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DLN: 93493131008040

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2008

Open to Public Inspection

A Fo	r the	2008 ca	lendar yea	r, or tax year beginning	g 07-01-2008 a	and ending 06-30-200	9				
B Ch	eck ıf a	pplicable	Please	C Name of organization Wesleyan University				D Employer id	entification number		
☐ Add	dress cl	hange	use IRS label or	Doing Business As			06-0646959 E Telephone number				
☐ Na	me cha	inge	print or type. See	Doing business As			·				
☐ Init	al retu	ırn	Specific	Number and street (or P	O box if mail is no	t delivered to street addre	ess) Room/suite	(860) 685			
Г Те	mınatı	on	Instruc- tions.	237 HIGH STREET NORT	'H COLLEGE			d dross receip	ots \$ 553,562,419		
┌ Am	ended	return		City or town, state or co				1			
Гарі	olicatioi	n pending		MIDDLETOWN, CT 0645	59						
			F Nan	ne and address of Princ	cipal Officer		H(a) Is th	s a group retur	n for		
			Michae	l Roth			affilia		⊤Yes ∀ No		
				gh Street town, CT 06459							
I Ta	x-exen	npt status) (3) ◄ (insert no)	4947(a)(1) or 📙	527		l affiliates includ	led? Yes No t See instructions)		
1 W	eh sit	e b W/M	/W WESLEY				7	p Exemption N			
	CD Sit		*** ***				(-)				
К Тур	e of or	ganızatıon	▽ Corporat	ion trust association	other ►		L Year of Fo	rmation 1831	State of legal domicile CT		
Pa	rt I	Sum	mary								
	1	Briefly	describe th	e organization's missio	on or most signif	icant activities					
3					-		uilding a dive	rse, energetic o	community of students,		
듄		raculty	and staff wi	ho value independence	e of mind and gen	nerosity of spirit					
ē	2	Check	this box	ıf the organizatıon disc	continued its one	erations or disposed o	of more than 2	5% of its asse	ts		
Governance	3		,	members of the govern					33		
	4		_	ndent voting members o					30		
Activities &	5			nployees (Part V , line 2			•	5	4,012		
1	6	Total n	umber of vo	olunteers (estimate if n	ecessary) .			6	2,488		
¥	7a	Totalg	ross unrela	ted business revenue f	from Part VIII, l	ıne 12, column (C)		7a	178,872		
	ь	Net unr	elated busi	iness taxable income fr	rom Form 990-T	, line 34		7b	163,373		
							Pric	or Year	Current Year		
а.	8	Contri	butions and	d grants (Part VIII, line	e 1 h)			41,789,000	39,495,000		
anue	9	_		revenue (Part VIII, lın				145,070,000	152,946,000		
Reven	10			me (Part VIII, column		,		60,294,000	-4,836,000		
_	11		•	art VIII, column (A), li				6,210,000	9,562,000		
	12	10tai (revenue—a	dd lines 8 through 11 (must equal Part	VIII, column (A), lin		253,363,000	197,167,000		
	13	Grants	and simila	ar amounts paid (Part I	X, column (A), lı	ines 1-3)		38,439,000	41,093,000		
	14	Benefi	ts paid to o	or for members (Part IX	(, column (A), lın	ne 4)			0		
ø	15		es, other co	ompensation, employee	e benefits (Part I	IX, column (A), lines	5 –	94,967,429	100,209,586		
Expenses	16a	10)	cional fund	Iraising fees (Part IX, c	solumn (A.) luno :	110)		94,967,429	100,209,386		
क ⊕	١.			- ,		·					
Ŋ	р 17			penses, Part IX, column (D) (Part IX, column (A), lii				82,233,571	84,316,414		
	18			-add lines 13-17 (mus		•		215,640,000	225,619,000		
	19			penses Subtract line 1		mie 23, column (///)		37,723,000	-28,452,000		
<u>₩</u>							Beginn	ing of Year	End of Year		
Net Assets or Fund Balances	20	Total	assets (Par	rt X, line 16)				045,283,000	858,319,000		
83.48	21		•	Part X, line 26)				283,168,000	286,084,000		
15 E	22			id balances Subtract li	ine 21 from line :	20		762,115,000	572,235,000		
	22 11 III	_	ature Blo		ine 21 nom me .	20		702,113,000	372,233,000		
Fa				erjury, I declare that I have	examined this return	n, including accompanying	schedules and s	statements, and to	the best of my knowledge		
				correct, and complete Deck							
Plea Sign		****	*** ature of office)r			2010 Date	-05-10			
Here							Date				
			c meerts trea e or print nam								
		<u> </u>	<u> </u>		D=	ate	Check If	Preparer's PTIN	(See Gen Inst)		
Paid		Preparer signatur					self-		(230 001. 1100)		
	arer's	Firm's n	ame (or yours	s k KPMG LLP			empolyed 🕨 🦳				
Use		ıf self-er	mployed),	P				EIN 🕨			
-	•	address,	and ZIP + 4		South Street			Phone no ▶ (617) 988-1000		
M	tha TD	dia a	e this return	Boston, MA 02111 rn with the preparer sh	own shous? (C-	a instructions\			Yes No		
iiay	TILE TL	. uistus	oo ciiio ietu	with the biebalet 211	CHILADORE. (366				jidə jillə		

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

1	Briefly describe the organization Wesleyan University is dedicate independence of mind and gene	d to providing an edu	cation in liberal arts	s by building a diverse, ene	ergetic community of students, facu	lty and staff who value
2	Did the organization unde	ertake any signific	cant program se	rvices during the year	which were not listed on	
	the prior Form 990 or 99 If "Yes," describe these r		chedule O			│ Yes
3	Did the organization ceas			changes in how it cor	nducts any program	「Yes ▼ No
4	If "Yes," describe these			a organization's three	largest program services by	aynansas
-) organizations a	nd 4947(a)(1) t	rusts are required to r	eport the amount of grants a	
4a	(Code *Instruction and Research* P) (Expenses \$ lease see Schedule C	134,350,000 for detail	including grants of \$	41,093,000) (Revenue \$	117,817,000)
4b	(Code *AUXILIARY SERVICES AND C) (Expenses \$ OTHER* Please see So	44,726,000 hedule O for detail	including grants of \$) (Revenue \$	35,129,000)
4c	(Code) (Expenses \$	11,053,000	ıncludıng grants of \$) (Revenue \$)
4C	*Libraries* Please see Schedi		11,033,000	including grants of \$) (Revenue \$,
4d	Other program services	(Describe in Sc	hedule O)			
	(Expenses \$		cluding grants o) (Revenue \$)
4e	Total program service e	xpenses \$	198,323,37	ı must equal Part IX ,	Line 25, column (B).	

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

Part IV Checklist of Required Schedules (Continued)

			163	110
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
	IV	28a	Yes	
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
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	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent 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,	37		Νο
	Part VI 📆			

	rt V Statements Regarding Other IRS Filings and Tax Compliance			raye
Pd	Statements Regarding Other 1RS Finings and Tax Compilance		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal		165	140
	of U.S. Information Returns. Enter -0- if not applicable			
	1a 752			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
_	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	-		
	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns?			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b	Yes	
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
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)?	4a	Yes	
b			103	
	If "Yes," enter the name of the foreign country FR See the instructions for exceptions and filing requirements for Form TD F 90-22.1, <i>Report of Foreign Bank and</i>			
	Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).	7a	Yes	
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	/a	res	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			N.
d	file Form 8282?	7c		No
-	The contract of the manufactor of the angular state of the manufactor of the angular state of the manufactor of the angular state of th			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Νo
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
8	required?	7h		No
0	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the	8		No
9	year?			<u> </u>
	Did the organization make any taxable distributions under section 4966?	9a		l No
ъ	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations Enter			
	Gross income from members or shareholders			
	11a]		
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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b			

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

<u>Section</u>	<u>A.</u>	Governing	Body	and	Management	

			res	NO				
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.							
1a	Enter the number of voting members of the governing body 1a 33							
Ь	Enter the number of voting members that are independent 1b 30							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο				
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		Νo				
4	Did the organization make any significant changes to its organizational documents 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		Νo				
6	Does the organization have members or stockholders?	6		No				
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No				
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	the governing body?	8a	Yes					
Ь	each committee with authority to act on behalf of the governing body?	8b	Yes					
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νo				
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b						
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes					
11	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		Νο				

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed CT
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website.

 upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

WESLEYAN UNIVERSITY 237 HIGH STREET MIDDLETOWN,CT 06459 (860) 685-2000

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

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

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

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

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

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

The check this box in the organization and i	(B) Average hours per week	Posit	(C) chec	:k al				(E)	(F)
(A) Name and Title		Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
							_			

Part VII Continued

			(e tion that a			all			(E)	(F)
(A) Name and Title	(B) Average hours per week	Key employee Office Institutional Trustee Inclinidual Trustee or Director		Key employee	Former Highest compensated employee		(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
			-							
				\vdash						
1b Total			 				 	3,635,838	3 0	901,318

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶156

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," complete Schedule J for such individual	3	Yes	
4	For any individual listed online 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			
	marvidual	4	Yes	
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		Νο

