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Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1

Briefly describe the organization's mission

WESLEYAN UNIVERSITY IS DEDICATED TO PROVIDING AN EDUCATION IN LIBERAL ARTS BY BUILDING A DIVERSE, ENERGETIC COMMUNITY OF STUDENTS, FACULTY AND STAFF WHO VALUE INDEPENDENCE OF MIND AND GENEROSITY OF SPIRIT

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

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

No

If "Yes," describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 139,519,000 including grants of \$ 44,819,000) (Revenue \$ 130,747,000)

INSTRUCTION AND RESEARCH WESLEYAN UNIVERSITY OFFERS INSTRUCTION IN 40 DEPARTMENTS AND 47 MAJOR FIELDS OF STUDY AND AWARDS THE BACHELOR OF ARTS AND GRADUATE DEGREES THE MASTER OF ARTS DEGREE AND THE DOCTOR OF PHILOSOPHY ARE REGULARLY AWARDED IN SIX FIELDS OF STUDY STUDENTS MAY CHOOSE FROM MORE THAN 900 COURSES EACH YEAR AND MAY BE COUNTED UPON TO DEVISE, WITH THE FACULTY, SOME 900 INDIVIDUAL TUTORIALS AND LESSONS PLEASE SEE SCHEDULE O FOR DETAIL

4b

(Code) (Expenses \$ 43,645,000 including grants of \$ 0) (Revenue \$ 37,779,000)

AUXILIARY SERVICES AND OTHER AUXILIARY SERVICES INCLUDE THE COSTS OF ROOM AND BOARD FOR OVER 2,800 STUDENTS RESIDING ON A 340 ACRE CAMPUS THERE ARE 8 RESIDENCE HALLS, 7 APARTMENT COMPLEXES AND OVER 25 PROGRAM HOUSES IN ADDITION TO OVER 140 HOUSE UNITS ON CAMPUS FOR UPPER-CLASS STUDENTS WORKING IN PARTNERSHIP WITH STUDENTS AND COLLABORATIVELY WITH OTHER MEMBERS OF THE WESLEYAN COMMUNITY, THE OFFICE OF RESIDENTIAL LIFE STRIVES TO PROVIDE A SAFE AND SUPPORTIVE RESIDENTIAL ENVIRONMENT WHICH COMPLEMENTS AND EXTENDS STUDENTS EDUCATIONAL EXPERIENCE PLEASE SEE SCHEDULE O FOR DETAIL

4c

(Code) (Expenses \$ 10,300,000 including grants of \$ 0) (Revenue \$ 0)

LIBRARIES LIBRARY EXPENSES INCLUDE ACQUISITION OF BOOKS, PERIODICALS AND OTHER MATERIALS, COMPENSATION OF STAFF, AND OTHER EXPENDITURES IN SUPPORT OF THE LIBRARY PLEASE SEE SCHEDULE O FOR DETAIL

4d

Other program services (Describe in Schedule O)

(Expenses \$ 2,599,261 including grants of \$ 14,189) (Revenue \$ 5,320,425)

4e























Total program service expenses

\$ 196,063,261

Form 990 (2010)

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)? <i>If "Yes," complete Schedule A.</i> 	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	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? <i>If "Yes," complete Schedule C, Part I.</i>	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</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? <i>If "Yes," complete Schedule D, Part II.</i> 	7	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	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? <i>If "Yes," complete Schedule D, Part IV.</i> 	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> 	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV.</i> 	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Parts II and IV.</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 U S ? <i>If "Yes," complete Schedule F, Parts III and IV.</i> 	16	Yes	
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions).</i> 	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> 	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> 	19		No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25</i>	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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27	Yes	
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
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	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</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		No
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 "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>			
36	Section 501(c)(3) organizations. 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		No
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	626
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	3,949
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes
b	If "Yes," enter the name of the foreign country: FR See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	Yes
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	Yes
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	2
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
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:		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter:		
a	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 lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	34		
b	Enter the number of voting members included in line 1a, above, who are independent	31		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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		

Section C. Disclosure	
17	List the States with which a copy of this Form 990 is required to be filedCT
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. WESLEYAN UNIVERSITY 237 HIGH STREET MIDDLETOWN, CT 06459 (860) 685-2000

Part VII

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 14

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

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
FOLLETT HIGHER ED GROUP 45 BROAD STREET 2 MIDDLETOWN, CT 064573204	BOOKSTORE MGMT	774,166
NEWMAN ARCHITECTS LLC 300 YORK STREET NEW HAVEN, CT 06511	ARCHITECTURE	405,170
KPMG LLP PO BOX 120001 DALLAS, TX 75312	ACCOUNTING	239,675
IRIDIAN ASSET MANAGEMENT LLC 276 POST ROAD WEST WESTPORT, CT 068804704	INVESTMENT MGMT	222,413
WELLINGTON TRUST COMPANY LLP 280 CONGRESS STREET FLOOR 9 BOSTON, MA 022101024	INVESTMENT MGMT	184,957
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 5		

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
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1a					
	b Membership dues 1b					
	c Fundraising events 1c		350,279			
	d Related organizations 1d					
	e Government grants (contributions) 1e		11,073,000			
	f All other contributions, gifts, grants, and similar amounts not included above 1f		39,752,285			
	g Noncash contributions included in lines 1a-1f \$		5,994,635			
	h Total. Add lines 1a-1f		51,175,564			
	Program Service Revenue			Business Code		
2a TUITION AND FEES		611710	130,747,000	130,747,000		
b AUXILIARY SERVICES		611710	37,779,000	37,779,000		
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			168,526,000			
Other Revenue		3 Investment income (including dividends, interest and other similar amounts)			3,207,000	
	4 Income from investment of tax-exempt bond proceeds . . .			0		
	5 Royalties			2,000		2,000
			(i) Real	(ii) Personal		
	6a Gross Rents		0	0		
	b Less rental expenses					
	c Rental income or (loss)		0	0		
	d Net rental income or (loss)			0		
			(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory		273,921,000	340,560		
	b Less cost or other basis and sales expenses		232,489,000	414,985		
	c Gain or (loss)		41,432,000	-74,425		
	d Net gain or (loss)			41,357,575		41,357,575
	8a Gross income from fundraising events (not including \$ 350,279 of contributions reported on line 1c) See Part IV, line 18					
	a		110,809			
	b Less direct expenses b		71,373			
	c Net income or (loss) from fundraising events . . .			39,436		39,436
	9a Gross income from gaming activities See Part IV, line 19 . . . a		0			
	b Less direct expenses b					
	c Net income or (loss) from gaming activities . . .			0		
10a Gross sales of inventory, less returns and allowances						
a		1,361,454				
b Less cost of goods sold b		950,454				
c Net income or (loss) from sales of inventory . . .			411,000		411,000	
Miscellaneous Revenue		Business Code				
11a OTHER REVENUE		531390	5,320,425	5,320,425	0	0
b						
c						
d All other revenue						
e Total. Add lines 11a-11d			5,320,425			
12 Total revenue. See Instructions			270,039,000	173,846,425	222,955	44,794,056

Part IX

Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do 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	14,189	14,189		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	42,736,389	42,736,389		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	2,082,611	2,082,611		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,993,862	763,381	752,646	477,835
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	74,600,973	61,849,681	8,819,446	3,931,846
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	5,862,000	4,860,028	693,015	308,957
9	Other employee benefits	11,217,916	9,106,382	1,438,529	673,005
10	Payroll taxes	5,299,239	4,274,843	705,300	319,096
a	Fees for services (non-employees) Management	6,110,484	3,610,344	2,036,009	464,131
b	Legal	293,600	11,789	281,691	120
c	Accounting	247,940	228	247,706	6
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	91,710	83,263	1,771	6,676
12	Advertising and promotion	5,185,536	4,840,876	278,780	65,880
13	Office expenses	4,929,034	3,898,715	693,042	337,277
14	Information technology	1,876,887	1,110,124	749,493	17,270
15	Royalties	0			
16	Occupancy	16,907,596	14,435,820	2,035,860	435,916
17	Travel	2,801,080	2,264,739	287,517	248,824
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	84,405	60,362	21,006	3,037
20	Interest	8,231,358	7,462,366	563,982	205,010
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	10,318,603	9,389,929	670,709	257,965
23	Insurance	481,338	438,018	31,287	12,033
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	DINING	12,792,625	12,792,625		
b	FOREIGN PROGRAM	5,343,737	5,343,737		
c	FELLOWSHIPS	2,400,000	2,400,000		
d	MISCELLANEOUS	3,687,888	2,232,822	912,993	542,073
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	225,591,000	196,063,261	21,220,782	8,306,957
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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

