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Form 990

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

OMB No 1545-0047

	1.01	enue Service	'	he organization may have to	use a copy or tris re	turn to satis	siy state rep	ording req	ulterner	nts Inspect	tion
A	For t	he 2008 ca	alendar	year, or tax year beginning	07/0	01 , 2008, a	ind ending		00	6/30 , 20 09	
В	 Check if	applicable	Please	C Name of organization KANS	AS WESLEYAN U	NIVERSIT	Ŷ		D Em	ployer identification	n numbe
$\supset A$	Addres	s change	use IRS tabel or	Doing Business As					48	0543729	
_		change	print or type	Number and street (or PO box if m	all is not delivered to stree	t address)	Room/suite		E Tel	ephone number	
<u>ا</u> ا	nitial re	eturn	See	100 E Claflin Ave					( 78	5) 827-5	<u>541</u>
_	ermina		Specific Instruc-	City or town, state or country,	and ZIP + 4			-			
<b>-</b> '	-	ed return	tions.	Salina, KS 67401-6196					G Gro	ss receipts \$ 8,	897,77
⊿ ב	pplicat	ion pending	F Nam	ne and address of principal officer	Wayne Schneid	der		H(a) is the	s a group i	return for affiliates? <b>V</b> e	s 🔲
			100 E	Claflin Ave, Salina, KS 6	<u>'401</u>					tes included? <b>V</b> Ye	
<u></u>	Tax-ex	cempt status	· 🔽 5	01(c) ( 3 ) ◀ (insert no.) ☐ 49	947(a)(1) or 527			1		ch a list (see instruc	
		ite: ► wv						H(c) Group	exemption	n number ▶ 0	000
_				ration Trust Association C	Other ►	L Year	of formation.	1886	M Sta	te of legal domicile	KS
Pa											
	1	Briefly de	escribe	the organization's mission	or most significar	nt activities	Educati	on - Univ	ersity		
•											
ü									<b>-</b>		
Ĕ											
Governance	2	Check this	box ▶ [	if the organization disconting	ued its operations or	disposed of	more than 25	5% of its a	ssets.		
ಲ ಪ	3	Number	of votin	g members of the governi	ng body (Part VI, I	ine 1a)			. L:	3	40
	4	Number	of indep	pendent voting members of	f the governing bo	ody (Part V	/I, line 1b)		4	4	4(
Activities				employees (Part V, line 2a						5	352
۶	6	Total nur	nber of	volunteers (estimate if ned	essary)				. L	6	
	7a	Total gro	ss unre	lated business revenue fro	m Part VIII, line 12	, column (	(C)		. 7	'a	(
	b	Net unrel	ated bu	usiness taxable income fro	n Form 990-T, line	<u> 34</u>	· · · · ·		. 7	'b	
							<u> </u>	Prior Ye	ear	Current Y	'ear
	8	Contribut	tions an	nd grants (Part VIII, line 1h)					910,21	12	796,644
Revenue		Program service revenue (Part VIII, line 2g)						11,	153,63	35 11,4	415,979
8		Investment income (Part VIII, column (A), lines 3, 4, and 7d)						-	352,73	39 -3,4	413,362
~	11	Other revenue_(Part-VIII.column (A). lines 5, 6d, 8c, 9c, 10c, and 11e)									98,515
	12	Total reve	nue la	dd lines 8 through 11 (must	equal Part VIII, colu	ımn (A), line	e 12 )	11,	711,10	8,8	897,776
ļ	13	Grants ar	nd simil	ar amounts paid (Part IX,	column (A), lines 1	–3)				0	
	14	Benefits	paid to	dir for ngembers (Partix, o	olumn (A), line 4)					0	
8	15	Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)					200,00	00 6,	321,526		
Expenses	16a	Professio	nål fund	traising fees (Part IX, colum	n (A), line 11e)					0	
<u> </u>	b	Total fund	raising.	expenses (Part IX, column (	O), line 25) ▶	339,2	212				
- 1				(Part IX, column (A), lines				5,	986,56	6,4	463,114
İ	18	Total exp	enses.	Add lines 13-17 (must equ	ual Part IX, column	n (A), line 2	25)		186,56		784,640
╛	19	Revenue I	less exp	enses. Subtract line 18 from	1 line 12	<u> </u>			524,54	14 -3,8	886,864
10.03								Beginning (		End of Yo	ear
Balanc	20	Total ass	ets (Par	rt X, line 16)				50,	898,38	37 45,8	800,981
Ę	21	Total liab	ilities (F	Part X, line 26)				9,	509,57		299,030
Fund		Net asset	ts or fu	nd balances. Subtract line	21 from line 20.			41,	388,81	15 37,	<u>501,951</u>
Pa	rt II		ature E								
		Under per	nalties of	penury, I declare that I have exami e, correct, and complete Declarat	ned this return, including	g accompany	ing schedules	and statem	nents, an	d to the best of my k	nowledge
		and belief	, 11 13 0 00	s, correct, and complete Decimal	on or preparer (other ti	ian omcer, is	Dased On air	ı ı ı ı ı ı	OI WINCI	in preparer rias arry k	nowleage
ig!	n	<b>I</b>				<del>,</del>				<del></del>	
ler	е	Signa	ature of o	fficer				Dat	e		
				hneider, VP for Finance							
		Туре	or print r	name and title							
		Preparer's				Date	Check self-	cıf		r's identifying number	
aid		signature						yed ▶ 🔲	(see ins	tructions)	
ron	m e 1 2	Firm's nar		urs			-	EIN	<b>•</b>		
•	Only	if calf a-	olovod)								
Prepa Use	Only	if self-emp address,		- 4				Phone n	0 • (	)	

Cat No 11282Y Form

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_	nr 990 (2008)  In Statement of Program Service Accomplishments (see instructions)	Page
1	Briefly describe the organization's mission Education - University	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes 🗹 No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes 🗹 No
4	Describe the exempt purpose achievements for each of the organization's three largest program services by e Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount o allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code) (Expenses \$ including grants of \$) (Revenue \$)  See Statement 2	

	•••••						
46	(Ondo) \ (Fig.	¢			) /Davanus (	<u> </u>	
4D	(Code:) (Exp						
					<b></b>		
							<b>-</b> -
					<b>,</b>		
		••					
	/On also	¢			\	<b>.</b>	
4C	(Code: ) (Ext	penses \$	incluaing g	rants of \$	) (Hevenue	<b>D</b> )	
	(/						
		·					
							·
	Other program services	i. (Describe in Schedul	e O.)				
4d	Other program services	s. (Describe in Schedul <b>0</b> including grants	e O.)		0 )		

