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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

OHIO WESLEYAN'S CHARTER PROVIDES THAT "THE UNIVERSITY IS FOREVER TO BE CONDUCTED ON THE MOST LIBERAL PRINCIPLES, ACCESSIBLE TO ALL RELIGIOUS DENOMINATIONS, AND DESIGNED FOR THE BENEFIT OF OUR CITIZENS IN GENERAL " IN THE SPIRIT OF ITS HERITAGE, THE UNIVERSITY DEFINES ITSELF AS A COMMUNITY OF TEACHERS AND STUDENTS DEVOTED TO THE FREE PURSUIT OF TRUTH IT DEVELOPS IN ITS STUDENTS QUALITIES OF INTELLECT AND CHARACTER THAT WILL BE USEFUL NO MATTER WHAT THEY CHOOSE TO DO IN LATER LIFE OWU JUDGES ITSELF SUCCESSFUL WHEN IT HAS ACCOMPLISHED THREE OBJECTIVES IN ITS WORK WITH STUDENTS TO IMPART KNOWLEDGE TO DEVELOP AND ENHANCE CERTAIN IMPORTANT CAPABILITIES OF STUDENTS TO PLACE EDUCATION IN THE CONTEXT OF VALUES

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 \$ 88,126,981 including grants of \$ 35,840,862) (Revenue \$ 83,128,673)

One of the nation's premier small liberal arts colleges, ohio wesleyan university boasts a rigorous curriculum, exceptionally strong mentoring relationships between students and faculty, and a host of experiential learning opportunities that link the liberal arts to practical realities and prepare students for service and leadership in their careers and communities

4b

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4d

Other program services (Describe in Schedule O)























(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses \$ 88,126,981

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	No
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	Yes
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		No
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		No
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		No
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		No
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> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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	294
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	2,115
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			
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 ▶ SP 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	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).			
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	No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
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	1a38		
b	Enter the number of voting members included in line 1a, above, who are independent	1b38		
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	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
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		No
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 If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	15b	Yes	
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 filed▶
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 ▶ EILEEN M WALKER 61 SOUTH SANDUSKY STREET DELAWARE, OH 43015 (740) 368-3363

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

[illegible]

Part VII

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								1,749,326	0	478,229

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 ►11

		Yes	No
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>	3	No
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>	4	Yes
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>	5	No

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
ADECCO USA INC PO BOX 371084 PITTSBURGH, PA 152507084	TEMPORARY HELP	425,045
LINCOLN CONSTRUCTION INC 4790 SHUSTER ROAD COLUMBUS, OH 432141935	CONSTRUCTION	4,752,836
DELAWARE BUILDING SYSTEM INC 475 PENNSYLVANIA AVE PO BOX 349 DELAWARE, OH 430151545	CONSTRUCTION	735,460
SCHOOLEY CALDWELL ASSOCIATES INC 300 MARCONI BLVD 100 COLUMBUS, OH 432152329	ARCHITECTS	547,694
BKM CONSTRUCTION 17978 DELAWARE COUNTY LINE ROAD OSTRANDER, OH 43061	CONSTRUCTION	422,652

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 ▶58

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		20,836,332			512, 513, or 514			
	b	Membership dues	1b								
	c	Fundraising events	1c	14,795							
	d	Related organizations	1d								
	e	Government grants (contributions)	1e	2,609,335							
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	18,212,202							
	g	Noncash contributions included in lines 1a-1f \$		1,003,264							
	h	Total. Add lines 1a-1f									
	Program Service Revenue	2a							Business Code	65,246,283	65,246,283
TUITION AND FEES		900099									
b		AUXILIARY SERVICES		900099	15,156,475						
c		BOOKSTORE		900099	125,871	125,871					
d											
e											
f		All other program service revenue									
g		Total. Add lines 2a-2f			80,528,629						
Other Revenue		3	Investment income (including dividends, interest and other similar amounts)			2,752,040		60,217	2,691,823		
	4	Income from investment of tax-exempt bond proceeds . . .			0						
	5	Royalties			0						
	6a	Gross Rents		(i) Real	(ii) Personal	4,991,468			4,991,468		
		b	Less rental expenses								
		c	Rental income or (loss)								
	d	Net rental income or (loss)									
	7a	Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other	4,991,468			4,991,468		
				4,991,468							
		b	Less cost or other basis and sales expenses	0							
		c	Gain or (loss)	4,991,468							
	d	Net gain or (loss)									
	8a	Gross income from fundraising events (not including \$ 14,795 of contributions reported on line 1c) See Part IV, line 18			a	16,165			16,165		
					26,600						
		b	Less direct expenses	b	10,435						
	c	Net income or (loss) from fundraising events . . .									
	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 . . .									
	10a	Gross sales of inventory, less returns and allowances . . .			a	0					
b		Less cost of goods sold	b								
c	Net income or (loss) from sales of inventory . . .										
Miscellaneous Revenue				Business Code	2,600,044	2,600,044					
11a	OTHER INCOME			900099							
b											
c											
d	All other revenue										
e	Total. Add lines 11a-11d										
12	Total revenue. See Instructions				111,724,678	83,128,673	60,217	7,699,456			