						(A)		(B)
						Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				4,329,000	1	15,591,000
	2	Savings and temporary cash investments				82,173,000	2	96,742,000
	3	Pledges and grants receivable, net				28,417,000	3	29,223,000
	4	Accounts receivable, net				537,000	4	117,000
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L					5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Schedule L					6	
	7	Notes and loans receivable, net				9,031,000	7	8,997,000
	8	Inventories for sale or use				558,000	8	793,000
	9	Prepaid expenses and deferred charges				845,000	9	1,083,000
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	469,101,000				
	b	Less: accumulated depreciation	10b	182,364,000		282,508,000	10c	286,737,000
	11	Investments—publicly traded securities				347,953,000	11	383,533,000
	12	Investments—other securities. See Part IV, line 11				144,986,000	12	179,160,000
	13	Investments—program-related. See Part IV, line 11					13	
	14	Intangible assets					14	
	15	Other assets. See Part IV, line 11				3,906,000	15	2,814,000
	16	Total assets. Add lines 1 through 15 (must equal line 34)				905,243,000	16	1,004,790,000
Liabilities	17	Accounts payable and accrued expenses				15,893,000	17	14,459,000
	18	Grants payable					18	
	19	Deferred revenue				4,181,000	19	3,041,000
	20	Tax-exempt bond liabilities				206,580,000	20	206,580,000
	21	Escrow or custodial account liability. Complete Part IV of Schedule D					21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L					22	
	23	Secured mortgages and notes payable to unrelated third parties					23	
	24	Unsecured notes and loans payable to unrelated third parties					24	
	25	Other liabilities. Complete Part X of Schedule D				75,393,000	25	57,271,000
	26	Total liabilities. Add lines 17 through 25				302,047,000	26	281,351,000
Net Assets or Fund Balances		Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets				183,516,000	27	250,709,000
	28	Temporarily restricted net assets				247,782,000	28	277,669,000
	29	Permanently restricted net assets				171,898,000	29	195,061,000
		Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds					30	
	31	Paid-in or capital surplus, or land, building or equipment fund					31	
	32	Retained earnings, endowment, accumulated income, or other funds					32	
	33	Total net assets or fund balances				603,196,000	33	723,439,000
	34	Total liabilities and net assets/fund balances				905,243,000	34	1,004,790,000

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	270,039,000
2	Total expenses (must equal Part IX, column (A), line 25)	2	225,591,000
3	Revenue less expenses Subtract line 2 from line 1	3	44,448,000
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	603,196,000
5	Other changes in net assets or fund balances (explain in Schedule O)	5	75,795,000
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	723,439,000

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
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?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
WESLEYAN UNIVERSITY

Employer identification number
06-0646959

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☒

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

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

☐

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, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in Sections 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
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 shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage						
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))					14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶						
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶						
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶						
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶						
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶						

Part IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 through 5						
7a 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 \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts 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 June 30, 1975						
c 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 organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. 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 		
b 33 1/3% support tests—2009. 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 		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Additional Data

Software ID:

Software Version:

EIN: 06-0646959

Name: WESLEYAN UNIVERSITY

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL S ROTH PRESIDENT AND TRUSTEE	38 0	X		X				392,715	0	90,634
ROBERT L ALLBRITTON TRUSTEE	1 0	X						0	0	0
K TUCKER ANDERSEN TRUSTEE	1 0	X						0	0	0
DAVID M BARTHOLOMEW TRUSTEE	1 0	X						0	0	0
ANDREA G BARTHWELL TRUSTEE	1 0	X						0	0	0
JOSHUA S BOGER TRUSTEE	1 0	X						0	0	0
PHOEBE C BOYER TRUSTEE	1 0	X						0	0	0
JACK W BRAITMAYER TRUSTEE	1 0	X						0	0	0
JAMES M CITRIN TRUSTEE	1 0	X						0	0	0
BOBBY J DONALDSON II TRUSTEE	1 0	X						0	0	0
GEOFFREY M DUYK TRUSTEE	1 0	X						0	0	0
SIDNEY A ESPINOSA TRUSTEE	1 0	X						0	0	0
JOHN B FRANK TRUSTEE	1 0	X						0	0	0
KAREN J FREEDMAN TRUSTEE	1 0	X						0	0	0
JOSEPH HADDAD JR TRUSTEE	1 0	X						0	0	0
DARRYL B HAZEL TRUSTEE	1 0	X						0	0	0
ELLEN JEWETT TRUSTEE	1 0	X						0	0	0
DAPHNE KWOK TRUSTEE	1 0	X						0	0	0
MICHAEL S LEWIS TRUSTEE	1 0	X						0	0	0
MICHELLE A LYN TRUSTEE	1 0	X						0	0	0
PAUL S MASON TRUSTEE	1 0	X						0	0	0
FREDERICK C MAYNARD III TRUSTEE	1 0	X						0	0	0
DONNA S MOREA TRUSTEE	1 0	X						0	0	0
ILANA WIND NEWELL TRUSTEE	1 0	X						0	0	0
MEGAN P NORRIS TRUSTEE	1 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID D OLSON TRUSTEE	1 0	X						0	0	0
LINDA E RAPPAPORT TRUSTEE	1 0	X						0	0	0
ELLEN E REMMER TRUSTEE	1 0	X						0	0	0
BRIAN L SCHORR TRUSTEE	1 0	X						0	0	0
AMY SCHULMAN TRUSTEE	1 0	X						0	0	0
FRANK V SICA TRUSTEE	1 0	X						0	0	0
SHONNI J SILVERBERG TRUSTEE	1 0	X						0	0	0
WARREN RENNY C SMITH JR TRUSTEE	1 0	X						0	0	0
ADAM USDAN TRUSTEE	1 0	X						0	0	0
JOHN C MEERTS VP FINANCE & ADMINISTRATION	38 0			X				245,665	0	37,490
MARIANNE CALNEN SECRETARY OF THE UNIVERSITY	38 0			X				88,672	0	21,990
BARBARA-JAN WILSON VP FOR UNIVERSITY RELATIONS	38 0				X			238,722	0	90,155
ROB ROSENTHAL PROVOST & VP ACADEMIC AFFAIRS	38 0				X			187,775	0	49,760
SONIA BASSHEVA MANJON VP INSTITUTIONAL PARTNERSHIPS	38 0				X			161,634	0	43,726
NANCY HARGRAVE MEISLAHN DEAN ADMISSION/FINANCIAL AID	38 0				X			160,658	0	36,774
JEANINE D BASINGER PROFESSOR	38 0					X		232,591	0	52,361
JILL G MORAWSKI PROFESSOR	38 0					X		181,783	0	71,363
NATHAN DAVID PETERS ASSOCIATE VP FOR FINANCE	38 0					X		154,778	0	90,743
JOYCE TOPSHE ASSOCIATE VP FOR FACILITIES	38 0					X		158,323	0	84,206
ANN W GOODWIN ASSOCIATE VP FOR DEVELOPMENT	38 0					X		151,160	0	87,906
JOSEPH W BRUNO PROFESSOR	38 0						X	207,305	0	44,319
JUDITH C BROWN PROFESSOR	38 0						X	193,506	0	47,363
PETER C PATTON PROFESSOR	38 0						X	182,957	0	29,085

