | orting or | ganization, | |
| 9 | Since August 17, 20 | 006, has the organizat | ion accepted any gift or | contribu | ition froi | m any of | the fol | lowing p | ersons? | | |
| | (i) a person who | directly or indirectly c | ontrols, either alone or to | gether | with per | sons des | scribed | in (II) ar | nd (iii) | 11 g (ı) | <u>'</u> |
| | (ii) a family mem | ber of a person descr | ibed in (i) above? | | | | | | | 11 g (II) | _ |
| | (iii) a 35% control | lled entity of a person | described in (i) or (ii) ab | ove? | | | | | | 11 g (m) | _ |
| h | | • • | ne organizations the orga | | support | s | | | | | _ |
| | | (u) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | zation (iv) is the (v) Did (vi) is 1-9 organization in col the organization (i) listed in your col | | | ization in organization in col (i) of (i) organized in the | | on in col | (vii) Amount of Support | _ |
| | | | | Yes | No | Yes | No | Yes | No | | |
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| RAY LC | or Privacy Act and Pa | perwork Reduction Ac | ct Notice, see the Instruc | นบทร เอ | rorm 5 | 13U | | ocnedul | E A (FO | m 990 or 990-EZ) 20 | JO |

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Schedule A (Form 990 or 990-EZ) 2008

b 10%-facts-and-circumstances test ' 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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TEXAS WESLEYAN UNIVERSITY Schedule A (Form 990 or 990-EZ) 2008 75-0800691 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A Public Support Calendar year (or fiscal yr beginning in)G (a) 2004 (b) 2005 (c) 2006 (d) 2007 (f) Total (e) 2008 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total Add lines 1-5 7a Amounts included on lines 1. 3 received from disqualified persons b Amounts included on lines 2 and 3 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 Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal yr beginning in) G (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included inline 10b. whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in . . . 13 Total support. (add ins 9, 10c, 11, and 12) First five years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here G١ Section C Computation of Public Support Percentage Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) % 15 16 % 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g Section D Computation of Investment Income Percentage 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) % % 18 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 19a 33-1/3 support 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

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b 33-1/3 support tests ' 2007. If the organization did not check a box on line 14 or 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-E | Z) 2008 | TEXAS | WESLEYA | N UNIVE | RSITY | | 75-0800691 | Page 4 |
|------------|-------------------------------------|--------------------|-------------------|-----------------------------|--------------------|--------------------------|---------------------------------|---------------------------------------|--------------|
| Part IV | Supplemental I Part II, line 17a | nformation or 17b; | on Con or Part | nplete this III, line 12 | part to Provide | provide the any other | explanation i additional inf | required by Part ormation. (see in | II, line 10; |
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SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 G To be completed by organizations described below

OMB No 1545-0047 2008

Department of the Treasury Internal Revenue Service

G Attach to Form 990 or Form 990-EZ

Open to Public Inspection

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then ? Section 501(c)(3) organizations. complete Parts I-A and B Do not complete Part I-C.

? Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B

7 Section 527 organizations complete Part I-A only

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

? Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A. Do not complete Part II-B

? Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A.

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax), then

| ?5 | Section 501(c)(4), (5), or (6) or | rganizations Complete Part III. | | | |
|------|--|---|--|---|---|
| Name | of organization | | | Employer identifica | ition number |
| | KAS WESLEYAN UNIVER | | | 75-080069 | |
| Par | t I-A To be completed See the instructio | by all organizations exempt undens for Schedule C for details. | er section 501(c) | and section 527 or | ganizations. |
| 1 | Provide a description of the o | organization's direct and indirect political ca | ampaign activities in F | art IV. | |
| 2 | Political expenditures | | | G\$ | |
| _ | Volunteer hours | | | | |
| Par | t I-B To be completed See the instructio | by all organizations exempt under ns for Schedule C for details. | er section 501(c)(| 3). | |
| 1 | Enter the amount of any exci | se tax incurred by the organization under s | section 4955 | G\$ | |
| 2 | Enter the amount of any exci | se tax incurred by organization managers | under section 4955 | G\$ | |
| 3 | If the organization incurred a | section 4955 tax, did it file Form 4720 for | this year? | | Yes X No |
| 4 a | Was a correction made? | | | | Yes No |
| | If 'Yes,' describe in Part IV | | | | |
| Par | t I-C To be completed See the instructio | by all organizations exempt undens for Schedule C for details. | er section 501(c), | except section 50 | 1(c)(3). |
| 1 | Enter the amount directly exp | pended by the filing organization for section | 1 527 exempt function | activities G\$ | |
| 2 | Enter the amount of the filing function activities | g organization's funds contributed to other | organizations for secti | on 527 exempt G\$ | |
| 3 | Total of direct and indirect ex Form 1120-POL, line 17b | empt function expenditures Add lines 1 ai | nd 2 and enter here ar | nd on G\$ | |
| 4 | Did the filing organization file | Form 1120-POL for this year? | | | Yes No |
| 5 | State the names, addresses made. Enter the amount paid received and promptly and dicommittee (PAC) if additional | and employer identification number (EIN) of and indicate if the amount was paid from irectly delivered to a separate political orga al space is needed, provide information in | of all section 527 politi the filing organization inization, such as a se Part IV | cal organizations to whi 's funds or were political eparate segregated fund | ch payments were I contributions or a political action |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's own internal funds if none, enter-0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
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| Schedule C (Form 990 or 990-EZ) 2008 | | | | 75-080 | |
|---|---|--|---|-------------------------------------|---------------------------------------|
| Part II-A To be complunder section | leted by organizat on 501(h)). See the | tions exempt unde tinstructions for S | er section 501(c)(3) schedule C for deta | that filed Form 57 ils. | 68 (election |
| A Check G I if the filin | ig organization belongs | | | | |
| | Limits on Lobbying | | | (a) Filing organization's totals | (b) Affiliated group totals |
| 1a Total lobbying expenditu | res to influence public | opinion (grass roots lo | bbying) | | |
| b Total lobbying expenditu | ires to influence a legis | slative body (direct lobb | ying) | | |
| c Total lobbying expenditu | | 1b) | | | |
| d Other exempt purpose e | • | | | | |
| e Total exempt purpose ex | openditures (add lines | 1c and 1d) | | | |
| f Lobbying nontaxable am both columns | ount. Enter the amour | t from the following tab | ole in | | |
| If the amount on line 1e, colu | mn (a) or (b) is. The | lobbying nontaxable a | mount is | | |
| Not over \$500,000 | 20% | of the amount on line 1e | | | |
| Over \$500,000 but not over \$1,0 | 000,000 \$100 | ,000 plus 15% of the excess | over \$500,000. | | |
| Over \$1,000,000 but not over \$ | 1,500,000 \$175 | ,000 plus 10% of the excess | over \$1,000,000 | - | , " |
| Over \$1,500,000 but not over \$ | 17,000,000 \$225 | ,000 plus 5% of the excess o | ver \$1,500,000. | , | |
| Over \$17,000,000 | | 00,000 | | | |
| g Grassroots nontaxable a | | | | | |
| h Subtract line 1g from line | _ | | | | · · · · · · · · · · · · · · · · · · · |
| Subtract line 1f from line | | | | | |
| J If there is an amount oth section 4911 tax for this | ner than zero on either year? | line 1h or line 1i, did th | ne organization file Form | 4720 reporting | Yes No |
| (Son | ne organizations that r | Year Averaging Period nade a section 501(h) e pelow See the instruct | Under Section 501(h) lection do not have to c ions for lines 2a through | omplete all of the five 1 2f) | |
| | Lobbyii | ng Expenditures During | 4-Year Averaging Perio | od | |
| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) Total |
| 2a Lobbying non-taxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column (e)) | . 122. | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots non-taxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | , | , | |
| f Grassroots lobbying expenditures | | | | | |

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Schedule C (Form 990 or 990-EZ) 2008

| Schedule C. (| (Form 990 or 990-EZ) 2008 | TFYAS | WESLEVAN | IIMI VEDSITV |
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| JUNEOUNE C | (101111 330 01 330-673 2000 | LEVAS | WESLEIAN | UNIVERSIT |