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	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	35,581,283	35,581,283		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	259,579	259,579		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,233,518	725,501	229,465	278,552
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	26,847,275	20,016,032	5,064,179	1,767,064
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,535,515	1,828,144	493,576	213,795
9	Other employee benefits	6,243,901	4,793,562	1,007,238	443,101
10	Payroll taxes	1,950,105	1,406,055	379,617	164,433
a	Fees for services (non-employees) Management	0			
b	Legal	154,937	17,020	137,917	
c	Accounting	140,070		140,070	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	1,332,932	1,157,460	122,403	53,069
12	Advertising and promotion	93,293	14,085	26,239	52,969
13	Office expenses	639,544	342,245	133,187	164,112
14	Information technology	1,236,562	1,028,793	177,904	29,865
15	Royalties	0			
16	Occupancy	3,620,229	3,450,223	118,741	51,265
17	Travel	2,897,643	2,277,100	249,691	370,852
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	109,094	77,616	19,199	12,279
20	Interest	1,181,368	1,125,891	38,748	16,729
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	3,054,814	2,911,360	100,196	43,258
23	Insurance	390,619	72,481	318,138	
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	RESIDENTIAL EXPENSE	5,573,863	5,540,844	32,574	445
b	OPERATING SUPPLIES	2,600,589	2,211,357	102,655	286,577
c	PROGRAM/ATHLETIC	3,028,501	2,103,752	633,529	291,220
d	OTHER AUX ENT	1,119,023	674,426	444,289	308
e	MISCELLANEOUS	910,491	512,172	339,011	59,308
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	102,734,748	88,126,981	10,308,566	4,299,201
26	Joint costs. Check here <input checked="" 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			3,195,989	1	619,403
	2	Savings and temporary cash investments			2,669,873	2	0
	3	Pledges and grants receivable, net			7,219,233	3	14,713,377
	4	Accounts receivable, net			1,408,884	4	1,469,903
	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				7	
	8	Inventories for sale or use			370,506	8	71,773
	9	Prepaid expenses and deferred charges			828,991	9	568,005
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	158,666,820			
	b	Less: accumulated depreciation	10b	49,805,537	102,605,607	10c	108,861,283
	11	Investments—publicly traded securities			75,776,625	11	83,250,343
	12	Investments—other securities. See Part IV, line 11			102,481,445	12	120,111,249
	13	Investments—program-related. See Part IV, line 11			6,076,724	13	6,158,165
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			302,633,877	16	335,823,501
Liabilities	17	Accounts payable and accrued expenses			14,353,553	17	11,881,451
	18	Grants payable				18	
	19	Deferred revenue			4,251,397	19	3,407,315
	20	Tax-exempt bond liabilities			28,569,471	20	26,583,759
	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			0	23	2,728,926
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D			26,536,519	25	24,001,048
	26	Total liabilities. Add lines 17 through 25			73,710,940	26	68,602,499
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			54,067,956	27	60,616,901
	28	Temporarily restricted net assets			50,932,995	28	73,022,099
	29	Permanently restricted net assets			123,921,986	29	133,582,002
		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			228,922,937	33	267,221,002
	34	Total liabilities and net assets/fund balances			302,633,877	34	335,823,501

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	111,724,678
2	Total expenses (must equal Part IX, column (A), line 25)	2	102,734,748
3	Revenue less expenses Subtract line 2 from line 1	3	8,989,930
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	228,922,937
5	Other changes in net assets or fund balances (explain in Schedule O)	5	29,308,135
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	267,221,002

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 type="checkbox"/> Separate basis <input checked="" 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
OHIO WESLEYAN UNIVERSITY