Pa	rt 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	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	✓	
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		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		<b>✓</b>
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		<b>✓</b>
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
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	_	<b>✓</b>
10 11	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	10	<b>√</b>	
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	<b>√</b>	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	1	
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		1
	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		<b>&gt;</b>
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		✓_
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		1
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		<b>√</b>
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 19		1
19 20	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	-	1
20 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		1
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		1
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		✓
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	1	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<b>√</b>
		24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<b>✓</b>
	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		1
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		<b>✓</b>
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		<b>✓</b>
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		<b>✓</b>

Part IV	Chacklist	of Required S	Schodulae .	(continued)

			Tes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee.	. 4	W 4	· · · · · · · · · · · · · · · · · · ·
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,		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· 1000
	Part IV	28a		1
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		1
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		<b>√</b>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		<b>✓</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		✓
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	✓	
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	✓	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		✓_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<b>√</b>

Form **990** (2008)

1.8	Statements Regarding Other IRS Filings and Tax Compliance								
			Yes	No					
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			1					
	U.S Information Returns. Enter -0- if not applicable	1 .		1 -					
b	b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0								
С	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?								
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	. 3		2/					
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 352	, 5	· .	سند					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	3 		31					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	7 .5	, "-						
-	this return?	3a		1					
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b							
	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		<b>√</b>					
b	If "Yes," enter the name of the foreign country: ▶	*		,					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	- 15 - 13 - 13 - 13	-: ::	2 17					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<b>✓</b>					
C	c If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity								
	Regarding Prohibited Tax Shelter Transaction?	<u>5c</u>		-					
	Did the organization solicit any contributions that were not tax deductible?	<u>6a</u>		<b>✓</b>					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).		ي رئيد						
а	The the organization provide goods of corridos in exchange for any quid pro que contribution of more than	الله		1					
	\$75?	7a		<b>✓</b>					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<del>                                     </del>					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		1					
Ч	If "Yes," indicate the number of Forms 8282 filed during the year	7	4	\$4 . Te					
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	7	, ,						
·	benefit contract?	7e		1					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓					
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g	<b>✓</b>	<u> </u>					
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	_	,						
	required?	7h	✓_						
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section	1	· ;						
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring	8		شه سدویسد					
9	organization, have excess business holdings at any time during the year?	-	, 12						
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:	<del>                                    </del>	-,-						
а	Initiation fees and capital contributions included on Part VIII, line 12	2,1	.,	् , य					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		ا ج	· - j					
11	Section 501(c)(12) organizations. Enter.		7	- i					
а	Gross income from members or shareholders	[ ' '		ę					
b	Gross income from other sources (Do not net amounts due or paid to other sources against			أ أ					
	amounts due or received from them.)	,, , ,	٠_ــــــــــــــــــــــــــــــــــــ	ل ننه					
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.   12b	4 4 P 2 "	. , 📬	. 4					

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

Sec	ction A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the		1	驗
	circumstances, processes, or changes in Schedule O. See instructions.			2
1a	Enter the number of voting members of the governing body		<b>建</b> 题	
b	Enter the number of voting members that are independent	, ,	300	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1	3 - 42 5	136
_	any other officer, director, trustee, or key employee?	2		1
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		✓
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		1
6	Does the organization have members or stockholders?	6		1
7a				
	of the governing body?	7a		1
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		. 53	41.
•	the year by the following:	347	, ,,,	i i
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	1	
9a		9a		1
	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		
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			,
<u></u>	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		_ ✓
<u> </u>	tion B. Policies		<b>V</b>	
		12a	Yes	No
	Does the organization have a written conflict of interest policy? If "No," go to line 13	1Za		
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	12b	1	
	rise to conflicts?	120		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	1	
13	Does the organization have a written whistleblower policy?	13		_ ✓_
14	Does the organization have a written document retention and destruction policy?	14	<b>√</b>	etima-nec.
15	Did the process for determining compensation of the following persons include a review and approval by	77 10	<b>"特殊</b> 1565	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:	- 4	2002	روه ع. مسلست
а	The organization's CEO, Executive Director, or top management official?	15a	✓	
b	Other officers or key employees of the organization?	15b	5-0 p	<b>√</b>
	Describe the process in Schedule O. (see instructions)	1		1 1 T
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	أخسف		الكينت
	with a taxable entity during the year?	16a	>4 == 1	12 63
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		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►KS			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(	s(8)(3	only)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of inte	erest	
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and recoorganization:   See Statement 3	rds o	f the	

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

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

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

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

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee.										
(A) Name and Title	(B) Average			(	C)	that ap		( <b>D</b> ) Reportable	(E) Reportable	( <b>F</b> ) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Darin Russell Vice President	50			1				\$75,310	\$0	\$0
Glenna Alexander Director of Enrollment Services	50			1				\$70,530	\$0	\$0
Wayne R Schneider Vice President	50			1				\$94,245	\$0	\$0
Mikey Mitchell Vice President	50			1				\$85,041	\$0	\$0
Philip P Kerstetter President	50			1		1		\$125,753	\$0	\$0
John Blackwell Campus Minister	50			1	,			\$73,100	\$0	\$0
Darrell Victory Director of Physical Plant	50				1			\$60,965	\$0	\$0
Matt Williams Athletic Director	50				1			\$64,525	\$0	\$0
Carol Ahlvers Professor	50				1			\$71,234	\$0	\$0
David Dallas Football Coach	50				1			\$59,190	\$0	\$0
	·									

, Pa	rt VII Section A. Officers, Directors, Tru	stees, Key	Emp	loy	ees,	an	d Hig	hest	Compensate	d Employees (c	ontinued)
	(A)	(B)			(6	C)	_		(D)	(E)	(F)
	Name and title		Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
						_					
_											
_					_	_					<u> </u>
									<u> </u>		
		<u> </u>									
									-		
1h	Total							$\Box$	779,893		0
2	Total number of individuals (including those	in 1a) wh	o rec	eive	ed n	nore	than	\$10		<u>-</u>	
	organization ▶ 1										Yes No
3	Did the organization list any former officer	r, director	or tru	ste	e, k	еу	emplo	oyee	, or highest c	ompensated	F 12 51
4	employee on line 1a? If "Yes," complete So For any individual listed on line 1a, is the sithe organization and related organizations of individual.	um of repo	rtable	e co	mp	ens	ation				3 1
5	Did any person listed on line 1a receive of services rendered to the organization? If "Y	or accrue	comp lete S	ens Sche	atic edui	n f le J	rom a	any uch	_	anization for	5 /
Se	ction B. Independent Contractors										
1	Complete this table for your five highest co- compensation from the organization.	mpensated	d inde	pe	ndei	nt c	ontra	ctor	s that received	more than \$1	00,000 of
	(A) Name and business addr	ress				•			(B) Description of se	ervices	(C) Compensation
See	Statement 4										
		<del></del>									
					_						
2	Total number of independent contractors (in compensation from the organization ▶ 8	including th	hose	ın 1	) w	ho i	receiv	ed i	more than \$10	00,000 in	