75-0800691

Page 3

| 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of. a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? 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 Other activities? If 'Yes,' describe in Part IV J Total lines 1c through 11 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If 'Yes,' enter the amount of any tax incurred under section 4912 c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5) 501(c)(6). See the instructions for Schedule C for details. | (b) Amount 105,000. 60. |
|---|---------------------------------------|
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| J Total lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If 'Yes,' enter the amount of any tax incurred under section 4912 c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5) 501(c)(6). See the instructions for Schedule C for details. | 105,060. |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If 'Yes,' enter the amount of any tax incurred under section 4912 c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5). See the instructions for Schedule C for details. | 105,060. |
| b If 'Yes,' enter the amount of any tax incurred under section 4912 c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5) 501(c)(6). See the instructions for Schedule C for details. | |
| c If 'Yes.' enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5) 501(c)(6). See the instructions for Schedule C for details. | · · · · · · · · · · · · · · · · · · · |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(501(c)(6)). See the instructions for Schedule C for details. | |
| Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(501(c)(6)). See the instructions for Schedule C for details. | |
| 501(c)(6). See the instructions for Schedule C for details. | |
| 1 Were substantially all (90% or more) dues received nondeductible by members? | 5), or section |
| 1. Were substantially all (90% or more) dues received nondeductible by members? | Yes No |
| Twele substantially all (50% of mole) dues received hondeductible by members: | 1 |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 2 |
| 3 Did the organization agree to carryover lobbying and political expenditures from the prior year? | 3 |
| Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part III-A, questions for details. | 5), or section tion 3 is |
| 1 Dues, assessments and similar amounts from members 1 | |
| Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid) | |
| a Current year 2a | |
| b Carryover from last year 2b | |
| c Total 2c | |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 | |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political | |
| expenditure next year? | |
| 5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4) 5 | |
| Part IV Supplemental Information Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line Also, complete this part for any additional information | 2 11. |

| Schedule C (I | form 990 or 990-EZ) 2008 TEXAS WESLEYAN UNIVERSITY | <u>75-0800691</u> | Page 4 |
|---------------|--|-------------------|-------------|
| Part IV | Supplemental Information (continued) | | |
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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

| Name | or the organization | | | Employer Identification number |
|------|---|--|--|----------------------------------|
| | (AS WESLEYAN UNIVERSITY | | | 75-0800691 |
| Par | tl Organizations Maintaining Dono the organization answered 'Yes' | or Advised Funds or Oth to Form 990, Part IV, Iir | ner Similar Funds or A ne 6 | ccounts Complete if |
| | | (a) Donor advised | funds (b) | Funds and other accounts |
| 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 | | | |
| | , | | | |
| 5 | Did the organization inform all donors and don funds are the organization's property, subject | to the organization's exclusive | legal control? . | Yes No |
| 6 | Did the organization inform all grantees, donoi used only for charitable purposes and not for timpermissible private benefit?? | rs, and donor advisors in writir the benefit of the donor or don | ng that grant funds may be or advisor or other | ∏Yes ∏No |
| Par | t II Conservation Easements Compl | ete if the organization a | nswered 'Yes' to Form | 990, Part IV, line 7. |
| | Purpose(s) of conservation easements held by | | | |
| | Preservation of land for public use (e.g., r | <u> </u> | —" | ically important land area |
| | Protection of natural habitat | , , | Preservation of certified | • |
| | Preservation of open space | | | |
| 2 | | a qualified conservation contrib | oution in the form of a consei | vation easement on the last day |
| _ | of the tax year. | | | |
| | | | <u> </u> | Held at the End of the Year |
| а | Total number of conservation easements | | | |
| b | Total acreage restricted by conservation easer | ments | 2b | |
| c | Number of conservation easements on a certif | fied historic structure included | ın (a) 2c | |
| c | Number of conservation easements included in | n (c) acquired after 8/17/06 | 2d | |
| 3 | Number of conservation easements modified, year G | transferred, released, extingui | shed, or terminated by the o | rganization during the taxable |
| 4 | Number of states where property subject to co | nservation easement is locate | d G | |
| 5 | Does the organization have a written policy re- enforcement of the conservation easement it h | garding the periodic monitoring holds? | g, inspection, violations, and | Yes No |
| 6 | Staff or volunteer hours devoted to monitoring | , inspecting, and enforcing ea | sements during the year G | |
| 7 | Amount of expenses incurred in monitoring, in | ispecting, and enforcing easen | nents during the year G \$_ | |
| 8 | Does each conservation easement reported or $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$? | n line 2(d) above satisfy the re | quirements of section | Yes No |
| 9 | In Part XIV, describe how the organization rep include, if applicable, the text of the footnote t conservation easements | | | |
| Par | t III Organizations Maintaining Colle Complete if the organization and | ections of Art, Historica swered 'Yes' to Form 99 | I Treasures, or Other S 0, Part IV, line 8. | Similar Assets |
| | if the organization elected, as permitted under treasures, or other similar assets held for publi the text of the footnote to its financial stateme | lic exhibition, education, or res ints that describes these items | search in furtherance of publi | c service, provide, in Part XIV, |
| t | o If the organization elected, as permitted under treasures, or other similar assets held for publi amounts relating to these items | lic exhibition, education, or res | revenue statement and bala search in furtherance of publi | c service, provide the following |
| | (i) Revenues included in Form 990, Part VIII, | line 1 | | G\$ |
| | (ii) Assets included in Form 990, Part X. | | | G\$ |
| 2 | If the organization received or held works of a amounts required to be reported under SFAS | rt, historical treasures, or othe 116 relating to these items | r similar assets for financial | gain, provide the following |
| a | Revenues included in Form 990, Part VIII, line | 1 | | G\$ |
| t | Assets included in Form 990, Part X | | | . G\$ |

| | WESLEYAN UN | IVERSITY | | 75-080 | 00691 Page 2 |
|--|------------------------------------|----------------------------------|---|-----------------------------|---------------------------------------|
| Part III Organizations Mainta | ining Collection | is of Art, Histo | orical Treasures, | or Other Similar As | |
| Using the organization's accessio that apply) | n and other records, | check any of the | following that are a s | ignificant use of its colle | ction items (check all |
| a Public exhibition | | d 🗌 Loan d | or exchange programs | i | |
| b Scholarly research | | e 🗌 Other | | | |
| c Preservation for future general | | | | | |
| 4 Provide a description of the organ Part XIV | | | | | e ın |
| 5 During the year, did the organizat assets to be sold to raise funds ra | | | | | Yes No |
| Part IV Trust, Escrow and Cu IV, line 9, or reported | istodial Arrange an amount on F | ements Compl orm 990, Part | ete if organizatio X, line 21. | n answered 'Yes' to | Form 990, Part |
| 1a Is the organization an agent, trus included on Form 990, Part X? | tee, custodian, or ot | her intermediary f | or contributions or ot | her assets not | ∏Yes ∏No |
| b If 'Yes,' explain the arrangement | in Part XIV and com | plete the followin | g table [.] | | |
| | | | | | Amount |
| c Beginning balance | | | | 1c | |
| d Additions during the year | | | | 1d | |
| e Distributions during the year | | | | 1e | |
| f Ending balance | | | | 1f) | |
| 2a Did the organization include an ai | mount on Form 990, | Part X, line 21? | | | Yes No |
| b if 'Yes,' explain the arrangement | | | | | |
| Part V Endowment Funds Co | mplete if organi | zation answer | ed 'Yes' to Form | 990, Part IV, line 1 | 0 |
| | (a) Current year | (b) Prior year | (c) Two years ba | ck (d) Three years back | (e) Four years back |
| 1 a Beginning of year balance | 50,075,237. | | | | |
| b Contributions | 1,301,757 | | • | | |
| c Investment earnings or losses. | <u>-11,384,280</u> . | , , , | <u> </u> | | |
| d Grants or scholarships | 850,325 | ,,, | | ** (| , , |
| e Other expenditures for facilities and programs | 652,730. | | S. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | 40-155.25 | 1 |
| f Administrative expenses | | <u> </u> | * | <u> </u> | |
| g End of year balance. | 38,489,659 | · <u> </u> | · | | · · · · · · · · · · · · · · · · · · · |
| 2 Provide the estimated percentage | _ | _ | | | |
| a Board designated or quasi-endow | | <u>0.00</u> % | | | |
| b Permanent endowment G | | | | | |
| c Term endowment G 22 | <u>. 00</u> % | | | | |
| 3a Are there endowment funds not in organization by: | n the possession of t | the organization tl | hat are held and adm | inistered for the | Yes No |
| (i) unrelated organizations | | | | | 3a(ı) X |
| (ii) related organizations | | | | | 3a(II) X |
| b If 'Yes' to 3a(II), are the related o | rganizations listed a | s required on Sch | edule R? | | 3b X |
| 4 Describe in Part XIV the intended | | | | | |
| Part VI Investments ' Land, B | uildings, and E | <u>quipment. Se</u> | | X, line 10. | |
| Description of investment | (a) Co | st or other basis investment) | (b) Cost or other basis (other) | (c) Depreciation | (d) Book Value |
| 1 a Land | <u> </u> | | 374,426 | | 374,426 |
| b Buildings | | | 58,284,078 | 20,184,563 | 38,099,515 |
| c Leasehold improvements | <u> </u> | | 115,787 | | 0. |
| d Equipment | | | 20,788,665 | | 2,887,895. |
| e Other | | | 21,655,582 | 7,695,740. | 13,959,842. |
| Total Add lines 1a-1e (Column (d) sho | uld equal Form 990, | Part X, column (I | B), line 10(c)) | G | 55,321,678. |
| BAA | | | | Sche | dule D (Form 990) 2008 |