Employer identification number
31-4379585

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: 31-4379585

Name: OHIO 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 Long Board Chair	6 0	X		X				0	0	0
Thomas Tritton Board Vice Chair	4 0	X		X				0	0	0
James Pry University Counsel	1 0	X						0	0	0
Christopher Anderson Alumni Trustee	1 0	X						0	0	0
Cathleen Butt Alumni Trustee	1 0	X						0	0	0
Orlando Chaffee Alumni Trustee	1 0	X						0	0	0
Evan Corns Alumni Trustee	1 0	X						0	0	0
Aaron Granger Alumni Trustee	1 0	X						0	0	0
Edward Haddock Alumni Trustee	1 0	X						0	0	0
Ryan Jordan Alumni Trustee	1 0	X						0	0	0
Joseph Lash Alumni Trustee	1 0	X						0	0	0
Gregory Lewis Alumni Trustee	1 0	X						0	0	0
Kevin McGinty Alumni Trustee	1 0	X						0	0	0
John Milligan Alumni Trustee	1 0	X						0	0	0
C Paul Palmer Alumni Trustee	1 0	X						0	0	0
Anand Philip Alumni Trustee	1 0	X						0	0	0
Chloe Hamrick Williams Alumni Trustee	1 0	X						0	0	0
Richard Alexander At-Large Trustee	1 0	X						0	0	0
Kathy Wenzlau Comer At-Large Trustee	1 0	X						0	0	0
Patricia Conrades At-Large Trustee	1 0	X						0	0	0
Adrian Corbiere At-Large Trustee	1 0	X						0	0	0
Lisa Schweitzer Courtice At-Large Trustee	1 0	X						0	0	0
Belinda Fouts At-Large Trustee	1 0	X						0	0	0
Robert Gillespie At-Large Trustee	1 0	X						0	0	0
Daniel Glaser At-Large 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			
Carol Latham At-Large Trustee	1 0	X						0	0	0
Margaret McDowell Lloyd At-Large Trustee	1 0	X						0	0	0
Todd Luttinger At-Large Trustee	1 0	X						0	0	0
Myron McCoy At-Large Trustee	1 0	X						0	0	0
Cynthia Mitchell At-Large Trustee	1 0	X						0	0	0
Byron Pitts At-Large Trustee	1 0	X						0	0	0
Alan Sippel At-Large Trustee	1 0	X						0	0	0
Katherine Boles Smith At-Large Trustee	1 0	X						0	0	0
Grant Whiteside At-Large Trustee	1 0	X						0	0	0
William McFadden East Ohio Conference Trustee	1 0	X						0	0	0
David Papoi West Ohio Conference Trustee	1 0	X						0	0	0
Robert Roach West Ohio Conference Trustee	1 0	X						0	0	0
Jeffrey Benton West Ohio Conference Trustee	1 0	X						0	0	0
Rockwell F Jones President	40 0	X		X				267,406	0	190,851
Eric S Algoe VP for Finance & Admin	40 0			X				165,696	0	44,644
David O Robbins Provost	40 0			X				186,353	0	47,795
Craig E Ullom VP for Student Affairs	40 0			X				151,987	0	42,948
Charles E Powell VP for Univ Relations	40 0			X				182,525	0	47,534
William D Preble VP for Enroll &Str Comm	40 0			X				150,935	0	42,977
Mark H Shipp Special Assistant to the Pres	40 0					X		161,793	0	19,279
Jane R Jonesco Director of Gift Planning	40 0					X		129,261	0	14,539
Linda A Earle Director of NY Arts Program	40 0					X		120,023	0	0
Charles L Stinemetz Dean of Academic Affairs	40 0					X		119,901	0	14,597
Barbara S Andereck Prof &Assoc Dean-Acad Aff	40 0					X		113,446	0	13,065

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
OHIO WESLEYAN UNIVERSITY

Employer identification number
31-4379585

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</div> <div><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</div> <div><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)</div> <div><input type="checkbox"/> Protection of natural habitat</div> <div><input type="checkbox"/> Preservation of open space</div>	<div><input type="checkbox"/> Preservation of an historically importantly land area</div> <div><input checked="" type="checkbox"/> Preservation of a certified historic structure</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>2a</td><td>1</td></tr><tr><td>b</td><td>Total acreage restricted by conservation easements</td></tr><tr><td>2b</td><td>0 00</td></tr><tr><td>c</td><td>Number of conservation easements on a certified historic structure included in (a)</td></tr><tr><td>2c</td><td>1</td></tr><tr><td>d</td><td>Number of conservation easements included in (c) acquired after 8/17/06</td></tr><tr><td>2d</td><td>1</td></tr></table>		Held at the End of the Year	a	Total number of conservation easements	2a	1	b	Total acreage restricted by conservation easements	2b	0 00	c	Number of conservation easements on a certified historic structure included in (a)	2c	1	d	Number of conservation easements included in (c) acquired after 8/17/06	2d	1
	Held at the End of the Year																			
a	Total number of conservation easements																			
2a	1																			
b	Total acreage restricted by conservation easements																			
2b	0 00																			
c	Number of conservation easements on a certified historic structure included in (a)																			
2c	1																			
d	Number of conservation easements included in (c) acquired after 8/17/06																			
2d	1																			
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 type="checkbox"/> Yes</div> <div><input checked="" type="checkbox"/> No</div>																			
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ 20 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 checked="" type="checkbox"/> Yes</div> <div><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	▶ \$
	(ii) Assets included in Form 990, Part X	▶ \$
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	▶ \$
b	Assets included in Form 990, Part X	▶ \$

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

b

☒ Scholarly research

c

☒ Preservation for future generations

d

☒ Loan or exchange programs

e

☐ Other

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
1c	
1d	
1e	
1f	

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	159,948,275	142,658,013	185,580,263	
b	Contributions	3,158,883	2,649,733	3,362,732	
c	Investment earnings or losses	32,902,702	23,140,529	-37,692,665	
d	Grants or scholarships				
e	Other expenditures for facilities and programs	9,377,422	8,500,000	8,592,317	
f	Administrative expenses				
g	End of year balance	186,632,438	159,948,275	142,658,013	

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 5 4 1 1 %

b

Permanent endowment ▶ 6 4 4 3 8 %

c

Term endowment ▶ 3 0 1 5 1 %

3a

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

(i)

unrelated organizations

3a(i)

☐ Yes☐ No

(ii)

related organizations

3a(ii)

☐ Yes☐ No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

☐ Yes☐ No

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		3,466,858		3,466,858
b Buildings		125,876,055	33,031,285	92,844,770
c Leasehold improvements				
d Equipment		17,478,953	12,543,303	4,935,650
e Other		11,844,954	4,230,949	7,614,005
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				108,861,283

