

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





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



DLN: 93493018003303

Department of the Treasury

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

Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012 D Employer identification number B Check if applicable WHEELING JESUIT UNIVERSITY INC 55-0394213 Address change Doing Business As E Telephone number Name change (304) 243-2000 ☐ Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite G Gross receipts \$ 67,591,194 316 Washington Ave Terminated City or town, state or country, and ZIP + 4 Wheeling, WV 26003 Amended return Application pending Name and address of principal officer $\mathbf{H(a)}$ Is this a group return for Richard Beyer ΓYes **Γ**Nο affiliates? 316 Washington Ave Wheeling, WV 26003 H(b) Are all affiliates included? If "No," attach a list (see instructions) **▽** 501(c)(3) **▽** ☐ 4947(a)(1) or ☐ 527 Tax-exempt status 501(c) () ◀ (insert no) Group exemption number 🕨 H(c) Website: ► wju edu K Form of organization
✓ Corporation
☐ Trust
☐ \boldsymbol{M} State of legal domicile Association TOther L Year of formation 1954 Part I Summary Briefly describe the organization's mission or most significant activities The university is a Catholic Liberal Arts University founded in 1954. The purpose of the Jesuit education is to provide students who can contribute intelligently to the welfare of society Activities & Governance 2 Check this box 🔰 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) . . 23 4 Number of independent voting members of the governing body (Part VI, line 1b). 5 967 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) . 6 Total number of volunteers (estimate if necessary) . 6 2 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a -43,231 b Net unrelated business taxable income from Form 990-T, line 34 7b -43,231 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . 11,066,092 10,543,375 33,643,974 Program service revenue (Part VIII, line 2g) . 33,652,655 1,957,589 350.107 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 121,583 528,356 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 45,190,437 46,673,294 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 11,641,176 11,038,178 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 Expenses 19,313,723 20,633,234 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . 0 b Total fundraising expenses (Part IX, column (D), line 25) ▶653,844 **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 16,887,619 16,616,107 48,287,519 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 47,842,518 19 Revenue less expenses Subtract line 18 from line 12 . -2,652,081 -1,614,225 Net Assets or Fund Balances **Beginning of Current End of Year** Year 20 75,159,812 73,146,583 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) 43.854.413 45.266.291 27,880,292 22 31,305,399 Net assets or fund balances Subtract line 21 from line 20 . 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. 2013-01-18 Signature of officer Sign Here evin Lusk Chief Financial Officer Type or print name and title Date Check if Preparer's taxpayer identification number sıgnature Paid employed 🕨 🔽

May the IRS discuss this return with the preparer shown above? (see instructions) .

Firm's name (or yours if self-employed), address, and ZIP + 4

Preparer's

Use Only

EIN ▶

Phone no

Par			ice Accomplishments conse to any question in this Part	III	
1	Briefly describe t	the organization's mission			
		holic Liberal Arts Univers to the welfare of society	ity founded in 1954 the purpose	of the Jesuit education is to pro	vide students who can
2	_	, _	ant program services during the y		┌ Yes ┌ No
	If "Yes," describe	these new services on Sc	chedule O		
3	_		nake sıgnıfıcant changes ın how ıt		┌ Yes ┌ No
	If "Yes," describe	these changes on Schedu	ule O		
4	expenses Section	n 501(c)(3) and 501(c)(4	e accomplishments for each of its) organizations and section 4947 xpenses, and revenue, if any, for	(a)(1) trusts are required to rep	
4a	(Code) (Expenses \$	35,111,687 including grants of \$	11,038,178) (Revenue \$	39,224,060)
	Education, General/o to the welfare of soc		Wheeling Jesuit is a Liberal Arts Univers	sity The purpose is to produce students	s who can contribute intelligently
4b	(Code) (Expenses \$	5,841,343 including grants of \$	0) (Revenue \$	7,449,234)
		ation Research Wheeling Jesu r Center and faculty research	it University recieved federal dollars for t	he National Technology Research Cent	er, the Center for Educational
4c	(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)
	_				
4d	Other program s	ervices (Describe in Sch	edule O)		
	(Expenses \$	0 inc	luding grants of \$	0)(Revenue\$	0)
4e	Total program se	ervice expenses►\$	40,953,030		

art TV	Check	list of	Required	Schedules
	CIICCN	1136 01	IXCUUII CU	Scricadics

			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? <i>If</i> "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? <i>If "Yes," complete Schedule D, Part II</i>	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 $\sqrt{2}$	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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? 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		No
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		No
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		Νo
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		No
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		No
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		