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
WESLEYAN UNIVERSITY

Employer identification number

06-0646959

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(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 advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	

Part II

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1	Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure)<input checked="" type="checkbox"/> Preservation of an historically importantly land area<input type="checkbox"/> Protection of natural habitat<input checked="" type="checkbox"/> Preservation of a certified historic structure<input type="checkbox"/> Preservation of open space</div>											
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year											
		<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>a</td><td>Total number of conservation easements</td></tr><tr><td>b</td><td>Total acreage restricted by conservation easements</td></tr><tr><td>c</td><td>Number of conservation easements on a certified historic structure included in (a)</td></tr><tr><td>d</td><td>Number of conservation easements included in (c) acquired after 8/17/06</td></tr></table>		Held at the End of the Year	a	Total number of conservation easements	b	Total acreage restricted by conservation easements	c	Number of conservation easements on a certified historic structure included in (a)	d	Number of conservation easements included in (c) acquired after 8/17/06
	Held at the End of the Year											
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06											
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ 0											
4	Number of states where property subject to conservation easement is located ▶ 1											
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <div><input checked="" type="checkbox"/> Yes<input type="checkbox"/> No</div>											
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ 0 00											
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ 0											
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>											
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements											

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
	(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ 1,142,350
	(ii) Assets included in Form 990, Part X	▶ \$ 6,793,702
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items	
a	Revenues included in Form 990, Part VIII, line 1	▶ \$ 0
b	Assets included in Form 990, Part X	▶ \$ 0

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☒

Public exhibition

d

☐

Loan or exchange programs

b

☒

Scholarly research

e

☐

Other

c

☒

Preservation for future generations

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☒ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
c Beginning balance	
d Additions during the year	
e Distributions during the year	
f Ending balance	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	512,875,000	476,481,000	652,208,000		
b Contributions	17,654,000	13,264,000	8,800,000		
c Investment earnings or losses	104,000,000	58,890,000	-149,099,000		
d Grants or scholarships					
e Other expenditures for facilities and programs	33,051,000	35,760,000	35,428,000		
f Administrative expenses					
g End of year balance	601,478,000	512,875,000	476,481,000		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 29 000 %

b

Permanent endowment ▶ 28 000 %

c

Term endowment ▶ 43 000 %

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		25,885,000		25,885,000
b Buildings		338,759,000	107,467,000	231,292,000
c Leasehold improvements				
d Equipment		97,915,000	74,897,000	23,018,000
e Other		6,542,000		6,542,000
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				286,737,000

Schedule D (Form 990) 2010

Part XI

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	270,039,000
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	225,591,000
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	44,448,000
4	Net unrealized gains (losses) on investments	4	62,210,000
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	13,585,000
9	Total adjustments (net) Add lines 4 - 8	9	75,795,000
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	120,243,000

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	301,015,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	62,210,000
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	-31,234,000
e	Add lines 2a through 2d	2e	30,976,000
3	Subtract line 2e from line 1	3	270,039,000
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	270,039,000

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	180,772,000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	180,772,000
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	44,819,000
c	Add lines 4a and 4b	4c	44,819,000
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	225,591,000

Part XIV

Supplemental Information

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

Identifier	Return Reference	Explanation
CONSERVATION EASEMENTS	PART II, LINE 9	WESLEYAN UNIVERSITY DOES NOT OWN ANY PROPERTY ENCUMBERED BY A CONSERVATION EASEMENT HOWEVER, THE LONG LANE PARCEL IS CURRENTLY UNDER THE TRANSFER ACT AGREEMENT WITH CT DEP, REMEDIATED SOIL PILES, EXCAVATIONS AND IMPACTED WETLANDS, WHICH ARE PROTECTED UNDER LOCAL AND STATE REGULATIONS AND HAVE A WRITTEN MANAGEMENT PLAN WHICH PROVIDES A POLICY FOR PROTECTING THE AREAS INCLUDING THE PERIODIC MONITORING, INSPECTION, AND ENFORCEMENT OF THE SITE REGARDING HISTORIC BUILDINGS, THE CITY OF MIDDLETOWN DESIGN PRESERVATION AND REVIEW BOARD (DRPB) REVIEWS PROPOSED RENOVATIONS TO ALL HISTORIC STRUCTURES IN CERTAIN DISTRICTS, WHICH INCLUDES WESLEYAN'S CAMPUS THE DRPB THEN MAKES RECOMMENDATIONS TO THE MIDDLETOWN DIRECTOR OF PLANNING FOR SUCH RENOVATIONS WESLEYAN POLICY REQUIRES OUR CONTRACTED ARCHITECTS, ENGINEERS AND CONTRACTORS TO COMPLY WITH ALL LOCAL, STATE AND FEDERAL REGULATIONS ON EVERY PROJECT CONTRACTS FOR DESIGN SERVICES IN HISTORIC BUILDINGS REQUIRE THAT THE ARCHITECT AND WESLEYAN SUBMIT PROPOSED RENOVATION PLANS TO THE CITY OF MIDDLETOWN AND THE DRPB AS REQUIRED BY ZONING LAW
ORGANIZATIONS COLLECTIONS OF ARTS	PART III, LINE 4	THE UNIVERSITY MAINTAINS WORKS OF ART IN THE DAVISON ART CENTER (DAC), OLIN LIBRARY, SCIENCE LIBRARY AND ARCHIVES WESLEYAN STUDENTS IN MANY DEPARTMENTS USE THE DAC COLLECTION FOR CLASS ASSIGNMENTS OR VIEWINGS AS WELL AS FOR INDIVIDUAL RESEARCH PROJECTS WITH UNIVERSITY FACULTY, AND THE MUSEUM ALSO ENCOURAGES TEACHING AND LEARNING FROM OBJECTS IN A WIDE RANGE OF OTHER WAYS THE LIBRARY MAINTAINS SPECIAL COLLECTIONS AND ARCHIVES WHICH INCLUDES AROUND 25,000 RARE BOOKS AND COLLECTIONS THAT SERVE TO STIMULATE UNDERGRADUATE MINDS ABOUT THE PAST, OFFER LABORATORY MATERIALS IN THE HUMANITIES, AND PROVIDE SOME PREPARATION FOR ADVANCED SCHOLARSHIP
ENDOWMENT FUNDS	PART V, LINE 4	THE UNIVERSITY'S ENDOWMENT CONSISTS OF APPROXIMATELY 1,300 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES INCLUDING BOTH DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS THE UNIVERSITY HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY ITS ENDOWMENT WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS THE UNIVERSITY FOLLOWS A POLICY OF SPENDING BETWEEN 4 5% AND 5 5% OF THE 12-QUARTER MOVING AVERAGE OF THE MARKET VALUE OF THE ENDOWMENT IN SUPPORT OF THE OPERATING AND CAPITAL BUDGETS ABOUT 85% OF THE PERMANENTLY RESTRICTED NET ASSETS CONSIST OF THOSE FOR WHICH INCOME IS RESTRICTED TO FINANCIAL AID, INSTRUCTION AND RESEARCH
UNCERTAIN TAX POSITIONS UNDER FIN 48 (ASC 740)	PART X, LINE 2	THE UNIVERSITY IS GENERALLY EXEMPT FROM INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(A), AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) THE UNIVERSITY ASSESSES UNCERTAIN TAX POSITIONS AND DETERMINED THAT THERE WERE NO SUCH POSITIONS THAT HAVE A MATERIAL EFFECT ON THE FINANCIAL STATEMENTS
OTHER ADJUSTMENTS TO NET ASSETS	PART XI, LINE 8	POST RETIREMENT BENEFIT LIABILITY ADJUSTMENT 18,491,000 CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT (1,663,000) PLEDGE WRITE-OFF (3,243,000) TOTAL 13,585,000
OTHER REVENUE INCLUDED IN AFS NOT IN FORM 990	PART XII, LINE 2D	FINANCIAL AID (44,819,000) POST RETIREMENT BENEFIT LIABILITY ADJUSTMENT 18,491,000 CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT (1,663,000) PLEDGE WRITE-OFF (3,243,000) TOTAL (31,234,000)
OTHER EXPENSES INCLUDED ON FORM 990 NOT IN AFS	PART XIII, LINE 4B	FINANCIAL AID 44,819,000

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

►Complete if the organization answered "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

2010

Open to Public Inspection

Name of the organization
WESLEYAN UNIVERSITY

Employer identification number
06-0646959

Part I		YES	NO
<div>1</div> <div>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?</div>	1	Yes	
	2	Yes	
	3	Yes	
<div>4</div> <div>Does the organization maintain the following?</div> <div>a Records indicating the racial composition of the student body, faculty, and administrative staff?</div> <div>b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?</div> <div>c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?</div> <div>d Copies of all material used by the organization or on its behalf to solicit contributions?</div> <div>If you answered "No" to any of the above, please explain If you need more space, use Part II</div>			

Part III **Supplemental Information**

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions).

