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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 <div> <div>2011</div> <div>Open to Public Inspection</div> </div>
	▶ The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2011 calendar year, or tax year beginning 06-01-2011 and ending 05-31-2012		D Employer identification number 75-0800691	
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization TEXAS WESLEYAN UNIVERSITY		E Telephone number (817) 531-6571
	Doing Business As		G Gross receipts \$ 72,635,558
	Number and street (or P O box if mail is not delivered to street address) 1201 WESLEYAN ST	Room/suite	
	City or town, state or country, and ZIP + 4 FORT WORTH, TX 76105		
	F Name and address of principal officer FREDERICK SLABACH 1201 WESLEYAN ST FORT WORTH, TX 76105		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
J Website: www.txwes.edu		H(c) Group exemption number	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation 1914	M State of legal domicile TX

Part I		Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities TEXAS WESLEYAN UNIVERSITY, FOUNDED IN 1890 IN FORT WORTH, TX IS A UNITED METHODIST INSTITUTION WITH A TRADITION IN THE LIBERAL ARTS AND SCIENCES AND FOCUS ON PROFESSIONAL AND CAREER (CONT ON SCH O) 		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	45
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	42
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	1,153
	6 Total number of volunteers (estimate if necessary)	6	100
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	4,878,636	5,058,333
	9 Program service revenue (Part VIII, line 2g)	61,038,243	59,664,200
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,245,399	1,949,529
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,422,760	782,796
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	68,585,038	67,454,858
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	10,160,538	11,045,549
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	35,774,284	37,593,901
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) <input checked="" type="checkbox"/> 1,540,308		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	23,781,399	23,772,416
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	69,716,221	72,411,866
	19 Revenue less expenses Subtract line 18 from line 12	-1,131,183	-4,957,008
	Net Assets or Fund Balances		Beginning of Current Year
20 Total assets (Part X, line 16)		101,659,994	92,115,311
21 Total liabilities (Part X, line 26)		30,878,402	31,175,848
22 Net assets or fund balances Subtract line 21 from line 20		70,781,592	60,939,463

Part II Signature Block
 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer			2013-04-15 Date	
	KAREN L MONTGOMERY VP FINANCE/CFO Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	M Paige Gerich	Date	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	BKD LLP 2800 Post Oak Blvd Ste 3200 HOUSTON, TX 77056			EIN
					Phone no (713) 499-4600

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part IIIS

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

TEXAS WESLEYAN UNIVERSITY, FOUNDED IN 1890 IN FORT WORTH, TX IS A UNITED METHODIST INSTITUTION WITH A TRADITION IN THE LIBERAL ARTS AND SCIENCES AND A FOCUS ON PROFESSIONAL AND CAREER PREPARATION AT THE UNDERGRADUATE LEVEL AND IN SELECTED GRADUATE AND PROFESSIONAL AREAS THE UNIVERSITY IS ACCREDITED BY THE COMMISSION ON COLLEGES OF THE SOUTHERN ASSOCIATION OF COLLEGES AND SCHOOLS TO AWARD BACCALAUREATE, MASTER'S, AND DOCTORAL LEVEL DEGREES CONTACT THE COMMISSION ON COLLEGES AT 1866 SOUTHERN LANE, DECATUR, GEORGIA, 30033-4097 OR CALL 404-679-4500 (WEB SITE WWW.SACSCOC.ORG) ONLY FOR QUESTIONS, COMMENTS, OR ISSUES RELATED TO THE ACCREDITATION OF TEXAS WESLEYAN UNIVERSITY THE SCHOOL OF LAW IS ACCREDITED BY THE AMERICAN BAR ASSOCIATION AND WAS ADMITTED TO THE AMERICAN ASSOCIATION OF LAW SCHOOLS IN JANUARY 2012 OTHER INSTITUTIONAL AND PROGRAM ACCREDITATION INCLUDES THE ACCREDITATION COUNCIL FOR BUSINESS SCHOOLS AND PROGRAMS, THE STATE BOARD FOR EDUCATOR CERTIFICATION, THE NATIONAL ASSOCIATION OF COLLEGES AND SCHOOLS, THE

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 organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 40,099,958 including grants of \$ 11,045,549) (Revenue \$ 56,583,825)

INSTRUCTION TEXAS WESLEYAN UNIVERSITY OFFERS UNDERGRADUATE DEGREES IN THE SCHOOLS OF BUSINESS, ARTS & LETTERS, EDUCATION, AND NATURAL AND SOCIAL SCIENCES THE UNIVERSITY ADDED GRADUATE PROGRAMS IN EDUCATION IN THE 1970'S AND IN NURSE ANESTHESIA IN THE 1980'S THE LAW SCHOOL OPENED IN 1990 BEGINNING IN 2007, THE UNIVERSITY OFFERS A DOCTORATE OF NURSE ANESTHESIA PRACTICE AND BEGINNING IN 2008 A DOCTORATE IN EDUCATION THE UNIVERSITY OFFERS AN HONORS CURRICULUM AS WELL AS A PREPROFESSIONAL PROGRAM ENDOWED FUNDS SUPPORT MANY ACADEMIC PROGRAMS BEYOND THE CLASSROOM NUMEROUS STUDY ABROAD PROGRAMS ARE OFFERED THROUGHOUT THE YEAR WHICH COMBINE CLASSROOM LEARNING WITH A ONE TO TWO WEEK TRAVEL EXPERIENCE OFFICIAL ENROLLMENT FOR THE FALL 2011 TERM INCLUDED 1,724 UNDERGRADUATE STUDENTS (FULL-TIME AND PART-TIME) AND 1,457 GRADUATE AND PROFESSIONAL STUDENTS FOR A TOTAL OF 3,181