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

\$100,000 of compensation from the organization		
(A) Name and business address	(B) Description of services	(C) Compensation
SMART ERP SOLUTIONS 6140 STONERIDGE MALL RD SUITE 385 PLEASANTON, CA 94588	CONSULTING	1,360,166
PAYETTE ASSOCIATES INC 285 SUMMER STREET BOSTON, MA 02210	ARCHITECTURE	881,210
PROGRAM MANAGMENT GROUP 42 BROCKWAY RD WOODSTOCK, CT 06282	PROJECT MANAGEMENT	466,670
NOYES VOGT ARCHITECTS 20 DUNK ROCK ROAD GUILFORD, CT 06437	ARCHITECTURE	257,451
KPMG LLP PO BOX 120001 DALLAS, TX 75312	ACCOUNTING	213,675
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization		

Statement of Revenue

				(A)	(B)	(C)	(D)
				Total Revenue	Related or Exempt	Unrelated	Revenue Excluded from
					Exempt Function	Business Revenue	Tax under IRC
					Revenue		512, 513, or 514
	1a	Federated campaigns	la				
Contributions, gifts, grants and other similar amounts	ь	Membership dues					
亞黃		-	.b				
₽,E	С	Fundraising events					
ज़िं चें			lc				
<u> </u>	d	Related organizations1	.d				
હ્≟	е	Government grants (contributions)	.e 5,304,000				
ু ভূ	f	All other contributions, gifts, grants, and	34,191,000				İ
至至		sımılar amounts not ıncluded above					
重古	_	Noncash contributions included	Lf				
<u> </u>	g	lines 1a-1f \$					
ं ल	h	Total (Add lines 1a-1f)	_	39,495,000			
		Total (Add lines Id II)	<u> </u>				
			Business Code				
Ę	2a	TUITION AND FEES	611,710	117,817,000	117,817,000		
ē.	ь	AUXILIARY SERVICES	611,710	35,129,000	35,129,000		
윤	_		_	,,			
69	С		_				
동 등	d						
Ж	e						
Program Serwce Revenue	f	All other program service revent	ıe l				
×	1	other program service revent					
ď	g	Total. Add lines 2a-2f					
		\$ 152,946,000					
	3	Investment income (including di	vidends, interest				
		other similar amounts)		2,207,000		178,872	2,028,128
			▶				
	4	Income from investment of tax-exempt	bond proceeds	58,000			58,000
	5	Royalties		13,576			13,576
		(i) Real	(II) Personal				,
	c-		(II) Personal				
	6a	Gross Rents Less rental					
	ь	expenses					
	С	Rental income					
		or (loss)					
	d	Net rental income or (loss) .					
		(ı) Securities	(II) O ther				
	7a	Gross amount 346,256,00	0 1,284,000				
		from sales of assets other					
		than inventory					
	ь	Less cost or 354,106,00 other basis and	535,000				
		sales expenses					
	С	Gain or (loss) -7,850,00	749,000				
	d	Net gaın or (loss)		-7,101,000			-7,101,000
		<u> </u>					
	8a	Gross income from fundraising					
		events (not including \$ 1,206,124					
<u>⊕</u>		\$1,206,124 of contributions reported on line					
Other Revenue		1c) See Part IV, line 18					
ž		Attach Schedule G if total exceeds					
άč		\$15,000	а				
<u>a</u>	ь	Less direct expenses	b 244,419				
둦	С	Net income or (loss) from fundra	ısıng events	961,705	961,705		
•	0-		<u> </u>				
	9a	Gross income from gaming activities See part IV, line 19					
		Complete Schedule G if total					
		exceeds \$15,000					
			а				
	ь	Less direct expenses	ь				
	С	Net income or (loss) from gamin	g activities	0			
			<u> </u>				
	10a	Gross sales of inventory, less					
		returns and allowances .	_				
	_		a 1,976,000				
	Ь	Less cost of goods sold	b 1,510,000				
	С	Net income or (loss) from sales	of inventory .	466,000			466,000
		Miscellaneous Revenue	Business Code				
	11a	OTHER REVENUE	531,390	8,120,719	8,120,719		
	ь	-					
			_				
	С						
	d	All other revenue	_				
	e	Total. Add lines 11a-11d					
			\$ 8,120,719				
	12	Total Revenue. Add lines 1h, 2g	, 3, 4, 5, 6d, 7d,	197,167,000	162,028,424	178,872	-4,535,296
		8c,	.				
	J	9c, 10c, and 11e					<u> </u>

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgalizations must complete column (A) but are not re).
Do ı	not include amounts reported on lines 6b, 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	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	39,545,478	39,545,478		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	1,547,522	1,547,522		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	2,398,468	841,263	1,046,841	510,364
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			
7	Other salaries and wages	72,765,823	61,520,658		5,112,445
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	5,707,000	4,745,791	537,795	423,414
9	Other employee benefits	14,147,749	11,907,622	1,236,701	1,003,426
10	Payroll taxes	5,190,546	3,996,720	778,582	415,244
11	Fees for services (non-employees)				
а	Management	4,974,421	3,387,666	1,272,429	314,326
b	Legal	279,930	17,172	257,590	5,168
С	Accounting	192,200		192,200	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	0			
12	Advertising and promotion	5,178,277	4,779,661	188,348	210,268
13	Office expenses	4,636,641	3,798,894	450,904	386,843
14	Information technology	1,523,345	981,901	488,879	52,565
15	Royalties	0			
16	Occupancy	22,844,131	20,504,670	1,679,765	659,696
17	Travel	2,919,596	2,332,434	294,822	292,340
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	88,942	61,373	24,234	3,335
20	Interest	8,710,000	7,926,100	566,150	217,750
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	10,659,000	9,699,690	692,835	266,475
23	Insurance	554,342	504,451	36,032	13,859
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	DINING	11,864,926	11,864,926		
b	FOREIGN PROGRAM	4,733,457	4,733,457		
c	SCHLRSHPS,FLWSHPS,&PRIZES	1,272,000	1,272,000		
d	MISCELLANEOUS	3,885,206	2,353,922	504,702	1,026,582
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	225,619,000	198,323,371	16,381,529	10,914,100
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				.rm 990 (2009)

Part X	Balance	Sheet
	Balance	SHEET

			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	Degining of year	1	7,299,000
	2	Savings and temporary cash investments	38,780,000	_	59,059,000
	3	Pledges and grants receivable, net	50,127,000		27,961,000
	4	Accounts receivable, net	4,248,000	4	283,000
	5	Receivables from current and former officers, directors, trustees, key employees or	1,2,5,555	•	
		other related parties Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	14,382,000	7	8,752,000
	8	Inventories for sale or use	953,000	8	631,000
2	9	Prepaid expenses and deferred charges	2,518,000	9	2,413,000
Assets	10a	Land buildings and sourcest southern			
AS		Land, buildings, and equipment cost basis 10a 447,876,000			
	b	Less accumulated depreciation Complete Part VI of	202 522 002		204 040 000
		Schedule D	· · · ·		284,810,000
	11	Investments—publicly traded securities	494,733,000	11	320,086,000
	12	Investments—other securities See Part IV , line 11 <i>Complete Part VII of Schedule D</i>	159,019,000	12	143,888,000
	13	Investments—program-related See Part IV, line 11 <i>Complete Part VIII</i> of Schedule D .		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D		15	3,137,000
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,045,283,000	16	858,319,000
	17	Accounts payable and accrued expenses .	13,876,000	17	13,605,000
	18	Grants payable		18	
	19	Deferred revenue	1,677,000	19	1,169,000
	20	Tax-exempt bond liabilities	203,000,000	20	203,000,000
es.	21	Escrow account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
ΪĒ		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities Complete Part X of Schedule D	64,615,000	25	68,310,000
	26	Total liabilities. Add lines 17 through 25	283,168,000	26	286,084,000
<u></u>		Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27			<u> </u>
ģ.		through 29, and lines 33 and 34.			
Balance	27	Unrestricted net assets	536,789,000	27	177,152,000
<u>е</u>	28	Temporarily restricted net assets	81,533,000	28	243,241,000
됟	29	Permanently restricted net assets	143,793,000	29	151,842,000
r Fund		Organizations that do not follow SFAS 117, check here ► □ and complete lines 30 through 34.			
s or	30	Capital stock or trust principal, or current funds		30	
Şe	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	762,115,000	33	572,235,000
Z	34	Total liabilities and net assets/fund balances	1,045,283,000	34	858,319,000
Pa	rt XI	Financial Statements and Reporting			

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 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?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