Part VIII		Statement of Revenue					
,				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
tributions, gifts, grants other similar amounts	b	Federated campaigns	0 0 0				
Contributions, and other simi	e f g	All other contributions, gifts, grants, and similar amounts not included above  Noncash contributions included in lines 1a-1f:  Total. Add lines 1a-1f:	195,360 601,284 5,811	706 644			
	2a	Educational Services	Business Code 611310	796,644 11,415,979	11,415,979	0	0
Program Service Revenue	c d						
Program	e f g	All other program service revenue .  Total. Add lines 2a-2f		0 11,415,979	0	0	0
	3	Investment income (including dividen other similar amounts)  Income from investment of tax-exempt be	•	-3,413,362 0	-3,413,362 0	0	0
:	5 6a	Royalties	•		0	0	0
	С	Net rental income or (loss)	0 0				
		Gross amount from sales of assets other than inventory  Less: cost or other basis	(ii) Other			· · · · · · · · · · · · · · · · · · ·	
		and sales expenses .	0 0		a south	The state of the s	
r Revenue		Gross income from fundraising events (not including \$0 of contributions reported on line 1c).	a				
Other Re	b b		b		2 <u>1</u> 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
			a				
	С	Net income or (loss) from gaming act Gross sales of inventory, less	ivities ►				7 4
	b	returns and allowances	a b ntory ►		ئىرىنىڭ ئىلىنىڭ ئىلىنى ئىلىنىڭ ئىلىنىڭ ئىلىنى	40	
ĺ		Miscellaneous Revenue	Business Code	., ., ., .,		Section .	235 - 61
	11a b	Volunteer Connection	611310	98,515	98,515	0	0
	С						
		All other revenue	L	0 545	0	0	0
		Total Revenue. Add lines 1h, 2g, 3,	4, 5, 6d, 7d, 8c,	98,515			Far - 15 - 3 1
		9c, 10c, and 11e	<u></u>	8,897,776	8,101,132	0	. 0

## Part IX Statement of Functional Expenses

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

	All other organizations must complete co	iumn (A) but are no	ot required to com	piete columns (B),	(C), and (D).
	not include amounts reported on lines 6b, , 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	0		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0	0	,	
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	o	0	-	
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors,				
-	trustees, and key employees	779,893	704,583	0	75,310
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	4,305,389	4,188,419	0	116,970
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	450,096		0	18,649
9	Other employee benefits	428,119	414,487	0	13,632
10	Payroll taxes	358,029	345,021	0	13,008
11	Fees for services (non-employees):		•		
а	Management	0 440	0	0	0
b	Legal	45,000	440	0	0
_	Accounting	45,000	45,000	0	·
d	Lobbying	0			0
	Professional fundraising services. See Part IV, line 17	53,918	53,918	0	0
f	Investment management fees	816,639	813,720	0	2,919
9 12	Other	153,302	144,946	0	8,356
13	Office expenses	985,090	940,818	0	44,272
14	Information technology	187,529	179,321	0	8,208
15	Royalties	0	0	0	0
16	Occupancy	0	0	0	0
17	Travel	414,115	403,276	0	10,839
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0	0 407	0	0
	Conferences, conventions, and meetings .	38,230	36,137	0	2,093
20	Interest	302,202 0	302,202	0	0
21	Payments to attiliates	799,106	799,106	0	0
22	Depreciation, depletion, and amortization.	294,919	294,919	0	0
	Insurance	2/9/ 7	* 1, 2 24	· y · · · · · · · · · · · · · ·	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed			Sylvan English	
	5% of total expenses shown on line 25 below.)	, , , , , ,			
a				<u> </u>	
b					
d					<del></del>
e					
f	All other expenses	2,372,624	2,347,668	0	24,956
25	Total functional expenses. Add lines 1 through 24f	12,784,640	12,445,428	0	339,212
26	Joint Costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

J.C	irt v	balance Sneet						
			(A) Beginning of year		(B) End of year			
	1	Cash—non-interest-bearing	0	1	0			
	2	Savings and temporary cash investments	4,494,361	2	2,080,191			
	3	Pledges and grants receivable, net	1,054,929	3	510,563			
	4	Accounts receivable, net	83,225		59,035			
	5	Receivables from current and former officers, directors, trustees, key	· - · · · · · · · · · · · · · · · · · ·	Ė				
	) 3	employees, or other related parties. Complete Part II of Schedule L .	0	5	0			
	6	Receivables from other disqualified persons (as defined under section		,	1,0			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete	ب. ،	İ				
		Part II of Schedule L	0	6	0			
S	7	Notes and loans receivable, net	1,224,212	7	1,120,939			
Assets	8	Inventories for sale or use	0	8	0			
As	9	Prepaid expenses and deferred charges	0	9	0			
	10a	Land, buildings, and equipment: cost basis 10a 33,833,371	7	Ť	32.5			
	ь	Less: accumulated depreciation Complete	19.11		3 - 2 2 2 2 3			
	"	Part VI of Schedule D	22,602,268	10c	24,159,832			
	11	Investments—publicly traded securities	0	11	-,,,,,,,,			
	12		0	12	0			
	13	Investments—other securities. See Part IV, line 11	21,249,360	13	17,356,927			
	14	. •	80,125		74,367			
	15	Intangible assets	109,907		439,127			
	16	Total assets. Add lines 1 through 15 (must equal line 34)	50,898,387		45,800,981			
	17		2,164,445		1,345,846			
	ļ	Accounts payable and accrued expenses	2,104,445	18	1,343,640			
	18	Grants payable	463,205	_	413.055			
	19	Deferred revenue	5,872,382	_	5,530,356			
S	20	Tax-exempt bond liabilities	3,072,382	21	3,330,330			
Liabilities	21	Escrow account liability. Complete Part IV of Schedule D		21	THE STATE OF THE STATE OF			
ΞĢ	22	Payables to current and former officers, directors, trustees, key		. 3	1000 人名英西德			
Ë		employees, highest compensated employees, and disqualified		E	0			
		persons. Complete Part II of Schedule L	1,009,540	22	1,009,773			
	23	Secured mortgages and notes payable to unrelated third parties	1,003,340	24	1,009,773			
	24	Unsecured notes and loans payable	0	25				
	25 26	Other liabilities. Complete Part X of Schedule D	9,509,572	26	8,299,030			
			* ; · · * · · · · · · · · · · · · · · ·	, 20	0,299,030			
lances		Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.		1	事事的 对色斑的			
Ĕ			23,952,851	27	21,157,484			
~	27	Unrestricted net assets	528,191	28	161,147			
8	28	Temporarily restricted net assets	16,907,773	29	16,183,320			
or Fund Ba	29	Permanently restricted net assets	7 4 7 5 6 7 7	29	10,100,020			
T		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.	3 Tal 1 1 1 1 1					
o s	00			30	ل ــــــــــــــــــــــــــــــــــــ			
Net Assets	30	Capital stock or trust principal, or current funds		31				
ŝ	31	Paid-in or capital surplus, or land, building, or equipment fund		32				
et /	32	Retained earnings, endowment, accumulated income, or other funds	41,388,815	33	37,501,951			
Ž	33 34	Total net assets or fund balances  Total liabilities and net assets/fund balances	50,898,387		45,800,981			
Da	rt XI		30,030,307	34	45,000,361			
ΓĆ	ILAI	Financial Statements and Reporting		_				
_					Yes No			
1		punting method used to prepare the Form 990:   Cash  Accrual		_				
2a		e the organization's financial statements compiled or reviewed by an ind	•	? .	1 1 1			
b		e the organization's financial statements audited by an independent acc			2b ✓			
С		es" to lines 2a or 2b, does the organization have a committee that assumes		-	1 - 1 / 1			
_		udit, review, or compilation of its financial statements and selection of an in						
За		result of a federal award, was the organization required to undergo an		forth				
L					. 3a ✓			
Ð	11 16	es," did the organization undergo the required audit or audits?			.  3b √			