Par	t 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? If "Yes," complete Schedule I, Parts I and II	21		N o
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? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	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? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	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)			_
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	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? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		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 $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	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? If "Yes," complete Schedule R, Part VI	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	
		F	orm 990	(2011)

Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	•	.	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	100			
L				
D	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
_	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, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
		2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			_
	over, a financial account in a foreign country (such as a bank account or securities	4-		
	account)?	4a		N o
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		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
		JU		
С	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	6a		
Ja	organization solicit any contributions that were not tax deductible?	va		140
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		Νo
u	services provided to the payor?	/u		110
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		Νo
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		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess	ı		
	business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			_
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other			
	sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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.			
а	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	13a		
	allocated to each state	TOG		
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.			
	the states in which the organization is needed to issue qualified health plans			
С	Enter the aggregate amount of reserves on hand 13c			
14-	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
<u> </u>	If "Ves " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	1.44		110

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.

Se	ction 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			
b	Enter the number of voting members included in line 1a, above, who are			
	ındependent			
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		Νo
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			
а	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		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal			
ке	venue Code.)		Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a	163	No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100		140
	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	
Ь	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," 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		
Se	ection C. Disclosure			
	List the States with which a copy of this Form 990 is required to be filed►WV			

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.

Own website Another's website Vpon 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 **
 Kevin Lusk

316 Washington Avenue Wheeling, WV 26003 (304) 243-2389

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

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

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

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

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

♣ List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A) Name and Title	(B) Average hours per week (describe hours	Position more unless	on (de tha	C) o no n one son er ar	t che e box is bo nd a tee)	eck x, oth		(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
	for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		255)	organizations
See Additional Data Table										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (describe	unles: an	on (d e thai	n one son er ar	e bo is bo nd a	x, oth		Repor comper from organizat 2/1099-	table isation the tion (W-	(E) Reportable compensation from related organizations (W- 2/1099-	Estim amount of compen from organizat	ated of other sation the ion and
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former			MISC)	rela: organız	
See Additional Data Table												
				<u> </u>	<u> </u>		<u> </u>				<u> </u>	
c Total from continuation sheets t	to Part VII, Sec	tion A					•					
d Total (add lines 1b and 1c) . 2 Total number of individuals (inclusion),000 of reportable compens	udıng but not lın	nited to	thos	e lıs		above) who		.,639,854 more tha	an 0		0
											Yes	No
3 Did the organization list any form on line 1a? <i>If</i> "Yes," complete Sch					ey e •	mploy •	ee, c	or highest	compens	ated employee	3	No
4 For any individual listed on line 1 organization and related organization and related organization.										ch		110
5 Did any person listed on line 1a services rendered to the organization									nization d		4 Yes	No
Section B. Independent Conf	tractors											
1 Complete this table for your five \$100,000 of compensation from or within the organization's tax you	highest comper the organizatio											
	(A) ne and business add	tress							Desci	(B) ription of services	Compe	c) nsation
Parkhurst Dining Services PO bOC 6440914 Pittsburgh, PA 15264								D	ınıng Servic	ces		1,594,433
Datatel Inc 4375 Fair Lakes Ct Fairfax, VA 22033								Sc	oftware Sei	rvices		343,982
Tobey Karg 4640 Campbells Run Rd Pittsburgh, PA 15205								C	onstruction			101,718
2 Total number of independent conti	ractors (includir	ıa but n	ot lin	niter	to t	those	liste	d above) w	ho recen	ved more than		