Employer identification number

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

OMB No 1545-0047

Open to Public Inspection

Nesle	yan Uni	iversity							0646056			
Da	rt I	Pascon	for Bublic C	harity Status (to be co	mnleted	by all or	nanizatio		-0646959 Instruct			
				ation because it is (Please					mstruct	10113)		
1		A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).										
2	, 고	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)										
3	<u></u>	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)										
4	<u>'</u>	-	•	zation operated in conjuncti			-				•	
-	,		name, city, and	•	OII WILLI G	ilospitai ut	escribed ii	Jection .	170(D)(1)	(A)(III). L	iitei tiie	
5	\vdash	•		or the benefit of a college or	universit	v owned o	r operated	hy a dove	rnmental	unit desc	rihad in	
•	'			(Complete Part II)	universit	y owned o	i operateu	by a gove	ammentar	unit desc	iibeu iii	
_	_			overnment or governmental	unit docer	uhadun Sa	ction 170/	/b\/1\/A\	(1)			
6 7	<u>'</u>	•	, -	ally receives a substantial p			•			n tha gana	ral publi	•
•	'	=		o)(1)(A)(vi) (Complete Par		зиррогі пс	ili a govei	illille litai t	11111 01 11011	ii tile gelle	ilai pubii	C
8	_		-	ed in Section 170(b)(1)(A)	•	nloto Pari	+ TT \					
9	<u>'</u>		•	ally receives (1) more than			•	ontribution	s mamha	rchin faac	and are	
	'	-		ated to its exempt functions						•		,,,,
		•		estment income and unrelate	-			, ,	•			
			-	on after June 30, 1975 See			,			() II OIII Du	311163363	
10	г		-	and operated exclusively to					•	e instruc	tions \	
11	<u>'</u>	=	_	and operated exclusively fo	-		-				-	ses of
	'	_	=						•	•		
		one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See Section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h										
	_	a	• •		Type III				d		III - Ot	
е	Г	•	- '	rtify that the organization is			•			•	•	
		section 50		agers and other than one or	more publ	icly suppo	orted orga	nizations (described	in section	1509(a)	(1) or
f				d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportir	ng organi	zation,
		check this	box							• •		Ļ
g				as the organization accepte	d any gift	or contribi	ution from	any of the	!			
		following pe		r indirectly controls, either a	alone or to	aether wit	th nersons	describe	d in (ii)		Yes	No
			•	ng body of the the supported		-	in persons	describe	u III (II)	11g		110
			· -	erson described in (i) above	_	CIOII.				11g(No
			•	ty of a person described in (hove?				11g(_	No
h				nation about the organizatio			sunnorts			9(,	1 110
		1 101140 1110	. Tollowing Illion	nation about the organization	110 1110 019	, a m L a tro m	Саррона					
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) I	s the	(iiv)	nount of
		orted	. ,	(described on lines 1-9	organiz	atıon ın	the orga		organiz	ation in	sup	port?
Organization		ıızatıon		above or IRC section		listed in) of your		rganized		
				(See Instructions)	your go	verning ment?	supp	ort	ın the	057		
					Yes	No	Yes	No	Yes	No	1	
					1.35	110	165	1,10	103	1,10	-	
											 	
						I	l		l		1	

Total

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

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 100, 1/a or	1/D, Check this	oox an	u see	▶ □
	ınstructions							F-1

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

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

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

Schedule D (Form 990) 2008

Open to Public Inspection

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

Supplemental Financial Statements

Name of the organization **Employer identification number** Wesleyan University 06-0646959 Part 1 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the

	organization answered "Yes" to Form 9	(a) Donor advised funds	(b) Funds and	other accou	ınts
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 donor ad funds are the organization's property, subject to th		nor advised	☐ Yes	┌ No
6	Did the organization inform all grantees, donors, an used only for charitable purposes and not for the be impermissible private benefit?		•	☐ Yes	┌ No
Par	t II Conservation Easements. Complete	e if the organization answered "Yes"	to Form 990, Part	IV, line 7.	
1	Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recrea		n historically importa	ntly land are	:a
	Protection of natural habitat		ertified historic struc		
	Preservation of open space				
2	Complete lines 2a-2d if the organization held a que on the last day of the tax year	alified conservation contribution in the form	n of a conservation e	asement	
			Held a	t the End of	the Year
а	Total number of conservation easements		2a		2
b	Total acreage restricted by conservation easements		2b		10 15
c	Number of conservation easements on a certified	historic structure included in (a)	2c		2
d	Number of conservation easements included in (c	:) acquired after 8/17/06	2d		C
3	Number of conservation easements modified, trans	ferred, released, extinguished, or terminat	ed by the organizatio	n during	
	the taxable year ▶ 0				
4	Number of states where property subject to conser	vation easement is located ► 1			
5	Does the organization have a written policy regards enforcement of the conservation easements it hold	- ,	lations, and	✓ Yes	┌ No
6	Staff or volunteer hours devoted to monitoring, insp	pecting and enforcing easements during th	e year ► 0	00	
7	A mount of expenses incurred in monitoring, inspec	ting, and enforcing easements during the y	∕ear ►\$	0	
8	Does each conservation easement reported on line $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	e 2(d) above satisfy the requirements of se	ction	☐ Yes	┌ No
9	In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text o the organization's accounting for conservation ease	f the footnote to the organization's financia	-	•	
Par	Organizations Maintaining Collectic Complete if the organization answered		or Other Simila	r Assets.	
1a	If the organization elected, as permitted under SFA art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its f	ld for public exhibition, education or resea	rch in furtherance of p		е,
b	If the organization elected, as permitted under SFA historical treasures, or other similar assets held fo provide the following amounts relating to these items	r public exhibition, education, or research		•	
	(i) Revenues included in Form 990, Part VIII, line	1	► \$		0
	(ii) Assets included in Form 990, Part X		► \$	4,1	14,696
2	If the organization received or held works of art, his following amounts required to be reported under SF		for financial gain, pro	vide the	
а	Revenues included in Form 990, Part VIII, line 1		► \$		0

Cat No 52283D

b Assets included in Form 990, Part X

Par	444 Organizations Maintaining Co	ollections of Art,	His	<u>tori</u>	cal Treas	ures, or Othe	<u>r Similar Ass</u>	ets (co	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	e foll	owing that a	re a sıgnıfıcant u	se of its collection	on	
а	Public exhibition		d	\vdash	Loan or exc	hange programs			
ь	Scholarly research		e	Γ	Other				
С	✓ Preservation for future generations								
4	Provide a description of the organization's c Part XIV	ollections and explaii	n how	v they	further the	organization's ex	empt purpose in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than							Yes	√ No
Pai	t IV Trust, Escrow and Custodial					anızatıon answ	ered "Yes" to F	orm 9	90,
	Part IV, line 9, or reported an ar								
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?			for c	ontributions	or other assets		Yes	┌ No
b	If "Yes," explain why in Part XIV and comple	ete the following table	9						
							A mo	unt	
с	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 amount on F	,	21?				Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI				1 1137 11 1				
Pa	rt V Endowment Funds. Complete	(a)Current Year		were)Prior		Form 990, Par wo Years Back (d)		e) Four V	ears Back
1a	Beginning of year balance	652,208,000	(D	J FTIOI	real (c)	wo rears back (d)	Tillee Teals back (eji our i	cars back
	Contributions	8,800,000							
c	Investment earnings or losses	-149,099,000							
d	Grants or scholarships								
e	Other expenditures for facilities	35,428,000							
	and programs								
f	Administrative expenses								
g	End of year balance	476,481,000							
2	Provide the estimated percentage of the year		S						
а	Board designated or quasi-endowment 🕨	24 %							
b	Permanent endowment 🕨 29 %								
c	Term endowment ► 47 %								
3а	Are there endowment funds not in the posse organization by	ssion of the organiza	tıon t	hat a	re held and	admınıstered for	the		
	(i) unrelated organizations			_			3a(i)	Yes	No No
	(ii) related organizations						3a(ii		No
Ь	If "Yes" to 3a(II), are the related organization						3b		İ
4	Describe in Part XIV the intended uses of th	ne organization's endo	owme	nt fu	nds		<u> </u>		
Pai	t VI Investments—Land, Building	s, and Equipmen	ıt. S	ee F	orm 990, F	art X, line 10.			
	Description of investment				Cost or other (investment)	(b) Cost or other basıs (other)	(c) Depreciation	(d) Bo	ok value
1a	Land					25,704,000		2	5,704,000
b	Buildings		•			318,870,000	96,400,000	22	2,470,00
c	Leasehold improvements								
d	Equipment					92,704,000	66,666,000	2	6,038,000
е	Other					10,598,000	0	1	0,598,000

