

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

D Employer identification number

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

OMB No 1545-0047

Open to Public Inspection

B Che	eck if a	pplicable	Please	C Name of organization DEPAUW UNIVERSITY			D Employer ide	ntification number		
☐ Add	lress ch	nange	use IRS label or			35-0869045 E Telephone number				
┌ Nar	ne cha	nge	print or	Doing Business As			E Telephone nu	mber		
┌ Inıt	ıal retu	rn	type. See Specific	Number and street (or P O box if m	all is not delivered to street addi	ress) Room/suite	(765) 658-4			
┌ _{Ter}	mınatıc	on	Instruc- tions.	PO BOX 37			G Gross receipt	s \$ 198,946,837		
┌ Am	ended	return		City or town, state or country, and Z	ZIP + 4		-			
☐ App	lication	n pending		GREENCASTLE, IN 46135						
		, ,	E Nar	Land address of Principal Offic	or	1 11/->				
				W CASEY PRESIDENT	e i		nis a group return ates?	TYes ▼ No		
				OUTH LOCUST STREET NCASTLE,IN 46135						
	x-exem	npt status		(3) 4 (insert no)	 or Г 527	1 ' '	all affiliates include	•		
	- h -:+	14/14/	/W DEPAU		<u> </u>	-	no," attach a list up Exemption Nur	See instructions) wher >		
J WW	ED SIL	e: F- VV VV	W DEFAU	W EDO		'(c)	· · · · · · · · · · · · · · · · · ·			
К Тур	e of org	janization	Corporat	tion trust association other		L Year of F	formation 1837 M s	State of legal domicile IN		
Pa	rt I	Sumi	mary							
			-	ie organization's mission or most	significant activities					
Governance			G LIBERA	RSITY IS A DISTINGUISHED UI L ARTS EDUCATION WITH LIF						
E E		.	–				250/ 61			
ŝ	2		,	If the organization discontinued						
	3 4			members of the governing body (I ndent voting members of the gove				38		
Activities &	5			mployees (Part V , line 2a)				2,322		
톭				olunteers (estimate if necessary)			6	64		
ă				ited business revenue from Part \			_	2,701,426		
				iness taxable income from Form		7b	-973,552			
					,	Pr	ior Year	Current Year		
	8	Contri	butions an	d grants (Part VIII, line 1h) .			20,261,512	11,924,446		
Revenue	9	Progra	ım service	revenue (Part VIII, line 2g) .			78,315,410	80,280,457		
ē.	10	Invest	tment incoi	me (Part VIII, column (A), lines	3,4, and 7d)		40,286,954	14,806,002		
立	11	Other	revenue (P	art VIII, column (A), lines 5, 6d	, 8c, 9c, 10c, and 11e)		6,115,002	5,012,351		
	12	Total r 12)	revenue—a	dd lines 8 through 11 (must equa	al Part VIII, column (A), lı	ne	144,978,878	112,023,256		
	13		and simila	ar amounts paıd (Part IX, column	(A) lines 1-3)		36,609,469	38,037,987		
	14			or for members (Part IX, column (30,003,103	0		
	15		•	ompensation, employee benefits		5-				
Expenses		10)	,		, , , , , , , , , , , , , , , , , , , ,		48,372,439	52,281,558		
₫	16a	Profes	sional fund	draising fees (Part IX, column (A)), line 11e)			0		
五	ь	(Total fo	undraising ex	penses, Part IX, column (D), line 25 $\frac{4,2}{1}$	08,995)					
	17			(Part IX, column (A), lines 11a-:			46,767,731	45,147,313		
	18		•	-add lines 13–17 (must equal Pa			131,749,639	135,466,858		
<u> 97</u>	19	Reven	ue less ex	penses Subtract line 18 from line	e 12		13,229,239	-23,443,602		
Net Assets or Fund Balances						Begini	ning of Year	End of Year		
386 386	20			rt X, line 16)			827,458,377	699,890,780		
절절	21		,	Part X, line 26)			168,050,202	180,988,651		
	22			nd balances Subtract line 21 fror	m line 20		659,408,175	518,902,129		
Par	t II		ature Bl							
				erjury, I declare that I have examined the correct, and complete Declaration of pro-						
Plea		****	***			201	0-05-06			
Sign		Signa	ature of office	er		Date	e			
Here	=			R VP OF FINANCE & ADMINISTRATION						
		Туре	or print nam	ne and title						
		Preparer		A Dulworth	Date	Check if self-	Preparer's PTIN (See Gen Inst)		
Paid	_	em					-			
Prepa										
Use (nly		and ZIP + 4	200 E Main St Suite 700			- EIN Þ			
_		L		Fort Wayne, IN 46802			Phone no 🕨 (26	50) 460-4000		
May t	he IR	S discus	s this retu	irn with the preparer shown above	e? (See instructions)			▼ Yes		

Form 990 (2008) Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organizat	ion's mission			
See Ad	dditional Data Table				
2	Did the organization unde the prior Form 990 or 990		ogram services during the	year which were not listed on	┌ Yes ┌ No
	If "Yes," describe these n	iew services on Schedu	le O		
3	Did the organization ceas services?	_		ıt conducts any program	┌ Yes ┌ No
	If "Yes," describe these c	hanges on Schedule O			
4	Section 501(c)(3) and (4) organizations and 494		three largest program services t d to report the amount of grants eported	
4a	(Code) (Expenses \$ 118	3,456,110 including grants of	\$ 38,037,987) (Revenue \$	80,280,457)
	college experiences marked be community and a breadth and	y intellectual rigor and shaped depth of perspectives inside	ed by a dynamic faculty These e and outside of the classroom	approximately 2,300 students DePauw experiences are further enhanced by ar For nearly 175 years, a DePauw educa de variety of fields around the nation ar	n engaging residential campus tion has provided students with a
4b	(Code) (Expenses \$	including grants of s) (Revenue \$)
4c	(Code) (Expenses \$	including grants of s	\$) (Revenue \$)
1al	Other program commercial	(December of Cabadola	0.)		
4d	Other program services (Expenses \$	=	grants of \$) (Revenue \$)
4e	Total program service e	xpenses \$ 118	3,456,110 Must equal Pa	art IX, Line 25, column (B).	

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
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		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		Νο
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? <i>If "Yes," complete Schedule F, Part II</i>	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? <i>If</i> "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No
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		No
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		No
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		No
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
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		Νο
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νο
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		No
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		Νο
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		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	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		No
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		No
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, Part VI	37	Yes	

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance	:e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	296			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments t	o ven	dors 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	2a	2,322			
b	If at least one is reported in 2a, did the organization file all required federal employin Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this	nent t	ax returns?	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more durin			 3a	Yes	
L	return?	· ·		3b	Yes	
				30	res	
4a	At any time during the calendar year, did the organization have an interest in, or a s over, a financial account in a foreign country (such as a bank account, securities ac account)?			4a	Yes	
b	If "Yes," enter the name of the foreign country CJ , VI , BD , EI					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , <i>Re Financial Accounts</i> .	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		Νο
ь	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νο
_	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	t Entit	ty Regarding Prohibited			
	Tax Shelter Transaction?	•	· · ·	5с		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	nat su	ch contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo con more?	itributi	ion of \$75 or	7a		No
ь	If "Yes," did the organization notify the donor of the value of the goods or services p	rovide	d?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope	rty for	which it was required to			
	file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?	, prem	nums on a personal	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		No
	For all contributions of qualified intellectual property, did the organization file Form 8			7g		
9 h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f			, y		
	required?			7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a sexcess business holdings at any time during the			8		
9	year?					
				0-		
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person			9b		
10	Section 501(c)(7) organizations. Enter	۔ ما	I			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter	_				
а	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)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	n lieu d	of Form 1041?	12a		
Ь	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.)