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	111,724,678
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	102,734,748
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	8,989,930
4	Net unrealized gains (losses) on investments	4	25,944,734
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	3,363,401
9	Total adjustments (net) Add lines 4 - 8	9	29,308,135
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	38,298,065

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	102,255,258
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	25,944,734
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	416,273
e	Add lines 2a through 2d	2e	26,361,007
3	Subtract line 2e from line 1	3	75,894,251
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	35,830,427
c	Add lines 4a and 4b	4c	35,830,427
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	111,724,678

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	63,957,193
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	-2,947,128
e	Add lines 2a through 2d	2e	-2,947,128
3	Subtract line 2e from line 1	3	66,904,321
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	35,830,427
c	Add lines 4a and 4b	4c	35,830,427
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	102,734,748

Part XIVSupplemental 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
FINANCIAL STATEMENT FOOTNOTE FOR ART COLLECTION,	PART III, ITEM 1A	ART COLLECTIONS - THE UNIVERSITY MAINTAINS A COLLECTION OF ARTWORK IN ITS HUMPHREYS ART HALL DUE TO THE DIFFICULTY IN ESTABLISHING A VALUE FOR COLLECTION PIECES DONATED TO THE UNIVERSITY, THESE ASSETS ARE NOT RECORDED IN THE CONSOLIDATED FINANCIAL STATEMENTS. COLLECTION PURCHASES ARE EXPENSED AS PURCHASED. THE UNIVERSITY PROVIDES A CLEAN, SECURE AND STABLE ENVIRONMENT FOR ITS PERMANENT COLLECTIONS. THE ARTWORK IS GIVEN REASONABLE CARE TOWARDS ITS PRESERVATION.
DESCRIPTION OF ART COLLECTION,	PART III, LINE 4	Museum's permanent collection - All of our exhibitions are open to the public. Those are mounted in the museum or in either Gallery 2001 in Beeghly Library or the Alumni Gallery in Mowry Alumni Center - Students regularly use the items on display in feature exhibitions and/or items from the museum's permanent collection for research projects assigned to them by our art history instructor. Other art instructors frequently bring their classes to the museum or to one of the museum's satellite galleries to view and discuss items on display in feature exhibitions mounted at either or both of those locations - We have a large permanent collection which is housed in the museum's second floor archive area. The items in the collection are secured in a locked and temperature/humidity controlled storage area. All items are stored in a way that assures their safekeeping and preservation for future generations - We have loaned items from the museum's permanent collection to both public and private museums on several occasions - The collection is composed primarily of original works on paper. While the collection includes drawings and paintings on paper, by far the largest number of works on paper are prints (lithographs, etchings, intaglio, and screen prints) and photographs. There are a few pieces of ceramics, sculpture, and jewelry in the collection, and at least one painting on canvas. Due to limited storage space and cost of acquiring "one-of-a-kind" objects, in 1972 it was the decision of the members of the fine arts faculty to commence the building of a permanent collection of original works of art that would be composed primarily of works on paper.
INTENDED USES OF ENDOWMENT ASSETS,	PART V, LINE 4	PERMANENTLY RESTRICTED ENDOWMENT FUNDS REPRESENT FUNDS WHICH ARE RESTRICTED AS TO USE IN PERPETUITY. DISTRIBUTIONS FROM ENDOWMENT FUNDS ARE SPENT IN COMPLIANCE WITH THE DONOR'S RESTRICTION APPLICABLE TO THE FUNDS BEING DISTRIBUTED. EXPENDITURES FROM OTHER ENDOWMENT FUNDS ARE APPROVED BY THE BOARD OF TRUSTEES AND ARE SPENT ON ACTIVITIES WHICH FURTHER THE EXEMPT EDUCATIONAL PURPOSES OF THE UNIVERSITY.
OTHER CHANGES IN NET ASSETS,	PART XI, LINE 8	POSTRETIREMENT OBLIGATION ADJUSTMENT \$2,618,444, PENSION-RELATED CHARGES OTHER THAN NET PERIODIC PENSION COST \$328,684, ACTUARIAL ADJUSTMENT OF SPLIT-INTEREST AGREEMENTS (\$820,800), MATURED SPLIT-INTEREST AGREEMENTS \$1,270,378, FAIR VALUE OF INTEREST RATE SWAP (\$33,305), TOTAL ADJUSTMENT = \$3,363,401.
OTHER CHANGES IN REVENUE,	PART XII, LINE 2D	ACTUARIAL ADJUSTMENT OF SPLIT-INTEREST AGREEMENTS (\$820,800), MATURED SPLIT-INTEREST AGREEMENTS \$1,270,378, CHANGE IN FAIR VALUE OF INTEREST RATE SWAP (\$33,305), TOTAL ADJUSTMENT \$416,273.
OTHER CHANGES IN REVENUE,	PART XII, LINE 4B	STUDENT FINANCIAL AID, WHICH WAS SHOWN AS A REDUCTION OF REVENUE ON FINANCIAL STATEMENTS BUT AS AN EXPENSE IN PART IX OF FORM 990 \$35,840,862, FUNDRAISING EVENT EXPENSES SHOWN ON FORM 990, PART VIII, LINE 8B (\$10,435), TOTAL ADJUSTMENT = \$35,830,427.
OTHER CHANGES IN EXPENSES,	PART XIII, LINE 4B	STUDENT FINANCIAL AID, WHICH WAS SHOWN AS A REDUCTION OF REVENUE ON FINANCIAL STATEMENTS BUT AS AN EXPENSE IN PART IX OF FORM 990 \$35,840,862, FUNDRAISING EVENT EXPENSES SHOWN ON FORM 990, PART VIII, LINE 8B (\$10,435), TOTAL ADJUSTMENT = \$35,830,427.
OTHER CHANGES IN EXPENSES,	PART XIII, LINE 2D	POSTRETIREMENT OBLIGATION ADJUSTMENT (\$2,618,444), PENSION-RELATED CHARGES OTHER THAN NET PERIODIC PENSION COST (\$328,684), TOTAL ADJUSTMENT = (\$2,947,128).
FIN 48 FOOTNOTE,	PART X, LINE 2	FEDERAL INCOME TAX - THE UNIVERSITY IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(c)(3) OF THE INTERNAL REVENUE CODE, EXCEPT ON NET INCOME DERIVED FROM UNRELATED BUSINESS ACTIVITIES. THE UNIVERSITY RECOGNIZES THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. EXAMPLES OF TAX POSITIONS INCLUDE THE TAX-EXEMPT STATUS OF THE UNIVERSITY, THE CONTINUED TAX-EXEMPT STATUS OF BONDS ISSUED BY THE UNIVERSITY AND VARIOUS POSITIONS RELATED TO POTENTIAL SOURCES OF UNRELATED TAXABLE INCOME. THE UNIVERSITY BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN AND, AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. AS OF JUNE 30, 2011, THE UNIVERSITY'S INCOME TAX YEARS FROM 2007 AND THEREAFTER REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, AS WELL AS VARIOUS STATE AND LOCAL TAXING AUTHORITIES.
CONSERVATION EASEMENT REPORTING,	PART II, LINE 9	THE UNIVERSITY DOES NOT REFLECT THE CONSERVATION EASEMENT IN ITS BALANCE SHEET OR REVENUE AND EXPENSES. THE VALUE OF THE EASEMENT IS IMMATERIAL TO THE UNIVERSITY'S FINANCIAL STATEMENTS.