284,810,000

Part VII Investments—Other Securities. S	See Form 990, Part X, line 12.	
(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		Cost of the of year market value
Closely-held equity interests		
Other REAL ESTATE	57,159,000	F
Other PRIVATE EQUITY	86,729,000	F
o the F 112 T 2 T 2 T 2 T 2 T 2 T 2 T 2 T 2 T 2	33,723,633	·
Total. (Column (b) should equal Form 990, Part X, col (B) line 12	143,888,000	
Part VIII Investments—Program Related.	Soo Form 990 Part V June 13	
		. (c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13		
Part IX Other Assets. See Form 990, Part X	scription	(b) Book value
CASH ON DEPOSIT	Seription	567,000
OTHER ACCOUNTS RECEIVABLE		2,534,000
INVESTMENT INCOME RECEIVABLE		36,000
		,
Total. (Column (b) should equal Form 990, Part X, col.(B) I.		
Part X Other Liabilities. See Form 990, Pa	T'	
(a) Description of Liability	(b) A mount	
Federal Income Taxes		
TERM LOANS	5,959,000	
CHARITABLE REMAINDER TRUSTS	6,036,000	
POST RETIREMENT BENEFITS	15,092,000	
PERKINS LOAN PROGRAM	5,278,000	
LIABILITY FOR INTEREST RATE SW	25,025,000	
ASSET RETIREMENT OBLIGATION	10,920,000	
	 	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25	68 310 000	

ched	Hule D (Form 990) 2008		Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	1
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	197,167,000
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	225,619,000
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-28,452,000
4	Net unrealized gains (losses) on investments	4	-137,230,000
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-24,198,000
9	Total adjustments (net) Add lines 4 - 8	9	-161,428,000
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-189,880,000
Par	XII Reconciliation of Revenue per Audited Financial Statements With Revenue	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	-5,354,000
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-202,521,000
3	Subtract line 2e from line 1	3	197,167,000
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
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	197,167,000
	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1 2	Total expenses and losses per audited financial statements	1	184,526,000
	, i i		
a			
b	Prior year adjustments		
c d	Losses reported on Form 990, Part IX, line 25		
u e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	184,526,000
, 1	A mounts included on Form 990, Part IX, line 25, but not on line 1:		184,320,000
t a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	41,093,000
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	225,619,000
	t XIV Supplemental Information		223,019,000

Ident if ier	Return Reference	Explanation
CONSERVATION EASEMENT	PART II, LINE 9	Wesleyan University does not own any property encumbered by a conservation easement. However, the Long Lane parcel is currently under the transfer act agreement with CT DEP, remediated soil piles, excavations and impacted wetlands, which are protected under local and State regulations and have a written management plan which provides a policy for protecting the areas including the periodic monitoring, inspection, and enforcement of the site. Regarding historic buildings, the city of Middletown Design Preservation and Review Board (DRPB) reviews proposed renovations to all historic structures in certain districts, which includes Wesleyan's campus. The DRPB then makes recommendations to the Middletown Director of Planning for such renovations. Wesleyan policy requires our contracted architects, engineers and contractors to comply with all local, State and Federal Regulations on every project. Contracts for design services in historic buildings require that the architect and Wesleyan submit proposed renovation plans to the City of Middletown and the DRPB as required by zoning law
ORGANIZATIONS COLLECTIONS OF ARTS, HISTORICAL TREASURES, AND OTHER ASSETS	PART III LINE 4	The University maintains works of art in the Davison Art Center (DAC), Olin Library, Science Library and Archives Wesleyan students in many departments use the DAC Collection for class assignments or viewings as well as for individual research projects with University faculty, and the museum also encourages teaching and learning from objects in a wide range of other ways. The library maintains Special Collections and Archives which includes around 25,000 rare books and collections that serve to stimulate undergraduate minds about the past, offer laboratory materials in the humanities, and provide some preparation for advanced scholarship
ENDOWMENT FUNDS	PART V, LINE 4	The University's endowment consists of approximately 1,300 individual funds established for a variety of purposes including both donor-restricted endowment funds and funds designated by the Board of Trustees to function as endowments. The University has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets. The University follows a policy of spending between 4.5% and 5.5% of the 12-quarter moving average of the market value of the endowment in support of the operating and capital budgets. About 8.5% of the permanently restricted net assets consist of those for which income is restricted to financial aid, instruction and research.
OTHER ADJUSTMENTS TO NET ASSETS	PART XI, LINE 8	POST RETIREMENT BENEFIT LIABILITY ADJUSTMENT - 2,910,000 CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT -111,000 PLEDGE WRITE-OFF -21,177,000
OTHER REVENUE INCLUDED IN AFS NOT IN FORM 990	PART XII, LINE 2D	FINANCIAL AID -41,093,000 POST RETIREMENT BENEFIT LIABILITY ADJUSTMENT -2,910,000 CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT -111,000 PLEDGE WRITE-OFF -21,177,000TOTAL -65,291,000
OTHER EXPENSES INCLUDED IN FORM 990 NOT IN AFS	PART XIII, LINE 4B	FINANCIAL AID -41,093,000

Employer identification number

OMB No 1545-0047

2008

Open to Public

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Schools

Wesleyan University 06-0646959 YES NO 1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain 3 Yes The nondiscriminatory policy is prominently displayed on advertisements for employment which appear in newspapers and the internet It also appears in admissions catalogues, employment applications and employee and faculty handbooks Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4h Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? 5c Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? No_ 5e f Use of facilities? 5f Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes **b** Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either 6a or b, please explain using an attached statement 🧈 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation

OMB No 1545-0047

2008

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

Statement of Activities Outside the United States

Open to Public **Inspection**

	ne of the organization Heyan University	Employer identification number				
		06-0646959				
Pa	General Information on Activities Outside the United States. Complete "Yes" to Form 990, Part IV, line 14b.	e if the organization answered				
1	For grantmakers. Does the organization maintain records to substantiate the amount assistance, the grantees' eligibility for the grants or assistance, and the selection crite the grants or assistance	eria used to award				
2	For grant makers. Describe in Part IV the organization's procedures for monitoring the use of graUnited States	nt funds outside the				

Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region (b) Number of offices in the region of offices in the region of the region (by type) (e.g., fundaming, program services, grafts to recognish to recognish board in the region of the region (b) The Program services of the region of	- Activites per Region (o	3C Schedule 1 1	(1 omi 330) ii dat	antional space is necaca /		
Caribbean Central America and the Contral America and the Corporation (Central America and the North	(a) Region	offices in the	employees or	region (by type) (i e , fundraising, program services, grants to recipients located in	ıs a program service, describe specific type of	(f) Total expenditures in
Caribbean 4 30 Program Services EDUCATION 1,165,915 Europe (Including Iceland and Greenland) 0 0 Program Services RESEARCH 11,764 Europe (Including Iceland and Greenland) 0 33 Program Services study abroad 1,366,698 Europe (Including Iceland and Greenland) 0 2 Program Services study abroad 79,527 Sub-Saharan Africa 0 1 Program Services study abroad 89,660 East Asia and the Pacific 0 1 Program Services study abroad 166,766 Central America and the Caribbean 0 1 Program Services study abroad 5,066 Caribbean 0 0 Program Services study abroad 20,802 Russia and the Newly Independent States 0 0 Program Services study abroad 99,033 South Asia 0 0 Program Services study abroad 99,033 Totals					INVESTMENTS	
Greenland		0	0	Program Services	ADMISSIONS	184,876
Greenland) Europe (Including Iceland and Careenland) Middle East and North Africa 0 2 Program Services Study abroad 79,527 Sub-Saharan Africa 0 1 Program Services Study abroad 89,660 East Asia and the Pacific 0 1 Program Services Study abroad 166,766 Central America and the 0 1 Program Services Study abroad 5,066 Caribbean 0 0 Program Services Study abroad 20,802 Russia and the Newly 0 Program Services Study abroad 20,802 Russia and the Newly 0 Program Services Study abroad 99,033 South Asia 0 Program Services Study abroad 99,033		4	30	Program Services	EDUCATION	1,165,915
Greenland) 0 2 Program Services study abroad 79,527 Sub-Saharan Africa 0 1 Program Services study abroad 89,660 East Asia and the Pacific 0 1 Program Services study abroad 166,766 Central America and the Caribbean 0 1 Program Services study abroad 5,066 North America 0 0 Program Services study abroad 20,802 Russia and the Newly Independent States 0 0 Program Services study abroad 19,192 South Asia 0 0 Program Services study abroad 99,033 Totals 4 68 3,209,299		0	0	Program Services	RESEARCH	11,764
Sub-Saharan Africa 0 1 Program Services study abroad 89,660 East Asia and the Pacific 0 1 Program Services study abroad 166,766 Central America and the Caribbean 0 1 Program Services study abroad 5,066 Russia and the Newly 0 0 Program Services study abroad 20,802 Russia and the Newly 1 0 Program Services study abroad 19,192 Independent States 0 0 Program Services study abroad 99,033 Totals		0	33	Program Services	study abroad	1,366,698
East Asia and the Pacific 0 1 Program Services study abroad 166,766 Central America and the Caribbean 5,066 Caribbean North America 0 0 Program Services study abroad 20,802 Russia and the Newly 0 Program Services study abroad 19,192 Independent States 5 O Program Services study abroad 99,033 Totals	Middle East and North Africa	0	2	Program Services	study abroad	79,527
Central America and the Caribbean	Sub-Saharan Africa	0	1	Program Services	study abroad	89,660
Caribbean North A merica 0 0 Program Services study abroad 19,192 Russia and the Newly 10 Program Services study abroad 19,192 Independent States South A sia 0 0 Program Services study abroad 99,033 Totals	East Asia and the Pacific	0	1	Program Services	study abroad	166,766
Russia and the Newly		0	1	Program Services	study abroad	5,066
Independent States 0 0 Program Services study abroad 99,033 South Asia 0 0 Program Services study abroad 99,033 Totals ▶ 4 68 3,209,299	North America	0	0	Program Services	study abroad	20,802
Totals		0	0	Program Services	study abroad	19,192
istais.	South Asia	0	0	Program Services	study abroad	99,033
istais.						
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(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
	_							
	_							
	_							
	_							-
	_							_
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	_							

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.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Financial Aid	East Asia/Pacific	13	162,700				
Financial Aid	Europe/Iceland/Greenland	52	823,611				
Financial Aid	Mıddle East/North Afrıca	5	68,217				
Financial Aid	North America	1	20,802				
Financial Aid	Russia	1	19,192				
Financial Aid	South America	14	217,302				
Financial Aid	South Asia	6	99,033				
Financial Aid	Sub-Saharan Africa	7	84,460				

Schedule F (Form 990) 2008

Part IV Supplemental Info	ormation	
Complete this part to	provide the information require	d in Part I, line 2, and any other additional information.
Identifier	ReturnReference	Explanation
monitoring the use of grant funds	Part I line 2	The University has post-award grant office that monitors external grant funds. All items charged against grants are sent through that office for approval through our current workflow process regardless of the dollar amount. The Office ensures that the expense is allowable according to the grant contract and within the stated budget. Financial reports are prepared by this office as well.