4b

(Code) (Expenses \$ 13,054,155 including grants of \$) (Revenue \$)

STUDENT SERVICES AND ACADEMIC SUPPORT THE UNIVERSITY PROVIDES NUMEROUS SUPPORT SERVICES INCLUDING AN ACADEMIC SUCCESS CENTER, CAREER SERVICE CENTER, ADVISING CENTER, FRESHMAN EXPERIENCE PROGRAM, INTERNATIONAL PROGRAMS, COUNSELING, AND THE CENTER FOR EXCELLENCE IN TEACHING AND LEARNING

4c

(Code) (Expenses \$ 2,807,271 including grants of \$) (Revenue \$ 2,180,927)

HOUSING AND RESIDENT LIFE THE UNIVERSITY OFFERS BOTH DORMITORY FACILITIES AS WELL AS THE WEST VILLAGE WHICH IS STYLED TOWARD AN APARTMENT TYPE LIVING ARRANGEMENT THE MORTON FITNESS CENTER PROVIDES A FULL SERVICE FITNESS FACILITY OFFERING NUMEROUS FITNESS CLASSES THE UNIVERSITY IS FORTUNATE TO HAVE A STRONG STUDENT GOVERNMENT ORGANIZATION UNITING 23 STUDENT ORGANIZATIONS ALTHOUGH A MAJORITY OF THE STUDENTS COMMUTE TO CAMPUS, THERE REMAINS A CONCERTED EFFORT TO SUPPORT RESIDENTIAL STUDENTS, ESPECIALLY INTERNATIONAL STUDENTS AND STUDENT ATHLETES, WITH A VIBRANT CAMPUS LIFE

4d























Other program services (Describe in Schedule O)

(Expenses \$ 991,468 including grants of \$) (Revenue \$ 1,290,972)

4e

Total program service expenses \$ 56,952,852

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	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? If "Yes," complete Schedule C, Part III	5	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	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? If "Yes," complete Schedule D, Part VI. 	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? If "Yes," complete Schedule D, Part VII. 	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? If "Yes," complete Schedule D, Part VIII. 	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? If "Yes," complete Schedule D, Part IX. 	11d	Yes
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	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)? If "Yes," complete Schedule D, Part X. 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	12b	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 	13	Yes
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I 	14b	Yes
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II and IV 	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 ? If "Yes," complete Schedule F, Part III and IV 	16	No
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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II 	18	Yes
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	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 questions 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	Yes	
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	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
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		No
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		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	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>	35b		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	295		Yes	
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	1,153		Yes	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a				No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b				
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 or securities account)?	4a				No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a				No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b				No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	Yes			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes			
7	Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c				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				No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				No
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				No
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?	9a				No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b				No
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. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a				
b	Enter the aggregate 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 aggregate 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		
1a	45		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	42
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	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	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	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete 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 the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	No
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 made 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 made 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. KAREN MONTGOMERY CFO 1201 WESLEYAN ST FORT WORTH, TX 76105 (817) 531-6571

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

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 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 organizations compensated any current or former officer, director, or trustee

[illegible]

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	3,584,674	0	422,411

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 59

		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 Yes	
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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
GUARDSMARK LLC PO BOX 11407 BIRMINGHAM, AL 35246	SECURITY SERVICES	518,627
STRYVE ADVISORS LLC 12 GREENWAY PLAZA SUITE 1100 HOUSTON, TX 77046	IT SERVICES	301,104
BDO SEIDMAN LLP PO BOX 31001-0860 PASADENA, CA 911100860	ACCOUNTING SERVICES	120,937
PREFERRED TRAVEL OF NAPLES 801 LAUREL OAK DR 300 NAPLES, FL 34108	TRAVEL SERVICES	109,179