Identifier	Return Reference	Explanation
NONDISCRIMINATORY POLICY	SCHEDULE E, LINE 3	THE NONDISCRIMINATORY POLICY IS PROMINENTLY DISPLAYED ON ADVERTISEMENTS FOR EMPLOYMENT WHICH APPEAR IN NEWSPAPERS AND THE INTERNET. IT ALSO APPEARS IN ADMISSIONS CATALOGUES, EMPLOYMENT APPLICATIONS AND EMPLOYEE AND FACULTY HANDBOOKS.

SCHEDULE F
(Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
WESLEYAN UNIVERSITY

Employer identification number
06-0646959

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States
- 3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
Europe (Including Iceland and Greenland)	0	0	Program Services	STUDY ABROAD	4,602,844
East Asia and the Pacific	0	0	Program Services	STUDY ABROAD	332,060
South America	0	0	Program Services	STUDY ABROAD	194,096
Sub-Saharan Africa	0	0	Program Services	STUDY ABROAD	79,341
Middle East and North Africa	0	0	Program Services	STUDY ABROAD	79,018
South Asia	0	0	Program Services	STUDY ABROAD	76,864
Central America and the Caribbean	0	0	Program Services	STUDY ABROAD	92
Central America and the Caribbean	0	0	Investments		107,424,163
Europe (Including Iceland and Greenland)	0	0	Investments		22,371,773
3a Sub-total	0	0			135,160,251
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0	0			135,160,251

1

(i) Method of valuation
(book, FMV, appraisal, other)

3 Enter total number of other organizations or entities

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
FINANCIAL AID	Europe/Iceland/Greenland	77	1,432,967	WIRE TRANSF			
FINANCIAL AID	East Asia/Pacific	12	243,433	WIRE TRANSF			
FINANCIAL AID	South America	13	194,096	WIRE TRANSF			
FINANCIAL AID	Sub-Saharan Africa	7	56,141	WIRE TRANSF			
FINANCIAL AID	Middle East/North Africa	4	79,018	WIRE TRANSF			
FINANCIAL AID	South Asia	6	76,864	WIRE TRANSF			
FINANCIAL AID	Cent America/Caribbean	1	92	WIRE TRANSF			

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*

☒ Yes ☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐ Yes ☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☐ Yes ☒ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☒ Yes ☐ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☒ Yes ☐ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☒ Yes ☐ No

Part V

Supplemental Information
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Identifier	Return Reference	Explanation
MONITORING THE USE OF GRANT FUNDS	PART I, LINE 2	STUDENTS ATTEND APPROVED STUDY ABROAD PROGRAMS AND RECEIVE WESLEYAN CREDIT PROGRAMS ARE APPROVED BASED ON A REVIEW BY A FACULTY COMMITTEE ONCE THE PROGRAM IS APPROVED, THE OFFICE OF INTERNATIONAL STUDIES, IN CONJUNCTION WITH THE FINANCE OFFICE, FACILITATES PAYMENT AND FINANCIAL AID TO THE HOST SCHOOL AFTER A STUDENT COMPLETES THE PROGRAM THEY FILL OUT AN EVALUATION OF THE PROGRAM AND AN OFFICIAL TRANSCRIPT IS PRESENTED TO THE UNIVERSITY FROM THE PROGRAM

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
WESLEYAN UNIVERSITY

Employer identification number

06-0646959

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☐ Mail solicitations
- b** ☐ Internet and e-mail solicitations
- c** ☐ Phone solicitations
- d** ☐ In-person solicitations
- e** ☐ Solicitation of non-government grants
- f** ☐ Solicitation of government grants
- g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

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

[illegible]

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
			<u>LOMBARDI</u>	<u>COSBY BENEFIT</u>	<u>5</u>	(Add col (a) through	
			(event type)	(event type)	(total number)	col (c))	
	1	Gross receipts	271,621	85,145	104,322	461,088	
	2	Less Charitable contributions	246,634	52,160	51,485	350,279	
3	Gross income (line 1 minus line 2)	24,987	32,985	52,837	110,809		
Direct Expenses	4	Cash prizes					
	5	Non-cash prizes					
	6	Rent/facility costs					
	7	Food and beverages					
	8	Entertainment					
	9	Other direct expenses	26,863	14,241	30,269	71,373	
	10	Direct expense summary Add lines 4 through 9 in column (d). ▶					71,373
	11	Net income summary Combine lines 3 and 10 in column (d). ▶					39,436

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶			

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c

If "Yes," enter name and address

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**
Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

2010

Open to Public Inspection

Name of the organization
WESLEYAN UNIVERSITY

06-0646959

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II **Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ▶

[illegible]

- | | | |
|----------|--|----------|
| 2 | Enter total number of section 501(c)(3) and government organizations | 1 |
| 3 | Enter total number of other organizations | 0 |

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SEOG	230	721,000			
(2) CT STATE GRANTS	83	388,750			
(3) FREEMAN SCHOLARSHIP	63	1,764,093			
(4) TUITION REMISSION	161	4,257,000			
(5) UNIVERSITY SCHOLARSHIP	1161	35,605,546			

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

Identifier	Return Reference	Explanation
MONITORING THE USE OF GRANT FUNDS	PART I, LINE 2	FINANCIAL AID IS DETERMINED BASED ON A NEEDS ANALYSIS AND APPLIED TO STUDENT CHARGES THAT SUPPORT COST OF ATTENDANCE STUDENT CHARGES ARE USED IN SUPPORT OF THE UNIVERSITY'S MISSION

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
WESLEYAN UNIVERSITY

Employer identification number

06-0646959

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input checked="" type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div></div> <div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div> <div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div></div> <div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	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?	2	Yes
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div></div> <div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div></div> <div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MICHAEL S ROTH	(i)	366,673	0	26,042	27,450	63,184	483,349	0
	(ii)	0	0	0	0	0	0	0
(2) JOHN C MEERTS	(i)	244,085	0	1,580	20,593	16,897	283,155	0
	(ii)	0	0	0	0	0	0	0
(3) BARBARA-JAN WILSON	(i)	237,342	0	1,380	20,685	69,470	328,877	0
	(ii)	0	0	0	0	0	0	0
(4) ROB ROSENTHAL	(i)	160,578	0	27,197	13,731	36,029	237,535	0
	(ii)	0	0	0	0	0	0	0
(5) SONIA BASSHEVA MANJON	(i)	160,254	0	1,380	14,209	29,517	205,360	0
	(ii)	0	0	0	0	0	0	0
(6) NANCY HARGRAVE MEISLAHN	(i)	159,638	0	1,020	14,058	22,716	197,432	0
	(ii)	0	0	0	0	0	0	0
(7) JEANINE D BASINGER	(i)	189,316	0	43,275	20,585	31,776	284,952	0
	(ii)	0	0	0	0	0	0	0
(8) JILL G MORAWSKI	(i)	148,383	0	33,400	16,545	54,818	253,146	0
	(ii)	0	0	0	0	0	0	0
(9) NATHAN DAVID PETERS	(i)	153,758	0	1,020	13,907	76,836	245,521	0
	(ii)	0	0	0	0	0	0	0
(10) JOYCE TOPSHE	(i)	152,093	0	6,230	14,108	70,098	242,529	0
	(ii)	0	0	0	0	0	0	0
(11) ANN W GOODWIN	(i)	150,140	0	1,020	13,463	74,443	239,066	0
	(ii)	0	0	0	0	0	0	0
(12) JOSEPH W BRUNO	(i)	205,780	0	1,525	18,799	25,520	251,624	0
	(ii)	0	0	0	0	0	0	0
(13) JUDITH C BROWN	(i)	193,506	0	0	17,513	29,850	240,869	0
	(ii)	0	0	0	0	0	0	0
(14) PETER C PATTON	(i)	182,457	0	500	15,155	13,930	212,042	0
	(ii)	0	0	0	0	0	0	0
(15)								
(16)								

Part IIISupplemental 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.