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SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

As Filed Data -

DLN: 93493131008040

OMB No 1545-0047

2008

Attach to Form 990 or Form 990-EZ. 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.

Supplemental Information Regarding

Fundraising or Gaming Activities

Open to Public Inspection

Name of the organization Wesleyan University					Employer ide	ntification number				
westeyan oniversity					06-0646959)				
Part I Fundraising Ac	tivities. Complet	e if the oi	rganızat	ion answered "Yes"	to Form 990, Part IV	/, line 17.				
1 Indicate whether the organ	1 Indicate whether the organization raised funds through any of the following activities Chec									
a Mail solicitations	non-government grants									
b Email solicitations										
c Phone solicitations				g Special fundrai	sıng events					
d In-person solicitations	5									
2a Did the organization have or key employees listed in	_		•	, -	•	Г _{Yes} Г _N				
b If "Yes," list the ten higher to be compensated at leas										
		(iii) DId fundraiser have custody or control of contributions? Yes No			(v) A mount paid to (or retained by) fundraiser listed in col (i)					
(i) Name of individual	(ii) Activity			(iv) Gross receipts from activity		(vi) A mount paid to (or retained by)				
or entity (fundraiser)	(II) Activity					organization				
					391 (1)					
Total			Þ							

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Pa	rt II	Fundraising Events. Commore than \$15,000 on Form					report	ted
			(a) Event #1	(b) Event #2	(c) O ther Events	(Add col		
			Broadway Show (event type)	(event type)	(total number)	co	(c))	
₽	1	Gross receipts	1,206,124		(total namber)		1,20	6,124
Revenue	2	Less Charitable						
<u> </u>	3	Gross revenue (line 1 minus line 2)	1,206,124				1,20	6,124
	4	Cash Prizes						
Ses	5	Non-cash Prizes						
cpen	6	Rent/Facility costs	244,419				244	4,419
Direct Expenses	7	Other direct expenses						
<u>8</u>	8	Direct expense summary Add lin	es 4 through 7 ın column	(d)	•		244	4,419
	9	Net income summary Combine li	nes 3 and 8 in column (d))			96	1,705
Par	t III	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	art IV, line 19, or repo	orted mor	e than	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tota col (a) th	l gamıng irough co	(Add
~	1	Gross revenue						
မှ	2	Cash prizes						
bens	3	Non-cash prizes						
Direct Expenses	4	Rent/facility costs						
즈	5	Other direct expenses						
	6	Volunteer labor	Yes	┌ Yes	┌────────────────────────────────────			
	7	Direct expense summary Add line	s 2 through 5 in column ((d)				
	8	Net gaming income summary Com	nbine lines 1 and 7 in colu	umn (d)	•			
							Yes	No
9 a		er the state(s) in which the organiza he organization licensed to operate				. 9a		
ь		No," Explain	gg			94		
10a		e any of the organization's gaming	licansas ravokad suspar	nded or terminated durin	g the tay year?			
b		Yes," Explain	ncenses revoked, susper	ided of terminated duffit	g the tax year.	10a		
11	Doe	es the organization operate gaming	activities with nonmembe	ers?		11		
12		he organization a grantor, beneficia						
	form	ned to administer charitable gaming]'					i

			
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

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DLN: 93493131008040 OMB No 1545-0047

Schedule I (Form 990)

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

2008

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspect ion

Employer identification number

Wesleyan University						06-0646959	
Part I General Info	ormation on Gra	nts and Assistanc	e			I	
the selection criteria i	used to award the gra	nts or assistance?			gibility for the grants or as		∀Yes 「≀
Part IV and S	rt IV, line 21 for a chedule I-1 if add	ny recipient that rec itional space is	eived more than \$5,0	00. Check this box	tes. Complete if the o	eived more than \$5,	
1(a) Name and address or organization or government	f (b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
						_	
For Paperwork Reduction Act				Cat No 50055			hedule I (Form 990) 2008

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

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
SEOG	328	765,000			
CT STATE GRANTS	90	456,000			
OTHER SCHOLARSHIP	43	4,289,000			
TUITION REMISSION	241	4,135,000			
UNIVERSITY SCHOLARSHIP	1180	29,900,478			

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

See Additional Data Table

Ident if ier	Return Reference	Explanation
monitoring the use of grant funds		The University has post-award grant office that monitors external grant funds All items charged against grants are sent through that office for approval through our current workflow process regardless of the dollar amount. The Office ensures that the expense is allowable according to the grant contract and within the stated budget. Financial reports are prepared by this office as well.

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As Filed Data -

DLN: 93493131008040

Employer identification number

OMB No. 1545-0047

Schedule J (Form 990)

Department of the Treasury

Name of the organization

ın Part III

Internal Revenue Service

Compensation Information

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

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

2008 No 1545-0047

Open to Public Inspection

Wes	leyan University			06.0646050			
Da	rt I Questions Regarding Compensation			06-0646959			
Fa	Questions Regarding Compensation					Yes	No
1a	Check the appropiate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III t					163	NO
	First class or charter travel	<u>\</u>	Housing allowance or residence for				
	Travel for companions	Г	Payments for business use of perso				
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiat	ion fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chau	ffeur, chef)			
b	If line 1a is checked, did the organization follow a writ provision of all the expenses described above? If "No			ment or	1b	Yes	
2	Did the organization require substantiation prior to re officers, directors, trustees, and the CEO/Executive [· · · · · · · · · · · · · · · · · · ·	!	2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all that Compensation committee Independent compensation consultant Form 990 of other organizations		ly Written employment contract				
4	During the year, did any person listed in Form 990, Pa	art V I	I, Section A, line 1a				
а	Receive a severance payment or change of control pa	ymen	t?		4a	Yes	
b	Participate in, or receive payment from, a supplement	al nor	nqualified retirement plan?		4b		No
c	Participate in, or receive payment from, an equity-bas	sed co	ompensation arrangement?		4c		No
	If "Yes" to any of lines 4a-c, list the persons and prov	vide tl	he applicable amounts for each item	n Part III			
	501(c)(3) and 501(c)(4) organizations only must com	plete	lines 5-8.				
5	For persons listed in form 990, Part VII, Section A, li compensation contingent on the revenues of	ne 1a	, did the organization pay or accrue a	ıny			
а	The organization?				5a		Νo
ь	Any related organization?				5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section A, li compensation contingent on the net earnings of			ny			
а	The organization?				6a		No
b	Any related organization?				6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in form 990, Part VII, Section A, li payments not described in lines 5 and 6? If "Yes," de			n-fixed	7		No
8	Were any amounts reported in Form 990, Part VII, pa subject to the initial contract exception described in I						

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
MICHAEL S ROTH	(1) (11)	357,514 0	60,000 0	33,540 0	0 0	84,290 0	535,344 0	297,672
Justin Harmon	(1) (11)	83,716 0	0	47,943 0	0 0	28,139 0	159,798 0	79,899 (
Thomas P Kannam	(1) (11)	295,100 0	118,000 0	1,020 0	0 0	50,049 0	464,169 0	291,08 ²
Nancy Hargrave Meislahn	(1) (11)	156,412 0	8,000 0	1,020 0	0 0	34,055 0	199,487 0	103,743
John C Meerts	(1) (11)	228,413 0	20,000 0	1,580 0	0 0	43,231 0	293,224 0	156,612 (
Peter C Patton	(1) (11)	178,475 0	5,000 0	10,390 0	0 0	27,986 0	221,851 0	113,426 (
Michael Whaley	(1) (11)	137,621 0	11,600 0	5,464 0	0 0	54,627 0	209,312 0	84,601 (
Barbara Jan Wilson	(1) (11)	230,743 0	30,000 0	1,580 0	58,457 0	72,585 0	393,365 0	240,911
Douglas J Bennet	(1) (11)	158,064 0	0	0	0 0	29,878 0	187,942 0	93,971
Judith C Brown	(1) (11)	189,593 0	0	0	0 0	41,861 0	231,454 0	115,727
JOSEPH BRUNO	(1) (11)	202,426 0	10,000 0	1,816 0	0 0	60,774 0	275,016 0	142,508
JEANINE D BASINGER	(1) (11)	184,013 0	0	1	0 0	45,893 0	289,651 0	144,825
RUTH STRIEGEL- MOORE	(1) (11)	147,953 0	0	50,954 0	0 0	59,521 0	258,428 0	129,214
JILL G MORAWSKI	(1) (11)	131,324 0	0	31,858 0	0 0	84,341 0	247,523 0	(
DONALD J MOON	(ı) (ıı)	158,835 0	0	35,890 0	0 0	34,920 0	229,645 0	114,82
NATHAN D PETERS	(I) (II)	150,027 0	9,120 0		0	68,056 0	228,223 0	