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 4

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	80,850				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	1,976,686				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,000,797				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f		5,058,333				
Program Service Revenue			Business Code					
	2a	TUITION AND FEES	611600	56,583,825	56,583,825			
	b	HOUSING AND MEALS	531110	2,180,927	2,180,927			
	c	LAW BOOKSTORE	451211	899,448	899,448			
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		59,664,200				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		512,735			512,735	
	4	Income from investment of tax-exempt bond proceeds . .		0				
	5	Royalties		388,854			388,854	
	6a	(i) Real		(ii) Personal				
		Gross rents	187,212					
		b Less rental expenses	137,600					
		c Rental income or (loss)	49,612					
	d	Net rental income or (loss)		49,612			49,612	
	7a	(i) Securities		(ii) Other				
		Gross amount from sales of assets other than inventory	6,415,965					
		b Less cost or other basis and sales expenses	4,979,171					
		c Gain or (loss)	1,436,794					
	d	Net gain or (loss)		1,436,794			1,436,794	
	8a	Gross income from fundraising events (not including \$ 80,850 of contributions reported on line 1c) See Part IV, line 18						
	a		16,735					
	b	Less direct expenses	b	63,929				
	c	Net income or (loss) from fundraising events . .		-47,194			-47,194	
	9a	Gross income from gaming activities See Part IV, line 19						
	a							
	b	Less direct expenses	b					
	c	Net income or (loss) from gaming activities . .		0				
	10a	Gross sales of inventory, less returns and allowances	a					
	a							
	b	Less cost of goods sold	b					
	c	Net income or (loss) from sales of inventory . .		0				
	Miscellaneous Revenue		Business Code					
	11a	MISCELLANEOUS REVENUE	900099	365,487	365,487			
	b	COLLECTION OF BAD DEBTS	611600	26,037	26,037			
c								
d	All other revenue							
e	Total. Add lines 11a-11d		391,524					
12	Total revenue. See Instructions		67,454,858	60,055,724		2,340,801		

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

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 United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	11,045,549	11,045,549		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	2,765,387	2,219,248	537,258	8,881
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	93,681	93,681		
7	Other salaries and wages	27,269,992	21,907,204	4,442,737	920,051
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,424,209	1,145,090	235,217	43,902
9	Other employee benefits	3,904,643	3,006,606	771,826	126,211
10	Payroll taxes	2,135,989	1,580,403	483,711	71,875
11	Fees for services (non-employees)				
a	Management	3,032,605	1,541,618	1,396,053	94,934
b	Legal	94,334		94,334	
c	Accounting	88,911	17,500	71,411	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	1,251,467	926,735	233,605	91,127
12	Advertising and promotion	424,892	103,829	305,278	15,785
13	Office expenses	2,715,550	1,589,733	1,008,949	116,868
14	Information technology	0			
15	Royalties	0			
16	Occupancy	4,502,277	4,315,489	186,788	
17	Travel	1,488,531	1,442,277	26,488	19,766
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	203,500	163,867	31,969	7,664
20	Interest	850,997	826,324	24,673	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	3,767,973	2,436,197	1,331,776	
23	Insurance	438,943	45,575	393,368	
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	DUES	868,612	284,467	561,069	23,076
b	BOOKSTORE PURCHASES	688,878	688,878		
c	EQUIPMENT AND LIBRARY	854,551	692,777	161,606	168
d	ERP LICENSES AND SUPPORT	446,115		446,115	
e					
f	All other expenses	2,054,280	879,805	1,174,475	
25	Total functional expenses. Add lines 1 through 24f	72,411,866	56,952,852	13,918,706	1,540,308
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			126,760	1	83,309
	2	Savings and temporary cash investments			0	2	0
	3	Pledges and grants receivable, net			2,947,556	3	74,958
	4	Accounts receivable, net			522,115	4	2,563,672
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L			0	6	0
	7	Notes and loans receivable, net			0	7	0
	8	Inventories for sale or use			141,543	8	162,342
	9	Prepaid expenses and deferred charges			1,189,837	9	612,360
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	109,012,346			
	b	Less: accumulated depreciation	10b	47,954,715	61,761,109	10c	61,057,631
	11	Investments—publicly traded securities			19,462,656	11	12,651,984
	12	Investments—other securities. See Part IV, line 11			6,201,994	12	6,240,587
	13	Investments—program-related. See Part IV, line 11			0	13	0
	14	Intangible assets			0	14	0
	15	Other assets. See Part IV, line 11			9,306,424	15	8,668,468
	16	Total assets. Add lines 1 through 15 (must equal line 34)			101,659,994	16	92,115,311
Liabilities	17	Accounts payable and accrued expenses			10,270,507	17	10,070,399
	18	Grants payable			3,220	18	-1,255
	19	Deferred revenue			3,379,153	19	4,476,080
	20	Tax-exempt bond liabilities			13,903,000	20	12,253,000
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			0	22	0
	23	Secured mortgages and notes payable to unrelated third parties			390,333	23	0
	24	Unsecured notes and loans payable to unrelated third parties			2,500,000	24	2,500,000
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			432,189	25	1,877,624
	26	Total liabilities. Add lines 17 through 25			30,878,402	26	31,175,848
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			37,148,918	27	27,144,042
	28	Temporarily restricted net assets			8,509,326	28	7,520,696
	29	Permanently restricted net assets			25,123,348	29	26,274,725
	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			70,781,592	33	60,939,463
	34	Total liabilities and net assets/fund balances			101,659,994	34	92,115,311

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	67,454,858
2	Total expenses (must equal Part IX, column (A), line 25)	2	72,411,866
3	Revenue less expenses Subtract line 2 from line 1	3	-4,957,008
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	70,781,592
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-4,885,121
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	60,939,463

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization TEXAS WESLEYAN UNIVERSITY	Employer identification number 75-0800691
---	--