Identifier	Return Reference	Explanation
PART I, LINE 1A		THE UNIVERSITY WILL REIMBURSE THE COST OF AIRPLANE TICKETS IN COACH CLASS ONLY, UNLESS SCHEDULING OR A MEDICAL CONDITION NECESSITATES OTHER ARRANGEMENTS. THE PRESIDENT AND VICE PRESIDENT FOR STUDENT AFFAIRS MUST LIVE ON CAMPUS AS A REQUIREMENT OF THEIR EMPLOYMENT AND THE FAIR MARKET VALUE OF THE HOUSING HAS BEEN INCLUDED AS A NON-TAXABLE FRINGE BENEFIT ON SCHEDULE J.

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
WESLEYAN UNIVERSITY

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Employer identification number
06-0646959

Part I

Bond Issues

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A CHEFA SERIES G	06-0646959	20774U2Z7	05-18-2010	197,314,059	CHEFA SERIES G - REFUND PRIOR BOND		X		X		X
B CHEFA SERIES H	06-0646959	20774U3A1	05-18-2010	20,105,000	CHEFA SERIES H - REFUND PRIOR BOND		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	197,314,059		20,105,000					
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrow								
7	Issuance costs from proceeds	1,454,059		105,000					
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds	12,860,000							
10	Capital expenditures from proceeds	183,000,000		20,000,000					
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2008		2008					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X					
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III

Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				

Part IIIPrivate Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?	X		X					
b	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
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?	X		X					
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	0 360 %		0 040 %					
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	0 %		0 %					
6	Total of lines 4 and 5	0 360 %		0 040 %					
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X					

Part IVArbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X				
2	Is the bond issue a variable rate issue?		X	X					
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X				
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?		X		X				
e	Was a hedge terminated?		X		X				
4a	Were gross proceeds invested in a GIC?		X		X				
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X		X				
6	Did the bond issue qualify for an exception to rebate?		X		X				

Part VSupplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
WESLEYAN UNIVERSITY

Employer identification number
06-0646959

Part I

Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$										

Part III

Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance
(1)		73,171

Part IV

Business Transactions Involving Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) ANNE GREENE	FAMILY OF J FRANK-TRUSTEE	178,758	EMPLOYEE COMPENSATION		No
(2) NAT GREENE	FAMILY OF J FRANK-TRUSTEE	194,310	EMPLOYEE COMPENSATION		No
(3) CHIEFTAIN CAPITAL MANAGEMENT	SHONNI SILVERBERG-TRUSTEE	539,053	INVESTMENT MANAGEMENT		No
(4) KARI WEIL	SPOUSE OF M ROTH-OFFICER	94,940	EMPLOYEE COMPENSATION		No

Part V

Supplemental Information
Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
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SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
WESLEYAN UNIVERSITY

Employer identification number
06-0646959

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art	X	14	120,200	FMV
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles .				
7 Boats and planes				
8 Intellectual property . .				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests .				
12 Securities—Miscellaneous	X	274	4,804,578	FMV
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other . .				
15 Real estate—Residential .				
16 Real estate—Commercial				
17 Real estate—Other . .				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts . .				
23 Scientific specimens . .				
24 Archeological artifacts .				
GRAND				
25 Other ► (PIANO)	X	1	29,500	FMV
26 Other ► (FILM)	X	1	1,040,250	FMV
MISCELLANEOUS (BOOKS, FURNITURES, SHEET				
27 Other ► (MUSIC)	X	8	107	FMV
28 Other ► ()				

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

293

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

30a

YesNo

No

b If "Yes," describe the arrangement in Part II

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

31

Yes

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

32a

No

b If "Yes," describe in Part II

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

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	Return Reference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization WESLEYAN UNIVERSITY	Employer identification number 06-0646959
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Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990, PART III, LINE 1	I MISSION WESLEYAN UNIVERSITY IS DEDICATED TO PROVIDING AN EDUCATION IN THE LIBERAL ARTS THAT IS CHARACTERIZED BY BOLDNESS, RIGOR, AND PRACTICAL IDEALISM AT WESLEYAN, DISTINGUISHED SCHOLAR-TEACHERS WORK CLOSELY WITH STUDENTS, TAKING ADVANTAGE OF FLUIDITY AMONG DISCIPLINES TO EXPLORE THE WORLD WITH A VARIETY OF TOOLS THE UNIVERSITY SEEKS TO BUILD A DIVERSE, ENERGETIC COMMUNITY OF STUDENTS, FACULTY, AND STAFF WHO THINK CRITICALLY AND CREATIVELY AND WHO VALUE INDEPENDENCE OF MIND AND GENEROSITY OF SPIRIT II VALUES AND CULTURE *AS A LEARNING COMMUNITY* WESLEYAN EDUCATES STUDENTS TO BECOME INDEPENDENT THINKERS CAPABLE OF CONTINUING TO LEARN AND TRANSLATING THAT LEARNING INTO EFFECTIVE WORK AT THE HIGHEST LEVEL THE EDUCATION ON CAMPUS IS CHARACTERIZED BY COMBINATIONS OF FREEDOM AND PRODUCTIVITY, EXPERIMENTATION AND EVALUATION, AND EXUBERANCE AND RESPONSIBILITY THIS STIMULATES STUDENTS TO DISCOVER WHAT THEY LOVE TO DO AND GET BETTER AT IT WESLEYAN CREATES AN ENVIRONMENT IN WHICH STUDENTS CAN STRIVE FOR EXCELLENCE THROUGH HARD WORK THAT IS JOYFUL AND SATISFYING ALUMNI OF THE INSTITUTION CONTINUE TO DRAW ON THEIR LEARNING EXPERIENCES FOR THE REST OF THEIR LIVES AND REMAIN DEVOTED TO THE INSTITUTION