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
OHIO WESLEYAN UNIVERSITY

Employer identification number

31-4379585

Part I

- 1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?
- 2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?
- 3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II

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

- 5 Does the organization discriminate by race in any way with respect to
- a Students' rights or privileges?
- b Admissions policies?
- c Employment of faculty or administrative staff?
- d Scholarships or other financial assistance?
- e Educational policies?
- f Use of facilities?
- g Athletic programs?
- h Other extracurricular activities?
- If you answered "Yes" to any of the above, please explain If you need more space, use Part II

- 6a Does the organization receive any financial aid or assistance from a governmental agency?
- b Has the organization's right to such aid ever been revoked or suspended?
- If you answered "Yes" to either line 6a or line 6b, explain on Part II
- 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

	YES	NO
1	Yes	
2	Yes	
3		No
4a	Yes	
4b	Yes	
4c	Yes	
4d	Yes	
5a		No
5b		No
5c		No
5d		No
5e		No
5f		No
5g		No
5h		No
6a	Yes	
6b		No
7	Yes	

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
PUBLICATION OF RACIALLY NONDISCRIMINATORY POLICY,	LINE 3	THE UNIVERSITY IS EXEMPT FROM THIS REQUIREMENT UNDER SECTION 4(03)2(B) OF REVENUE PROCEDURE 75-50. THE UNIVERSITY PUBLISHES ITS RACIAL NONDISCRIMINATION POLICY IN ALL MAJOR FINANCIAL AID AND ADMISSIONS PUBLICATIONS.
AID FROM A GOVERNMENTAL AGENCY,	LINE 6A	THE UNIVERSITY PARTICIPATES IN THE GOVERNMENT'S VARIOUS TITLE IV STUDENT FINANCIAL AID PROGRAMS.

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)
UNIVERSITY GRANTS	Cent America/Caribbean	7	17,892	CHECK			
UNIVERSITY GRANTS	East Asia/Pacific	10	103,684	CHECK			
UNIVERSITY GRANTS	Europe/Iceland/Greenland	11	51,840	CHECK			
UNIVERSITY GRANTS	Middle East/North Africa	1	4,700	CHECK			
UNIVERSITY GRANTS	North America	3	28,110	CHECK			
UNIVERSITY GRANTS	South America	1	10,224	CHECK			
UNIVERSITY GRANTS	South Asia	6	19,492	CHECK			
UNIVERSITY GRANTS	Sub-Saharan Africa	5	23,637	CHECK			