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 **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 Se**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 IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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 2011 (line 6 column (f) divided by line 11 column (f))	14					
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15					
16a 33 1/3% support test—2011. 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—2010. 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—2011. 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—2010. 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 IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2011. 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—2010. 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Additional Data

Software ID:

Software Version:

EIN: 75-0800691

Name: TEXAS 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			
VICKIE STEVENS TRUSTEE	2 0	X						0	0	0
TIMOTHY K BRUSTER TRUSTEE	2 0	X						0	0	0
TIM CARTER TRUSTEE	2 0	X						0	0	0
THOMAS LOCKE TRUSTEE	2 0	X						0	0	0
TERRI MINOR TRUSTEE	2 0	X						0	0	0
ROY C BROOKS TRUSTEE	2 0	X						0	0	0
RONALD CHRISTMAN TRUSTEE	2 0	X						0	0	0
ROBERT M LANSFORD TRUSTEE	2 0	X						0	0	0
RICE TILLEY JR TRUSTEE	2 0	X						0	0	0
PAT EVANS TRUSTEE	2 0	X						0	0	0
NORMA ROBY TRUSTEE	2 0	X						0	0	0
NICK SHOLARS TRUSTEE	2 0	X						0	0	0
MAX M WAYMAN TRUSTEE	2 0	X						0	0	0
MARK WALKER TRUSTEE	2 0	X						0	0	0
LOUELLA MARTIN TRUSTEE	2 0	X						0	0	0
LAMAR SMITH TRUSTEE	2 0	X						31,482	0	0
KENNETH H JONES JR CHAIRMAN	5 0	X		X				0	0	0
KATHLEEN HICKS TRUSTEE	2 0	X						0	0	0
JOHN MURPHEY TRUSTEE	2 0	X						7,700	0	0
JERRY CHISM TRUSTEE	2 0	X						0	0	0
JEFFREY SMITH TRUSTEE	2 0	X						0	0	0
JANIE FARIS TRUSTEE	2 0	X						3,400	0	0
JAN FERSING ASST SECRETARY	2 0	X		X				0	0	0
JAMES ABEL TRUSTEE	2 0	X						0	0	0
J MICHAEL LOWRY TRUSTEE	2 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			
GREG PHILLIPS TRUSTEE	2 0	X						0	0	0
GLENN O LEWIS TRUSTEE	2 0	X						0	0	0
GLEN W HAHN TRUSTEE	2 0	X						0	0	0
GEORGE LEONE TRUSTEE	2 0	X						0	0	0
GARY TERRY TRUSTEE	2 0	X						0	0	0
DAVID PARKER TRUSTEE	2 0	X						0	0	0
DAVID GRIFFIN TRUSTEE	2 0	X						0	0	0
DAN BOULWARE SECRETARY	5 0	X		X				0	0	0
CLAUDIA STEPP TRUSTEE	2 0	X						0	0	0
CHARLES MILLIKAN TRUSTEE	2 0	X						0	0	0
BEVERLY VOLKMAN-POWELL VICE CHAIRMAN	5 0	X		X				0	0	0
ANTHONY VINSON TRUSTEE	2 0	X						0	0	0
ANNE STREET SKIPPER PAST CHAIR	2 0	X		X				0	0	0
JUDSON CRAMER TRUSTEE/CHAIRMAN'S COUNCIL	0 0	X						0	0	0
GARY CUMBIE TRUSTEE/CHAIRMAN'S COUNCIL	0 0	X						0	0	0
LOREN HANSON TRUSTEE/CHAIRMAN'S COUNCIL	0 0	X						0	0	0
BRODIE HYDE II TRUSTEE/CHAIRMAN'S COUNCIL	0 0	X						0	0	0
JOHN MADDUX TRUSTEE/CHAIRMAN'S COUNCIL	2 0	X						0	0	0
JAMES NICHOLS TRUSTEE/CHAIRMAN'S COUNCIL	0 0	X						0	0	0
LOWELL SMITH TRUSTEE/CHAIRMAN'S COUNCIL	0 0	X						0	0	0
WILLIAM A BLEIBDREY VP FINANCE AND ADMIN	40 0			X				203,568	0	22,274
PATRICIA ALEXANDER VICE PRESIDENT ENROLLMENT	40 0			X				150,427	0	20,928
JOAN CANTY VICE PRESIDENT ADVANCEMENT	40 0			X				145,930	0	5,757
ALLEN H HENDERSON PROVOST/VP	40 0			X				185,888	0	30,959
FREDERICK G SLABACH PRESIDENT	40 0			X				502,711	0	41,554