\$100,000 of compensation from the organization ▶3

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
発	1a	Federated campaigr	ns 1a	0				
흔	b	Membership dues .	1b	0				
કે. He	С	Fundraising events	1c	0				
#£	d	Related organization	ns 1d	0				
S,E	e	Government grants (con	ntributions) 1e	7,754,030				
고 교	f	All other contributions, g		2,789,345				i
호독	g	sımılar amounts not ınclı Noncash contributio						
감이	9	lines 1a-1f \$	ons included in					
Contributions, gifts, grants and other similar amounts	h	Total. Add lines 1a-	·1f	▶	10,543,375			
				Business Code				
E E	2a	Gross Tuition and Fees		611310	28,211,158	28,211,158	0	0
e ve	ь	Auxiliary Enterprises		721000	5,098,502	5,098,502	0	0
ው ጨ	С	, ,	_		5,555,555	3,553,555		
Z.	d							
B	e							
Ē	f	All other program se	ervice revenue	+	224 244	22// 24/4	0	
Program Serwce Revenue	'	An other program Se	civice reveilue		334,314	334,314		0
Δ	g	Total. Add lines 2a-	-2f		33,643,974			
	3	Investment income		. F				
		and other similar an		F	358,771	358,771	0	0
	4	Income from investment		· · · · · · · · · · · · · · · · · · ·	0 571,587	0	0	571,587
	5	Royalties			3/1,38/	0	0	3/1,38/
	6a	Gross rents	(ı) Real 96,894	(II) Personal				
	b	Less rental	140,125	0				
		expenses Rental income	-43,231	0				
	С	or (loss)	·					
	d	Net rental income o			-43,231	0	-43,231	0
	7a	Gross amount (1	22,376,593	(II) O ther				
	/a	from sales of	22,370,333					
		assets other than inventory						
	b	Less cost or other basis and	20,777,775	0				
		sales expenses Gain or (loss)	1,598,818					
	c d	Net gain or (loss)		<u> </u>	1,598,818	1,598,818	0	0
	8a	Gross income from t		· · · · ·		_,		
Other Revenue		events (not includin \$0 of contributions repo See Part IV, line 18	orted on line 1c)					
her	b	Less direct expens	es b					
5	С	Net income or (loss		events 🟲				
	9a	Gross income from a See Part IV, line 19						
	b	Less direct expens	L					
	С	Net income or (loss) from gaming activ	/ities				
	10a	Gross sales of inver returns and allowand						
	b	Less cost of goods	-					
	С	Net income or (loss		entory ►				
		Miscellaneous Rev		Business Code				
	11a							
	ь							
	С							
	d	All other revenue						
	e	Total. Add lines 11a	L		_			
				▶	0			
	12	Total revenue. See	Instructions	. ▶	46,673,294	35,601,563	-43,231	571,587
					, ,	_ 5, _ 2, _ 1, 555		orm 990 (2011)

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 no	ot include amounts reported on lines 6b, p, 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	11,038,178	11,038,178		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,639,854	854,851	648,503	136,500
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	14,608,729	12,364,879	1,997,445	246,405
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	573,961	466,970	93,465	13,526
9	Other employee benefits	2,530,196	2,058,549	412,022	59,625
10	Payroll taxes	1,280,494	1,041,801	208,518	30,175
11	Fees for services (non-employees)				
а	Management	0		0	
b	Legal	422,751		422,751	
c	Accounting	88,103		88,103	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	18,850		18,850	
g	Other	94,062		94,062	
12	Advertising and promotion	354,334	4,835	349,499	
13	Office expenses	570,437	338,586	200,138	31,713
14	Information technology	512,308	346,863	165,445	
15	Royalties				
16	Occupancy	1,745,801	1,547,576	198,225	
17	Travel	1,142,843	932,808	172,726	37,309
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	2,553,145	2,446,239	106,906	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,932,954	1,932,954		
23	Insurance	220,783	332	220,451	
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	Contract Services	4,343,874	3,516,986	773,295	53,593
b	Supplies	270,782	246,652	3,293	20,837
c	Repairs	387,635	297,102	89,004	1,529
d	Special programs	302,247	244,510	57,737	0
e					
f	All other expenses	1,655,198		360,207	22,632
25	Total functional expenses. Add lines 1 through 24f	48,287,519	40,953,030	6,680,645	653,844
26	Joint costs. Check here ► ☐ 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				rm 000 (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 3,099,403 2.702.272 1 1 2 0 2 Savings and temporary cash investments 3 718,845 3 782,541 635.114 4 388.526 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 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 6 2,362,414 2,426,317 7 8 741.695 9 9 762,379 Prepaid expenses and deferred charges 107,253,632 Land, buildings, and equipment cost or other basis Complete 10a Part VI of Schedule D 10a 10b 60,018,577 b Less accumulated depreciation 48,439,749 10c 47,235,055 17,634,960 17,355,697 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 1,527,632 1,493,796 15 15 75,159,812 73,146,583 16 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 1,838,421 1,544,317 17 17 Accounts payable and accrued expenses . 18 18 19 1,152,116 19 1,298,840 20 12.693.987 20 12.550.016 21 21 Escrow or custodial account liability $Complete\ Part\ IV\ of\ Schedule\ D$. . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . . 24,797,542 23 26,491,669 24 Unsecured notes and loans payable to unrelated third parties 24 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 3,372,347 25 3,381,449 D 26 43,854,413 26 45,266,291 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 10,349,692 27 9,762,157 Unrestricted net assets 9,082,848 28 7,824,249 28 Temporarily restricted net assets Fund 29 11,872,859 29 10,293,886 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶

and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 31.305.399 33 27.880.292 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 75.159.812 73.146.583 34