TEEA3302L 12/23/08

| Schedule D (Form 990) 2008 TEXAS WESLEYAN UN | IVERSITY | | 75-0800691 Page 3 |
|--|--------------------------|---|--------------------------------------|
| Part VII Investments 'Other Securities See Fo | | · — · · · · · · · · · · · · · · · · · · | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Metho | d of valuation -year market value |
| Financial derivatives and other financial products. | 4,944,738. | END OF YEAR MARKET | |
| Closely-held equity interests | | | |
| Other | | | |
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| Total (Column (b) should equal Form 990 Part X, col (B) line 12) G | 4,944,738. | | |
| Part VIII Investments ' Program Related (See | | line 13) N/A | |
| (a) Description of investment type | (b) Book value | (c) Metho | d of valuation |
| | | Cost or end-of | -year market value |
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| Total Column (b)(should equal Form 990, Part X, Col (B) line 13) G Part IX Other Assets (See Form 990, Part X, | lino 15) | <u> </u> | |
| | scription | | (b) Book value |
| BENEFICIAL INTERESTS IN TRUSTS | 3cription | | 7,489,259. |
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| | | <u> </u> | |
| | | | |
| Total Column (b) Total (should equal Form 990, Part X, col | (B), line 15) | | G 7,489,259. |
| Part X Other Liabilities (See Form 990, Part | | | |
| (a) Description of Liability | (b) Amount | | |
| Federal Income Taxes | | | |
| CAPITAL LEASE OBLIGATION | 270,80 | 00 | |
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| Total Column (b) Total (should equal Form 990, Part X, col. (B) line 25) | G 270,80 | 00 | |
| In Part XIV, provide the text of the footnote to the organizations under FIN 48 | ion's financial statemen | its that reports the organization | n's liability for uncertain tax |

| | | 5-0800 | 0691 | Page 4 |
|----------------|---|--|-----------------|-------------------|
| Part | XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements | | | |
| 1 | Total revenue (Form 990, Part VIII,column (A), line 12) | | 60,062 | ,060. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | | 59,307 | |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | Γ | | ,666. |
| 4 | Net unrealized gains (losses) on investments | <u></u> | -8,464 | |
| | Donated services and use of facilities | | | |
| 6 | Investment expenses | | | |
| | Prior period adjustments | | | |
| | Other (Describe in Part XIV) | ļ- | | |
| | Total adjustments (net) Add lines 4-8 | - | -8,464 | 105 |
| | Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 | <u> </u> | -7,709 | |
| | XII Reconciliation of Revenue per Audited Financial Statements With Revenue per | Return | | , 100. |
| | Total revenue, gains, and other support per audited financial statements | 11 | 42,753 | 467 |
| | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | 72,700 | , 407. |
| | Net unrealized gains on investments 2a | 1 } | | |
| | Donated services and use of facilities 2b | + 1 | | |
| | | - | | |
| | Recoveries of prior year grants 2c Other (Describe to Per VIV) SEE DART VIV | - .: | | |
| | Other (Describe in Part XIV) SEE PART XIV . 2d -8,844,488 | I | 17 200 | 500 |
| | Add lines 2a through 2d . | 2e | -17,308 | |
| | Subtract line 2e from line 1 | 3 | 60,062 | ,060. |
| | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | | |
| а | Investments expenses not included on Form 990, Part VIII, line 7b | _ ` | | |
| р | Other (Describe in Part XIV) | لندت | | |
| С | Add lines 4a and 4b | 4c | | |
| 5 | Total revenue Add lines 3 and 4c (This should equal Form 990, Part I, line 12.) | 5 | 60,062 | ,060. |
| Par | XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Re | turn | | |
| 1 | Total expenses and losses per audited financial statements | 1 | 50,462 | ,906. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| а | Donated services and use of facilities 2a | | | |
| р | Prior year adjustments 2b | 7 : [| | |
| | Losses reported on Form 990, Part IX, line 25 | ٦ . ١ | | |
| | Other (Describe in Part XIV) SEE PART XIV 2d -8,844,488 | .] [| | |
| | Add lines 2a through 2d | 2e | -8,844 | . 488. |
| | Subtract line 2e from line 1 | 3 | 59,307 | |
| | Amounts included on Form 990, Part IX, line 25, but not on line 1. | | | , |
| | Investments expenses not included on Form 990, Part VIII, line 7b 4a | 1,`-} | | |
| | Other (Describe in Part XIV) 4b | | | |
| | Add lines 4a and 4b | 4c | | |
| | Total expenses. Add lines 3 and 4c (This should equal Form 990, Part I, line 18) | 5 | 59,307 | 394 |
| | t XIV Supplemental Information | | 33,307 | , 354. |
| | | | | |
| Comp line 4 | olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, , Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b | lines 1b | and 2b, Part | ν, |
| | PART XFIN.48.FOOTNOTE | | | |
| | INCOME_TAXES | | | |
| | | | | |
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| | | | | |
| | THE UNIVERSITY IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501 | <u>(C) (3</u> |) OF THE | |
| | INTERNAL REVENUE CODE. THE UNIVERSITY HAS ELECTED TO DEFER ADOPTION | <u> </u> | I NANC I AL | |
| | ACCOUNTING STANDARDS BOARD INTERPRETATION NO. 48 ACCOUNTING FOR UNCE | RTALN | <u>TY_IN</u> | |
| | INCOME TAXES UNTIL THE FISCAL YEAR ENDED MAY 31 2010. MANAGEMENT E | ELTEN | <u>ES_THAT_</u> | |
| BAA | THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS. | Schod | ule D (Form 9 | 90) 2008 |

| Schedule D (Form 990) 20 | 8Page |
|--------------------------|---|
| Part XIV Suppleme | 8 Page Ital Information (continued) |
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SCHEDULE E (Form 990 or 990-EZ)

Schools

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

| Name | of the organization | Employer identification nu | nber | | |
|------------|---|--------------------------------------|------------|--------|----------|
| <u>TEX</u> | AS WESLEYAN UNIVERSITY | 75-0800691 | | | |
| | | | | YES | NO |
| 1 | Does the organization have a racially nondiscriminatory policy toward students by statement in its chargoverning instrument, or in a resolution of its governing body? | rter, bylaws, other | 1 | Х | |
| 2 | Does the organization include a statement of its racially nondiscriminatory policy toward students in al catalogues, and other written communications with the public dealing with student admissions, progra and scholarships? | l its brochures, ms, | 2 | X | |
| 3 | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast in period of solicitation for students, or during the registration period if it had no solicitation program, in a | nedia during the a way that makes | | , | |
| | the policy known to all parts of the general community it serves? If 'Yes,' please describe if 'No', please | | 3 | X | |
| | | | | , | |
| 4 | Does the organization maintain the following? | | | و و ا | ~ |
| а | Records indicating the racial composition of the student body, faculty, and administrative staff? | | _4a | X | |
| t | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | | 4b | χ | |
| c | Copies of all catalogues, brochures, announcements, and other written communications to the public student admissions, programs, and scholarships? | dealing with | 4 C | X | _ |
| d | Copies of all material used by the organization or on its behalf to solicit contributions? | | 4d | Χ | |
| | If you answered 'No,' to any of the above, please explain (If you need more space, attach a separate | statement) | , ` | , | |
| | | | | | , |
| 5 a | Does the organization discriminate by race in any way with respect to Students' rights or privileges? | | غد 5a | -بست | X |
| b | Admissions policies? | | 5b | | Х |
| c | Employment of faculty or administrative staff? | | 5c | | _X_ |
| d | Scholarships or other financial assistance? | | _5d | | Χ. |
| e | Educational policies? . | | 5e | | Х |
| f | Use of facilities? . | | 5f | | <u>X</u> |
| ç | Athletic programs? | | 5 <u>g</u> | | _X_ |
| r | Other extracurricular activities? | | 5h | | Х |
| | If you answered 'Yes,' to any of the above, please explain. (If you need more space, attach a separat | e statement) | | | |
| | | | | | |
| | | | | | |
| | Does the organization receive any financial aid or assistance from a governmental agency? | | 6a | Х | · · · |
| t | Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes,' to either line 6a or line b, please explain using an | | 6b | | X |
| | 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 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation. | | 7 | _ X | |

Schedule F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047 2008

Department of the Treasury Internal Revenue Service

G Attach to Form 990 Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, line 15, or line 16

Open to Public Inspection

| Name | of the organization | Employer identification number | |
|------|---|--------------------------------|---------|
| | KAS WESLEYAN UNIVERSITY | 75-0800691 | |
| Par | General Information on Activities Outside the United States. Complete if the to Form 990, Part IV, line 14b. | organization answer | ed 'Yes |
| 1 | For grantmakers Does the organization maintain records to substantiate the amount of the grants or a grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or a | ssistance, the issistance? Yes | □No |

| 3 Activities per Region ((a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures in region |
|--------------------------------------|-------------------------------------|--|--|--|--|
| BRAZIL | 0 | 0 | STUDY ABROAD | INSTRUCTION | 15,52 |
| ENGLAND | 0 | 0 | STUDY ABROAD | INSTRUCTION | 49,50 |
| MEXICO | 0 | 0 | STUDY ABROAD | INSTRUCTION | 24,71 |
| PERU | 0 | 0 | STUDY ABROAD | INSTRUCTION | 15,40 |
| SCOTLAND | 0 | 0 | STUDY ABROAD | INSTRUCTION | 51,71 |
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BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990

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Schedule F (Form 990) (2008)

156,865.