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
ORCHANGE	PART I, QUESTION 4A	JUSTIN HARMON \$ 29,123

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DLN: 93493131008040

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

Open to Public **Inspection**

Department of the Treasury

Wesleyan University

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

Internal Revenue Service Name of the organization

Employer identification number

06-0646959

										06-06469	959			
P	art I Bond Issues (Required	d for 2008)								'				
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued		(e) Issue	(e) Issue Price		cription of	Purpose	(g) De	ieased	(h) Beha Iss	alfof
											Yes	No	Yes	No
Α_	CHEFA SERIES E	06-0646959	20774LD44	07-30-2003		62,0	000,000	CONSTRUC	TIO N			Х		Х
В	CHEFA SERIES F	06-0646959	20774L6A8	08-30-2005 48,000,000 C		CONSTRUCTION				х		×		
Pa	art III Proceeds (Optional for	· 2008)			•									
1	Total Proceeds of Issue				\	E	3	(:	D			E	
2	Gross Proceeds in Reserve Funds	5												
3	Proceeds in Refunding or Defeasa	ance Escrows												
4	Other Unspent Proceeds		,											
5	Issuance Costs from Proceeds											1		
6	Working Capital Expenditures from Proceeds													
7	Capital Expenditures from Procee	eds	,											
8	Year of Substantial Completion					•		•		•				
				Yes	No	Yes	No	Yes	No	Yes	No	Yes	5	No
9	Were the bonds issued as part of	a current refunding iss	sue?											
10	Were the bonds issued as part of	an advance refunding	ıssue [?]											
11	Has the final allocation of proceed	ds been made?												
12	Does the organization maintain ac final allocation of proceeds?	dequate books and rec	ords to support the											
Pa	rt IIII Private Business Use	(Optional for 2008))			1				1				
				A		E		<u> </u>		D			E	
1	Was the organization a partner in which owned property financed by		mber of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No	Yes	3	No
2	Are there any lease arrangements which may result in private busine	s with respect to the fi	nanced property											
For	Paperwork Reduction Act Notice, see th	ne Instructions for Form	990.			Cat No 501	L93E			Sch	nedule K (Form 99	0) 2008	

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

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

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DLN: 93493131008040

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Transactions with Interested Persons

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of Wesleyan	the organization	E	Employer identification number									
Wesleyan	Offiversity	0	6-064	1695	9							
Part I) organı	zatıoı	ns or	ıly).			
	To be completed by organization	ons that a	nswered "Ye	s" on Form 990, Part IV	/, line 2	5a or 251	o, or F	orm 9	90-EZ			
1	(a) Name of disqualifie	d person	erson (b) Description of train				action			c) Corr		
2 Enter											Yes	No
2 Ente	er the amount of tax imposed on	the organ	ızatıon mana	gers or disqualified per	sons di	iring the v	ear ui	nder				
	tion 4958							-	\$			
3 Ente	er the amount of tax, if any, on li	ne 2, abov	e, reimburse	d by the organization .				•	\$			
Part II	Loans to and/or From	Intere	sted Pers	ons								
	To be completed by organiza	tions that	answered "	es" on Form 990, Part	IV, line	26, or F	orm 9	90-E			38a	
		(b) Loa	n to or				(6)	In	A ppr		(a)\/	rıtten
(a) Na	ame of interested person and purpose	from		(c)O riginal principal	(d)Balance due		1 ' '					ment?
		organız		amount					committee?		,	
		То	From				Yes	No	Yes	No	Yes	No
		+										
Total .												
Part III	Grants or Assistance E To be completed by orga				aan Da	art TV/ lur	na 27					
	•			p between interested pe								
(a	a) Name of interested person			the organization		(c) A m	ount	of gra	nt or ty	pe of a	ssista	nce

Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	organı	naring of zation's nues?
organization			Yes	No
FAMILY OF J FRANK- TRUSTEE	158,459	EMPLOYEE COMPENSATION		No
FAMILY OF J FRANK- TRUSTEE	190,025	EMPLOYEE COMPENSATION		No
SHONNI SILVERBERG- TRUSTEE	1,068,467	INVESTMENT MANAGEMENT		No
Spouse of M Roth- officer	92,000	employee compensation		No
	between interested person and the organization FAMILY OF J FRANK- TRUSTEE FAMILY OF J FRANK- TRUSTEE SHONNI SILVERBERG- TRUSTEE Spouse of M Roth-	between interested person and the organization FAMILY OF J FRANK-TRUSTEE FAMILY OF J FRANK-TRUSTEE SHONNI 1,068,467 SILVERBERG-TRUSTEE Spouse of M Roth- 92,000	between interested person and the organization FAMILY OF J FRANK-TRUSTEE FAMILY OF J FRANK-TRUSTEE SHONNI SILVERBERG-TRUSTEE Spouse of M Roth- (c) Amount of transaction (d) Description of transaction (d) Description of transaction (d) Description of transaction (d) Description of transaction I SILVER COMPENSATION I SILVER STMENT MANAGEMENT 92,000 employee compensation	between interested person and the organization FAMILY OF J FRANK-TRUSTEE SHONNI SILVERBERG-TRUSTEE Spouse of M Roth- (c) Amount of transaction (d) Description of transaction organization organization 158,459 EMPLOYEE COMPENSATION 190,025 EMPLOYEE COMPENSATION 1,068,467 INVESTMENT MANAGEMENT SILVERBERG-TRUSTEE Spouse of M Roth- 92,000 employee compensation

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DLN: 93493131008040

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

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

Non-Cash Contributions

Internal Revenue Service Name of the organization

Employer identification number Wesleyan University 06-0646959 Part I Types of Property

		(a) Check	(b) Number of Contributions	(c) Revenues reported on	(d Method of de	-	alp.a	
		If If	Number of Contributions	Form 990, Part VIII, line	reven		iiiig	
		applicable		, 1g				
1	Art—Works of art	Х		1				
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications	Х		2				
5	Clothing and household goods							
6	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .							
	Securities—Closely held stock .							
	Securities—Partnership, LLC,							
	or trust interests							
	Securities—Miscellaneous	X	8	197,597	FMV			
13	Qualified conservation contribution (historic structures)							
14	Qualified conservation contribution (other)							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (describe)							
26	Other (describe)							
	Other (describe)							
	Other (describe)							
29	Number of Forms 8283 received which the organization complete		_	ar for contributions for	29			
	Acknowledgement		•			1	v I	N 1
20-	During the year, did the organiza	tion receive	o by contribution any propo	rty reported in Part I. lines	1-28 that it must	\longrightarrow	Yes	No
Jua	hold for at	tion receiv	e by continuation any prope	rty reported in rait 1, inies	1-20 that it must	1 1	I	
	least three years from the date of	f the initial	contribution, and which is	not required to be used for	exempt purposes			
	for the entire holding period? .					30a		No
b	If "Yes", describe the arrangeme	ent in Part I	I					
31	Does the organization have a gif	t acceptano	e policy that requires the r	eview of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?	e third parti	es or related organizations	to solicit, process, or sell	non-cash	32a		Νo
ь	If "Yes", describe in Part II							
33	If the organization did not report	revenuesı	n Column (c) for a type of p	roperty for which Column (a	a) is			
	checked, describe in Part II							

Part II Supplemental Infor 32b, and 33. Also com	32b, and 33. Also complete this part for any additional information.				
Identifier	ReturnReference	Explanation			
240111111	Notal III Colored	Explanation			
	1	1			

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DLN: 93493131008040

Supplemental Information to Form 990

OMB No 1545-0047

Inspection

Name of the organization Wesleyan University

SCHEDULE 0

Department of the Treasury Internal Revenue Service

(Form 990)

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

Employer identification number

06-0646959

ldentifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990, PART III, LINE 1	I Mission Wesleyan University is dedicated to providing an education in the liberal arts that is characterized by boldness, rigor, and practical idealism. At Wesleyan, distinguished scholar-teachers work closely with students, taking advantage of fluidity among disciplines to explore the world with a variety of tools. The university seeks to build a diverse, energetic community of students, faculty, and staff who think critically and creatively and who value independence of mind and generosity of spirit. If Values and culture *As a learning community* Wesleyan educates students to become independent thinkers capable of continuing to learn and translating that learning into effective work at the highest level. The education on campus is characterized by combinations of freedom and productivity, experimentation and evaluation, and exuberance and responsibility. This stimulates students to discover what they love to do and get better at its Wesleyan creates an environment in which students can strive for excellence through hard work that is joyful and satisfying. Alumni of the institution continue to draw on their learning experiences for the rest of their lives and remain devoted to the institution.