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				
KAREN L MONTGOMERY VICE PRESIDENT FINANCE & ADMIN	40 0			X				0	0	0	
JOHN VEILLEUX VP MARKETING & COMMUNICATIONS	40 0			X				0	0	0	
STEVEN ALTON LAW PROFESSOR	40 0				X			165,631	0	30,336	
MICHAEL GREEN PROFESSOR	40 0				X			171,790	0	20,869	
JOHN MARTIN DIRECTOR OF GNPA	40 0				X			186,735	0	21,676	
FREDERICK WHITE DEAN-LAW SCHOOL	40 0				X			204,488	0	31,432	
FRANK ELLIOTT LAW PROFESSOR	40 0				X			185,416	0	14,658	
PAUL AUSTIN ASSOC PROFESSOR GPNA	40 0				X			203,500	0	15,250	
HECTOR QUINTANILLA DEAN SCHOOL OF BUSINESS	40 0				X			134,577	0	26,451	
JAMES P GEORGE LAW PROFESSOR	40 0					X		135,364	0	34,709	
MALINDA SEYMORE LAW PROFESSOR	40 0					X		151,794	0	9,744	
CHARLOTTE HUGHART PROFESSOR CLINICAL LAW	40 0					X		141,645	0	18,631	
DEBRA MALOY ASST DIR/INTERIM ASST DIR/PROF	40 0					X		159,306	0	19,502	
RICARDO RODRIGUEZ PROFESSOR CHEMISTRY/MCCANN	40 0					X		153,721	0	30,661	
HAROLD JEFFCOAT PAST PRESIDENT	40 0						X	253,698	0	12,095	
VICKI RAINWATER PROFESSOR	40 0						X	105,903	0	14,925	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

Attach to Form 990. See separate instructions.

Name of the organization
TEXAS WESLEYAN UNIVERSITY

Employer identification number
75-0800691

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>Yes</div> <div>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>Yes</div> <div>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)

Preservation of land for public use (e g , recreation or pleasure)

Protection of natural habitat

Preservation of open space

Preservation of an historically importantly land area

Preservation of a certified historic structure

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

	Held at the End of the Year
2a	Total number of conservation easements
2b	Total acreage restricted by conservation easements
2c	Number of conservation easements on a certified historic structure included in (a)
2d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year

4

Number of states where property subject to conservation easement is located

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes

No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

\$

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)?

Yes

No

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	37,748,281	34,877,498	32,337,181	47,365,803
b	Contributions	1,007,999	788,917	195,764	1,286,607
c	Investment earnings or losses	-2,009,422	5,105,968	3,772,111	-10,411,999
d	Grants or scholarships	841,079	451,273	386,419	850,325
e	Other expenditures for facilities and programs	5,255,104	2,572,829	1,041,139	5,052,905
f	Administrative expenses				
g	End of year balance	30,650,675	37,748,281	34,877,498	32,337,181

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 85 500 %

c

Term endowment ▶ 14 500 %

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)

No

b

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

3b

4

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

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	1,141,815		1,141,815
b Buildings	0	57,658,295	21,996,513	35,661,782
c Leasehold improvements	0	4,073,145	1,576,890	2,496,255
d Equipment	0	20,346,588	14,035,771	6,310,817
e Other	0	25,792,503	10,345,541	15,446,962
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				61,057,631

Schedule D (Form 990) 2011

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	67,454,858
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	72,411,866
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-4,957,008
4	Net unrealized gains (losses) on investments	4	-3,095,203
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-667,565
9	Total adjustments (net) Add lines 4 - 8	9	-3,762,768
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-8,719,776

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	52,848,063
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-3,095,203
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	201,521
e	Add lines 2a through 2d	2e	-2,893,682
3	Subtract line 2e from line 1	3	55,741,745
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	11,713,113
c	Add lines 4a and 4b	4c	11,713,113
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	67,454,858

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	61,567,838
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	201,521
e	Add lines 2a through 2d	2e	201,521
3	Subtract line 2e from line 1	3	61,366,317
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	11,045,549
c	Add lines 4a and 4b	4c	11,045,549
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	72,411,866

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
FIN 48 FOOTNOTE	PART X, LINE 2	INCOME TAXES-THE UNIVERSITY IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. HOWEVER, THE UNIVERSITY MAY BE SUBJECT TO INCOME TAXES ON UNRELATED BUSINESS INCOME THAT IS DERIVED FROM ACTIVITIES NOT IN FURTHERANCE OF THE PURPOSES FOR WHICH IT WAS GRANTED EXEMPTION. THE UNIVERSITY RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. RECOGNIZED INCOME TAX POSITIONS ARE MEASURED AT THE LARGEST AMOUNT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED. CHANGES IN RECOGNITION OR MEASUREMENT ARE REFLECTED IN THE PERIOD IN WHICH THE CHANGE IN JUDGMENT OCCURS. THE UNIVERSITY HAS ELECTED TO RECOGNIZE ACCRUED INTEREST AND PENALTIES RELATED TO INCOME TAX MATTERS, IF THEY OCCUR, AS A COMPONENT OF INCOME TAX EXPENSE. MANAGEMENT BELIEVES THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS AS OF MAY 31, 2012 AND 2011 AND ACCORDINGLY NO INCOME TAX EXPENSE HAS BEEN RECOGNIZED.
INTENDED USES OF THE ENDOWMENT FUND	PART V, LINE 4	THE ORIGINAL CORPUS OF ENDOWMENT FUNDS WILL REMAIN UNSPENT. EARNINGS FROM THE INVESTED ENDOWMENT FUNDS ARE UTILIZED FOR SCHOLARSHIPS, SUPPORT OF THE LIBRARIES, AND PROGRAM SUPPORT IN ACCORDANCE WITH ENDOWMENT SPENDING POLICY.
REVENUE AND EXPENSES ON BOOKS, NOT ON FORM 990	PART XII & XIII, LINE 2D	FUNDRAISING EXPENSES \$ 63,921 RENTAL EXPENSE 137,600 ----- \$ 201,521
REVENUE AND EXPENSES ON FORM 990, NOT ON BOOKS	PART XII & XIII, LINE 4B	SCHOLARSHIPS \$ 11,045,549 CHANGE IN BENEFICIAL INTEREST IN TRUSTS 637,956 OTHER DIFFERENCE 29,608 ----- \$ 11,713,113 SCHOLARSHIPS \$ 11,045,549
OTHER CHANGES IN NET ASSETS FROM 990 TO F/S	PART XI, LINE 8	CHANGE IN BENEFICIAL INTEREST IN TRUSTS (637,956) OTHER DIFERENCE (29,609) ----- \$(667,565)