Page 2 <u>S</u> Schedule F (Form 990) 2008 TEXAS WESLEYAN UNIVERSITY

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Use Schedule F-1 (Form 990) if additional space is needed.

| (i) Method of valuation (book, FMV, appraisal, other) | } | | | | | | | 1 | | | | 0 | 0 | Schedule F (Form 990) 2008 |
|--|---|--|------|----------|------|---|------|---|------|--|---|---|---|----------------------------|
| (h) Description of non-cash assistance | | | | | | | | | | | | | ı | Schedule F |
| (g) Amount of non-cash assistance | | | | | | | | | | | | ovided a section 501 | | |
| (f) Manner of cash disbursement | | | | | | | | | | | | or counsel has pro | | |
| (e) Amount of cash grant | | | | | | | | | | | | which the grantee | | |
| (d) Purpose of grant | | | | | | | | | | | | ign country or for | | |
| (c) Region | | | | | | | | | | | | harities by the forei | | |
| (b) IRS code section and EIN (if applicable) | | | | | | | | | | | | at are recognized as cl | ins or entities | |
| (a) Name of organization | | | | | | | | | | | | Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter | Enter total number of other organizations or entities | |
| - | | | | - | | _ | | | | | - | 2 En | | BAA |

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. 75-0800691 TEXAS WESLEYAN UNIVERSITY Schedule F (Form 990) 2008

Page 3

(h) Method of valuation (book, FMV, appraisal, other) Schedule F (Form 990) 2008 (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance

TEEA3503L 12/24/08

| Schedule F | (Form 990) 2008 | TEXAS WESLEYAN UNIVERSITY | 75-0800691 | Page 4 |
|------------|-------------------|--|--------------------------------------|---------------|
| Part IV | Supplemental | Information | | |
| | Complete this par | t to provide the information required in Part I, line 2, | and any other additional information | |
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TEEA3504L 01/06/09

Schedule F (Form 990) 2008

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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

Department of the Treasury Internal Revenue Service G Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a

Open to Public Inspection

| Name of the | organization | | | | | | Employer identifica | tion number |
|-------------|---|-------------------|-------------|--|--|-------------------|---|---|
| | WESLEYAN UNIVERSITY | | | | | | 75-080069 | |
| Part I | Fundraising Activities. | Complete if | the orga | anızatıor | n answered 'Yes' to | Form | 990, Part I\ | /, line 17. |
| | cate whether the organization r Mail solicitations Email solicitations Phone solicitations | aised funds thro | ough any o | of the follo | Solicitation of non- Solicitation of gove | governm rnment | ent grants | |
| П | In-person solicitations | | | | | | | |
| b If 'Y | the organization have written o ployees listed in Form 990, Part /es,' list the ten highest paid inc npensated at least \$5,000 by the | dividuals or enti | ties (fundr | aisers) pu | rsuant to agreements u | nder wh | ich the fundrais | Yes XNo |
| | (i) Name of individual or entity (fundraiser) | (II) Activity | (III) Did | fundraiser dy or control ibutions? | (iv) Gross receipts from activity | (v) Ar | mount paid to retained by) aiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
| | | <u> </u> | Yes | No | | <u> </u> | | |
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| | all states in which the organizations | - | | | | | | registration |
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| Sche | dule | G (Form 990 or 990-EZ) 2008 TEXAS W | ESLEYAN UNIVER | SITY | 75-080 | 00691 Page 2 |
|---------------|--------------|--|---|---|--------------------------------------|--|
| Par | <u>t II </u> | Fundraising Events. Complete if reported more than \$15,000 on F | the organization a orm 990-EZ, line 6 | inswered 'Yes' to F Sa. List events with | orm 990, Part IV, aross receipts are | line 18, or eater than \$5,000 |
| R | | | (a) Event #1 LAW SCHOOL GOL (event type) | (b) Event #2 O D BOUNDS GO (event type) | (c) Other Events 1 (total number) | (d) Total Events (Add col (a) through col (c)) |
| R E > E Z U E | 1 | Gross receipts | 43,925. | 39,152 | 31,000. | 114,077. |
| Ĕ | 2 | Less Charitable contributions | 14,795. | 31,705. | 25,400. | 71,900. |
| | 3 | Gross revenue (line 1 minus line 2) | 29,130. | 7,447 | 5,600 | 42,177. |
| | 4 | Cash prizes | | | | · |
| DIRECT | 5 | Non-cash prizes | - | · | | |
| | 6 | Rent/facility costs | | | | <u></u> |
| EXPEZNEN | 7 | Other direct expenses | 28,328. | 23,541. | 19,892. | 71,761. |
| E S | 8 | Direct expense summary. Add lines 4- th | • | | G | 71,761. |
| Par | t III | Net income summary Combine lines 3 and Gaming. Complete if the organization | | es' to Form 990 Pa | Gert IV line 19 or re | -29,584. |
| | | \$15,000 on Form 990-EZ, line 6a | | | | |
| RE>#20E | i | | (a) Bıngo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (Add col. (a) through col. (c)) |
| Ë | 1 | Gross revenue | | | | |
| E | 2 | Cash prizes | | i | | |
| DIRECT | 3 | Non-cash prizes | | | | <u> </u> |
| Č Š | 4 | Rent/facility costs | | <u> </u> | | : <u> </u> |
| | 5 | Other direct expenses | Tivos ex | | | L |
| | 6 | Volunteer labor | Yes% No | Yes% No | Yes% | |
| | 7 | Direct expense summary Add lines 2 thro | ough 5 in column (d) . | | . G | |
| | 8 | Net gaming income summary. Combine lii | nes 1 and 7 in column (| d) | G | lveslan |
| á | Is th | er the state(s) in which the organization opine organization licensed to operate gaming o,' Explain. | | | | YES NO |
| | | e any of the organization's gaming license: es,' Explain | s revoked, suspended o | r terminated during the | tax year? | 10a |
| 11 | Doe | s the organization operate gaming activitie | s with nonmembers? | | | |

| Schedule G (Form 990 or 990-EZ) 2008 TEXAS WESLEYAN UNIVERSITY | 75-0800691 | | age 3 |
|---|------------------------|-------------|----------|
| | | YES | NO |
| 13 Indicate the percentage of gaming activity operated in: | ov l | | |
| a The organization's facility | | | |
| b An outside facility | | | 1 |
| 14 Provide the name and address of the person who prepares the organization's gaming/special events bo | oks and records | | |
| Name G | | | |
| Address G | | | 4 |
| 15a Does the organization have a contact with a third party from whom the organization receives gaming rev | venue? 15 | a | |
| b If 'Yes,' enter the amount of gaming revenue received by the organization \$ ar | | | |
| of gaming revenue retained by the third party \$ | is the dinount | | - |
| c If 'Yes,' enter name and address | | | 1 |
| C II 103, Chick hame did decices | , | | 1 |
| Name. G | | | |
| | | 1 22 | - } |
| Address G | | 1 | , , |
| | | | |
| 16 Gaming manager information | | | ~ |
| | မေ () | r ej | 1000 M |
| Name, G | - 42 | | 1 |
| | | : | . 1 |
| Gaming manager compensation G \$ | | | - {{i}} |
| <u> </u> | | 15 | |
| Description of services provided. G | , | \^`` \ | 4 |
| | | 33 | |
| Director/officer Employee Independent contractor | ١. | | |
| | γ. | | , , , |
| 17 Mandatory distributions | 1 | 5 7 | |
| a Is the organization required under state law to make charitable distributions from the gaming proceeds to | to retain the | | لِنْتِ ا |
| state gaming license? | 17 | а | |
| b Enter the amount of distributions required under state law distributed to other exempt organizations or s | spent in the | * | Ŕ |
| organization's own exempt activities during the tax year G \$ | | | <u> </u> |
| BAA TEEA3703L 07/18/08 SC | chedule G (Form 990 or | 990-EZ | 2008 |