Section A	Governing	Body and	Management
	1. 00 t C 1 111111g	Dody und	riunugement

							Yes	No	
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	, desc	ribe the o	cırcumstaı	nces,				
1a	Enter the number of voting members of the governing body	1a			38				
Ь	Enter the number of voting members that are independent	r of voting members that are independent 1b 38							
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			•	•	2	Yes		
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co		3		Νο				
4	Did the organization make any significant changes to its organizational documents stilled? $\ \ . \ \ \ $) was	4		Νo				
5	Did the organization become aware during the year of a material diversion of the organization	anızat	ıon's ass	ets?		5		Νo	
6	Does the organization have members or stockholders?				[6		Νo	
7a	Does the organization have members, stockholders, or other persons who may elect governing body?				ofthe	7a		Νo	
Ь	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	rotherp	ersons?	[7b		Νo	
8	Did the organization contemporaneously document the meetings held or written activear by the following	ons ui	ndertake	n durıng t	he				
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 a affiliates, and branches to ensure their operations are consistent with those of the o					9b			
10	Was a copy of the Form 990 provided to the organization's governing body before it must describe in Schedule O the process, if any, the organization uses to review the			-		10		Νο	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section At the organization's mailing address? If "Yes," provide the names and addresses in Sc	,				11		Νο	

Section B. Policies

		Yes	No
Does the organization have a written conflict of interest policy? If "No", go to line 13	12a	Yes	
Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	
Does the organization have a written whistleblower policy?	13	Yes	
Does the organization have a written document retention and destruction policy?	14	Yes	
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			
The organization's CEO, Executive Director, or top management official?	15a	Yes	
Other officers or key employees of the organization?	15b	Yes	
Describe the process in Schedule O			
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	
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	
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Does the organization have a written conflict of interest policy? If "No", go to line 13 . Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed IN
- 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. value values values values values.
- 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 BRAD KELSHEIMER
 313 S LOCUST STREET
 CREENCASTLE IN 46135

GREENCASTLE, IN 46135 (765) 658-4161

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

Part VII Continued

	(B) Average hours per week	(C) Position (check all that apply)							(E)	(F)
(A) Name and Title		Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated	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
			-				-			
_										
			1	\vdash	\vdash					
			1							
				\vdash	\vdash					
			1							
1b Total							-	2,009,352	2 0	180,431
2 Total number of individuals (including	those in 1	a) who i		vod	mor	a thai	n ¢ 1	00 000 in reportabl	0	

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization►37

			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				
	ındıvıdual	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

(A) Name and business address	(B) Description of services	(C) Compensation
SHIEL SEXTON COMPANY INC	GENERAL CONTRACTOR	5,250,398
SODEXO INC AFFILIATES	FOOD SERVICE	4,669,536
A A HUBER SONS	PLUMBING, HVAC	1,918,496
GRUNAU COMPANY OF INDIANA	FIRE PROTECTION	751,615
SEMINARS INTERNATIONAL INC	TRAVEL AGENCY	537,989
2 Total number of independent contractors (including those in 1) who rece from the organization	·	39

Statement of Revenue

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated cam	paigns 1a					
mts Lite	ь	Membership di						
Contributions, gifts, grants and other similar amounts	С	Fundraising ev	1b ents 1c					
<u>#g</u> te	d	Related organiz						
ξ, E	e	Government grant	s (contributions) 1e	303,640				
oution ther s	f	All other contributi similar amounts no		11,620,806				
를 등 등	g	Noncash contr	1f ibutions included in					
S E			1,519,491					
_	h	Total (Add line	s 1a-1f)		11,924,446			
				Business Code				
Ę	2a	TUITION AND FEE:	S	611,710	70,618,216	70,618,216		
eg Se	b	AUXILIARY SERVIC	ES	611,710	9,662,241	9,662,241		
e.	С							
ž ž	d							
Ø.	e							
Program Serwce Revenue	f	All other progra	am service revenue					
_ <u>₹</u>	g	> \$ 80,280,457						
	3		ome (including dividence of the commons)	·	5,861,378		-215,163	6,076,541
				▶			213,103	0,070,311
	4	Income from inve	stment of tax-exempt be	ond proceeds	0			
	5	Royalties .			0			
			(ı) Real	(II) Personal				
	6a	Gross Rents Less rental						
	Ь	expenses						
	c d	Rental income or (loss)	me or (loss)					
		Net rental med		▶				
	7-	Gross amount	(ı) Securities 95,868,205	(II) O ther				
	7a	from sales of assets other	33,000,203					
		than inventory						
	Ь	Less cost or other basis and	86,923,581					
	c	sales expenses Gain or (loss)	8,944,624					
	d	Net gain or (los	ss)	. ▶	8,944,624			8,944,624
	8a		from fundraising					
Φ		\$						
Other Revenue		1c) See Part I	s reported on line V, line 18 e G if total exceeds					
Вě			a					
<u>u</u>	ь	Less direct ex	pensesb					
돌	С	Net income or	(loss) from fundrais	ing events	0			
•	9a		part IV, line 19					
		Complete Sched exceeds \$15,00						
			а					
	ь	Less direct ex	pensesb					
	С	Net income or	(loss) from gaming a	activities •	0			
	10a	Gross sales of returns and all		-				
	ь	Less costofg	a oods sold b					
	с		(loss) from sales of	ınventory	0			
		Miscellaneous	Revenue	Business Code				
	11a	CONFERENCE	S & CATERING	722,320	764,274		764,274	
	ь	WALDEN INN		721,110	2,139,860		2,139,860	
	с	OTHER INCOM	M E	611,710	2,095,762			2,095,762
	d	All other reven	ue		12,455		12,455	
	e	Total. Add line						
	12	Total Dans	Add lines 45 2 2	\$ 5,012,351	112,023,256	80,280,457	2,701,426	17,116,927
	**	8c,	. A dd lines 1h, 2g, 3 1e		112,023,230	33,230,437	2,701,720	1.,110,527