ldentifier	Return Reference	Explanation
As a center for research and creative practice	Wesleyan attracts faculty and students w ho find enormous value in	independent research, scholarship and creative practice. Professors find stimulation in the classroom to advance their various professional fields, which in turn invigorates teaching and curriculum development. The universitys small graduate programs in the sciences and music facilitate collaborative research. Undergraduates are given opportunities for advanced independent work through which they increase their intellectual capacities and discover aspects of themselves and the world that will remain meaningful to them long after graduation. Members of the Wesleyan community address scholarly issues of import to their respective fields and regularly produce work that goes beyond academic realms to have a positive impact on public life. *As an institutional citizen and leader in education* Wesleyan inspires faculty, staff and students to play active roles as neighbors and citizens. The university contributes economically and culturally to Middletowin, and it instills in its graduates a sense of civic possibility and purpose. Wesleyan alumni create opportunities to integrate service into their professional and personal lives and generously support the educational enterprise on campus. The university supports the continued evolution of a liberal arts education and makes a case for its importance in the public sphere. Members of the Wesleyan community regularly go on to distinguished careers in public service, and the university provides support for disseminating scholarship that can have positive public impact.

ldentifier	Return Reference	Explanation
program service accomplishment #1	Form 990, Part III, Inne 4a	Instruction and Research includes all expenditures for compensation and other expenses in support of instructional activity - 732 bachelor of arts and 110 graduate degrees were awarded in 2009 - Today Wesleyan offers instruction in 39 departments and 46 major fields of study and awards the bachelor of arts and graduate degrees. The master of arts degree and the doctor of philosophy are regularly awarded in six fields of study. Students may choose from more than 900 courses each year and may be counted upon to devise, with the faculty, some 900 individual tutorials and lessons. The student body is made up of approximately 2,700 full-time undergraduates and 200 graduate students, as well as more than 400 part-time students in the Graduate Liberal Studies Program. An ongoing faculty of more than 300 is joined each semester by a distinguished group of visiting artists and professors. But despite Wesleyan's grow th, today's student/instructor ratio remains at 9 to 1, and about two thirds of all courses enroll few er than 20 students.

ldentifier	Return Reference	Explanation
Program Service Accomplishment #2	Form 990, Part III, Line 4b	Auxiliary Services include the costs of room and board for over 2,700 students residing on a 340 acre campus. There are 8 residence halls, 7 apartment complexes and over 25 program houses in addition to over 140 house units on campus for upper-class students. Working in partnership with students and collaboratively with other members of the Wesleyan Community, the Office of Residential Life strives to provide a safe and supportive residential environment which complements and extends students educational experience. Student-centered programs and services are developed and implemented with an emphasis on holistic individual and community development, student leadership, individual responsibility, advocacy of academic inquiry, and freedom of thought, opinion and expression in the spirit of mutual respect. These are the hallmarks of the Wesleyan residential experience, and provide the essential foundation for a quality liberal education within a diverse and dynamic community.

ldentifier	Reference	Explanation
Accomplishment	Form 990, Part III, Line 4c	Library expenses include acquisition of books, periodicals and other materials, compensation of staff, and other expenditures in support of the library. The mission of the Library is to provide the information services and resources required to support the learning, teaching, and research of the Wesleyan community. To carry out this mission the library will. Organize and provide intellectual and physical access to collections and information resources locally and world-wide. Develop and preserve local collections. Teach and guide users in the library research process. Provide an atmosphere conductive to study, research, and learning. Contributing to the larger scholarly world. The Wesleyan Library will provide unexcelled services it is a dynamic place where library staff provide users with the information they need, as well as a keen sense that there are many paths, and a wide range of skills necessary for the effective use and evaluation of information resources.

ldentifier	Return Reference	Explanation
Other Program Service Accomplishments	Form 990, Part III, Line 4d	Student Services includes the costs associated with administering the office of admissions, registrar, financial aid, career planning, health services, institutional research and dean's office

Return

identifier	Reference	Explanation
FORM 990 REVIEW PROCESS	FORM 990, PART VI, SECTION A, QUESTION 10	The University's fiscal year end is June 30. The audited financial statements are finalized in late October due to the time it takes to value endow ment assets. During November and December a tax committee consisting of University General Counsel, Associate Vice President for Finance and Manager of Financial Reporting meet to discuss any significant changes in policies, governance, management and other activity. In addition, the Finance Office reaches out to other departments such as Academic Affairs, University Relations, and Admissions to determine potential filling activity. During January and February the Finance office works with the external auditors to complete a draft document for the February Audit Committee meeting. The document is provided to each member of the Audit Committee and discussed during the meeting. The Chair of the Audit Committee will summarize the review to the full Board of Trustees the following day. The final return is filed in May with a copy of the final return sent by email to each voting member of the governing board.

The University posts its conflict of interest policy on its Website and requires questionnaire completion from University faculty, staff and trustees on an annual basis. Faculty and Staff are collected electronically through network sign on COI from Board members is collected by the Secretary of the University and reviewed by legal counsel. Responses are monitored by the University General Counsel in conjunction with the President's Office Any supervisor receiving notice of a potential conflict of interest shall determine whether the situation presents a potential conflict of interest under this policy and document their determination in wirting. Unless the supervisor is able to clearly determine that no such conflict exists or in the case that the Individual disagrees with the supervisor's decisions, the supervisor shall require the Individual to disclose the situation in wirting and the supervisor and/or Individual shall forward that description to an appropriate Vice President or Senior Officer of the University The supervisor shall not permit any Individual to participate in the questionable activity unless and until a Vice President or Senior Officer of the University and confirmed in wirting that the activity may continue and/or that there are relevant safeguards in place to protect the University distributes and requires individuals to complete a statement a)confirming that they have read and understood the Conflict of Interest Policy and b) that they have no knowledge of any conflict of interest except for those appropriately disclosed under the Policy	Identifier	Return Reference	Explanation
	OF INTEREST	PART VI, SECTION B, QUESTION	University faculty, staff and trustees on an annual basis. Faculty and Staff are collected electronically through network sign on COI from Board members is collected by the Secretary of the University and reviewed by legal counsel. Responses are monitored by the University General Counsel in conjunction with the President's Office. Any supervisor receiving notice of a potential conflict of interest shall determine whether the situation presents a potential conflict of interest under this policy and document their determination in writing. Unless the supervisor is able to clearly determine that no such conflict exists or in the case that the Individual disagrees with the supervisor's decisions, the supervisor shall require the Individual to disclose the situation in writing and the supervisor and/or Individual shall forward that description to an appropriate Vice President or Senior Officer of the University. The supervisor shall not permit any Individual to participate in the questionable activity unless and until a Vice President or Senior Officer of the University has reviewed the activity and confirmed in writing that the activity may continue and/or that there are relevant safeguards in place to protect the University. Any Individual who disagrees with a conflict-related decision of any Vice President or Senior Officer may seek review by the President of the University whose decision shall be final. On an annual basis the University distributes and requires individuals to complete a statement a)confirming that they have read and understood the Conflict of Interest Policy and b) that they have no knowledge of any conflict of interest except for those appropriately

ldentifier	Return Reference	Explanation
COMPENSATION SETTING PROCESS	FORM 990, PART VI, SECTION B, QUESTION 15B	Wesleyan University's salary administration is designed to accomplish three major objectives. Attract and retain highly qualified staff members, - Link compensation to performance, and - Promote consistency and an internally equitable relationship between salary and responsibilities. A Compensation Committee of the Board of Trustees, composed of three members and chaired by the Chair of the Board of Trustees, is responsible for evaluating the compensation reasonableness for all officers and key employees as determined from time to time. The Committee reviews the performance appraisal of the President by the Board, determines the compensation of the President, and sets goals and performance measures for the following year. The Committee begins discussion in the second half of the academic year. Wesleyan participates in a survey of its peers conducted by a private consultant. This process ensures that the University remains consistent with the regulatory and legal requirements of compensation in a 501(c)3 non-profit organization.

ldentifier	Return Reference	Explanation
PUBLIC DISCLOSURE	FORM 990, PART VI, SECTION C, QUESTION 19	The University posts its governing documents on its wiebsite at www wiesleyan edu/generalcounsel in addition, the University's audited financial statements are on its wiebsite at www wiesleyan edu/finance/financeDept. The University's Form 990 is posted on www guidestar org. The Form 990, Audited Financial Statements and governing documents are available upon request.