| SCHEDULE I | | Ö | ants and Oth | Grants and Other Assistance to Organizations, | o Organization | IS, | | OMB No 1545-0047 |
|--|--|---|---|--|---|---|---|---------------------------------------|
| | | | covernmen | ts and Individu | ais in the U.S. | | | 2002 |
| Department of the Treasury Internal Revenue Service | | G Compl | ete if the organizati | G Complete if the organization answered 'Yes,' on Form 990, Part IV, lines 21 or 22. G Attatch to Form 990. | orm 990, Part IV, lines), | 21 or 22. | | Open to Public Inspection |
| Name of the organization TEXAS WESLEYAN | organization WESLEYAN UNIVERSITY | | | : | | | Employer identification number 75-0800691 | ation number |
| Part General In | General Information on Grants and Assistance | ints and Assist | ance | | | | | |
| 1 Does the organizal the selection criter | tion maintain records ria used to award the | to substantiate the grants or assistance | amount of the gran | Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? | intees' eligibility for the | grants or assistance, | | X X Yes |
| 2 Describe in Part IV | / the organization's pr | ocedures for monit | oring the use of gra | Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. | tates. | SEE PART IV | | • |
| Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed | Grants and Other Assistance to Governments and Organizations 990, Part IV, line 21 for any recipient that received more than \$5,0 Part IV and Schedule I-1 (Form 990) if additional space is needed | ce to Governme recipient that r orm 990) if add | ents and Organ eceived more the tional space is | Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' on 1990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed | ted States. Compl this box if no one | ete if the organiza recipient received | ation answered ' d more than \$5,0 | Yes' on Form 100. Use G X |
| 1 (a) Name and address of organization or government | ss of organization ment | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| | | | | | | | | |
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| | | | | | | | : | |
| 2 Enter total number 3 Enter total number | Enter total number of section 501(c)(3) and government organizations. Enter total number of other organizations | and government org | janizations | | | | <u>.</u> | |
| BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. | nd Paperwork Reducti | on Act Notice, see | the Instructions for | Form 990. | TEEA3901L 12/19/08 | 12/19/08 | Sched | Schedule I (Form 990) 2008 |

Schedule I (Form 990) 2008 TEXAS WESLEYAN UNIVERSITY

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) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|--------------------------|--|-----------------------------------|---|--|
| STUDENT SCHOLARSHIPS | 1,586 | 8,897,666 | | | |
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| Part IV Supplemental Information. Complete this part to provide the information required in Part I. | plete this part to p | provide the informa | ition required in Pa | art I, line 2, and any other | ner additional information. |
| PART I, LINE 2 - GRANTMAKER'S DESCRIPTION | | <u>OE HOW GRANTS ARE USED</u> | <u>USED</u> | 1 1 1 1 1 1 | |
| TEXAS_WESLEYAN_UNIVERSITY'S_OFFICE_OF_E | | <u>INANCIAL AID ADMINISTERS MULTIPLE FEDERAL, </u> | STERS MULTIPLE | FEDERAL, | |
| STATE, PRIVATE, AND UNIVERSITY GRANTS,_ | _GRANTS,_SCHOL | SCHOLARSHIPS, LOAN AND WORK STUDY AWARDS. | AND WORK STUDY | AWARDS | |
| FEDERAL AND STATE PROGRAMS ARE ADMINIST | ADMINISTERED | ERED ACCORDING TO THE U.S. LAW AND REGULATIONS | HE U.S. LAW AN | D_REGULATIONS | |
| PROMULGATED BY THE U.S. DEPARTMENT OF E | MENT_OF_EDUCAT | <u>DUCATION AND THE U.S. DEPARTMENT HEALTH AND</u> | S. DEPARTMENT | HEALTH_AND | : |
| HUMAN SERVICES AS WELL AS THE REGULATIONS OF THE STATE OF TEXASUNIVERSITY | REGULATIONS OF | THE STATE OF | IEXASUNIVĒ | <u>851TY</u> | |
| SCHOLARSHIPS AND GRANTS ARE ADMINISTERED ACCORIDNG TO THE POLICIES OF THE OFFICE OF | MINISTERED ACC | ORIDNG_TO_THE | POLICIES OF THI | E_OFFICE_OF | ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; |
| FINANCIAL AID IN SUPPORT OF THE UNIVERS | E_UNIVERSITY'S | ITY'S STRATEGIC PLAN. THE FINANCIAL AID | N THE FINANC | CIAL AID | |
| OFFICE_USES_THE_FREE_APPLICATION_FOR_FEDERAL_STUDENT_AID_(FAFSA)_AND_A_NUMBER_OF | ON FOR FEDERAL | STUDENT AID (| FAFSA) AND A NI | MBER OF | |
| SUPPORTING_DOUMENTS_OF_VERFICATION_TO_DETERMINE_A_STUDENT'S_ELIGIBILITY_FOR_ALL_NEED | TION TO DETERN | IINE A STUDENT | S_ELIGIBILITY_ | OR ALL NEED | |
| BASED PROGRAMS. | , STUDENTS' EL | ADDITIONALLY, STUDENTS' ELIGIBILITY IS DETERMINED BASED UPON | ETERMINED BASE | NOON C | |
| ВАА | | | | | Schedule I (Form 990) 2008 |

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

OMB No 1545-0047 2008

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990. To be completed by organizations that answered 'Yes' to Form 990, Part IV, line 23

Open to Public

Employer identification number TEXAS WESLEYAN UNIVERSITY 75-0800691 Part I Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items SFF PART II SEE PART II First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Tax indemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain Х 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? Indicate which, if any, of the following organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Compensation committee Written employment contract Compensation survey or study Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a. a Receive a severance payment or change of control payment? 4b b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? 40 If 'Yes' to any of 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of 5a a The organization? **5**b b Any related organization? If 'Yes' to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of 6a a The organization? 6b b Any related organization? If 'Yes' to line 6a or 6b, describe in Part III. 7 For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not 7 described in lines 5 and 6? If 'Yes,' describe in Part III

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990

Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If 'Yes,' describe in Part III Schedule J (Form 990) 2008

Schedule J (Form 990) 2008 TEXAS WESLEYAN UNIVERSITY
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

Page 2

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990. Part VII.

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

| | - | | ٠,١,٠ | | | | | |
|---------------------------|--|-------------------------------|---|-----------------------------|---|---|----------------------|---|
| | | (b) breakuowii 0i W-2 arid/or | - 1 | Uss-MISC compensation | (C) Deferred | (D) Nontaxable | (E) Total of columns | (F) Compensation |
| ラー! | | (i) Base compensation | (ii) Bonus and incentive compensation | (III) Other compensation | compensation | benefits | (B)(ı)-(D) | reported in prior Form 990 or Form 990-EZ |
| HAROLD G. JEFFCO | = [= [| 207 - 203 - | 15,500. | | $-\frac{15}{200}$ | | 338,139. | 98, 383. |
| Lagar L. 10 MV I I I I MV | | 125 024 | 0 | 0.0 | - 1 | 0. | 0 | 0. |
| |] E (E) | | 1000,25, | <u>37,655.</u> | -000,01 | $\frac{18,904}{0}$ | 237,433. | $\frac{56,905}{0}$ |
| JOHN E. MARTIN | ε | 174,585. | | 0. | 0. | 18,743. | 193,328. | 71.085. |
| | (E) | 0 | 0. | 0. | 0 | | 0 | 0. |
| CYNTHIA FOUNTAIN | (E) | 176,017. | 0.0 | 0 | 00 | 17,920_ | 193,937. | 80, 525. |
| _ | 3 | 0.0 | 0, | 0. | 0. | 0. | 0 | 0. |
| KICAKDO KODKIQUE | <u> </u> | 170,470.1 | | +.0 | 0. | 19,219 | 189,689 | 49492 |
| | (E) | 0 | 0. | 0. | 0. | | 0. | 0. |
| FKANK ELLIOTT | (E) | 176,108. | 0 | 0 | 0. | 14,089. | 190,197. | 64,375. |
| | 3 | 0 | 0. | 0. | 0. | 0. | 0. | 0. |
| MICHAEL GREEN | (E) | 173,036 | 0 | | 0 | 18,695 | 191,731. | 49, 526. |
| | 3 | 0. | | 0. | 0. | 0. | 0 | |
| JAMES GEORGE | (E) | 158,124. | 0 | 0. | 0. | 18, 363. | 176,487. | 69,553. |
| | 3 | 0 | | 0. | 0. | 0 | 0 | T |
| JAMES HAMBLETON | (E) | 149,177 | 0 - | 0. | 0. | 16,730. | 165,907. | 61,677. |
| | 3 | 0 | 0 | 0 | 0. | | .0 | |
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| BAA | | | | TEEA4102L 08/11/08 | 80/ | | Sched | Schedule J (Form 990) 2008 |