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations 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	38,037,987	38,037,987		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,470,739	465,086	714,012	291,641
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	38,275,219	32,936,209		1,997,109
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,774,939	2,363,584	250,012	161,343
9	Other employee benefits	6,887,437	5,774,146	691,452	421,839
10	Payroll taxes	2,873,224	2,429,300	269,807	174,117
11	Fees for services (non-employees)				
а	Management	50,227	50,000	227	
b	Legal	226,282	12,543	213,739	
c	Accounting	293,585		293,585	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	2,540,672		2,540,672	
g	Other	4,683,614	4,335,672	300,763	47,179
12	Advertising and promotion	237,959	72,253	165,706	
13	Office expenses	3,236,944	2,172,914	610,398	453,632
14	Information technology	495,432	305,667	189,668	97
15	Royalties	0			
16	Occupancy	8,214,756	7,027,646	1,096,014	91,096
17	Travel	2,107,413	1,785,508	157,849	164,056
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	0			
20	Interest	4,456,827	4,208,406	215,328	33,093
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	8,375,285	7,929,607	386,307	59,371
23	Insurance	561,567	548,801	11,065	1,701
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	OTHER EXPENSES	4,134,572	2,839,586	990,852	304,134
b	PROGRAMS AND ACTIVITIES	3,661,875	3,532,284	123,004	6,587
c	GRANTS AND AWARDS	1,039,796	976,153	63,643	
d	MEMBERSHIPS	830,507	652,758	175,749	2,000
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	135,466,858	118,456,110	12,801,753	4,208,995
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				

Part X	Balance	Sheet
	Dalalice	SHEEL

					(A) Beginning of year		(B End of	
	1	Cash—non-interest-bearing			12,900	1	Liid Oi	12,900
	2	Savings and temporary cash investments			14,220,631	2	1:	5,817,369
	3	Pledges and grants receivable, net			11,936,444	3		8,603,528
	4	Accounts receivable, net		2,317,518	4		2,168,882	
	5	Receivables from current and former officers, directors, trustee other related parties Complete Part II of Schedule L			5		· ·	
	6	Receivables from other disqualified persons (as defined under spersons described in section 4958(c)(3)(B) Complete Part II of	n 4958(f)(1)) and		6			
	7	Notes and loans receivable, net	7,176,413	7		7,988,074		
	8	Inventories for sale or use			319,063	8		229,698
92	9	Prepaid expenses and deferred charges			2,094,806	9	:	2,447,329
Assets	10a	Land, buildings, and equipment cost basis	10a	341,085,016				
4		Land and the Manual Administration Committee Point VI of	104	341,003,010	-			
	Ь	Less accumulated depreciation Complete Part VI of Schedule D	10b	116,549,326				4,535,690
	11	Investments—publicly traded securities	• •		526,890,474	11	40-	4,190,364
	12	Investments—other securities See Part IV, line 11 Complete F Schedule D				12		
	13	Investments—program-related See Part IV, line 11 $\it Complete$ of $\it Schedule D$.	Part VI	II		13		
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D			35,319,616	15	3:	3,896,946
	16	Total assets. Add lines 1 through 15 (must equal line 34)			827,458,377	16	699	9,890,780
	17	Accounts payable and accrued expenses .			10,522,125	17		4,637,260
	18	Grants payable		18				
	19	Deferred revenue		19				
	20	Tax-exempt bond liabilities		105,779,819	20	110	0,786,209	
<u>ā</u>	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						
ï		persons Complete Part II of Schedule L				22		
	23	Secured mortgages and notes payable to unrelated third parties	s .		11,607,687	23	2	5,477,161
	24	Unsecured notes and loans payable				24		
	25	Other liabilities Complete Part X of Schedule D		40,140,571	25	4	0,088,021	
	26	Total liabilities. Add lines 17 through 25			168,050,202	26	180	0,988,651
S D O		Organizations that follow SFAS 117, check here ► ✓ and comply through 29, and lines 33 and 34.	plete l	lines 27				
Ē	27	Unrestricted net assets			320,218,392	27	22-	4,476,791
Balance	28	Temporarily restricted net assets			86,296,312	28	3	8,871,849
뒫	29	Permanently restricted net assets			252,893,471	29	25	5,553,489
r Fund		Organizations that do not follow SFAS 117, check here ► allines 30 through 34.	nplete					
S Of	30	Capital stock or trust principal, or current funds				30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31		
AS	32	Retained earnings, endowment, accumulated income, or other for	unds			32		
Net	33	Total net assets or fund balances		659,408,175	33	518	8,902,129	
z —	34	Total liabilities and net assets/fund balances			827,458,377	34	69	9,890,780
Рa	rt XI	Financial Statements and Reporting						
							Yes	No

Dart VI	Einancial	Statements	and Reporting
<i>J.</i> 1 a 	- Financiai	Statements	and keporting

	_			
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)

Name of the organization

Department of the Treasury Internal Revenue Service

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

DEPAL	JW UNI	VERSITY											
	35-0869045												
	rt I			harity Status (to be co					Instruct	ions)			
The	organı: —			ation because it is (Please									
1	<u> </u>			nurches, or association of ch			Section 1	L70(b)(1)((A)(i).				
2	<u> </u>	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)											
3		•	•	e hospital service organizati			-		• •		-		
4	Г	A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the											
		hospital's name, city, and state											
5	Г	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
	_	Section 170)(b)(1)(A)(iv).	(Complete Part II)									
6		A federal, s	tate, or local g	overnment or governmental	unıt descr	ıbed ın Se	ction 170	(b)(1)(A)	(v).				
7	Г	An organiza	ation that norm	ally receives a substantial p	art of its s	support fro	m a gove	rnmental ı	ınıt or fron	n the gene	eral pu	aplic	
		described i	n Sect ion 170(l	o)(1)(A)(vi) (Complete Par	tII)								
8		A communi	ty trust describ	ped in Section 170(b)(1)(A)	(vi) (Com	iplete Par	tII)						
9	Г	An organiza	ation that norm	ally receives (1) more than	331/3% 0	fits supp	ort from c	ontribution	ıs, membe	rship fees	s, and	gros	ss
		receipts fro	m activities re	lated to its exempt functions	s—s ubject	to certair	n exceptio	ns, and (2) no more	than 331,	/3% o	f	
		ıts support	from gross inve	estment income and unrelate	ed busines	ss taxable	ıncome (l	ess section	on 511 tax	x) from bu	sınes	ses	
	_	acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complet	e Part III)				
10		=	=	and operated exclusively to	-		-					-	
11	ı	one or more	e publicly suppo	and operated exclusively fo orted organizations describe	d ın sectio	on 509(a)	(1) or sec	tıon 509(a	a)(2) See				
				type of supporting organiza			nes 11e t nally Integ		h d	Гтуре	. TTT _	O th	or
e	_	·		rtify that the organization is	• •								
-	'	•		agers and other than one or			•						
		section 50		,	•	, ,,	,					`	,
f		If the orgar check this		d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supporti	ng org	anız	ation,
g				as the organization accepte	d any gift	or contrib	utıon from	any of the	:				
		following pe		r indirectly controls, either a	alone or to	nether wi	th nersons	describe	d in (ii)		Г	es	No
			•	ing body of the the supported		_	in persons	describe	u III (II)	11g	-	es	No.
				erson described in (i) above	_					11g(\dashv	No
			•	ty of a person described in (hove?				11g(\dashv	No
h				mation about the organizatio			sunnorts			9	,		
			. Tollowing Illion	mation about the organization	110 1110 019	, a La t. o	очррони						
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did v	ou notify	(vi) I	s the	(vii)	Am	ount of
Supported Organization			, ,	(described on lines 1-9	1	ation in	the orga	nızatıon	organız	ation in	s	uppo	ort?
		nization		above or IRC section		listed in) of your		rganized			
				(See Instructions))		verning	supp	orty	In the	US?			
document Yes N						No	Yes	No	Yes	No	-		
165 110 165						140	162	140					
										-	-		
										 	1		
				I .	1	1	i	1	1	1	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, 160, 1/a or	1/D, Check this	oox an	u see	▶ □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
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	
			•	.orumin (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