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 USE OF GRANT FUNDS,	PART I, LINE 2	GRANTS ARE AWARDED TO ADMITTED STUDENTS BASED ON AN EVALUATION OF THEIR ACADEMIC PROFILE AND A CAREFUL ANALYSIS OF THEIR DEMONSTRATED FINANCIAL NEED. STUDENTS AWARDED GRANT FUNDS MUST MAINTAIN SATISFACTORY ACADEMIC PROGRESS AND REMAIN ENROLLED AT THE UNIVERSITY ON A FULL TIME ACADEMIC BASIS. AT THE END OF EVERY TERM, EACH STUDENT'S ACADEMIC STATUS (I.E., GPA) IS MONITORED TO DETERMINE CONTINUED ELIGIBILITY FOR ALL GRANT FUNDS RECEIVED. FOR MONITORING PURPOSES, ELECTRONIC REPORTS GENERATED FROM OUR DATABASE ARE UTILIZED FOR THE AWARD DETERMINATION AND STATUS REVIEW PROCESS. THE UNIVERSITY ENSURES THAT ITS GRANT FUNDS ARE USED FOR EDUCATIONAL PURPOSES BY CREDITING THE SCHOLARSHIPS AND OTHER FINANCIAL AID DIRECTLY TO THE STUDENTS' ACCOUNTS RATHER THAN ISSUING CHECKS.

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.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>GOLF OUTING</u> (event type)	 (event type)	<u>0</u> (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	41,395		41,395
	2	Less Charitable contributions	14,795		14,795
	3	Gross income (line 1 minus line 2)	26,600		26,600
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs	6,544		6,544
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	3,892		3,892
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3 and 10 in column (d). ▶			
					16,164

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			
Direct Expenses	2	Cash prizes			
	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
------------	-----------------	-------------

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
OHIO WESLEYAN UNIVERSITY

Employer identification number
31-4379585

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. ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2

Enter total number of section 501(c)(3) and government organizations ▶

3

Enter total number of other organizations ▶

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) SCHOLARSHIPS	1632	35,581,283			

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 USE OF GRANT FUNDS,	PART I, LINE 2	GRANTS ARE AWARDED TO ADMITTED STUDENTS BASED ON AN EVALUATION OF THEIR ACADEMIC PROFILE AND A CAREFUL ANALYSIS OF THEIR DEMONSTRATED FINANCIAL NEED STUDENTS AWARDED GRANT FUNDS MUST MAINTAIN SATISFACTORY ACADEMIC PROGRESS AND REMAIN ENROLLED AT THE UNIVERSITY ON A FULL TIME ACADEMIC BASIS AT THE END OF EVERY TERM, EACH STUDENT'S ACADEMIC STATUS (I E , GPA) IS MONITORED TO DETERMINE CONTINUED ELIGIBILITY FOR ALL GRANT FUNDS RECEIVED FOR MONITORING PURPOSES, ELECTRONIC REPORTS GENERATED FROM OUR DATABASE ARE UTILIZED FOR THE AWARD DETERMINATION AND STATUS REVIEW PROCESS THE UNIVERSITY ENSURES THAT ITS GRANT FUNDS ARE USED FOR EDUCATIONAL PURPOSES BY CREDITING THE SCHOLARSHIPS AND OTHER FINANCIAL AID DIRECTLY TO THE STUDENTS' ACCOUNTS RATHER THAN ISSUING CHECKS

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
OHIO WESLEYAN UNIVERSITY

Employer identification number

31-4379585

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 type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div> <div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</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		No
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?	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"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div></div> <div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</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?	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?		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?		No
b	Any related organization?		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?		No
b	Any related organization?		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		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		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

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) Rockwell F Jones	(i) (ii)	267,406 0	0 0	0 0	80,637 0	110,214 0	458,257 0	0 0
(2) Eric S Algoe	(i) (ii)	165,696 0	0 0	0 0	19,062 0	25,582 0	210,340 0	0 0
(3) David O Robbins	(i) (ii)	186,353 0	0 0	0 0	21,678 0	26,117 0	234,148 0	0 0
(4) Craig E Ullom	(i) (ii)	151,987 0	0 0	0 0	17,721 0	25,227 0	194,935 0	0 0
(5) Charles E Powell	(i) (ii)	182,525 0	0 0	0 0	21,516 0	26,018 0	230,059 0	0 0
(6) William D Preble	(i) (ii)	150,935 0	0 0	0 0	18,002 0	24,975 0	193,912 0	0 0
(7) Mark H Shipps	(i) (ii)	161,793 0	0 0	0 0	0 0	19,279 0	181,072 0	0 0
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III