| Schedule J (Form 990) 2008 TEXAS WESLEYAN UNIVERSITY 75-0800691 | Page |
|---|---|
| ן יש ר | so complete |
| PART J. LINE 1A - RELEVANT INFORMATION REGARDING COMPENSATION BENEFITS | |
| TRAVEL-FOR-COMPANIONS IS ALLOWED FOR CONFERENCES AND EVENTS WITH DEDICATED SPOUSAL/COMPANION PROGRAMS. THE | .THE |
| COST OF THE COMPANION TRAVEL IS EITHER REIMBURSED TO THE UNIVERSITY OR INCLUDED IN TAXABLE WAGES. TRAVEL | - - - - - |
| EXPENSES ARE ACCOUNTED TO THE UNIVERSITY BY THE LAST DAY OF THE MONTH FOLLOWING THE DATE OF TRAVEL. FAILURE | LURE |
| TQ_SUBSTANTIATE_THE_EXPENSE_RESULTS_IN_AN_INCLUSION_AS_100%_PERSONAL_USE | ! |
| | |
| THE_PRESIDENT_OF_THE_UNIVERSITY_RECEIVES_A_TAXABLE_HOUSING_ALLOWANCE. | |
| | |
| THE_PRESIDENT_AND_SENIOR_VICE_PRESIDENT_OF_FINANCE_AND_ADMINISTRATION_HAVE_COUNTRY_CLUB_MEMBERSHIPSIHE_ | |
| DIRECT_PERSONAL_EXPENSES ARE REIMBURSED_TO_THE_UNIVERSITY OR INCLUDED IN JAXABLE WAGESIHE PORTION OF THE | |
| MEMBERSHIP-DUES-THAT ARE ALLOCATED-TO PERSONAL-USE ARE REIMBURSED TO THE UNIVERSITY OR INCLUDED IN TAXABLE | |
| WAGES EXPENSE REPORTS ARE SUBMITTED TO THE UNIVERSITY BY THE LAST DAY OF THE MONTH FOLLOWING THE DATE OF | <u>0</u> E |
| IME EXPENSEEAILURE IO SUBSTANTIATE THE EXPENSE RESULTS IN AN INCLUSION AS 100% PERSONAL USE | |
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Schedule J (Form 990) 2008

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a

Open to Public Inspection

Name of the Organization

Employler Identification number

| TEXAS WESLEYAN UNIVERSITY | 75-0800691 |
|--|-------------------------|
| Part I Continuation: Officers, Directors, Trustees, Key Employees, Employees | and Highest Compensated |

| (A) | (B) | | | ((| C) | | | (D) | (E) | (F) |
|--|---------------|--------------------------------|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| Name and Title | Average hours | Posi | tion (| | • | that appl | ly) | Reportable | Reportable | Estimated |
| | perweek | individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | compensation from the organization (W-2/1099-MISC) | compensation from related organizations (W-2/1099-MISC) | amount of other compensation from the organization and related organizations |
| CLAUDIA STEPP TRUSTEE | 0 | х | | | | | | 0 | 0.: | 0. |
| VICKIE STEVENS TRUSTEE | 0 | Χ | | | | | | 0. | 0. | 0. |
| GARY TERRY TRUSTEE | 0 | Х | | | | | | 0. | 0. | 0 |
| JOE THOMPSON TRUSTEE | 0 | Х | | | | | | 0. | 0. | 0. |
| TRUSTEE | 0 | Х | | | | | | 0. | 0 | 0 |
| MARK WALKER TRUSTEE | 0 | x | | | | | | 0. | 0. | 0. |
| PRESIDENT | 40 | | | | x | | | 299,443. | 0. | 38,696. |
| ALLEN HENDERSON SR VP AND PROVOST | 40 | ļ | | | х | | | 132,938 | 0. | 11,254. |
| WILLIAM BLEIBDREY SR VP FINANCE AND ADMIN PATRICIA ALEXANDER | 40 | | | | x | | | 208,529 | 0. | 28,904. |
| VP ENROLLMENT AND STUDE JOAN S. CANTY | 40 | | | | х | | | 109,509. | 0. | 4,374. |
| VP ADVANCEMENT JOHN E. MARTIN | 40 | | | _ | х | | | 95,080 | 0. | 1,821. |
| DIRECTOR NURSE ANESTHIA CYNTHIA FOUNTAINE | 40 | | | | х | | | 174,585. | 0. | 18,743. |
| INTERIM DEAN - SCHOOL O RICARDO RODRIQUEZ | 40 | | | L | x | | | 176,017. | 0. | 17,920. |
| PROFESSOR FRANK ELLIOTT | 40 | | | | | Х | | 170,470. | 0 | 19,219. |
| PROFESSOR MICHAEL GREEN | 40 | | | | | Х | | 176,108 | 0 | 14,089. |
| PROFESSOR JAMES GEORGE | 40 | | | L | - | Х | | 173,036. | 0 | <u> 18,695.</u> |
| PROFESSOR JAMES HAMBLETON | 40 | | _ | - | _ | Х | | 158,124 | 0. | 18,363. |
| PROFESSOR | 40 | | | _ | | х | | 149,177. | 0. | 16,730. |
| | | | | | | | | | | |
| RAA For Privacy Act and Panerwork F | | | | | | | | | Cabala | 1.2 (Form 990) 2009 |

| (Form 990) G Attach to Form 990.T o be completed by organizations that answered 'Yes' to Form 990, Part IV, Inne of the organization Name of the organization | inrormatic | n on lax | Exempte | sonds | | _ | | 2 |
|---|--------------------------------------|-----------------|------------------------------------|--|----------------------------|---|------------------------------|-------------------------------|
| | | | | | | | 1 | 0 |
| tion | pleted by organ , explanations, a | izations that a | answered 'Yes' Ional Informatio | to Form 990, Part IV, on in Schedule O. | | <u></u> | Open to Public Inspection | Public tion |
| WESLEYAN UNIVERSITY | | | | | Employer identificati | Employer identification number 75-0800691 | number | |
| Bond Issues (Required for 2008) | | | | | | | | } |
| (a) Issuer Name (b) Issuer EIN (c) CUSIP # | (d) Date issued | - | (e) Issue price | (f) Descrip | (f) Description of purpose | ă | (g) Defeased | (h) On behalf of ıssuer |
| ITALY HIGHER EDUCATION F 74-2129909 N/A | 12/30/2003 | | , 500, 000. | 6,500,000. CONSTRUCTION OF NEW HOUSING | OF NEW HOU | | Yes No | Yes No |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | ! | | | | | _ |
| Proceeds (Optional for 2008) | | | | | | : | | |
| | 4 | | В | U | Q | | Ш | |
| Total proceeds of issue | 6,500,0 | 000 | | | | _ | | |
| Gross proceeds in reserve funds | | | | | | | | |
| Proceeds in refunding or defeasance escrows | | | | | | | | : |
| Other unspent proceeds | | | | | | | | |
| Issuance costs from proceeds. | 86,7 | 750 | | | | | | ! |
| Working capital expenditures from proceeds | - 1 | | | | | | | |
| Capital expenditures from proceeds | 6,413,250 | 50 | | | | | | |
| Year of substantial completion | 2005 | 05 | | | | | | |
| | Yes No | Yes | N _O | Yes No | Yes | No | Yes | No |
| Were the bonds issued as part of a current refunding issue? | × ; | | | | | + | - | |
| Were the bonds issued as part of an advance refunding issue? | | | 1 | | | + | 1 | |
| Has the final allocation of proceeds been made? | × | | | | | 1 | | |
| Does the organization maintain adequate books and records to support the final allocation of proceeds? | × | | | | : | | _ | |
| Private Business Use (Optional for 2008) | | | | | | | | |
| | ¥. | | В | ļΟ; | ٥ | | 3 | |
| | Yes No | Yes | S _O | Yes No | Yes | No No | Yes | S _O |
| Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? | × | | | | | _ | | |
| Are there any lease arrangements with respect to the financed property which may result in private business use? | × | | | | | | | |

| Schedule K (Form 990) 2008 TEXAS WESLEYAN UNIVERSITY Part III Private Business Use (Continued) | | | | | | | | 75-0800691 | 91 | Page 2 |
|---|-----|------------------|-----|----|-----|----|-----|------------|----------------------------|-----------|
| | A | | В | | 3 | | | D . | 3 | |
| | Yes | No | Yes | oN | SəA | 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? | | × | | | | | | | | 1 |
| 3b Are there any research agreements with respect to the financed property which may result in private business use? | | × | | | | | | | | |
| 3 c 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? | | × | | | | _ | | | | i |
| 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? | × | | | | | | | | | |
| Part IV Arbitrage (Optional for 2008) | | | | | | | | | | |
| | A | | В | | S | | Q | | E | |
| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 2 Is the bond issue a variable rate issue? | × | | | | | | | | | |
| 3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records? | | X | ï | | | | | | | |
| b Name of provider | | | | | | | | | | |
| c lerm of heage | | \ \ \ \ | | | | | | | | |
| b Name of provider | | < | | | | | | | | |
| c 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? | | × | | | | | | | | |
| 6 Did the bond issue qualify for an exception to rebate? . | | × | | | | | | | | |
| ВАА | | | | | | | | Schec | Schedule K (Form 990) 2008 | 990) 2008 |