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

2011

Open to Public
Inspection

Name of the organization
TEXAS WESLEYAN UNIVERSITY

Employer identification number

75-0800691

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	Yes	
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
HOW THE RACIALLY NONDISCRIMINATORY POLICY IS PUBLICIZED	PART I, LINE 3	THE ORGANIZATION'S RACIALLY NONDISCRIMINATORY POLICY IS INCLUDED IN THE STUDENT HANDBOOK, UNIVERSITY CATALOG AND THE WEBSITE

1

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ► _____

3 Enter total number of other organizations or entities ► _____

Part III

(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)
---------------------------------	------------	--------------------------	--------------------------	---------------------------------	-----------------------------------	--	---

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

Additional Data

Software ID:
Software Version:
EIN: 75-0800691
Name: TEXAS WESLEYAN UNIVERSITY

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

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
TEXAS WESLEYAN UNIVERSITY

Employer identification number
75-0800691

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

1

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

a

☐ Mail solicitations

b

☐ Internet and e-mail solicitations

c

☐ Phone solicitations

d

☐ In-person solicitations

e

☐ Solicitation of non-government grants

f

☐ Solicitation of government grants

g

☐ Special fundraising events

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

b

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

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

3

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

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2011

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

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
			<u>BU HALL OF FAME</u>	<u>OD BOUNDS</u>	<u>0</u>	(Add col (a) through	
			(event type)	(event type)	(total number)	col (c))	
	1	Gross receipts	62,800	34,785	0	97,585	
	2	Less Charitable contributions	55,200	25,650	0	80,850	
3	Gross income (line 1 minus line 2)	7,600	9,135	0	16,735		
Direct Expenses	4	Cash prizes			0	0	
	5	Non-cash prizes			0	0	
	6	Rent/facility costs			0	0	
	7	Food and beverages	19,130		0	19,130	
	8	Entertainment			0	0	
	9	Other direct expenses	8,322	36,477	0	44,799	
	10	Direct expense summary Add lines 4 through 9 in column (d). ▶					(63,929)
	11	Net income summary Combine lines 3 and 10 in column (d). ▶					-47,194

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.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	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

2011

Open to Public
Inspection

Name of the organization
TEXAS WESLEYAN UNIVERSITY

Employer identification number
75-0800691

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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

(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 listed in the line 1 table ▶

3

Enter total number of other organizations listed in the line 1 table ▶

Part III

Grants 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) STUDENT SCHOLARSHIPS	1258	11,045,549			

Part IV

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

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING USE OF GRANT FUNDS	PART I, LINE 2	TEXAS WESLEYAN UNIVERSITY'S OFFICE OF FINANCIAL AID ADMINISTERS MULTIPLE FEDERAL, STATE, PRIVATE, AND UNIVERSITY GRANTS, SCHOLARSHIPS, LOAN AND WORK STUDY AWARDS. FEDERAL AND STATE PROGRAMS ARE ADMINISTERED ACCORDING TO THE U.S. LAW AND REGULATIONS PROMULGATED BY THE U.S. DEPARTMENT OF EDUCATION AND THE U.S. DEPARTMENT HEALTH AND HUMAN SERVICES AS WELL AS THE REGULATIONS OF THE STATE OF TEXAS. UNIVERSITY SCHOLARSHIPS AND GRANTS ARE ADMINISTERED ACCORDING TO THE POLICIES OF THE OFFICE OF FINANCIAL AID IN SUPPORT OF THE UNIVERSITY'S STRATEGIC PLAN. THE FINANCIAL AID OFFICE USES THE FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA) AND A NUMBER OF SUPPORTING DOCUMENTS OF VERIFICATION TO DETERMINE A STUDENT'S ELIGIBILITY FOR ALL NEED-BASED PROGRAMS. ADDITIONALLY, STUDENTS' ELIGIBILITY IS DETERMINED BASED UPON ACADEMIC QUALIFICATIONS, SPECIAL TALENTS, AND DONOR STIPULATED REQUIREMENTS. POLICIES AND PROCEDURES ENSURE THAT THE DETERMINATION OF AID ELIGIBILITY AND THE SUBSEQUENT DELIVERY OF AID IS DELIVERED IN A FAIR AND EQUITABLE MANNER.