Software ID: Software Version:

EIN: 35-0869045

Name: DEPAUW UNIVERSITY

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa	· I							l I		
	(C) Position (check all that apply)							(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
R DAVID HOOVER , TRUSTEE	1 0	Х						0	0	0
DR JOSEPH P ALLEN IV , TRUSTEE	1 0	X						0	0	0
LISA HENDERSON BENNETT , TRUSTEE	1 0	Х						0	0	0
THOMAS W BOSWELL , TRUSTEE	1 0	Х						0	0	0
JONATHAN C COFFIN , TRUSTEE	10	Х						0	0	0
SALLY G COWAL , TRUSTEE	10	Х						0	0	0
BISHOP MICHAEL J COYNER , TRUSTEE	1 0	Х						0	0	0
MARLETTA DARNALL, TRUSTEE	1 0	Х						0	0	0
GARY P DREW , TRUSTEE	1 0	Х						0	0	0
JANE L EMISON , TRUSTEE	1 0	Х						0	0	0
MARVIN E FLEWELLEN , TRUSTEE	1 0	Х						0	0	0
ALISON E FROST , TRUSTEE	1 0	Х						0	0	0
JUDSON C GREEN , TRUSTEE	1 0	Х						0	0	0
KYLE HAWKINS , TRUSTEE	1 0	Х						0	0	0
MAX W HITTLE JR , TRUSTEE	1 0	Х						0	0	0
KATHRYN HUBBARD , TRUSTEE	1 0	X						0	0	0
KYLE E LANHAM , TRUSTEE	1 0	Х						0	0	0
G RICHARD LOCKE III , TRUSTEE	1 0	Х						0	0	0
ERIK G NELSON , TRUSTEE	1 0	Х						0	0	0
MYRTA J PULLIAM , TRUSTEE	10	Х						0	0	0
MARSHALL W REAVIS IV , TRUSTEE	10	Х						0	0	0
BLAIR A RIETH , TRUSTEE	10	Х						0	0	0
DARLENE M RYAN , TRUSTEE	10	Х						0	0	0
MICHAEL L SMITH , TRUSTEE	10	Х						0	0	0
JAMES B STEWART JR , TRUSTEE	1 0	X						0	0	0
JAMES G STEWART , TRUSTEE	1 0	X						0	0	0
ROBERT C TAYLOR , TRUSTEE	1 0	Х						0	0	0
LEE E TENZER , TRUSTEE	1 0	Х						0	0	0
STEVEN L TRULASKE, TRUSTEE	10	Х						0	0	
KATHY P VRABECK , TRUSTEE	1 0	Х						0	0	0

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Ada										
		(C) Position (check all that apply)								(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
SARAH H WALLACE , TRUSTEE	1 0	Х						0	0	0
BAYARD H WALTERS , TRUSTEE	1 0	Х						0	0	0
M SCOTT WELCH , TRUSTEE	1 0	Х						0	0	0
ROBERT WELLS , TRUSTEE	10	Х						0	0	0
R LEE WILSON , TRUSTEE	1 0	Х						0	0	0
LAWRENCE E YOUNG , TRUSTEE	10	Х						0	0	0
JOHN ANDERSON , TRUSTEE	10	Х						0	0	0
EUGENE L DELVES , TRUSTEE	1 0	Х						0	0	0
ROBERT R FREDERICK , TRUSTEE	1 0	Х						0	0	0
HIROTSUGU IIKUBO , TRUSTEE	1 0	Х						0	0	0
ARTHUR E KLAUSER , TRUSTEE	10	Х						0	0	0
GEORGE L MAZANEC , TRUSTEE	1 0	Х						0	0	0
DAVID J MOREHEAD , TRUSTEE	1 0	Х						0	0	0
IAN M ROLLAND , TRUSTEE	1 0	Х						0	0	0
DR THOMAS A SARGENT , TRUSTEE	10	Х						0	0	0
NORVAL B STEPHENS JR , TRUSTEE	1 0	Х						0	0	0
WILLIAM F WELCH , TRUSTEE	1 0	Х						0	0	0
RICHARD D WOOD , TRUSTEE	1 0	Х						0	0	0
JAMES R BARTLETT , TRUSTEE	1 0	Х						0	0	0
W CHARLES BENNETT , TRUSTEE	1 0	Х						0	0	0
RHETT W BUTLER , TRUSTEE	1 0	Х						0	0	0
LAWRENCE W CLARKSON , TRUSTEE	10	Х						0	0	0
DON R DASEKE , TRUSTEE	1 0	Х						0	0	0
DONALD C FINDLAY II , TRUSTEE	10	Х						0	0	0
VERNON E JORDON JR , TRUSTEE	10	Х						0	0	0
MICHAEL R MAINE , TRUSTEE	1 0	Х						0	0	0
ANDREW J PAINE JR , TRUSTEE	1 0	Х						0	0	0
JANET W PRINDLE , TRUSTEE	1 0	Х						0	0	0
JANE E SCHLANSKER , TRUSTEE	1 0	Х						0	0	0
THEODORE M SOLSO , TRUSTEE	1 0	Х						0	0	0

Form 990, Part VII - Section Aaa

Torin 990, Part VII - Section Ada											
	(C) Position (check all that apply)					I				(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	
TIMOTHY H UBBEN , TRUSTEE	1 0	Х						0	0	0	
ROBERT B WESSLING , TRUSTEE	1 0	Х						0	0	0	
BRIAN CASEY , PRESIDENT - HIRED 7/2008	40 0			х				118,376	0	0	
LISA HOLLANDER , VP FOR DEV & ALUMNI RELATIONS	40 0			х				231,555	0	28,999	
NEAL ABRAHAM , EXEC VP, VP ACADEMIC AFFAIRS	40 0			х				239,652	0	24,335	
STEPHANIE NILES , VP OF ADMISSION & FIN AID	40 0			х				171,848	0	27,144	
CYNTHIA BABINGTON , VP OF STUDENT LIFE	40 0			х				157,493	0	24,881	
BRAD KELSHEIMER - HIRED 52009 , VP FOR FINANCE & ADMIN	40 0			х				0	0	0	
RICHARD SPELLER , VP FOR FINANCE - LEFT 9/2008	40 0			х				193,046	0	22,491	
GARY LEMON , PROFESSOR OF ECONOMICS	40 0					Х		106,817	0	0	
PAMELA COBURN , PROFESSOR OF MUSIC	40 0					Х		134,325	0	0	
ROBERT BOTTOMS , PRESIDENT EMERITUS	40 0						х	405,230	0	25,205	
CARLA MCGUIRE , FORMER CIO	40 0						Х	251,010	0	27,376	

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

DEPAUW UNIVERSITY, A RESIDENTIAL LIBERAL ARTS COLLEGE, PROVIDES A DIVERSE LEARNING AND LIVING COMMUNITY WHICH IS DISTINCTIVE IN ITS RIGOROUS INTELLECTUAL ENGAGEMENT AND INTERNATIONAL AND EXPERIENTIAL LEARNING OPPORTUNITIES. DEPAUW TEACHES ITS STUDENTS VALUES AND HABITS OF MIND WHICH SERVE THEM THROUGHOUT THEIR LIVES AS EACH OF THEM MAKES A POSITIVE DIFFERENCE AS AN ACTIVE CITIZEN OF THE WORLD.