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Transactions with Interested Persons

G Attach to Form 990 or Form 990-EZ
G To be completed by organizations that answered
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b

OMB No 1545-0047

Schedule L (Form 990 or 990-EZ) 2008

2008

Open to Public Inspection

Name of the organization Employer identification number TEXAS WESLEYAN UNIVERSITY 75-0800691 Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only) To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (a) Name of disqualified person 1 (b) Description of transaction Yes No Enter the amount of tax imposed on the organization managers or disqualified persons during the year under G \$ G \$ Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a. (a) Name of interested person and purpose (b) Loan to or from the organization? (c) Original principal amount (f) Approved by board or committee? (g) Written agreement? (d) Balance due From Yes No Yes No Yes No Total G \$ Part III Grants or Assistance Benefitting Interested Persons.

To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of grant or type of assistance Part IV **Business Transactions Involving Interested Persons** on Form 990, Part IV, line 28a, 28b, or 28c. To be completed by organizations that answered 'Yes' (e) Sharing of organization's revenues? (d) Description of transaction (b) Relationship between interested person and the (a) Name of interested person (c) Amount of transaction \$ organization Yes No CONSTRUCTION C 1,202,610 REMODELING OF BUILDING X THOMAS S. BYRNE

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990

SCHEDULE M (Form 990)

Non-Cash Contributions

G To be completed by organizations that answered 'Yes' on Form 990, Part IV, lines 29 or 30 G Attach to Form 990

OMB No 1545-0047 2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

TEXAS WESLEYAN UNIVERSITY

Part I Types of Property

Employer identification number

75-0800691

(a) (c) (b) (d) Revenues reported on Form 990, Method of determining Check if Number of applicable Contributions revenues Part VIII, line 1q 1 Art 'Works of art 2 Art 'Historical treasures 3 Art ' Fractional interests Books and publications 5 Clothing and household goods Cars and other vehicles Boats and planes Intellectual property 53,405. PUBLISHED FMV 9 Securities ' Publicly traded Х 10 Securities 'Closely held stock 11 Securities ' Partnership, LLC, or trust interests 12 Securities 'Miscellaneous 13 Qualified conservation contribution (historic structures) 14 Qualified conservation contribution (other) 15 Real estate 'Residential 16 Real estate 'Commercial Real estate ' Other 17 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts. 23 Scientific specimens 24 Archeological artifacts 25 Other G (_____ Other G (_____

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If 'Yes,' describe the arrangement in Part II.

Other G (_____

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b if 'Yes,' describe in Part II.

27 28

Other G

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

| | |] |
|------|---|---|
| 30 a | | X |
| 31 | X | 4 |
| 32 a | | X |
| | | |
| | | 1 |
| | | L |

Yes

No

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2008

| Schedule M (Form 990) 2008 TEXAS WESLEYAN UNIVERSITY | 75- <u>0</u> 8006 | 91 | Page 2 |
|---|-------------------|--------------|-----------|
| Part II Supplemental Information. Complete this part to provide the information require and 33. Also complete this part for any additional information. | d by Part I, | lines 3 | 0b, 32b, |
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Schedule M (Form 990) 2008

SCHEDULE O

Supplemental Information to Form 990

2008

G 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

Open to Public Inspection

Name of the organization Employer identification number TEXAS WESLEYAN UNIVERSITY 75-0800691 ___PART_V, QUESTION 4A <u>TEXAS_WESLEYAN_UNIVERSITY_DOES_NOT_HAVE_AN_ACCOUNT_IN_A_FOREIGN_COUNTRY.</u> HOWEVER, WE OWN AN INVESTMENT FROM WHICH AN INVESTMENT IN A FOREIGN ACCOUNT MAY BE PRESENT OR <u>MAY_ARISE.__LACKING_DEFINITIVE_REGULATIONS</u> ON SAID_RELATIONSHIP, THE UNIVERSITY FILED FORM TD F 90-22.1 FOR THE CALENDAR YEAR ENDING DECEMBER 31,2008 FORM 990, PART III, LINE 1 - ORGANIZATION MISSION TEXAS WESLEYAN UNIVERSITY, FOUNDED IN 1890 IN FORT WORTH, IS A UNITED METHODIST INSTITUTION WITH A TRADITION IN THE LIBERAL ARTS AND SCIENCES WITH PROFESSIONAL AND CAREER PREPARATION. OUR MISSION AT TEXAS WESLEYAN UNIVERSITY IS TO DEVELOP STUDENTS TO THEIR FULL POTENTIAL AS INDIVIDUALS AND AS MEMBERS OF THE WORLD COMMUNITY. THE UNIVERSITY IS COMMITTED TO THE PRINCIPLES THAT EACH STUDENT DESERVES PERSONAL ATTENTION AND THAT ALL MEMBERS OF THE ACADEMIC COMMUNITY MUST HAVE FREEDOM TO PURSUE INDEPENDENT THOUGHT AND TO EXERCISE INTELLECTUAL CURIOSITY. THE UNIVERSITY ACTIVELY SEEKS AND EMPLOYS FACULTY AND STAFF WITH COMMITMENT AND DEDICATION TO TEACHING, INSPIRING, AND SERVING STUDENTS. TEXAS WESLEYAN UNIVERSITY RECOGNIZES ITS RESPONSIBILITY TO THE COMMUNITY BY PROVIDING LEADERSHIP AND TALENT THROUGH PROGRAMS THAT ENABLE AND ENRICH SOCIETY. THE UNIVERSITY ENDEAVORS TO CREATE A LEARNING ENVIRONMENT WHERE EACH STUDENT IS PROVIDED AN OPPORTUNITY TO PURSUE INDIVIDUAL EXCELLENCE, TO THINK CLEARLY AND CREATIVELY, TO COMMUNICATE EFFECTIVELY, AND TO DEVELOP SPIRITUAL SENSITIVITY, WITH A COMMITMENT TO MORAL DISCRIMINATION AND ACTION, AND WITH A SENSE OF CIVIC RESPONSIBILITY. TEXAS WESLEYAN UNIVERSITY STRIVES TO DEVELOP INFORMED, RESPONSIBLE, AND ARTICULATE CITIZENS

| Schedule O (Form 990) 2008 | Page 2 |
|---|---|
| Name of the organization TEXAS WESLEYAN UNIVERSITY | Employer identification number 75-0800691 |
| FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS | |
| INSTRUCTION | |
| TEXAS WESLEYAN UNIVERSITY OFFERS UNDERGRADUATE DEGREES IN THE | SCHOOLS OF BUSINESS, |
| ARTS & LETTERS, EDUCATION AND NATURAL AND SOCIAL SCIENCES. TH | E UNIVERSITY ADDED |
| GRADUATE PROGRAMS IN EDUCATION IN THE 1970'S AND IN NURSE ANES | THESIA IN THE 1980'S. |
| THE LAW SCHOOL OPENED IN 1990. BEGINNING IN 2007, THE UNIVERSE | SITY OFFERS A DOCTORATE |
| OF NURSE ANESTHESIA PRACTICE AND BEGINNING IN 2008 A DOCTORATE | IN EDUCATION. |
| | |
| THE UNIVERSITY OFFERS AN HONORS CURRICULUM AS WELL AS A PREPROI | FESSIONAL PROGRAM. |
| ENDOWED FUNDS SUPPORT MANY ACADEMIC PROGRAMS BEYOND THE CLASSRO | DOM. NUMEROUS STUDY |
| ABROAD PROGRAMS ARE OFFERED THROUGHOUT THE YEAR WHICH COMBINE | CLASSROOM LEARNING WITH |
| A ONE TO TWO WEEK TRAVEL EXPERIENCE. | |
| | |
| | |
| FOR THE YEAR ENDING MAY 31, 2009, THE UNIVERSITY HAD 1,708 UNDI | ERGRADUATE STUDENTS |
| (FULL-TIME AND PART-TIME) AND 1,494 GRADUATE AND PROFESSIONAL S | STUDENTS FOR A TOTAL OF |
| 3,202 | |
| FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS | |
| HOUSING AND RESIDENT LIFE: | |
| THE UNIVERSITY OFFERS BOTH DORMITORY FACILITIES AS WELL AS THE | WESLEYAN VILLAGE |
| WHICH IS STYLED TOWARD AN APARTMENT TYPE LIVING ARRANGEMENT. | AT THE CLOSE OF THE |
| FISCAL YEAR, GROUNDBREAKING TOOK PLACE ON THE MORTON FITNESS C | ENTER WHICH WILL |
| PROVIDE A SPACE FOR NUMEROUS STUDENT ACTIVITIES. | |
| | |
| THE UNIVERSITY IS FORTUNATE TO HAVE A STRONG STUDENT GOVERNMENT | |
| TWENTY-THREE STUDENT ORGANIZATIONS. | |
| | |
| | |