Identifier	Return Reference	Explanation
AS A CENTER FOR RESEARCH AND CREATIVE PRACTICE	WESLEYAN ATTRACTS FACULTY AND STUDENTS WHO FIND ENORMOUS VALUE IN	INDEPENDENT RESEARCH, SCHOLARSHIP AND CREATIVE PRACTICE. PROFESSORS FIND STIMULATION IN THE CLASSROOM TO ADVANCE THEIR VARIOUS PROFESSIONAL FIELDS, WHICH IN TURN INVIGORATES TEACHING AND CURRICULUM DEVELOPMENT. THE UNIVERSITY'S SMALL GRADUATE PROGRAMS IN THE SCIENCES AND MUSIC FACILITATE COLLABORATIVE RESEARCH. UNDERGRADUATES ARE GIVEN OPPORTUNITIES FOR ADVANCED INDEPENDENT WORK THROUGH WHICH THEY INCREASE THEIR INTELLECTUAL CAPACITIES AND DISCOVER ASPECTS OF THEMSELVES AND THE WORLD THAT WILL REMAIN MEANINGFUL TO THEM LONG AFTER GRADUATION. MEMBERS OF THE WESLEYAN COMMUNITY ADDRESS SCHOLARLY ISSUES OF IMPORTANCE TO THEIR RESPECTIVE FIELDS AND REGULARLY PRODUCE WORK THAT GOES BEYOND ACADEMIC REALMS TO HAVE A POSITIVE IMPACT ON PUBLIC LIFE. *AS AN INSTITUTIONAL CITIZEN AND LEADER IN EDUCATION* WESLEYAN INSPIRES FACULTY, STAFF AND STUDENTS TO PLAY ACTIVE ROLES AS NEIGHBORS AND CITIZENS. THE UNIVERSITY CONTRIBUTES ECONOMICALLY AND CULTURALLY TO MIDDLETOWN, AND IT INSTILLS IN ITS GRADUATES A SENSE OF CIVIC POSSIBILITY AND PURPOSE. WESLEYAN ALUMNI CREATE OPPORTUNITIES TO INTEGRATE SERVICE INTO THEIR PROFESSIONAL AND PERSONAL LIVES AND GENEROUSLY SUPPORT THE EDUCATIONAL ENTERPRISE ON CAMPUS. THE UNIVERSITY SUPPORTS THE CONTINUED EVOLUTION OF A LIBERAL ARTS EDUCATION AND MAKES A CASE FOR ITS IMPORTANCE IN THE PUBLIC SPHERE. MEMBERS OF THE WESLEYAN COMMUNITY REGULARLY GO ON TO DISTINGUISHED CAREERS IN PUBLIC SERVICE, AND THE UNIVERSITY PROVIDES SUPPORT FOR DISSEMINATING SCHOLARSHIP THAT CAN HAVE POSITIVE PUBLIC IMPACT.

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENT #1	FORM 990, PART III, LINE 4A	INSTRUCTION AND RESEARCH INCLUDES ALL EXPENDITURES FOR COMPENSATION AND OTHER EXPENSES IN SUPPORT OF INSTRUCTIONAL ACTIVITY - 719 BACHELOR OF ARTS AND 94 GRADUATE DEGREES WERE AWARDED IN 2011 - TODAY WESLEYAN OFFERS INSTRUCTION IN 40 DEPARTMENTS AND 47 MAJOR FIELDS OF STUDY AND AWARDS THE BACHELOR OF ARTS AND GRADUATE DEGREES THE MASTER OF ARTS DEGREE AND THE DOCTOR OF PHILOSOPHY ARE REGULARLY AWARDED IN SIX FIELDS OF STUDY STUDENTS MAY CHOOSE FROM MORE THAN 900 COURSES EACH YEAR AND MAY BE COUNTED UPON TO DEVISE, WITH THE FACULTY, SOME 900 INDIVIDUAL TUTORIALS AND LESSONS - THE STUDENT BODY IS MADE UP OF APPROXIMATELY 2,800 FULL-TIME UNDERGRADUATES AND 200 GRADUATE STUDENTS, AS WELL AS MORE THAN 300 PART-TIME STUDENTS IN THE GRADUATE LIBERAL STUDIES PROGRAM AN ONGOING FACULTY OF MORE THAN 375 IS JOINED EACH SEMESTER BY A DISTINGUISHED GROUP OF VISITING ARTISTS AND PROFESSORS BUT DESPITE WESLEYAN'S GROWTH, TODAY'S STUDENT/INSTRUCTOR RATIO REMAINS AT 9 TO 1, AND ABOUT TWO THIRDS OF ALL COURSES ENROLL FEWER THAN 20 STUDENTS

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENT #2	FORM 990, PART III, LINE 4B	AUXILIARY SERVICES INCLUDE THE COSTS OF ROOM AND BOARD FOR OVER 2,800 STUDENTS RESIDING ON A 340 ACRE CAMPUS. THERE ARE 8 RESIDENCE HALLS, 7 APARTMENT COMPLEXES AND OVER 25 PROGRAM HOUSES IN ADDITION TO OVER 140 HOUSE UNITS ON CAMPUS FOR UPPER-CLASS STUDENTS. WORKING IN PARTNERSHIP WITH STUDENTS AND COLLABORATIVELY WITH OTHER MEMBERS OF THE WESLEYAN COMMUNITY, THE OFFICE OF RESIDENTIAL LIFE STRIVES TO PROVIDE A SAFE AND SUPPORTIVE RESIDENTIAL ENVIRONMENT WHICH COMPLEMENTS AND EXTENDS STUDENTS EDUCATIONAL EXPERIENCE. STUDENT-CENTERED PROGRAMS AND SERVICES ARE DEVELOPED AND IMPLEMENTED WITH AN EMPHASIS ON HOLISTIC INDIVIDUAL AND COMMUNITY DEVELOPMENT, STUDENT LEADERSHIP, INDIVIDUAL RESPONSIBILITY, ADVOCACY OF ACADEMIC INQUIRY, AND FREEDOM OF THOUGHT, OPINION AND EXPRESSION IN THE SPIRIT OF MUTUAL RESPECT. THESE ARE THE HALLMARKS OF THE WESLEYAN RESIDENTIAL EXPERIENCE, AND PROVIDE THE ESSENTIAL FOUNDATION FOR A QUALITY LIBERAL ARTS EDUCATION WITHIN A DIVERSE AND DYNAMIC COMMUNITY.

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENT #3	FORM 990, PART III, LINE 4C	LIBRARY EXPENSES INCLUDE ACQUISITION OF BOOKS, PERIODICALS AND OTHER MATERIALS, COMPENSATION OF STAFF, AND OTHER EXPENDITURES IN SUPPORT OF THE LIBRARY THE MISSION OF THE LIBRARY IS TO PROVIDE THE INFORMATION SERVICES AND RESOURCES REQUIRED TO SUPPORT THE LEARNING, TEACHING, AND RESEARCH OF THE WESLEYAN COMMUNITY TO CARRY OUT THIS MISSION THE LIBRARY WILL - ORGANIZE AND PROVIDE INTELLECTUAL AND PHYSICAL ACCESS TO COLLECTIONS AND INFORMATION RESOURCES LOCALLY AND WORLD-WIDE - DEVELOP AND PRESERVE LOCAL COLLECTIONS - TEACH AND GUIDE USERS IN THE LIBRARY RESEARCH PROCESS - PROVIDE AN ATMOSPHERE CONDUCIVE TO STUDY, RESEARCH, AND LEARNING - CONTRIBUTING TO THE LARGER SCHOLARLY WORLD THE WESLEYAN LIBRARY WILL PROVIDE UNEXCELLED SERVICES IT IS A DYNAMIC PLACE WHERE LIBRARY STAFF PROVIDE USERS WITH THE INFORMATION THEY NEED, AS WELL AS A KEEN SENSE THAT THERE ARE MANY PATHS, AND A WIDE RANGE OF SKILLS NECESSARY FOR THE EFFECTIVE USE AND EVALUATION OF INFORMATION RESOURCES

Identifier	Return Reference	Explanation
OTHER PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4D	STUDENT SERVICES INCLUDES THE COSTS ASSOCIATED WITH ADMINISTERING THE OFFICE OF ADMISSIONS, REGISTRAR, FINANCIAL AID, CAREER PLANNING, HEALTH SERVICES, INSTITUTIONAL RESEARCH AND DEAN'S OFFICE