### SCHEDULE A (Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Name of the organization Employer identification number KANSAS WESLEYAN UNIVERSITY 48 0543729

Pai	rt I	<u>Reason</u>	for Public Ch	narity Status (All or	ganizatio	ons mus	t compl	ete this	part.) (se	e instru	ctions)		
The	orga	anization is n	ot a private four	idation because it is:	(Please o	heck onl	y <b>one</b> org	ganizatioi	า.)				
1		A church, co	onvention of chu	rches, or association	of churc	hes desc	ribed in s	ection 1	70(b)(1)(	A)(i).			
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)												
3		A hospital of	r a cooperative l	hospital service organ	ization d	escribed	in <b>sectio</b>	n 170(b)	(1)(A)(iii).	(Attach S	Schedule H.)		
4		A medical re	esearch organiza	ation operated in conj	unction v	with a ho	spital de	scribed ii	n section	170(b)(1	)(A)(iii). Enter th	е	
		hospital's na	ame, city, and st	ate:									
5			tion operated for (b)(1)(A)(iv). (Co	the benefit of a colle the property of a colle	ge or uni	versity o	wned or o	perated	by a gov	ernmenta	l unit described i	ir	
6		A federal, st	ate, or local gov	ernment or governme	ental unit	describe	d in <b>sect</b>	ion 170(i	b)(1)(A)(v	).			
7				y receives a substantii (1)(A)(vi). (Complete F		its suppo	ort from a	governn	nental uni	t or from	the general publi	ic	
8		A communit	y trust described	d in section 170(b)(1)	(A)(vi). (C	Complete	Part II.)						
9		An organizat	ion that normally	receives: (1) more the	an 331/3 %	of its su	pport fro	m contrib	outions, m	nembersh	ip fees, and gros	s	
				ed to its exempt func									
				ent income and unre						511 tax	) from businesse	38	
	_	acquired by	the organization	after June 30, 1975.	See sec	tion 509	(a)(2). (Co	omplete i	art III.)				
10	님		ation organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)										
11													
												n	
				at describes the type					•				
	$\overline{}$	a Type I b Type II c Type III-Functionally integrated d Type III-Othe											
е	Ш	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disquipersons other than foundation managers and other than one or more publicly supported organizations described in second controlled.											
		persons other than foundation managers and other than one or more publicly supported organizations described 509(a)(1) or section 509(a)(2).											
			. , , ,			45 - 100	AL -4 14 1-			<b></b>	(II)		
f		_		a written determinati						, or type	III supporting	_	
_		•	, check this box	the organization acce				-	-	• • • •	L	۷	
g		following per		the organization acce	epted any	giit or c	Ontributio	on irom a	iny or the	,			
				r indirectly controls, e	either alo	ne or too	ether wit	h persor	s descrit	oed in (ii)	Yes No	_	
		and (iii) b	elow, the gover	ning body of the supp	ported or	ganızatıo	n? .				11g(i)		
		(ii) A family	member of a pe	rson described in (i) a	above?						11g(ii)	_	
				of a person described	d in (i) or	(ii) above	?				11g(iii)	_	
h		Provide the	following inform	ation about the organ	izations 1	he organ	ization s	upports.				_	
1 (i)		of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9		organization sted in your		ou notify		s the	(vii) Amount of		
	org	anzation		above or IRC section		document?		nization in of your		ion in col   zed in the	support		
				(see instructions))			<del></del>	oort?		S?			
					Yes	No_	Yes	No No	Yes	No	<del></del>	_	
												_	
				_									
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			TO September 1	King the second the February	स्थात के खरी सं	\$1.00 m	数数。11.80ds	K 1 2 2 4	D' CONTRACT	<b>海になる</b>	<del></del>	_	
ra4-							[77] [62] [62]	A Line					
Γota			《《公司等》的编辑等 为之为	生產分類的 地名美国拉拉	Beer of the ye	[水河经过方	1 32 7 7	1 . See	1200 Del 1000	經歷釋做的	1		

Sac	(Complete only if you chection A. Public Support	ked the box	on line 5, 7,	or 8 of Part I	.)		
	lendar 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) 200 :	(2) 2000	(0) 2555	(4) 2001	(6) 2000	(i) Total
	include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge					:	
4	Total. Add lines 1-3		ļ				
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
6	shown on line 11, column (f)	P.F. 4	, , ,				
	tion B. Total Support	L	1	<u> </u>	<u></u>	1 5	
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts 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 from the sale of capital assets (Explain in Part IV.)	5 2					
11	Total support. Add lines 7 through 10 .	一一學 : 1	·			2 4 X 2 1	
12 13	Gross receipts from related activities, etc First five years. If the Form 990 is for	the organization		 nd, third, fourth	 , or fifth tax y	ear as a section	on 501(c)(3)
Sec	organization, check this box and stop he tion C. Computation of Public Su		· · · · ·	· · · · ·	<u> </u>	<u> </u>	<u> </u>
14	Public support percentage for 2008 (line 6			1 column (fl)	<del></del>	14	0/
15	Public support percentage from 2007 Sch		-	r, column (i))		15	<u>%</u>
	331/4 % support test—2008. If the organization qualifies	zation did not d	check the box		line 14 is 331/3 9		
b	33% % support test—2007. If the organization qua	ation did not d	check a box on	line 13 or 16a,			check this
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circums organization meets the "facts-and-circums	<b>08.</b> If the organ acts-and-circur	ization did not i nstances" test,	check a box on check this box	line 13, 16a, or and <b>stop here.</b>	16b, and line 14 Explain in Part	4 is 10% or IV how the
b 18	10%-facts-and-circumstances test – 2007, more, and if the organization meets the "fa organization meets the "facts-and-circumsta Private foundation. If the organization did	acts-and-circum nces" test. The	nstances" test, o organization qua	check this box a alifies as a public	ind <b>stop here.</b> ly supported or	Explain in Part ganization	IV how the

Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support			_			
Ca	alendar year (or fiscal year beginning in)	(a) 2004	<b>(b)</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	Gross receipts from admissions, 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				<u> </u>	<u> </u>	<del></del>
/a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Ca	alendar year (or fiscal year beginning in) ▶	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6		<u> </u>				
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 June 30, 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 carned on					,	
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)		<b>第43条编码</b>	1.53465		NAME OF STREET	
14	First five years. If the Form 990 is for organization, check this box and stop	_	•	nd, third, fourtl	•		• • • • • • • • • • • • • • • • • • • •
Sec	tion C. Computation of Public Su	pport Perce	ntage				
15	Public support percentage for 2008 (lin				(f))	15	%
16_	Public support percentage from 2007 S			7g		16	<u>%</u>
Sec	tion D. Computation of Investmen					т	
17	Investment income percentage for 200	•		•	olumn (f)) .	17	<u> </u>
18	Investment income percentage from 20				malina a 4 ft i	18 100 001/	%%_
19a	33\% % support tests - 2008. If the organism not more than 33\% %, check this b						
þ	33% % support tests - 2007. If the organ line 18 is not more than 33% %, check this	ization did not	check a box or	line 14 or line	19a, and line 1	6 is more than	331/3 %, and
20_	Private foundation. If the organization						

Schedule A (Fe	orm 990 or 990-E	Z) 2008							Page 4
Part IV	Suppleme Part II, line	ntal Inf 17a or	ormation 17b; or l	n. Comple Part III, line	te this part t e 12. Provide	o provide to any other	the explana additional	tion required information. (s	by Part II, line 10; ee instructions)
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### SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

OMB No 1545-0047

2008

Open to Public Inspection

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.

	of the organization		Employer identification number
	NSAS WESLEYAN UNIVERSITY		48 0543729
Pai	Organizations Maintaining Donor Advised the organization answered "Yes" to Form 9	<b>I Funds or Other Similar</b> 90, Part IV, line 6.	Funds or Accounts. Complete if
	(a	Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advise	are in writing that the accets	held in donor advised
	funds are the organization's property, subject to the or	ganization's exclusive legal c	ontrol? Yes 🗌 No
6	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the bene impermissible private benefit?		sor or other
Par			
1	Purpose(s) of conservation easements held by the organic	<del></del>	
•	Preservation of land for public use (e.g., recreation		on of an historically important land area
	Protection of natural habitat	· · · · · · · · · · · · · · · · · · ·	ion of certified historic structure
	Preservation of open space	☐ Fleseivat	ion of certified flistoric structure
2	Complete lines 2a–2d if the organization held a qualified on the last day of the tax year.	conservation contribution in th	e form of a conservation easement
	on the last day of the tax year.		TEMPS Hald add to Fad of the V
			Held at the End of the Yea
а			
þ	Total acreage restricted by conservation easements .		
С	Number of conservation easements on a certified histo	• • •	
d	Number of conservation easements included in (c) acqu	ured after 8/17/06	2d
3	Number of conservation easements modified, transferre the taxable year ▶	ed, released, extinguished, or	terminated by the organization during
4	Number of states where property subject to conservation	on easement is located >	
5	Does the organization have a written policy regarding t enforcement of the conservation easements it holds?		ction, violations, and
6	Staff or volunteer hours devoted to monitoring, inspect		
7	Amount of expenses incurred in monitoring, inspecting,	- ·	
		-	-
8	Does each conservation easement reported on line $2(d)$ $170(h)(4)(B)(i)$ and section $170(h)(4)(B)(i)$ ?		
9	In Part XIV, describe how the organization reports consbalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easement	footnote to the organization	renue and expense statement, and its financial statements that describes
Par	t III Organizations Maintaining Collections of A Complete if the organization answered "Yes"		
12	If the organization elected, as permitted under SFAS 11		
10	art, historical treasures, or other similar assets held for provide, in Part XIV, the text of the footnote to its finance.	ıblıc exhibition, education, or	research in furtherance of public service
	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub provide the following amounts relating to these items:  (i) Revenues included in Form 990, Part VIII, line 1.  (ii) Assets included in Form 990, Part X	lic exhibition, education, or r	esearch in furtherance of public service.
2	If the organization received or held works of art, historical following amounts required to be reported under SFAS	rical treasures, or other simil 116 relating to these items:	ar assets for financial gain, provide the
а	Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X		