| Schedule O (Form 990) 2008 | Page 2 |
|---|---|
| Name of the organization TEXAS WESLEYAN UNIVERSITY | Employer identification number 75 - 0800691 |
| FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS (COI | NTINUED) |
| ALTHOUGH A MAJORITY OF THE STUDENTS COMMUTE TO CAMPUS, THERE RE | MAINS A CONCERTED |
| EFFORT TO SUPPORT RESIDENTIAL STUDENTS, ESPECIALLY INTERNATIONA | L STUDENTS AND |
| STUDENT ATHLETES, WITH A VIBRANT CAMPUS LIFE. | |
| FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION | |
| ALL OTHER | |
| | |
| FORM 990, PART VI, LINE 10 - FORM 990 REVIEW PROCESS | |
| REVIEWED AND ACCEPTED BY FINANCE AND AUDIT COMMITTEE. PROVIDE | D TO ALL MEMBERS OF |
| THE BOARD OF TRUSTEES. | |
| FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS | FOR OFFICERS & KEY EMPLOYEE |
| COMPENSATION OF PRESIDENT IS COMPARED TO PRESIDENTS OF COMPARAB | LY SIZED PRIVATE |
| UNIVERSITIES AS PUBLISHED ANNUALLY IN THE THE CHRONICLE OF HIGH | ER EDUCATION. DATA |
| FROM THE CHRONICLE IS PRESENTED TO THE PERSONNEL COMMITTEE WHO | DELIBERATE ALL |
| CHANGES TO THE PRESIDENT'S COMPENSATION. ANY CHANGE IN BASE C | OMPENSATION, |
| BENEFITS, OR BONUSES IS VOTED UPON BY THE COMMITTEE. | |
| FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AV | AILABLE |
| GOVERNING DOCUMENTS, UNIVERSITY POLICIES AND FINANCIAL STATEMEN | TS CAN BE OBTAINED |
| UPON REQUEST FROM THE BUSINESS OFFICE. | |
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Schedule O (Form 990) 2008

BAA

2008

SCHEDULE I, PART IV - SUPPLEMENTAL INFORMATION

TEXAS WESLEYAN UNIVERSITY

75-0800691

PAGE 3

PART I, LINE 2 - GRANTMAKER'S DESCRIPTION OF HOW GRANTS ARE USED (CONTINUED)

ACADEMIC QUALIFICATIONS, SPECIAL TALENTS, AND DONOR STIPULATED REQUIREMENTS.

POLICIES AND PROCEDURES ENSURE THAT THE DETERMINATION OF AID ELIGIBILITY AND THE SUBSEQUENT DELIVERY OF AID IS DELIVERED IN A FAIR AND EQUITABLE MANNER.

2008

SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 6

TEXAS WESLEYAN UNIVERSITY

75-0800691

SCHEDULE D, PART XII, LINE 2D OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

FUNDRAISING EXPENSE AS CONTRA REVENUE INVESTMENT EXPENSE AS EXPENSE RENTAL EXPENSE AS CONTRA REVENUE SCHOLARSHIP AS EXPENSE

\$ 89,261. -61,700. 25,617.

-8,897,666. TOTAL \$ -8,844,488.

SCHEDULE D, PART XIII, LINE 2D OTHER EXPENSES AND LOSSES PER AUDITED F/S

FUNDRAISING EXPENSE AS CONTRA REVENUE INVESTMENT EXPENSE AS EXPENSE RENTAL EXPENSE AS CONTRA REVENUE SCHOLARSHIP EXPENSE AS EXPENSE

\$ 89,261. -61,700. 25,617. -8,897,666.

TOTAL \$ -8,844,488.

| 2008 FEDI | ERAL WORK | SHEETS | | PAGE 1 |
|---|--|---|--|---|
| TEXA | AS WESLEYAN U | NIVERSITY | | 75-0800691 |
| RENTAL INCOME WORKSHEET | | | | |
| 5800 CAMP BOWIE BLVD GROSS RENTAL INCOME EXPENSES | | | \$ | 21,100. |
| TOTAL EXPENSES | NET | RENTAL INCOM | S ME OR LOSS <u>\$</u> | 0. 21,100. |
| FACILITIES USE GROSS RENTAL INCOME EXPENSES AUTO AND TRAVEL CLEANING AND MAINTENANCE DEPRECIATION MISCELLANEOUS SUPPLIES TAXES UTILITIES WAGES AND SALARIES TOTAL EXPENSES | NET | RENTAL INCOM | \$ | 92,406. 28. 6,003. 5,076. 1,779. 601. 1,351. 3,039. 7,740. 25,617. |
| COMPUTATION OF COST OF GOODS SO | LD (FORM 990) | | | |
| 1. INVENTORY AT START OF YEAR 2. PURCHASES 3. COST OF LABOR 4. ADDITIONAL 263A COSTS 5. OTHER COSTS 6. TOTAL (ADD LINES 1 THROUGH 5) 7. INVENTORY AT END OF YEAR 8. COST OF GOODS SOLD (SUBTRACT L | INE 7 FROM LIN | NE 6) . | • | 0. 13,228. 0. 0. 0. 13,228. 0 |
| FORM 990, PART IX, LINE 24 OTHER EXPENSES | | | | i |
| | (A) TOTAL | (B) PROGRAM SERVICES | (C) MANAGEMENT <u>& GENERAL</u> | (D) <u>FUNDRAISING</u> |
| AD VALOREM TAXES BAD DEBT BANK FEES BOOK STORE PURCHASES DUES & SUBSCRIPTIONS ENTERPRISE SOFTWARE SUPPORT MEALS AND ENTERTAINMENT MEMBERSHIPS OTHER CHARGES OTHER SERVICES POSTAGE AND SHIPPING PRINTING AND PUBLICATIONS | 45,965. 494,661. 154,317. 800,844. 330,882. 616,963. 310,806. 76,414. 436,163. 781,059. 169,025. 336,146. | 98,666. 33,493. 800,844. 191,723. 231,358. 13,298. 361,514. 707,397. 112,429. 198,141. | 45,965. 395,995. 120,824. 118,807. 616,963. 43,040. 29,100. 65,609. 69,273. 41,472. 120,098. | 20,352. 36,408. 34,016. 9,040. 4,389. 15,124. 17,907. |

| 2008 | FEDERAL WO | RKSHEETS | | PAGE 2 |
|--|--|-----------------------------|-------------------------|---|
| | TEXAS WESLEYAN | UNIVERSITY | | 75-0800691 |
| FORM 990, PART IX, LINE 24 (CC OTHER EXPENSES | ONTINUED) | | | |
| RECRUITING RENTAL TELEPHONE | (A) TOTAL 95,180 289,768 350,749 TOTAL \$ 5,288,942 | 3. 183,999 0. 103,732 | . 92,472. . 242,020. | (D) FUNDRAISING 13,297. 4,997. \$ 155,530. |
| SCHEDULE D, PART V ENDOWNMENT FUNDS | | | | |
| BEGINNING OF YEAR BALANCE CONTRIBUTIONS INVESTMENT EARNINGS (LOSSES) GRANTS OR SCHOLARSHIPS EXPEND. FOR FACILITIES & PROGS | | RIOR TWO Y EAR BAC O. | CKBACK | FOUR YRS. BACK O. |
| ADMINISTRATIVE EXPENSES END OF YEAR BALANCE | 38489659. | 0. | 0. | 0. |
| COMPUTATION OF COST OF GO 1. INVENTORY AT START OF Y 2. PURCHASES 3. COST OF LABOR 4. ADDITIONAL 263A COSTS 5. OTHER COSTS 6. TOTAL (ADD LINES 1 THRO 7. INVENTORY AT END OF YEA 8. COST OF GOODS SOLD (SUB | EAR UGH 5) R | , | | 0. 13,228. 0. 0. 0. 13,228. 0 |