Identifier	Return Reference	Explanation
FORM 990 REVIEW PROCESS	FORM 990, PART VI, SECTION B, QUESTION 11A	THE UNIVERSITY'S FISCAL YEAR END IS JUNE 30. THE AUDITED FINANCIAL STATEMENTS ARE FINALIZED IN LATE OCTOBER DUE TO THE TIME IT TAKES TO VALUE ENDOWMENT ASSETS. DURING NOVEMBER AND DECEMBER A TAX COMMITTEE CONSISTING OF UNIVERSITY GENERAL COUNSEL, ASSOCIATE VICE PRESIDENT FOR FINANCE AND MANAGER OF FINANCIAL REPORTING MEET TO DISCUSS ANY SIGNIFICANT CHANGES IN POLICIES, GOVERNANCE, MANAGEMENT AND OTHER ACTIVITY. IN ADDITION, THE FINANCE OFFICE REACHES OUT TO OTHER DEPARTMENTS SUCH AS ACADEMIC AFFAIRS, UNIVERSITY RELATIONS, AND ADMISSIONS TO DETERMINE POTENTIAL FILING ACTIVITY. DURING JANUARY AND FEBRUARY THE FINANCE OFFICE WORKS WITH THE EXTERNAL AUDITORS TO COMPLETE A DRAFT DOCUMENT FOR THE FEBRUARY AUDIT COMMITTEE MEETING. THE DOCUMENT IS PROVIDED TO EACH MEMBER OF THE AUDIT COMMITTEE AND DISCUSSED DURING THE MEETING. THE CHAIR OF THE AUDIT COMMITTEE WILL SUMMARIZE THE REVIEW TO THE FULL BOARD OF TRUSTEES THE FOLLOWING DAY. THE FINAL RETURN IS FILED IN MAY WITH A COPY OF THE FINAL RETURN SENT BY EMAIL TO EACH VOTING MEMBER OF THE GOVERNING BOARD.

Identifier	Return Reference	Explanation
CONFLICT OF INTEREST POLICY	FORM 990, PART VI, SECTION B, QUESTION 12C	<p>THE UNIVERSITY POSTS ITS CONFLICT OF INTEREST POLICY ON ITS WEBSITE AND REQUIRES QUESTIONNAIRE COMPLETION FROM UNIVERSITY FACULTY , STAFF AND TRUSTEES ON AN ANNUAL BASIS FACULTY AND STAFF ARE COLLECTED ELECTRONICALLY THROUGH NETWORK SIGN ON CONFLICT OF INTEREST QUESTIONNAIRES FROM BOARD MEMBERS ARE COLLECTED BY THE SECRETARY OF THE UNIVERSITY AND REVIEWED BY LEGAL COUNSEL RESPONSES ARE MONITORED BY THE UNIVERSITY GENERAL COUNSEL IN CONJUNCTION WITH THE PRESIDENT'S OFFICE ANY SUPERVISOR RECEIVING NOTICE OF A POTENTIAL CONFLICT OF INTEREST SHALL DETERMINE WHETHER THE SITUATION PRESENTS A POTENTIAL CONFLICT OF INTEREST UNDER THIS POLICY AND DOCUMENT THEIR DETERMINATION IN WRITING UNLESS THE SUPERVISOR IS ABLE TO CLEARLY DETERMINE THAT NO SUCH CONFLICT EXISTS OR IN THE CASE THAT THE INDIVIDUAL DISAGREES WITH THE SUPERVISOR'S DECISIONS, THE SUPERVISOR SHALL REQUIRE THE INDIVIDUAL TO DISCLOSE THE SITUATION IN WRITING AND THE SUPERVISOR AND/OR INDIVIDUAL SHALL FORWARD THAT DESCRIPTION TO AN APPROPRIATE VICE PRESIDENT OR SENIOR OFFICER OF THE UNIVERSITY THE SUPERVISOR SHALL NOT PERMIT ANY INDIVIDUAL TO PARTICIPATE IN THE QUESTIONABLE ACTIVITY UNLESS AND UNTIL A VICE PRESIDENT OR SENIOR OFFICER OF THE UNIVERSITY HAS REVIEWED THE ACTIVITY AND CONFIRMED IN WRITING THAT THE ACTIVITY MAY CONTINUE AND/OR THAT THERE ARE RELEVANT SAFEGUARDS IN PLACE TO PROTECT THE UNIVERSITY ANY INDIVIDUAL WHO DISAGREES WITH A CONFLICT-RELATED DECISION OF ANY VICE PRESIDENT OR SENIOR OFFICER MAY SEEK REVIEW BY THE PRESIDENT OF THE UNIVERSITY WHOSE DECISION SHALL BE FINAL ON AN ANNUAL BASIS THE UNIVERSITY DISTRIBUTES AND REQUIRES INDIVIDUALS TO COMPLETE A STATEMENT A)CONFIRMING THAT THEY HAVE READ AND UNDERSTOOD THE CONFLICT OF INTEREST POLICY AND B) THAT THEY HAVE NO KNOWLEDGE OF ANY CONFLICT OF INTEREST EXCEPT FOR THOSE APPROPRIATELY DISCLOSED UNDER THE POLICY</p>

Identifier	Return Reference	Explanation
COMPENSATION POLICY	FORM 990, PART VI, SECTION B, QUESTION 15B	WESLEYAN UNIVERSITY'S SALARY ADMINISTRATION IS DESIGNED TO ACCOMPLISH THREE MAJOR OBJECTIVES - ATTRACT AND RETAIN HIGHLY QUALIFIED STAFF MEMBERS, - LINK COMPENSATION TO PERFORMANCE, AND - PROMOTE CONSISTENCY AND AN INTERNALLY EQUITABLE RELATIONSHIP BETWEEN SALARY AND RESPONSIBILITIES A COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES, COMPOSED OF THREE MEMBERS AND CHAIRED BY THE CHAIR OF THE BOARD OF TRUSTEES, IS RESPONSIBLE FOR EVALUATING THE COMPENSATION REASONABLENESS FOR ALL OFFICERS AND KEY EMPLOYEES AS DETERMINED FROM TIME TO TIME THE COMMITTEE REVIEWS THE PERFORMANCE APPRAISAL OF THE PRESIDENT BY THE BOARD, DETERMINES THE COMPENSATION OF THE PRESIDENT, AND SETS GOALS AND PERFORMANCE MEASURES FOR THE FOLLOWING YEAR THE COMMITTEE BEGINS DISCUSSION IN THE SECOND HALF OF THE ACADEMIC YEAR WESLEYAN PARTICIPATES IN AN ANNUAL SURVEY OF ITS PEERS CONDUCTED BY A PRIVATE CONSULTANT THIS PROCESS ENSURES THAT THE UNIVERSITY REMAINS CONSISTENT WITH THE REGULATORY AND LEGAL REQUIREMENTS OF COMPENSATION IN A 501(C)3 NON-PROFIT ORGANIZATION

Identifier	Return Reference	Explanation
PUBLIC DISCLOSURE	FORM 990, PART VI, SECTION C, QUESTION 19	THE UNIVERSITY POSTS ITS GOVERNING DOCUMENTS ON ITS WEBSITE AT WWW.WESLEYAN.EDU/GENERALCOUNSEL. IN ADDITION, THE UNIVERSITY'S AUDITED FINANCIAL STATEMENTS ARE ON ITS WEBSITE AT WWW.WESLEYAN.EDU/FINANCE/FINANCEDEPT. THE UNIVERSITY'S FORM 990 IS POSTED ON WWW.GUIDESTAR.ORG. THE FORM 990, AUDITED FINANCIAL STATEMENTS AND GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS	FORM 990, PART XI, LINE 5	UNREALIZED GAINS 62,210,000 POST RETIREMENT BENEFIT LIABILITY ADJUSTMENT 18,491,000 CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT (1,663,000) PLEDGE WRITE-OFF (3,243,000) TOTAL 75,795,000

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
WESLEYAN UNIVERSITY

Employer identification number
06-0646959

Part I

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(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 (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(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	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) ASSOCIATED KYOTO PROGRAM CONTROLLERS OFFICE COLLEGE HALL RM NORTHAMPTON, MA 01063 04-2996114	EDUCATION	MA	501(C)(3)	11(c)	NA		

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN 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 end-of-year assets	(h) Percentage ownership
See Additional Data Table							

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to other organization(s)

c

Gift, grant, or capital contribution from other organization(s)

d

Loans or loan guarantees to or for other organization(s)

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

Lease of facilities, equipment, or other assets to other organization(s)

j

Lease of facilities, equipment, or other assets from other organization(s)

k

Performance of services or membership or fundraising solicitations for other organization(s)

l

Performance of services or membership or fundraising solicitations by other organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

Other transfer of cash or property to other organization(s)

r

Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

Yes

Yes

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2010

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.