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Schedule	υ	(rom	990)	2008

Pa	ri III Organizations Maintain	ing Collections	of Art, H	<u>listoric</u>	al Treasur	es, or (	Other Similar	Assets (continued)
3	Using the organization's accession items (check all that apply):	and other record	ls, check	any of t	the following	g that a	are a significar	it use of its collection
а	Public exhibition		d	_ <u> </u>	Loan or exc	hange i	programs	
b	Scholarly research		е					
C	Preservation for future genera	tions						
4	Provide a description of the organizer Part XIV.	zation's collection	s and exp	olain hov	w they furth	er the o	organization's	exempt purpose in
5	During the year, did the organization assets to be sold to raise funds rather	solicit or receive der than to be maint	onations o ained as p	of art, his part of th	stoncal treas ne organizati	sures, or on's col	r other similar lection?	. Yes No
Pa	rt IV Trust, Escrow and Cust Part IV, line 9, or reporte	todial Arrangem d an amount on	ents. Co Form 990	mplete ), Part :	if organizat X, line 21.	tion ans	swered "Yes"	to Form 990,
							r other assets	not Yes No
b	If "Yes," explain the arrangement in	Part XIV and co	mplete the	e follow	ing table:	_		
	_					-		Amount
C	Beginning balance					. 10	<del></del>	
d	Additions during the year					.   <u>1c</u>		
е	Distributions during the year					. 16		
f	Ending balance					. <u>l 1f</u>	<u> </u>	<del></del>
2a b	Did the organization include an am If "Yes," explain the arrangement in	n Part XIV.	<u> </u>			• •		. L Yes L No
Pa	rt V Endowment Funds. Co						990, Part IV,	
		(a) Current year	(b) Pric		(c) Two yea	ers back	(d) Three years b	ack (e) Four years back
1a	Beginning of year balance	19,759,667	F 3. 14			·	T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 2 2 3 4
b	Contributions	185,293			4	<u> </u>	· 4 - 4	and the same
С	Investment earnings or losses .	-3,197,414	4 .	<u> </u>	1 1 1 1	, ,	2 0 7 3	1. 1 2 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
d	Grants or scholarships	755,210	<u> </u>	5. 7		2 2 3	, , , , , , , , , , , , , , , , , , ,	
е	Other expenditures for facilities and programs	56,388	1	· * ·	4			
f	Administrative expenses	0		- 14 19				1 = 3 3 3 3 7 7 6 4
g	End of year balance	15,935,948	-	* 5. 3	2 * * * * * * * * * * * * * * * * * * *	* -	2 2 3 6	Lang shi line of the State of
2	Provide the estimated percentage of	of the year end ba	lance held	d as:				
а	Board designated or quasi-endown		%					
b	Permanent endowment ▶100							
C	Term endowment ▶9	6						
3a		e possession of the	ne organiz	ation th	at are held a	and adn	ninistered for th	
	organization by:							Yes No
	(i) unrelated organizations							3a(i) 🗸
	(ii) related organizations							.  3a(ii)
4	If "Yes" to 3a(II), are the related org Describe in Part XIV the intended us	anizations listed a	as require	d on Sc	hedule R?			. <u>3b</u>
						D=# V	line 10	
rai								<del></del>
	Description of investment	(a) Cost or ot (investm			st or other s (other)	(c)	Depreciation	(d) Book value
1a	Land		0		207,750	Ε,		207,750
b	Buildings		0	3	31,719,737		8,184,500	23,535,237
С	Leasehold improvements		0		0		0	0
	Equipment		0		1,812,285		1,431,784	380,501
	Other	<u>.</u>	0		93,599		57,255	36,344
ota	I. Add lines 1a-1e. (Column (d) should e	qual Form 990, Pa	rt X, colun	nn (B), Iir	ne 10(c).) .	<u>.</u> .	▶	24,159,832

Part VII Investments—Other Securities	See Form OOO Port V	line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of value Cost or end-of-year m	
	0	<del></del>	
Financial derivatives and other financial products	0	<del></del>	
Other			
Ottici			
	<u> </u>		<del></del>
Total. (Column (b) should equal Form 990, Part X, col (B) line 12.)	0	\$ C \$ C \$	
Part VIII Investments—Program Relate		<u> </u>	
(a) Description of investment type			untion
(a) Description of investment type	(b) Book value	(c) Method of val Cost or end-of-year m	
Investments in Stocks and Bonds	\$17,356,927	F	.—.
	<del></del>		
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.)	17,356,927		
Part IX Other Assets. See Form 990, Pa		P /	<u>, * ^ -                              </u>
	(a) Description		(b) Book value
Donated House			\$330,083
Misc Assets			\$109,044
			ļ
	<del></del>		<del> </del>
Total. (Column (b) should equal Form 990, Part X, col	(B) line 15.)		439,127
Part X Other Liabilities. See Form 990,			
(a) Description of liability	(b) Amount		
ederal income taxes		0	1 - 1
	· · · · · · · · · · · · · · · · · · ·		
			3 gr - 5
	<del></del>		1 4 5 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		How have the fire	ا و المارة المارة المارة المارة المارة المارة المارة المارة المارة المارة المارة المارة المارة المارة المارة ا
		H 12	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25 ) ▶		0	

	ule D (Form 990) 2008			Page (
	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen		1	8,897,776
l	Total evenue (Form 990, Part VIII, column (A), line 12)	-	2	12,784,640
2	Total expenses (Form 990, Part IX, column (A), line 25)	-	3	-3,886,864
3	Excess or (deficit) for the year. Subtract line 2 from line 1	-	4	0,000,004
‡ 5	Net unrealized gains (losses) on investments	$\vdash$	5	0
		$\vdash$	6	
) 7	Investment expenses	-	7	0
` }	Other (Describe in Part XIV)	-	8	0
, 1	Total adjustments (net). Add lines 4–8	F	9	0
,	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	F	10	-3,886,864
ar	t XII Reconciliation of Revenue per Audited Financial Statements With Revenu	ie	per	Return
	Total revenue, gains, and other support per audited financial statements		1	8,897,776
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	-		
а	Net unrealized gains on investments	0		
		0	L	
		0	'-	
		0	<u>.                                      </u>	
	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1	ĺ	3	8,897,776
ļ	Amounts included on Form 990, Part VIII, line 12, but not on line 1.		يا - ع جي	
a	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	0	* *- *	
		0	1	
	Add lines 4a and 4b		4c	0
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)		5	8,897,776
ar	Reconciliation of Expenses per Audited Financial Statements With Expen	se	s p	er Return
ı	Total expenses and losses per audited financial statements		1	12,784,640
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	-	ر م. . ب	
а	Donated services and use of facilities	0	, ,	
b		0	·4 - 5	,
	Losses reported on Form 990, Part IX, line 25	0		
		0		2
	Add lines 2a through 2d	ļ	2e	0
3	Subtract line <b>2e</b> from line <b>1</b>		3_	12,784,640
ļ	Amounts included on Form 990, Part IX, line 25, but not on line 1:		17-3	
а		0	Ž.	,
		0		- -
С	Add lines 4a and 4b		4c	0
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)		5	12,784,640
ar	XIV Supplemental Information			
d 2	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.  Statement 5			Part IV, lines 1b
	······································			
				·
		. <b></b>	<b></b> -	

Schedule D (For	990) 2008 Page 5
Part XIV	Supplemental Information (continued)
	•••••••••••••••••••••••••••••••••••••••
	***************************************
	•••••••••••••••••••••••••••••••••••••••