OMB No 1545-0047

Open to Public Inspection

Schedule D (Form 990) 2008

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

Employer identification number Name of the organization DEPAUW UNIVERSITY 35-0869045

Pai	organizations Maintaining Donor Acordanization answered "Yes" to Form 99		unds or Accounts.	Complete if the			
	organization answered Tes to Form 55	(a) Donor advised funds	(b) Funds and other	er accounts			
1	Total number at end of year						
2	Aggregate Contributions to (during year)						
3	Aggregate Grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advi funds are the organization's property, subject to the		or advised	┌ Yes ┌ No			
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben impermissible private benefit?	efit of the donor or donor advisor or other		┌ Yes			
Par	Conservation Easements. Complete	<u>if the organization answered "Yes" to</u>	o Form 990, Part IV, I	ine 7.			
1	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreati Protection of natural habitat Preservation of open space	on or pleasure)	historically importantly rtified historic structure	land area			
2	Complete lines 2a-2d if the organization held a qualion the last day of the tax year	fied conservation contribution in the form					
				e End of the Year			
a	Total number of conservation easements		2a				
Ь	Total acreage restricted by conservation easements		2b				
с	trained of conservation casements on a certained instance structure included in (a)						
d	Number of conservation easements included in (c) acquired after 8/17/06						
3	Number of conservation easements modified, transfe the taxable year F	rred, released, extinguished, or terminate	d by the organization du	ring			
4	Number of states where property subject to conserva	ation easement is located ►					
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		ations, and	┌Yes ┌No			
6	Staff or volunteer hours devoted to monitoring, inspe	cting and enforcing easements during the	year ►				
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the ye	ear ► \$				
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	(d) above satisfy the requirements of sec	tion	┌ Yes ┌ No			
9	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the organization's financial nents	statements that describ	es			
	Organizations Maintaining Collectio Complete if the organization answered	'Yes" to Form 990, Part IV, line 8.					
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	h in furtherance of public				
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research ii					
	(i) Revenues included in Form 990, Part VIII, line 1		> \$	0			
	(ii) Assets included in Form 990, Part X		▶ \$	2,633,391			
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA		r financial gain, provide	the			
а	Revenues included in Form 990, Part VIII, line 1		► \$	0			
b	Assets included in Form 990, Part X		▶ \$	0			

Cat No 52283D

Par	Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	<u>cal Trea</u>	sures, or Oth	<u>er Similar Ass</u>	ets (c	ontınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	ofth	ne foll	owing that	are a significant	use of its collecti	on	
а	▼ Public exhibition		d	~	Loan or e	xchange program	ns		
ь	Scholarly research		e	\sqcap	Other				
c	✓ Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n hov	w thev	/ further th	ne organization's	exempt purpose in		
•	Part XIV	one can a capital		,	, , , , , , , , , , , , , , , , , , , ,	io organization o	oxopt pa.pood		
5	During the year, did the organization solicit of						ımılar	-	-
Doo	assets to be sold to raise funds rather than t							Yes	No No
Pel	Trust, Escrow and Custodial A Part IV, line 9, or reported an an						wered tes to	רטוווו פ	, ,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						s not	Yes	
b	If "Yes," explain why in Part XIV and comple	te the following tabl	e						
							A mo	ount	
c	Beginning balance					10			
d	Additions during the year					1d	1		
e	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?				Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	•							
Pa	rt V Endowment Funds. Complete	f the organization	ans	were					
		(a)Current Year	(b)Prior	Year (c	c)Two Years Back (d) Three Years Back	(e) Four Y	ears Back
1a	Beginning of year balance	544,533,845							
b	Contributions	2,712,170							
C	Investment earnings or losses	-97,040,130							
d	Grants or scholarships	3,288,387							
е	Other expenditures for facilities and programs	21,553,989							
f	Administrative expenses								
g	End of year balance	425,363,509							
2	Provide the estimated percentage of the yea	r end balance held a	s						
а	Board designated or quasi-endowment	40 8 %							
Ь	Permanent endowment - 568%								
	Term endowment ► 2 4 %								
c 3a	Are there endowment funds not in the posses	ssion of the organiza	tion	that a	are held an	ıd admınıstered fo	or the		
	organization by	,						Yes	No
	(i) unrelated organizations						3a(i		<u> </u>
	(ii) related organizations						3a(ii) Yes	<u> </u>
	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the second secon	•					Зь		<u> </u>
4 Date	t VI Investments—Land, Buildings					Dart V line 10	<u> </u>		
1.4	tvi investments—Land, bundings	s, and Equipmen	111. 3		Cost or other				
	Description of investment				(investment		(c) Depreciation	(d) Bo	ok value
1a	Land					9,981,250)		9,981,250
	Buildings					291,417,73	¬	18	37,988,572
	Leasehold improvements								,,
	Equipment					2,290,84	813,060		1,477,783
	Other					37,395,19	<u> </u>		25,088,085
	I. Add lines 1a-1e (Column (d) should equal Fo	orm 990, Part X, colun	nn (B)), line	10(c).) .				24,535,690
	·						Schedule D	(Form 9	990) 2008

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or cateory (including name of security)	(b) Book value		d of valuation -year market value
Financial derivatives and other financial products			
Closely-held equity interests			
O ther			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
	a Farma OOO Dawb V June	12	
Part VIII Investments—Program Related. Se			d of valuation
(a) Description of investment type	(b) Book value		-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, III			T
(a) Descrip	ption		(b) Book value
BOND ISSUE COSTS			510,473
CSV OF LIFE INSURANCE			3,721,098
BENEFICIAL INTEREST IN TRUSTS			27,708,015
OTHER INVESTMENTS			1,084,000
REAL ESTATE HELD FOR RESALE			873,360
Tatal (Column (h) should agual Form 000 Part V cal (P) line :	(F.)		22 006 046
Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part >		<u> </u>	33,896,946
(a) Description of Liability	(b) A mount		
Federal Income Taxes	(2)		
ADVANCES FROM GRANTS HELD FOR OTHERS	1,195,874		
ANNUITY & TRUST LIABILITY	11,754,891		
ADVANCES FROM FEDERAL GOVERNMENT	3,670,970		
ACCUMULATED POSTRETIREMENT BENEFIT	2,0.0,570		
OBLIGATION	23,466,286		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	40,088,021		

Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	ıts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	112,023,256
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	135,466,858
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-23,443,602
4	Net unrealized gains (losses) on investments	4	-110,306,015
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-6,756,429
9	Total adjustments (net) Add lines 4 - 8	9	-117,062,444
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-140,506,046
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	-38,861,418
2	Amounts 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	-110,306,015
3	Subtract line 2e from line 1	3	71,444,597
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 2,540,672		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	40,578,659
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	112,023,256
	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	94,888,199
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments		
C	Losses reported on Form 990, Part IX, line 25		
d	Add lines 2a through 2d	20	
е 3	Subtract line 2e from line 1	2e 3	94,888,199
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		34,888,199
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a 2,540,672		
ь	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	40,578,659
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	135,466,858
	t XIV Supplemental Information		255,400,000

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b,

Ident if ier	Return Reference	Explanation
PART III	LINE 4	THE UNIVERSITY'S COLLECTIONS INCLUDE WORKS OF ART USED FOR INSTRUCTION, SCHOLARLY RESEARCH AND PUBLIC EXHIBITION
PART V	LINE 4	THE UNIVERSITY'S ENDOWMENT CONSISTS OF APPROXIMATELY 1,100 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES THE ENDOWMENT INCLUDES BOTH DONOR-RESTRICTED FUNDS AND FUNDS DESIGNATED BY THE GOVERNING BODY TO FUNCTION AS ENDOWMENTS PERMANENTLY RESTRICTED ASSETS ARE RESTRICTED TO SCHOLARSHIP AND STUDENT SUPPORT PROGRAMS, FACULTY SUPPORT AND DEVELOPMENT, LIBRARY, AND OTHER ACTIVITIES OF THE UNIVERSITY TEMPORARILY RESTRICTED ASSETS ARE AVAILABLE FOR SCHOLARSHIP AND STUDENT SUPPORT PROGRAMS, FACULTY AND ACADEMIC SUPPORT, BUILDING AND EQUIPMENT MAINTENANCE, ANNUITY TRUST ASSETS, AND OTHER NECESSARY ITEMS IN ADDITION, THE UNIVERSITY IS THE BENEFICIARY UNDER SEVERAL PERPETUAL TRUSTS ADMINISTERED BY OUTSIDE PARTIES UNDER THE TERMS OF THE TRUSTS, THE UNIVERSITY HAS THE IRREVOCABLE RIGHT TO RECEIVE INCOME EARNED ON THE TRUE ASSETS IN PERPETUITY BUT NEVER RECEIVES THE ASSETS HELD IN TRUST
PART X	FIN 48 FOOTNOTE	IN ACCORDANCE WITH FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) STAFF POSITION NO FIN 48-3, THE UNIVERSITY HAS ELECTED TO DEFER THE EFFECTIVE DATE OF FASB INTERPRETATION NO 48 (FIN 48), ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES UNTIL ITS FISCAL YEAR ENDED JUNE 30, 2010 THE UNIVERSITY HAS CONTINUED TO ACCOUNT FOR ANY UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH LITERATURE THAT WAS AUTHORITATIVE IMMEDIATELY PRIOR TO THE EFFECTIVE DATE OF FIN 48, INCLUDING FASB STATEMENT NO 109, ACCOUNTING FOR INCOME TAXES, AND FASB STATEMENT NO 5, ACCOUNTING FOR CONTINGENCIES
PART XI	LINE 8	LOSS ON INTEREST RATE SWAP 5,366,390 CHANGES IN POSTRETIREMENT BENEFIT OBLIGATIONS 1,141,970 CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 248,069
PART XII	LINE 4B	GRANTS AND SCHOLARSHIPS 38,037,987
PART XIII	LINE 4B	GRANTS AND SCHOLARSHIPS 38,037,987

OMB No 1545-0047

4B No 1545-004

2008

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Schools

Open to Public Inspection

	e of the organization UW UNIVERSITY	Employer identification number			
	THE STATE OF THE S	35-0869045			
				YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in other governing instrument, or in a resolution of its governing body?	ts charter, bylaws,	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward student brochures, catalogues, and other written communications with the public dealing with student ad programs, and scholarships?		2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broad the period of solicitation for students, or during the registration period if it has no solicitation pro that makes the policy known to all parts of the general community it serves? If "Yes," please despite the policy known to all parts of the general community it serves?	gram, ın a way			
	please explain THE UNIVERSITY'S NONDISCRIMINATORY POLICY IS PUBLICIZED ON ITS WEBSITE AND MATERIALS		3	Yes	
4	Does the organization maintain the following?				
ā	Records indicating the racial composition of the student body, faculty, and administrative staff?		4a	Yes	
ŀ	Records documenting that scholarships and other financial assistance are awarded on a racially basis?	nondiscriminatory	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the puwith student admissions, programs, and scholarships?	ublic dealing	4c	Yes	
c	Copies of all material used by the organization or on its behalf to solicit contributions?		4d	Yes	
5	If you answered "No" to any of the above, please explain (If you need more space, attach a separation discriminate by race in any way with respect to				
a	Students' rights or privileges?		5a		Νo
Ł	Admissions policies?		5b		Νo
c	Employment of faculty or administrative staff?		5с		Νo
c	Scholarships or other financial assistance?		5d		Νo
•	Educational policies?		5e		Νo
f	Use of facilities?		5f		Νo
ç	Athletic programs?		5g		Νo
ŀ	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a sep	parate statement)	5h		No
			1		
	Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?		6a 6b	Yes	Νο
	If you answered "Yes" to either 6a or b, please explain using an attached statement		700		11 0
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 ext		7	Yes	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493131010350 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

DEPAUW UNIVERSITY

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

DEFAUW UNIVERSITY						35-0869045	
Part I General Info	rmation on Gra	nts and Assistance	е			'	
	ed to award the gra	ants or assistance?			libility for the grants or a		ΓYes Γ
Form 990, Part Part IV and Sc	t IV, line 21 for a hedule I-1 if add	iny recipient that recontinuous	eived more than \$5,0	00. Check this box	tes. Complete if the of the first in the fir	ceived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	1	(h) Purpose of grant or assistance
	_						
					•		
3 Enter total number of ot For Paperwork Reduction Act No			<u> </u>	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
SCHOLARSHIPS & FINANCIAL AID	2187	38,037,987			

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 PROVIDES SCHOLARSHIPS AND FINANCIAL AID TO STUDENTS BASED ON NEED AND MERIT THE FUNDS ARE CREDITED DIRECTLY TO THE STUDENT'S ACCOUNT RECORDS ARE MAINTAINED IN ACCORDANCE WITH UNIVERSITY RETENTION AND DESTRUCTION POLICY

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493131010350

OMB No. 1545-0047

Schedule J (Form 990)