Supplemental Information

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

Identifier	Return Reference	Explanation
BENEFITS PROVIDED,	PART I, LINE 1A	THE PRESIDENT OF THE UNIVERSITY IS REQUIRED TO LIVE IN RESIDENCE AS PART OF HIS CONTRACT. THE RESIDENCE WAS USED FOR 75 UNIVERSITY FUNCTIONS WITH OVER 3,500 GUESTS IN ATTENDANCE DURING THIS FISCAL YEAR. THE UNIVERSITY DOES NOT TREAT THIS BENEFIT AS TAXABLE INCOME TO THE PRESIDENT. SPOUSAL TRAVEL IS PERMITTED ONLY FOR THE PRESIDENT'S WIFE AND ONLY WHEN AN APPROPRIATE BUSINESS PURPOSE FOR THE TRIP HAS BEEN ESTABLISHED. THIS SPOUSAL TRAVEL BENEFIT IS ADMINISTERED IN ACCORDANCE WITH IRS GUIDELINES.
WRITTEN REIMBURSEMENT POLICY,	PART I, LINE 1B	THE BENEFITS LISTED ABOVE WERE ENUMERATED IN THE PRESIDENT'S EMPLOYMENT CONTRACT. THIS CONTRACT WAS DELIBERATED ON AND REVIEWED BY THE BOARD OF TRUSTEES AND LEGAL COUNSEL.
NONQUALIFIED DEFERRED COMPENSATION PLANS,	PART I, LINE 4B	THE UNIVERSITY SPONSORS A SECTION 457(B) AND SECTION 457(F) PLAN FOR CERTAIN EXECUTIVES. THE UNIVERSITY MADE A CONTRIBUTION OF \$50,000 FOR ROCKWELL F. JONES INTO THE SECTION 457(F) PLAN.
ADDITIONAL INFORMATION REGARDING BENEFITS FOR PRESIDENT,	PART II, COLUMN D	THE COMPONENTS OF THE NONTAXABLE BENEFITS PROVIDED BY THE UNIVERSITY IN COLUMN D FOR ROCKWELL F. JONES ARE AS FOLLOWS: WELFARE BENEFITS \$14,672, PAYROLL TAXES \$13,542, VALUE OF UNIVERSITY-PROVIDED HOUSING \$24,000, TUITION BENEFITS FOR TWO CHILDREN \$58,000, TOTAL \$110,214.

Schedule K (Form 990)	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	
	Department of the Treasury Internal Revenue Service											Open to Public Inspection
Name of the organization OHIO WESLEYAN UNIVERSITY										Employer identification number 31-4379585		

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	OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674	67756ANL0	09-30-2004	6,000,000	EDUCATIONAL FACILITIES		X		X		X
B	OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674		11-12-2009	24,000,000	EDUCATIONAL FACILITIES		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	5,690,822		0					
2	Amount of bonds legally defeased	0		0					
3	Total proceeds of issue	6,000,000		24,000,000					
4	Gross proceeds in reserve funds	290,423		0					
5	Capitalized interest from proceeds	0		0					
6	Proceeds in refunding escrow	0		0					
7	Issuance costs from proceeds	18,755		170,500					
8	Credit enhancement from proceeds	0		0					
9	Working capital expenditures from proceeds	0		0					
10	Capital expenditures from proceeds	0		0					
11	Other spent proceeds	0		0					
12	Other unspent proceeds	0		723,228					
13	Year of substantial completion	2004							
		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							

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 %		0 %					
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 %		0 %					
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	PNC BANK		PNC BANK					
c	Term of hedge	16		16					
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 M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2010

Open to Public Inspection

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

Name of the organization
OHIO WESLEYAN UNIVERSITY

Employer identification number
31-4379585

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	3	0	N/A
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	X	77	1,003,264	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests .				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other . .				
15 Real estate—Residential .				
16 Real estate—Commercial				
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 .				
25 Other ► ()				
26 Other ►()				
27 Other ►()				
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	29	0		

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?	Yes	No
b	If "Yes," describe the arrangement in Part II		No
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	Yes	
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
USE OF THIRD PARTIES,	PART I, LINE 32A	THE UNIVERSITY USES THE SERVICES OF STOCK BROKERS TO SELL THE DONATED SECURITIES THAT IT RECEIVES THE BROKERAGE FIRMS ARE INDEPENDENT OF THE UNIVERSITY, AND THE FEES CHARGED ARE IN ACCORDANCE WITH FAIR MARKET VALUE
GIFTS FOR WHICH REVENUE IS NOT RECORDED,	PART I, LINE 33	AS MORE FULLY EXPLAINED IN SCHEDULE D, PART III, THE UNIVERSITY DOES NOT RECORD A VALUE FOR DONATED ARTWORK, AS PERMITTED UNDER STATEMENT OF FINANCIAL ACCOUNTING STANDARDS 116

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 OHIO WESLEYAN UNIVERSITY	Employer identification number 31-4379585
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Identifier	Return Reference	Explanation
MEMBERS OF THE ORGANIZATION,	FORM 990, PART VI, LINE 6	THE MEMBERS OF THE ORGANIZATION ARE THE TRUSTEES THE BOARD OF TRUSTEES IS COMPRISED OF THE FOLLOWING MEMBERS THE PRESIDENT OF OHIO WESLEY AN UNIVERSITY, THE PRESIDING BISHOPS OF THE WEST OHIO AREA AND EAST OHIO AREA OF THE UNITED METHODIST CHURCH, NOT MORE THAN EIGHT MEMBERS REPRESENTING THE WEST OHIO AND EAST OHIO CONFERENCE OF THE UNITED METHODIST CHURCH, NOT MORE THAN FIFTEEN MEMBERS OF THE OHIO WESLEYAN ALUMNI ASSOCIATION, AND NOT MORE THAN TWENTY TRUSTEES-AT-LARGE ELECTED BY THE BOARD OF TRUSTEES

Identifier	Return Reference	Explanation
MEMBERS' POWER OF ELECTION,	FORM 990, PART VI, LINE 7A	THE BOARD OF TRUSTEES (NOT INCLUDING THE TRUSTEES-AT-LARGE) ELECTS NOT MORE THAN TWENTY TRUSTEES-AT-LARGE. THESE TRUSTEES-AT-LARGE HAVE THE SAME VOTING RIGHTS AS THE OTHER MEMBERS OF THE BOARD.