### SCHEDULE E (Form 990 or 990-EZ)

### **Schools**

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

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

KANSAS WESLEYAN UNIVERSITY

Employer identification number

48 | 0543729

			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	1	
2	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,	2		
3	programs, and scholarships?	1.	- 19	
	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		ا أ
	describe. If "No," please explain On all radio announcments and in our school catalog and handbooks	2-17		· · · · · · · · · · · · · · · · · · ·
		, , ,		E
4	Does the organization maintain the following?	3		
a b	Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially	4a	✓	
С	nondiscriminatory basis?	4b	✓	
4	with student admissions, programs, and scholarships?	4c 4d	1	
u	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	To the state of th	7.25	1
		で発行	新	多な
5 a	Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	5a	rad hit	<u></u>
b	Admissions policies?	5b		_✓_
С	Employment of faculty or administrative staff?	5c		✓_
d	Scholarships or other financial assistance?	5d	_	✓
е	Educational policies?	5e		<u>✓</u>
f	Use of facilities?	_5f		<u> </u>
g	Athletic programs?	5g		<del>-</del>
h	Other extracurricular activities?	5h		
				اراريا. الاطاط ملا
-	Does the organization receive any financial aid or assistance from a governmental agency?	6a	1	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		<u>/</u>
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation.	7	7	

# SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

KANSAS WESLEYAN UNIVERSITY

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

Open to Public Inspection

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

Employer identification number

0543729

**4**8

Yes No (h) On behalf of issuer ŝ ŝ (g) Defeased Yes No ш Yes Yes (f) Description of purpose ŝ ŝ ۵ Yes Yes ŝ ŝ O O (e) Issue price Yes Yes ŝ ŝ (d) Date issued 8 œ Yes Yes (c) CUSIP# ŝ ŝ ⋖ (b) Issuer EIN Yes Yes Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by Were the bonds issued as part of a current refunding issue? Private Business Use (Optional for 2008) Does the organization maintain adequate books and Has the final allocation of proceeds been made? records to support the final allocation of proceeds? Proceeds in refunding or defeasance escrows Were the bonds issued as part of an advance Working capital expenditures from proceeds Bond Issues (Required for 2008) Proceeds (Optional for 2008) Capital expenditures from proceeds Gross proceeds in reserve funds (a) Issuer name Year of substantial completion Issuance costs from proceeds Other unspent proceeds Total proceeds of issue refunding issue? See Statement 7 Part I Part III Part II ⋖ ω 8 O ۵ N က 4 S ဖ 6 9 2

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

financed property which may result in private business use?

Are there any lease arrangements with respect to the

N

tax-exempt bonds?

Cat. No. 50193E

Schedule K (Form 990) 2008

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Schedule K (Form 990) 2008

Part III Private Business Use (Continued)					İ					A SEC
	'	A	3	В	0			٥		·
3a Are there any management or service contracts with	Yes	oN N	Yes	No	Yes	Ŷ	Yes	2	Yes	2
- 1										
<b>b</b> Are there any research agreements with respect to the financed property which may result in private business use?										;
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	i	%		%		%		%		%
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 section 501(c)(3) organization, or a state or local government .		%		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%		8
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?		_								;
Part IV Arbitrage (Optional for 2008)										
	A		B		0			٥	Ш	
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed	Yes	Š	Yes	ON	Yes	No	Yes	No	Yes	No
with respect to the bond issue?										
<b>b</b> Name of provider										
c Term of hedge										
4a Were gross proceeds invested in a GIC?										
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5 Were any gross proceeds invested beyond an available temporary period?										
6 Did the bond issue qualify for an exception to rebate?										
								S	chedule K (Fc	Schedule K (Form 990) 2008

### SCHEDULE O (Form 990)

### **Supplemental Information to Form 990**

OMB No 1545-0047

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► 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.

KANSAS WESLEYAN UNIVERSITY	48	0543729
See Statement 8		
	<b></b>	
·		·····
	<b>-</b>	
		•
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•••••••••••••••••••••••••••••••••••••••		
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	<b></b> -	

Schedule O (Form 990) 2008	
Name of the organization	Employer identification number
KANSAS WESLEYAN UNIVERSITY	48 0543729
***************************************	
•••••••••••••	
***************************************	•
•••••••••••••••••••••••••••••••••••••••	
•	······································
	••••••

# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

KANSAS WESLEYAN UNIVERSITY

Identification of Disregarded Entities

Part |

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

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

▼ See separate instructions.

Employer identification number Open to Public Inspection

48 : 0543729

(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 Organizations					
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
See Statement 9					
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	orm 990.	Cat. No. 50135Y	0135Y	Schedule	Schedule R (Form 990) 2008

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Part III

Identification of Related Organizations Taxable as a Partnership

	į	[								
Name, address, and EIN of related organization	( <b>b</b> ) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	Share of total income	<del></del>	(G) Share of end-of-year assets	(H) Disproportionate allocations?	Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?
								Yes No		Yes No
	!									
								<u> </u>		-
,										
Part IV Identification of	Identification of Related Organizations Taxa	nizations	Taxable as a	ble as a Corporation or Trust	Trust					
(A) Name, address, and EIN of related organization	of related organization		(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp. or trust)	(F) Share of total Income		(G) Share of Feend-of-year assets	(H) Percentage ownership
						1				
						:				
								_		
										<u> </u>
						:			!	
									Schedule R (Form 990) 2008	990) 2008

Schedule R (Form 990) 2008	V Transactions With Related Organizations	
Schedule R (Fo	Part V	

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.  1. During the tax year did the oxiganzation engage in any of the following transactions with one or more related presented in Dute II. IV.	00 to 11 DV3	Yes No
a Receipt of (i) interest (ii) annutries (iii) royalties (iv) rent from a controlled entity	וו אמני אור איני איני איני איני איני איני איני אינ	1a /
Gift, grant, or capital contribution to other organization(s)	•	1b
c Gift, grant, or capital contribution from other organization(s)	•	10 /
	•	/ PI
	•	1e
f Sale of assets to other organization(s)		11
a Purchase of assets from other organization(s)		1g /
		1 Y
i Lease of facilities, equipment, or other assets to other organization(s)		1:
j Lease of facilities, equipment, or other assets from other organization(s)		-fi
k Performance of services or membership or fundraising solicitations for other organization(s)		- <del> </del>
I Performance of services or membership or fundraising solicitations by other organization(s)		,\ =
m Sharing of facilities, equipment, mailing lists, or other assets		- 1m
n Sharing of paid employees		- l
• Reimbursement paid to other organization for expenses		10
<b>p</b> Reimbursement paid by other organization for expenses		1p
		North State of the
<b>q</b> Other transfer of cash or property to other organization(s)	•	1g \
r Other transfer of cash or property from other organization(s)		. 1r /
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	relationships and trar	nsaction thresholds.
(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
The Kansas Wesleyan Foundation		\$5,000
(3)		
(9)		
(9)		
	Schedi	Schedule R (Form 990) 2008

# 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) (C) (D)	(8)	(5)	ê		E)	9	-	0		E
Name, address, and EIN of entity	Primary activity	nicile	Are all pa	rtners	Share of	Disproportionate		Code V—UBI	Ge	er, eral or
			section 501(c)(3) organizations?	on (3)	end-of-year assets	allocati		amount in box 20 of Schedule K-1 (Form 1065)	par	managing partner?
			Yes	٥ ۷		Yes	No		Yes	2
		-								
									_	
							-			
			-							
			-							