[illegible]

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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Software ID:

Software Version:

EIN: 06-0646959

Name: WESLEYAN UNIVERSITY

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN 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 end-of-year assets (\$)	(h) Percentage ownership
JB 1 CRUT 318 HIGH STREET MIDDLETOWN, CT06459 30-6258214	CHARITABLE TRUST	CT	NA	TRUST	6,761	527,823	100 000 %
PP & TC CRUT 318 HIGH STREET MIDDLETOWN, CT06459 30-6263274	CHARITABLE TRUST	CT	NA	TRUST	1,065	256,060	100 000 %
GMG CRUT 318 HIGH STREET MIDDLETOWN, CT06549 16-6387944	CHARITABLE TRUST	CT	NA	TRUST	3,428	69,147	93 000 %
GG CRUT 318 HIGH STREET MIDDLETOWN, CT06459 06-6290500	CHARITABLE TRUST	CT	NA	TRUST	10,033	187,922	82 000 %
WC CRUT 318 HIGH STREET MIDDLETOWN, CT06459 06-6301129	CHARITABLE TRUST	CT	NA	TRUST	9,094	188,842	82 000 %
JM 1 CRUT 318 HIGH STREET MIDDLETOWN, CT06459 22-6465437	CHARITABLE TRUST	CT	NA	TRUST	5,668	106,861	81 000 %
GC CRUT 318 HIGH STREET MIDDLETOWN, CT06459 06-6301120	CHARITABLE TRUST	CT	NA	TRUST	3,036	62,950	74 000 %
LA 1 CRUT 318 HIGH STREET MIDDLETOWN, CT06459 26-6606578	CHARITABLE TRUST	CT	NA	TRUST	91,691	1,483,490	74 000 %
LA 2 CRUT 318 HIGH STREET MIDDLETOWN, CT06459 26-6606585	CHARITABLE TRUST	CT	NA	TRUST	19,588	322,100	73 000 %
JM 2 CRUT 318 HIGH STREET MIDDLETOWN, CT06459 06-6439949	CHARITABLE TRUST	CT	NA	TRUST	1,876	55,438	71 000 %
JB 2 CRUT 318 HIGH STREET MIDDLETOWN, CT06459 06-6469506	CHARITABLE TRUST	CT	NA	TRUST	28,051	460,823	68 000 %
JM 3 CRUT 318 HIGH STREET MIDDLETOWN, CT06459 16-6537388	CHARITABLE TRUST	CT	NA	TRUST	7,514	121,646	67 000 %
JM 4 CRUT 318 HIGH STREET MIDDLETOWN, CT06459 22-3104056	CHARITABLE TRUST	CT	NA	TRUST	9,918	122,123	65 000 %
EM 1 CRUT 318 HIGH STREET MIDDLETOWN, CT06459 06-6315231	CHARITABLE TRUST	CT	NA	TRUST	35,677	442,276	62 000 %
EM 2 CRUT 318 HIGH STREET MIDDLETOWN, CT06459 06-6302644	CHARITABLE TRUST	CT	NA	TRUST	9,690	75,057	62 000 %
HT CRUT 318 HIGH STREET MIDDLETOWN, CT06459 37-6408677	CHARITABLE TRUST	CT	NA	TRUST	11,811	199,145	59 000 %
JEM CRUT 318 HIGH STREET MIDDLETOWN, CT06459 06-6499468	CHARITABLE TRUST	CT	NA	TRUST	4,002	64,734	58 000 %
DT CRUT 318 HIGH STREET MIDDLETOWN, CT06459 06-6441415	CHARITABLE TRUST	CT	NA	TRUST	6,623	106,043	58 000 %
DPJ CRUT 318 HIGH STREET MIDDLETOWN, CT06459 06-6442203	CHARITABLE TRUST	CT	NA	TRUST	24,898	323,411	51 000 %
MG & GHG CRUT 318 HIGH STREET MIDDLETOWN, CT06459 16-6387944	CHARITABLE TRUST	CT	NA	TRUST	4,714	69,147	93 000 %

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN 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 end-of-year assets (\$)	(h) Percentage ownership
WAC CRUT 318 HIGH STREET MIDDLETOWN, CT06459 06-6301129	CHARITABLE TRUST	CT	NA	TRUST	37,678	188,642	80 000 %
GHG CRUT 318 HIGH STREET MIDDLETOWN, CT06459 06-6290500	CHARITABLE TRUST	CT	NA	TRUST	39,493	187,922	79 000 %
JEM CRUT 2 318 HIGH STREET MIDDLETOWN, CT06459 22-6465437	CHARITABLE TRUST	CT	NA	TRUST	22,940	106,861	79 000 %
GPC CRUT 318 HIGH STREET MIDDLETOWN, CT06459 06-6301120	CHARITABLE TRUST	CT	NA	TRUST	17,475	62,949	72 000 %
LMA CRUT 1 318 HIGH STREET MIDDLETOWN, CT06459 26-6606578	CHARITABLE TRUST	CT	NA	TRUST	412,315	1,483,490	72 000 %
LMA CRUT 2 318 HIGH STREET MIDDLETOWN, CT06459 26-6606585	CHARITABLE TRUST	FL	NA	TRUST	89,523	322,100	72 000 %
JLM CRUT 318 HIGH STREET MIDDLETOWN, CT06459 06-6439949	CHARITABLE TRUST	CT	NA	TRUST	17,233	55,438	69 000 %
JWB CRUT 318 HIGH STREET MIDDLETOWN, CT06459 06-6469506	CHARITABLE TRUST	CT	NA	TRUST	162,997	460,823	65 000 %
JWM CRUT 318 HIGH STREET MIDDLETOWN, CT06459 16-6537388	CHARITABLE TRUST	CT	NA	TRUST	46,959	121,646	61 000 %
ECMJ CRUT 1 318 HIGH STREET MIDDLETOWN, CT06459 06-6315231	CHARITABLE TRUST	CT	NA	TRUST	191,469	442,276	57 000 %
ECMJ CRUT 2 318 HIGH STREET MIDDLETOWN, CT06459 06-6302644	CHARITABLE TRUST	CT	NA	TRUST	32,493	75,057	57 000 %
JLM CRAT 318 HIGH STREET MIDDLETOWN, CT06459 22-3104056	CHARITABLE TRUST	CT	NA	TRUST	55,291	122,123	55 000 %
DHT CRUT 318 HIGH STREET MIDDLETOWN, CT06459 06-6441415	CHARITABLE TRUST	CT	NA	TRUST	50,149	106,043	53 000 %
HSTJ CRUT 318 HIGH STREET MIDDLETOWN, CT06459 37-6408677	CHARITABLE TRUST	CT	NA	TRUST	94,660	199,145	52 000 %
JS & ELMJ CRUT 318 HIGH STREET MIDDLETOWN, CT06459 06-6499468	CHARITABLE TRUST	CT	NA	TRUST	31,441	64,734	51 000 %
JW & NFB CRUT 318 HIGH STREET MIDDLETOWN, CT06459 30-6258214	CHARITABLE TRUST	CT	NA	TRUST	260,058	527,823	51 000 %

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization		(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(1)	LA 1 CRUT	R	91,691	
(2)	LMA CRUT 1	R	412,315	
(3)	LMA CRUT 2	R	89,523	
(4)	JWB CRUT	R	162,997	
(5)	ECMJ CRUT	R	191,469	
(6)	JLM CRAT	R	55,291	
(7)	DHT CRUT	R	50,149	
(8)	HSTJ CRUT	R	94,660	
(9)	JW & NFB CRUT	R	260,058	