Department of the Treasury

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

Open to Public Inspection

Name of the organization DEPAUW UNIVERSITY

Employer identification number

35-0869045

Pa	rt I Questions Regarding Compensati	ion							
					Yes	Νο			
1a			ny of the following to or for a person listed in Form vide any relevant information regarding these items						
	First class or charter travel	▽	Housing allowance or residence for personal use						
	▼ Travel for companions	Γ	Payments for business use of personal residence						
	Tax idemnification and gross-up payments	⊽	Health or social club dues or initiation fees						
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)						
b	If line 1a is checked, did the organization follow a provision of all the expenses described above? If	•		1b	Yes				
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?								
3	Indicate which, if any, of the following the organization's CEO/Executive Director Check all		·						
	Compensation committee	<u> </u>	Written employment contract						
	Independent compensation consultant	<u> </u>	Compensation survey or study						
	Form 990 of other organizations	⊽	Approval by the board or compensation committee						
4	During the year, did any person listed in Form 990	0, Part VI	I, Section A, line 1a						
а	Receive a severance payment or change of contro	4a	Yes						
b	Participate in, or receive payment from, a supplen	qualified retirement plan?	4b	Yes					
c	Participate in, or receive payment from, an equity	-based co	mpensation arrangement?	4c		Νο			
	If "Yes" to any of lines 4a-c, list the persons and	provide th	ne applicable amounts for each item in Part III						
	501(c)(3) and 501(c)(4) organizations only must	complete	lines 5-8.						
5	For persons listed in form 990, Part VII, Section compensation contingent on the revenues of	A, line 1a,	, did the organization pay or accrue any						
а	The organization?			5a		Νο			
b	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 compensation contingent on the net earnings of	A, line 1a,	, did the organization pay or accrue any						
а	The organization?			6a		Νo			
b	Any related organization?			6b		Νο			
	If "Yes," to line 6a or 6b, describe in Part III								
7	For persons listed in form 990, Part VII, Section payments not described in lines 5 and 6? If "Yes,			7		No			
8	Were any amounts reported in Form 990, Part VII subject to the initial contract exception described in Part III	, .	•	8		N _O			

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)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	f 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
LISA HOLLANDER	(1) (11)	222,500 0	7,500 0	1,555	17,800 0	11,199 0	260,554 0	0
NEAL ABRAHAM	(1) (11)	217,500 0	20,000	2,152	17,400 0	6,935 0	263,987 0	0
STEPHANIE NILES	(ı) (ıı)	163,000 0	7,500 0	1,348	13,040	14,104 0	198,992 0	0
CYNTHIA BABINGTON	(ı) (ıı)	135,291 0	20,057	2,145	10,823	14,058 0	182,374 0	0
ROBERT BOTTOMS	(ı) (ıı)	226,500 0	115,979 0	62,751	18,120 0	7,085 0	430,435 0	0
RICHARD SPELLER	(1) (11)	188,875 0	0	4,171	14,920 0	7,571 0	215,537 0	0
CARLA MCGUIRE	(1) (11)	248,579 0	0	2,431	19,886 0	7, 4 90 0	278,386 0	0
	(ii)							
	(i)							
	(ii)		 					
	(i)	·	 					
	(ii) (i)		 					
	(ii)							
	(i)			1			+	
-	(ii)			1				

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
SCHEDULE J PART I		EXPLANATION OF BENEFITS COLUMBIA CLUB DUES WERE PAID FOR PRESIDENT EMERITUS ROBERT BOTTOMS FOR BUSINESS PURPOSES ONLY FIRST CLASS TRAVEL IS PROVIDED TO PRESIDENT BRIAN CASEY AND PRESIDENT EMERITUS ROBERT BOTTOMS PRESIDENT EMERITUS ROBERT BOTTOMS IS PROVIDED SPOUSAL TRAVEL TO BRING HIS WIFE TO CERTAIN BUSINESS FUNCTIONS PRESIDENT BRIAN CASEY IS ALSO PROVIDED HOUSING CONTIGUOUS TO CAMPUS AS PART OF HIS EMPLOYMENT AGREEMENT QUESTION 4A RICHARD SPELLER RECEIVED PAYMENT OF \$45,873 44 WHICH WAS INCLUDED IN HIS W-2 COMPENSATION QUESTION 4B THE PRESIDENT HAS A DEFERRED COMPENSATION PLAN UNDER SECTION 457(F) FOR 2008, THE AMOUNT WAS \$37,500

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493131010350

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

Open to Public **Inspection**

Department of the Treasury

DEPAUW 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 35-0869045

Pā	art I Bond Issues (Required	for 2008)												
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	Issued	(e) Issue	e Price	(f) Des	cription of	Purpose	(g) De	feased	Beh	On alf of suer
											Yes	No	Yes	No
A	INDIANA FINANCE AUTHORITY	35-1602316	455057NJ4	04-30-	2008	42,	225,000	ADVANCE		x		x		
В_	INDIANA FINANCE AUTHORITY	NCE AUTHORITY 35-1602316 455057NK1			2008	42,	330,000	ADVANCE	REFUNDIN	G		х		х
Pa	rt II Proceeds (Optional for	2008)		1				l						1
					A	E	3		:	D		E		
1	Total Proceeds of Issue													
2	Gross Proceeds in Reserve Funds													
3	Proceeds in Refunding or Defeasar	nce Escrows												
4	Other Unspent Proceeds													
5	Issuance Costs from Proceeds													
6	Working Capital Expenditures from	n Proceeds												
7	Capital Expenditures from Proceed	ds												
8	Year of Substantial Completion							•		•				
_	Were the bonds issued as part of a	aurrent refunding is	-u-2	Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
9								+						
10	Were the bonds issued as part of a		issue?											
11	Has the final allocation of proceed	s been made?												
12	Does the organization maintain ad final allocation of proceeds?	equate books and red	ords to support the											
Pai	t IIII Private Business Use	(Optional for 2008)	_						1				
				—	A	E V						+	<u>E</u>	
1	Was the organization a partner in a which owned property financed by		ember of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No	Ye	5	No
2	Are there any lease arrangements which may result in private busine		nanced property											
E	Danamuark Daduction Act Natica coath	a Instructions for Earn	- 000			Cat No E01	025			-	hadula K	/Earm 00	A) 2009	,

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

		4	A	E	3	(С	I	D	I	E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	rt IV Arbitrage (Optional for 2008)										
		ı	Α	E	3	(<u>c</u>	ı	<u> </u>	E	
		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?										

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493131010350

OMB No 1545-0047

Department of the Treasury

SCHEDULE M

(Form 990)

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

Non-Cash Contributions

Open to Public

Internal Revenue Service	Attacii to Foilii 990	Inspection
Name of the organiza DEPAUW UNIVERSITY	cion	Employer identification number 35-0869045
Part I Types	of Property	

		(a) Check	(b) Number of Contributions	(c) Revenues reported on	(d) Method of de		ning	
		ıf		Form 990, Part VIII, line	reven	ues		
	Art—Works of art	applicable		1 g				
	Art—Historical treasures .							
	Books and publications Clothing and household							
•	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	17	1,519,491	STOCKQUOTE			
10	Securities—Closely held stock $$.							
11	Securities—Partnership, LLC, or trust interests							
	Securities—Miscellaneous							
13	Q ualified 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 .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	Other (describe)							
	Other (describe)							
	Other (describe)							
	Other (describe)							
29	Number of Forms 8283 received which the organization complete Acknowledgement			ar for contributions for	29			1
							Yes	No
30a	During the year, did the organiza	ition receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it must			
	hold for at	. 					ı	
	least three years from the date of for the entire holding period? .	or the initial	contribution, and which is	not required to be used for a	axempt purposes			No
						30a		No
D	If "Yes", describe the arrangeme	ent in Part 1	.1					
31 32a	Does the organization have a gift Does the organization hire or us					31	Yes	
	contributions?	· · ·	· · · · · · · ·			32a	Yes	
	If "Yes", describe in Part II							
33	If the organization did not report	revenues i	n Column (c) for a type of p	roperty for which Column (a	a) IS			
	checked, describe in Part II							
For P	aperwork Reduction Act Notice, see	the Instruct	tions for Form 990	Cat No 512271	Schedule	M (For	m 990)	2008