Schedule R (Form 990) 2008

Statement 1 : Reasonable Cause Explanations
Statement 2 : Program Service Accomplishments

Statement 3 : The Books Are In Care Of Statement 4 : Contractor Compensation Statement 5 : Supplemental Information

Statement 6 : Government Financial Aid Explanation

Statement 7 : Bond Issues

Statement 8 : Additional Information for Responses to Specific Questions for The Form 990 or Others

Statement 9 · Description of Identification of Related Tax-Exempt Organizations

Form 990

Page<sup>-</sup> 2
 Line Number Part III Line 4a

KANSAS WESLEYAN UNIVERSITY

48-0543729

Activity

	Program Service Acco	omplishments		
Activity Code	Description	Expense	Grants	Revenue
	Education, General/Other Instruction of nearly 900 students in undergraduate and graduate courses	\$12,445,428	\$0	\$8,897,776
Total:		\$12,445,428	\$0	\$8,897,776

Form. 990

Page 6
 Line Number: Part VI Section C Line 20

TheBooksAreInCareOf

### KANSAS WESLEYAN UNIVERSITY 48-0543729

### The Books Are In Care Of

Name and address:	Telephone Number	
Wayne Schneider	(785)827-5541	
100 E Clafin Ave	, ,	
Salına, KS 67401-6196		

Form 990

· Page 8

Line Number Part VII Section B ContractorCompensation

KANSAS WESLEYAN UNIVERSITY 48-0543729

### **Contractor Compensation**

Name and address:	Description Of Services	Compensation
Hedlund Electic Inc 1201 S Main McPherson, KS 67460	Electrical Contractor	\$217,476
BBC Landscaping 940 S 5th ST Salina, KS 67401-5010	Landscaping	\$1,139,762
Chartwells Dining Services PO Box 91337 Chicago, IL 60693-1337	Dining services	\$909,800
Walz Harman and Huffman 5615 E Huffman Drive Kechi, KS 67067-9054	Construction Contractor	\$575,920
Interkal LLC 5981 E Cork ST Kalamazoo, MI 49048	Stadium seating	\$261,765
Total:		\$3,104,723

Statement 5
Form Schedule D
Page: 4

KANSAS WESLEYAN UNIVERSITY 48-0543729

Line Number Part XIV
Form990ScheduleDPartXIV

### Supplemental Information

		Explanation:
Reference: dentifier:	Schedule D, Part V, Line 4 SchD_P05_S00_L04	Scholarships and other restricted purposes as well as general support to the University

Form Schedule E

. Page 1

Line Number Line 6

GovtFinancialAidExplanation

KANSAS WESLEYAN UNIVERSITY

48-0543729

### **Government Financial Aid Explanation**

**Explanation** 

Student Financial assistance - loans, pell and other grants, and college work study

Statement 7
Form: Schedule K

KANSAS WESLEYAN UNIVERSITY

48-0543729

Page: 1

Line Number Part I Column (a)

**BondIssues** 

### **Bond Issues**

Issuer Name Kansas Independent Colleg Finance Authority \$7,000,000
Issuer EIN
CUSIP #
Date Issued 06/01/2007
Description Of Purpose Campus Improvements
Defeased No
On Behalf Of Issuer No

Form: Schedule O

Page: 1

Line Number: ScheduleO GeneralExplanation

### KANSAS WESLEYAN UNIVERSITY 48-0543729

### Additional Information for Responses to Specific Questions for The Form 990 or Others

		Explanation:
Reference:	Form 990, Part VI, Section A, Line 10	Reviewed by audit committee of the Board
Identifier:	F990_P06_S0A_L10	
Reference:	Form 990, Part VI, Section B, Line 12c	Venfies every year at Board Meeting
ldentifier:	F990_P06_S0B_L12c	
Reference:	Form 990, Part VI, Section B, Line 15	By Board nominating committee
ldentifier:	F990_P06_S0B_L15	
Reference:	Form 990, Part VI, Section C,	Upon request of the President's office
	Line 19	
ldentifier:	F990_P06_S0C_L19	

Form: Schedule R

Page 1

Line Number: Part II Form990ScheduleRPartII

### KANSAS WESLEYAN UNIVERSITY 48-0543729

### Description of Identification of Related Tax-Exempt Organizations

Manage and procure funds for the bendfit of Kansas Wesleyan University

Name, address and EIN The Kansas Wesleyan Foundation

100 E Claffin Ave Salına, KS 67401

481032245

Primary activities

State or foreign country KS Exempt code section 501(c)(3)

Public charity status

PF

Direct controlling entity

Kansas Wesleyan University

KANSAS WESLEYAN UNIVERSITY 48-0543729

Form Schedule K

Page. 1

Line Number Part I Column (a)

Bondissues

### Bond Issues

		Issue Price
Issuer Name	Kansas Independent Colleg Finance Authority	\$7,000,000
Issuer EIN		
CUSIP#		
Date Issued	06/01/2007	
Description Of Purpose	Campus Improvements	
Defeased	No	
On Behalf Of Issuer	No	

KANSAS WESLEYAN UNIVERSITY 48-0543729

Form: Schedule O

Page 1

Line Number ScheduleO GeneralExplanation

### Additional Information for Responses to Specific Questions for The Form 990 or Others

		Explanation:
Reference:	Form 990, Part VI, Section A, Line 10 F990 P06 S0A L10	Reviewed by audit committee of the Board
	<del></del>	
Reference <sup>-</sup>	Form 990, Part VI, Section B, Line 12c	Verifies every year at Board Meeting
ldentifier:	F990_P06_S0B_L12c	
Reference:	Form 990, Part VI, Section B, Line 15	By Board nominating committee
ldentifier:	F990_P06_S0B_L15	
Reference:	Form 990, Part VI, Section C,	Upon request of the President's office
	Line 19	·
Identifier <sup>.</sup>	F990_P06_S0C_L19	

Form Schedule R

Page<sup>-</sup> 1

Line Number: Part II
Form990ScheduleRPartII

### KANSAS WESLEYAN UNIVERSITY 48-0543729

### Description of Identification of Related Tax-Exempt Organizations

Name, address and EIN	The Kansas Wesleyan Foundation
	100 E Clafin Ave
	Salina, KS 67401
	481032245
Primary activities	Manage and procure funds for the bendfit of Kansas Wesleyan University
State or foreign country	KS
Exempt code section	501(c)(3)
Public charity status	PF
Direct controlling entity	Kansas Weslevan University