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

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
TEXAS WESLEYAN UNIVERSITY

Employer identification number

75-0800691

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

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.

[illegible]

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
DESCRIPTION OF BENEFITS	PART I, LINE 1A	ALL AMOUNTS PAID FOR HOUSING ALLOWANCES AND SOCIAL CLUB DUES ARE INCLUDED IN EMPLOYEE FORMS W-2 AS FOLLOWS: HOUSING ALLOWANCES - HAROLD JEFFCOAT; SOCIAL CLUB DUES - WILLIAM BLEIBDREY, FREDERICK G. SLABACH.
PARTICIPATION IN SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	PART I, LINE 4B	AMOUNT OF CURRENT YEAR PARTICIPATION IN A 457(F) PLAN: HAROLD JEFFCOAT - \$ 144,667.
OFFICER COMPENSATION	FORM 990 PART VII & SCHEDULE J, PART II, COLUMN (B) (III)	DURING 2011, FREDERICK G. SLABACH RECEIVED A ONE-TIME UP-FRONT PAYMENT OF \$180,000 FOR HOUSING COSTS IN LIEU OF FUTURE HOUSING ALLOWANCE PAYMENTS.

Software ID:
Software Version:
EIN: 75-0800691
Name: TEXAS WESLEYAN UNIVERSITY

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) 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 compensation				
WILLIAM A BLEIBDREY	(i) (ii)	92,927 0	50,000 0	60,641 0	13,133 0	9,141 0	225,842 0	
VICKI RAINWATER	(i) (ii)	105,903 0	0	0	8,507	6,418	120,828 0	
STEVEN ALTON	(i) (ii)	163,631 0	2,000	0	13,317	17,019	195,967 0	
PATRICIA ALEXANDER	(i) (ii)	120,427 0	30,000	0	10,735	10,193	171,355 0	
MICHAEL GREEN	(i) (ii)	171,790 0	0	0	13,501	7,368	192,659 0	
JOHN MARTIN	(i) (ii)	186,735 0	0	0	14,983	6,693	208,411 0	
JOAN CANTY	(i) (ii)	145,930 0	0	0	2,857	2,900	151,687 0	
JAMES P GEORGE	(i) (ii)	135,364 0	0	0	12,203	22,506	170,073 0	
HAROLD JEFFCOAT	(i) (ii)	65,219 0	0	188,479	8,804	3,291	265,793 0	
FREDERICK WHITE	(i) (ii)	199,688 0	0	4,800	16,713	14,719	235,920 0	
FRANK ELLIOTT	(i) (ii)	185,416 0	0	0	14,658	0	200,074 0	
ALLEN H HENDERSON	(i) (ii)	140,888 0	45,000	0	14,940	16,019	216,847 0	
FREDERICK G SLABACH	(i) (ii)	283,702 0	0	219,009	19,923	21,631	544,265 0	
PAUL AUSTIN	(i) (ii)	203,500 0	0	0	15,250	0	218,750 0	
HECTOR QUINTANILLA	(i) (ii)	134,577 0	0	0	9,432	17,019	161,028 0	
MALINDA SEYMORE	(i) (ii)	151,794 0	0	0	3,051	6,693	161,538 0	
CHARLOTTE HUGHART	(i) (ii)	141,645 0	0	0	11,438	7,193	160,276 0	
DEBRA MALOY	(i) (ii)	159,306 0	0	0	12,809	6,693	178,808 0	

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) 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 compensation				
RICARDO RODRIGUEZ	(i) (ii)	153,721 0	0	0	8,155	22,506	184,382 0	

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

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

2011

Open to Public Inspection

Name of the organization
TEXAS WESLEYAN UNIVERSITY

Employer identification number
75-0800691

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 RED RIVER EDUCATION FIN2	75-2791247		12-22-2010	14,234,000	REFINANCING THREE ISSUES	X			X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	331,000							
2	Amount of bonds defeased	0							
3	Total proceeds of issue	14,234,000							
4	Gross proceeds in reserve funds	0							
5	Capitalized interest from proceeds	0							
6	Proceeds in refunding escrow	12,185,163							
7	Issuance costs from proceeds	242,954							
8	Credit enhancement from proceeds	0							
9	Working capital expenditures from proceeds	0							
10	Capital expenditures from proceeds	0							
11	Other spent proceeds	1,805,883							
12	Other unspent proceeds	0							
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	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						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III

Private 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						
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X						
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government <div></div>	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 <div></div>								
6	Total of lines 4 and 5								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X							

Part IV

Arbitrage

		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							
2	Is the bond issue a variable rate issue?		X						
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X						
b	Name of provider	0							
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X						
b	Name of provider	0							
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						
6	Did the bond issue qualify for an exception to rebate?		X						

Part V

Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations ☐ Yes ☒ No

Part VI

Supplemental Information

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

Identifier	Return Reference	Explanation
REFINANCED BONDS	PART V	TEXAS WESLEYAN UNIVERSITY SERIES 1997-A ISSUE DATE 3/27/97 TEXAS WESLEYAN UNIVERSITY SERIES 2003 REVENUE BONDS ISSUE DATE 12/29/03 TEXAS WESLEYAN UNIVERSITY SERIES 2002 REVENUE BONDS ISSUE DATE 07/31/02

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
TEXAS WESLEYAN UNIVERSITY

Employer identification number

75-0800691

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefitting Interested Persons.