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information. Identifier ReturnReference Explanation QUESTION 32 THE UNIVERSITY USES THEIR INVESTMENT BROKER TO SCHEDULE M LIQUIDATE GIFTS OF STOCK

SCHEDULE 0

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
DEPAUW UNIVERSITY

Employer identification number
35-0869045

ldentifier	Return Reference	Explanation
FORM 990 PART VI	GOVERNANCE, MANAGEMENT AND DISCLOSURE	QUESTION 2 TIM SOLSO TRUSTEE BUSINESS RELATIONSHIP LISA HENDERSON BENNETT TRUSTEE BUSINESS RELATIONSHIP MAX W HITTLE JR TRUSTEE BUSINESS RELATIONSHIP R DAVID HOOVER TRUSTEE BUSINESS RELATIONSHIP MICHAEL L SMITH TRUSTEE BUSINESS RELATIONSHIP QUESTION 10 THE FORM 990 AND RELATED SCHEDULES UNDERGO A THOROUGH REVIEW BY THE VICE PRESIDENT FOR FINANCE AND ADMINISTRATION AND THE AUDIT AND RISK MANAGEMENT COMMITTEE FOLLOWING THIS REVIEW, THE EXECUTIVE AND EXECUTIVE COMPENSATION COMMITTEES REVIEW THE FORM AND ALL SCHEDULES, EXCEPT FOR SCHEDULE B, IS THEN PROVIDED TO ALL MEMBERS OF THE BOARD OF TRUSTEES PRIOR TO SUBMISSION TO THE IRS QUESTION 12C PER THE WRITTEN CONFLICT OF INTEREST POLICY, AN ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE MUST BE COMPLETED AND SUBMITTED TO THE VICE PRESIDENT FOR FINANCE AND ADMINISTRATION FOR REVIEW IF A POTENTIAL CONFLICT OF INTEREST IS DISCLOSED, THE VICE PRESIDENT FOR FINANCE AND ADMINISTRATION DETERMINES THE MATERIALITY OF THE CONFLICT IF NECESSARY, THE CHAIR OF THE BOARD WORKS WITH THE VICE PRESIDENT TO DETERMINE THE NECESSARY ACTION QUESTION 15A AND 15B UNIVERSITY BY LAWS ESTABLISH A SUBCOMMITTEE OF THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES TO BE DESIGNATED AS THE EXECUTIVE COMPENSATION COMMITTEE ANNUALLY DETERMINES THE COMPENSATION TO BE PAID TO THE EXECUTIVE OFFICERS OF THE UNIVERSITY COMPENSATION REFLECTS COMPENSATION AND BENEFIT INFORMATION PROVIDED THROUGH THE COLLEGE AND UNIVERSITY PROFESSIONAL ASSOCIATION (GLCA), INFORMATION PROVIDED THROUGH THE COLLEGE AND UNIVERSITY PROFESSIONAL ASSOCIATION FOR HUMAN RESOURCES (CUPA-HR), AND VERIFIABLE COMPENSATION AND BENEFIT INFORMATION PROVIDED THROUGH THE COLLEGE QUESTION 19 GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FORM 990 AND FINANCIAL STATEMENTS ARE ALL AVAILABLE UPON REQUEST

DLN: 93493131010350

OMB No 1545-0047 2008

Open to Public Inspection

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.

Related Organizations and Unrelated Partnerships

► See separate instructions. Employer identification number

Name of the organization DEPAUW UNIVERSITY		Employer identification number				
Part I Identification of Disregarded Entities				35-0869045		
(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 Organiza	tions					
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code sect	Public charity st (if section 501(c	tatus Direct controlling entity	
MALPAS TRUST						
600 E 96TH STREET STE 600 INDIANAPOLIS, IN46240 35-6040246	SCHOLARSHIPS	IN	501(C)3	11		
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)	(F) Share of total income		(G) Share of end-of- year assets	(H) Disproprtiona allocations?		(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		

Part V Transactions with Related Organizations		

Transactions with Related Organizations				
Note. Complete line 1 if any entity is listed in Parts II, III or IV			Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with	one or more related organizations listed in Parts II-IV	7		
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a		No
b Gift, grant, or capital contribution to other organization(s)		1b		No
c Gift, grant, or capital contribution from other organization(s)	1c	Yes		
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 of assets to other organization(s)		1f		No
g Purchase of assets from other organization(s)				
h Exchange of assets		1h		No
i Lease of facilities, equipment, or other assets to other organization(s)		11		No
j Lease of facilities, equipment, or other assets from other organization(s)				
Performance of services or membership or fundraising solicitations for other organization(s)				No
Performance of services or membership or fundraising solicitations by other organization(s)				No
m Sharing of facilities, equipment, mailing lists, or other assets				
n Sharing of paid employees		<u>1n</u>		No
• Reimbursement paid to other organization for expenses		10		No
p Reimbursement paid by other organization for expenses		1 p		No
q O ther transfer of cash or property to other organization(s)		19		No
O ther transfer of cash or property from other organization(s)				No
2 If the answer to any of the above is "Yes," see the instructions for information on who r	nust complete this line, including covered relationship	s and transaction thresholds		
(A) Name of other organization(s) (B) Transaction type(a-r) (C) Amount Involved				
(1) MALPAS TRUST	С		289,593	3
(2)				

Name of other organization(s)	type(a-r)	Amount Involved
(1) MALPAS TRUST	С	289,593
(2)		
(0)		
(3)		
(4)		
(5)		
(6)		

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)	(C) (B) Legal domicile		(D) Are all Partners Share of		(F) Disproprtionate		(G) Code V—UBI	(H) General or		
e, address, and EIN of entity	Primary activity	Primary activity (state or foreign country)	sect 501(d organiz	section solutions end-of-year assets organizations?		allocations?		amount on Box 20 of K-1	managing partner?	
K PRIVATE CAPITAL II (PARALLEL) LP			Yes	No		Yes	No		Yes	No
UNION STREET 56TH FLOORSEATTLE, WA98101 153305	INVESTMENT	WA		No			No			No
LK PRIVATE CAPITAL II (PARALLEL) LP										
UNION STREET 56TH FLOORSEATTLE, WA98101 3153215	INVESTMENT	WA		No			No			No
BLK PRIVATE CAPITAL II (PARALLEL) LP										
LUNION STREET 56TH FLOORSEATTLE, WA98101 3153269	INVESTMENT	WA		No			No			No
		1			I.					_