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

Cat No 51056K

Schedule O (Form 990) 2008

DLN: 93493131008040

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Wesleyan University	Employer ident	Employer identification number					
				06-0646959			
Part I Identification of Disregarded Entities							
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organizat	ions						
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	Public chanty sta (if section 501(c)	(F) Direct controlling entity		
Associated Kyoto Program							
Controllers Office College Hall Rm Northampton, MA01063 04-2996114	Education	МА	501(c)(3)	11(c)			
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 5013	5Y		Schedule R (Form 990) 2008		

(A) Name, address, and EIN of related organization	Prim	(B) nary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	incom	(E) lominant le(related, lestment, related)	Share	(F) e of total income	(G) Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		(D) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of l-of-yea assets	(H) Percentage r ownership		

(6)

Part V Transactions with	Related Organizations
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Ρē	Γť V	Transactions with Related Organizations					
	Not e.	Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
1 D	uring th	e tax year, did the orgranization engage in any of the following transaction:	s with one or more related organizations listed in Parts II-	IV?			
а	Recei	pt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entr	ty		1a		No
b	Gıft, g	rant, or capital contribution to other organization(s)			1b		No
c	Gıft, g	rant, or capital contribution from other organization(s)			1c		No
d	Loans	or loan guarantees to or for other organization(s)			1d		No
e	Loans	or loan guarantees by other organization(s)			1e		No
f	Sale	fassets to other organization(s)			1f		No
g	Purch	ase of assets from other organization(s)			1g		No
h	Excha	inge of assets			1h		No
i	Lease	of facilities, equipment, or other assets to other organization(s)			1i		No
j	Lease	of facilities, equipment, or other assets from other organization(s)			1j		No
k	Perfor	mance of services or membership or fundraising solicitations for other orga	anızatıon(s)		1k		No
I	Perfor	mance of services or membership or fundraising solicitations by other orga	inization(s)		11		No
m	Sharır	ng of facilities, equipment, mailing lists, or other assets			1m		No
n	Sharıı	ng of paid employees			1n		No
0	Reimb	oursement paid to other organization for expenses			10		No
р	Reimb	oursement paid by other organization for expenses			1р		No
q	Other	transfer of cash or property to other organization(s)			1q	Yes	
r	Other	transfer of cash or property from other organization(s)			1r		No
2	If the	answer to any of the above is "Yes," see the instructions for information on	n who must complete this line, including covered relationsh	nips and transaction thresholds			
		(A)	(B) Transaction	(C)			
		Name of other organization(s)	type(a-r)	Amount Involved			
(1)							
-							
(2)							
(3)							
(4)							
(+)							
(5)							

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

									_	
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organization	s?	(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managıng partner?	
			Yes	No		Yes	No		Yes	No
			•	•		•		Cabadul	D / Form	

Software ID: Software Version:

EIN: 06-0646959

Name: Wesleyan University

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Ada											
		Posit t	(C lon (d hat a	chec		I			(5)	(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
MICHAEL S ROTH , PRESIDENT	38 0	Х		Х				451,054	0	84,290	
ROBERT L ALLBRITTON , TRUSTEE	1 0	Х						0	0	0	
ANDREA G BARTHWELL , TRUSTEE	1 0	Х						0	0	0	
JOSHUA S BOGER , TRUSTEE	1 0	Х						0	0	0	
LAEL BRAINARD , TRUSTEE	1 0	Х						0	0	0	
JACK BRAITMAYER , TRUSTEE	1 0	Х						0	0	0	
STEPHEN S DANIEL , TRUSTEE	1 0	Х						0	0	0	
JAMES VAN B DRESSER , TRUSTEE	1 0	Х						0	0	0	
KAREN J FREEDMAN , TRUSTEE	1 0	Х						0	0	0	
KARL M FURSTENBERG , TRUSTEE	1 0	Х						0	0	0	
JOSHUA M GILBERT , TRUSTEE	1 0	Х						0	0	0	
DARRYL B HAZEL , TRUSTEE	1 0	Х						0	0	0	
STEPHANIE M IVY , TRUSTEE	1 0	Х						0	0	0	
ELLEN JEWETT , TRUSTEE	1 0	Х						0	0	0	
MICHAEL K KLINGHER , TRUSTEE	1 0	Х						0	0	0	
DAPHNE KWOK , TRUSTEE	1 0	Х						0	0	0	
MORA MCLEAN, TRUSTEE	1 0	Х						0	0	0	
MICHAEL S MCPHERSON , TRUSTEE	1 0	Χ						0	0	0	
MEGAN NORRIS , TRUSTEE	1 0	Х						0	0	0	
DAVID D OLSON , TRUSTEE	1 0	Х						0	0	0	
BRIAN L SCHORR , TRUSTEE	1 0	Х						0	0	0	
FRANK V SICA , TRUSTEE	1 0	Х						0	0	0	
SHONNI J SILVERBERG , TRUSTEE	1 0	Х						0	0	0	
WARREN C SMITH , TRUSTEE	1 0	Х						0	0	0	
ADAM USDAN , TRUSTEE	1 0	Х						0	0	0	
THOMAS WU , TRUSTEE	1 0	Х						0	0	0	
bobby donaldson , trustee	1 0	Х						0	0	0	
GEOFF M DUYK, TRUSTEE	1 0	Х						0	0	0	
SID ESPINOSA , TRUSTEE	1 0	Х						0	0	0	
JOHN B FRANK , TRUSTEE	1 0	Х		<u> </u>		<u> </u>		0	0	0	

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Ada											
		Posi t	(C tion (hat a	chec		I			(E)	(F)	
(A) Name and Title	(B) Average hours per week	erage Dr Dractitution		Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations		
JOE HADDAD , TRUSTEE	1 0	X						0	0	0	
PAUL S MASON , TRUSTEE	1 0	X						0	0	0	
DONNA S MOREA , TRUSTEE	1 0	X						0	0	0	
John C Meerts , TREASURER	38 0			Х				249,993	0	43,231	
MARIANNE CALNEN , SECRETARY	38 0			Х				90,069	0	22,655	
Thomas P Kannam , VP & Chief Investment Officer	38 0				x			414,120	0	50,049	
Nancy Hargrave Meislahn , Dean of Admissions & Fin Aid	38 0				х			165,432	0	34,055	
Michael Whaley , VP STUDENT AFFAIRS	38 0				х			154,685	0	54,627	
Barbara Jan Wilson , VP University Relations	38 0				х			262,323	0	131,042	
JOSEPH BRUNO , VP ACADEMIC AFFAIRS & PROVOST	38 0				x			214,242	0	60,774	
JEANINE D BASINGER , PROFESSOR	38 0					Х		243,758	0	45,893	
RUTH STRIEGEL-MOORE , PROFESSOR	38 0					х		198,907	0	59,521	
JILL G MORAWSKI , PROFESSOR	38 0					Х		163,182	0	84,341	
DONALD J MOON , PROFESSOR	38 0					Х		194,725	0	34,920	
NATHAN D PETERS , ASSOCIATE VP FINANCE	38 0					Х		160,167	0	68,056	
Justin Harmon , VP PUBLIC AFFAIRS							Х	131,659	0	28,139	
Peter C Patton , VP,Sec/Interim Dean of College							х	193,865	0	27,986	
Douglas J Bennet , Consultant & Former President							х	158,064	0	29,878	
Judith C Brown , Professor of History							Х	189,593	0	41,861	

Software ID:

Software Version:

EIN: 06-0646959

Name: Wesleyan University

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
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Software ID: Software Version:

EIN: 06-0646959

Name: Wesleyan University

orm 990 Schedule G - Licensed States								
	Licensed States							

Software ID: Software Version:

EIN: 06-0646959

Name: Wesleyan University

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown o	f W-2 and/or 1099-MIS	C compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form 990 or Form 990-EZ	
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)		
MICHAEL S ROTH	(ı) (ıı)	357,514 0	60,000 0	33,540 0	0	84,290 0	535,344 0	297,672 0	
Justin Harmon	(I) (II)	83,716 0	o 0	47,943 0	0	28,139 0	159,798 0	79,899 0	
Thomas P Kannam	(I) (II)	295,100 0	118,000	1,020 0	0	50,049 0	464,169 0	291,084	
Nancy Hargrave Meislahn	(ı) (ıı)	156,412 0	8,000	1,020	0	34,055 0	199,487 0	103,743	
John C Meerts	(I) (II)	228,413 0	20,000	1,580 0	0	43,231 0	293,224 0	156,612 0	
Peter C Patton	(I) (II)	178,475 0	5,000 0	10,390 0	0	27,986 0	221,851 0	113,426	
Mıchael Whaley	(ı) (ıı)	137,621 0	11,600	5,464 0	0	54,627 0	209,312	84,601 0	
Barbara Jan Wilson	(I) (II)	230,743 0	30,000 0	1,580 0	58,457 0	72,585 0	393,365 0	240,911	
Douglas J Bennet	(I) (II)	158,064 0	0	0	0	29,878 0	187,942 0	93,971 0	
Judith C Brown	(ı) (ıı)	189,593 0	0	0	0	41,861 0	231,454	115,727 0	
JOSEPH BRUNO	(ı) (ıı)	202,426 0	10,000	1,816 0	0	60,774 0	275,016 0	142,508	
JEANINE D BASINGER	(ı) (ıı)	184,013 0	0 0	59,745 0	0	45,893 0	289,651 0	144,825 0	
RUTH STRIEGEL- MOORE	(ı) (ıı)	147,953 0	0	50,954 0	0	59,521 0	258,428 0	129,214 0	
JILL G MORAWSKI	(ı) (ıı)	131,324 0	0	31,858 0	0	84,341 0	247,523 0	0	
DONALD J MOON	(ı) (ıı)	158,835 0	0	35,890 0	0	34,920 0	229,645 0	114,823 0	
NATHAN D PETERS	(I) (II)	150,027 0	9,120 0	1,020 0	0	68,056 0	228,223 0	0	