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

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

Part IV

Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) STRYVE ADVISORS LLC	CHRISTMAN IS >5% OWNER	306,424	PAYMENTS FOR IT SERVICES		No
(2) STEPHEN CUMBIE	SON OF TRUSTEE CUMBIE	11,100	SALARIES/WAGES		No
(3) KEVIN MILLIKAN	SON OF TRUSTEE MILLIKAN	82,581	SALARIES/WAGES		No

Part V

Supplemental Information

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

Identifier	Return Reference	Explanation
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SCHEDULE 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

2011

Open to Public Inspection

Name of the organization
TEXAS WESLEYAN UNIVERSITY

Employer identification number
75-0800691

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990, PART I, LINE 1	(CONT FROM PAGE 1) PREPARATION AT THE UNDERGRADUATE LEVEL AND IN SELECTED GRADUATE AND PROFESSIONAL AREAS THE UNIVERSITY IS ACCREDITED BY THE COMMISSION ON COLLEGES OF THE SOUTHERN ASSOCIATION OF COLLEGES AND SCHOOLS TO AWARD BACCALAUREATE, MASTER'S, AND DOCTORAL LEVEL DEGREES CONTACT THE COMMISSION ON COLLEGES AT 1866 SOUTHERN LANE, DECATUR, GEORGIA, 30033-4097 OR CALL 404-679-4500 (WEB SITE WWW.SACSCOC.ORG) ONLY FOR QUESTIONS, COMMENTS, OR ISSUES RELATED TO THE ACCREDITATION OF TEXAS WESLEYAN UNIVERSITY THE SCHOOL OF LAW IS ACCREDITED BY THE AMERICAN BAR ASSOCIATION AND WAS ADMITTED TO THE AMERICAN ASSOCIATION OF LAW SCHOOLS IN JANUARY 2012 OTHER INSTITUTIONAL AND PROGRAM ACCREDITATION INCLUDES THE ACCREDITATION COUNCIL FOR BUSINESS SCHOOLS AND PROGRAMS, THE STATE BOARD FOR EDUCATOR CERTIFICATION, THE NATIONAL ASSOCIATION OF SCHOOLS OF MUSIC, THE COUNCIL ON ACCREDITATION OF NURSE ANESTHESIA EDUCATIONAL PROGRAMS, AND THE COMMISSION ON ACCREDITATION OF ATHLETIC TRAINING EDUCATION
ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE	FORM 990, PART VI, LINE 19	GOVERNING DOCUMENTS, UNIVERSITY POLICIES, AND FINANCIAL STATEMENTS ARE NOT AVAILABLE TO THE PUBLIC
EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS	FORM 990, PART VI, LINE 12C	ANNUAL CONFLICT OF INTEREST QUESTIONNAIRES ARE OBTAINED FROM EACH TRUSTEE
REVIEW PROCESS	FORM 990, PART VI, LINE 11	THE ORGANIZATION ENGAGES AN OUTSIDE ACCOUNTING FIRM TO PREPARE FORM 990 ONCE PREPARED, THE FORM IS REVIEWED BY UNIVERSITY STAFF IT IS THEN PROVIDED TO THE TRUSTEES FOR COMMENT PRIOR TO FILING
OTHER CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	PRIOR PERIOD ADJUSTMENT \$(1,122,353) UNREALIZED GAINS & LOSSES (3,095,203) CHANGE IN BENEFICIAL INTEREST IN TRUSTS (637,956) OTHER DIFERENCE (29,609) ----- \$(4,885,121)
TRUSTEE COMPENSATION	FORM 990 PART VII	TRUSTEES ARE NOT COMPENSATED BY THE ORGANIZATION FOR THEIR SERVICES AS TRUSTEE OF THE BOARD ANY COMPENSATION REPORTED FOR TRUSTEES IN FORM 990 PART VII IS FOR OTHER SERVICES RENDERED TO THE ORGANIZATION DURING THE CALENDAR YEAR 2011, LAMAR SMITH, TRUSTEE, RECEIVED COMPENSATION FOR SERVICES RENDERED AS ASSISTANT TO THE UNIVERSITY PRESIDENT UNTIL MAY 31, 2011 HE WAS NOT COMPENSATED FOR SERVICES AS TRUSTEE TO THE ORGANIZATION
OFFICER COMPENSATION	FORM 990 PART VII & SCHEDULE J, PART II, COLUMN (B) (III)	DURING 2011, FREDERICK G SLABACH RECEIVED A ONE-TIME UP FRONT PAYMENT OF \$180,000 FOR HOUSING COSTS IN LIEU OF FUTURE HOUSING ALLOWANCE PAYMENTS