Identifier	Return Reference	Explanation
FORM 990 REVIEW,	FORM 990, PART VI, LINE 11B	THE BOARD OF TRUSTEES HAS DELEGATED THE AUTHORITY TO REVIEW FORM 990 TO THE BOARD'S AUDIT COMMITTEE. THE AUDIT COMMITTEE REVIEWS FORM 990 WITH THE ASSISTANCE OF THE VICE PRESIDENT FOR FINANCE AND THE INDEPENDENT PUBLIC ACCOUNTING FIRM

Identifier	Return Reference	Explanation
MONITORING AND ENFORCEMENT OF CONFLICT POLICY ,	FORM 990, PART VI, LINE 12C	THE CONFLICT POLICY IS MONITORED BY THE UNIVERSITY'S ADMINISTRATIVE OFFICERS, AS NEEDED WHEN A CONFLICT ARISES, THE PERSON WITH THE CONFLICT IS NOT PERMITTED TO PARTICIPATE IN THE DISCUSSION OF THE TRANSACTION OR TO VOTE. THE DECISION ABOUT THE TRANSACTION IS MADE BY PERSONS WHO ARE INDEPENDENT OF THE INDIVIDUAL WITH THE CONFLICT

Identifier	Return Reference	Explanation
COMPENSATION REVIEW AND APPROVAL,	FORM 990, PART VI, LINE 15	COMPENSATION COMPARABILITY DATA FROM THE GREAT LAKES COLLEGE ASSOCATION IS USED TO DETERMINE THE COMPENSATION OF ALL OFFICERS. COMPENSATION PROVIDED TO SENIOR ADMINISTRATORS IS, IN PART, DETERMINED FROM NATIONAL CUPA DATA. BOARD MEMBERS ARE INDEPENDENT OF THE PERSONS FOR WHICH COMPENSATION IS BEING DETERMINED. THE BOARD AND/OR ITS COMMITTEES DOCUMENT THEIR DELIBERATIONS AND DECISIONS IN THE MINUTES. THE BOARD OF TRUSTEES VOTES ON THE APPOINTMENT OF AND COMPENSATION FOR THE UNIVERSITY PRESIDENT UPON RECOMMENDATION OF THE PRESIDENTIAL SEARCH COMMITTEE, AIDED BY A PROFESSIONAL CONSULTING FIRM.

Identifier	Return Reference	Explanation
AVAILABILITY OF DOCUMENTS,	FORM 990, PART VI, LINE 19	THE UNIVERSITY MAKES ITS FINANCIAL STATEMENTS AVAILABLE ON ITS WEB SITE. IT MAKES ITS GOVERNING DOCUMENTS AND CONFLICT POLICY AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
DOCUMENT RETENTION POLICY,	FORM 990, PART VI, LINE 14	THE UNIVERSITY HAS ADOPTED AND IMPLEMENTED A DOCUMENT RETENTION AND DESTRUCTION POLICY. HOWEVER, THE BOARD HAS NOT YET APPROVED THE POLICY. THUS, WE ARE REQUIRED TO ANSWER "NO" TO QUESTION 14 IN PART VI EVEN THOUGH THE UNIVERSITY HAS SUCH A POLICY.

Identifier	Return Reference	Explanation
REPORTABLE RELATIONSHIPS,	FORM 990, PART VI, LINE 2	MIKE LONG, TRUSTEE, AND LISA COURTICE, TRUSTEE, HAVE A BUSINESS RELATIONSHIP

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS,	FORM 990, PART XI, LINE 5	UNREALIZED GAIN ON INVESTMENTS \$25,944,734, POSTRETIREMENT OBLIGATION ADJUSTMENT \$2,618,444, PENSION-RELATED CHARGES OTHER THAN NET PERIODIC PENSION COST \$328,684, ACTUARIAL ADJUSTMENT OF SPLIT-INTEREST AGREEMENTS (\$820,800), MATURED SPLIT-INTEREST AGREEMENTS \$1,270,378, FAIR VALUE OF INTEREST RATE SWAP (\$33,305), TOTAL ADJUSTMENT \$29,308,135

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
OHIO WESLEYAN UNIVERSITY

Employer identification number
31-4379585

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

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
(1) OWU PROPERTIES INC 61 SOUTH SANDUSKY STREET DELAWARE, OH43015 31-1183503	REAL ESTATE	OH	OWU	C CORP	4,589	1,386,642	100 000 %

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

Yes

No

No

No

No

No

No

No

No

No

No

No

No

No

No

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) OWU PROPERTIES INC	D	140,000	
(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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