Part >

0	0 (2011)		Page 12
Ξ	i Reconcilliation of Net Assets		
	Check if Schedule O contains a response to any question in this Part XI $$. $$.	•	٦

46,673,294 Total revenue (must equal Part VIII, column (A), line 12)

48,287,519 Total expenses (must equal Part IX, column (A), line 25)

-1,614,225 2 m Revenue less expenses Subtract line 2 from line 1 m

4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))

4

Ŋ

31,305,399

Other changes in net assets or fund balances (explain in Schedule O)

-1,810,882 27,880,292 S ဖ Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column Financial Statements and Reporting (B)

	<u></u>	Yes No	•
Accounting method used to prepare the Form 990			
If the organization changed its method of accounting from a prior year or checked "Other," explain in			
		_	

ŝ 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? Were the organization's financial statements compiled or reviewed by an independent accountant? Were the organization's financial statements audited by an independent accountant? ochednie O

م

2a

Yes 20 If the organization changed either its oversight process or selection process during the tax year, explain in

If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued

T

3a

Δ

Yes ä As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Both consolidated and separated basis Consolidated basis Single Audit Act and OMB Circular A-133? on a separate basis, consolidated basis, or both ✓ Separate basis

Form **990** (2011) Yes 3b 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

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493018003303

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

WHEELING JESUIT UNIVERSITY INC

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

Public Charity Status and Public Support

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

Employer identification number

D		(hii oh a ir or	/ A !!			-1-4- 11	55-03942				
Part I			ıblic Charity Sta						struction	ons		
_			te foundation becaus									
1		•	ion of churches, or as			•)(1)(A)(I).	•				
2 🔽			d in section 170(b)(1			•	4 7 0(l-)(4					
3			perative hospital se						4 > 7 4 > 7			
4			h organization operal ity, and state	ted in conjun	iction with a	a hospital des	cribed in se	ection 170(b)(1)(A)(III	i). Enter th	e	
5 厂	=	•	perated for the benefi	=	e or univers	ıty owned or o	perated by	a government	al unit d	lescribed in	ı	
_			(A)(iv). (Complete P									
6			local government or	_								
7	describ	oed in	at normally receives (A)(vi) (Complete P		al part of its	support from	a governm	ental unit or fr	om the o	general pul	olic	
8 🗆			described in section		A)(vi) (Co	mplete Part II	[)					
9 —			at normally receives					ibutions, mem	bership	fees, and o	iross	
- ,			rities related to its ex									
				•	-			` '		·	es	
	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)											
o [An organization organized and operated exclusively to test for public safety Seesection 509(a)(4).											
ı	_		ganized and operated	•					o carry o	out the pur	oses of	
·	one or the box	more public	ly supported organiz ibes the type of supp b Type I	ations descr oorting organ	ibed in sect ization and	tion 509(a)(1) or section s 11e throi	n 509(a)(2) Se ugh 11h	ee sectio		3). Chec	
e f g	other the section of the ocheck the Since A	han foundat n 509(a)(2) organization this box	ox, I certify that the ion managers and other received a written do 2006, has the organi	her than one etermination	or more pu	blicly support	ed organıza Type I, Typ	ations describe	ed in sec	tion 509(a	a)(1) or	
			rectly or indirectly c	ontrols, eith	er alone or	toaether with	persons de	scribed in (ii)		Ye	s No	
			governing body of th						Г	11g(i)		
			er of a person descri		_				<u> </u>	11g(ii)		
		•	lled entity of a perso			above?				L1g(iii)		
h	• •		ng information about						L	5(,	I	
Nan supp	i) ne of ported ization	ted EIN lines 1 - 9 above vour governing		e Ion In ted In IrnIng	(v) Did you notify the organization in col (i) of your support? (vi) Is the organization col (i) organ in the U S				(vii) A mount of support?			
			instructions))	Yes	No	Yes	No	Yes	No			
otal												

Sch	edule A (Form 990 or 990-EZ) 2011						Page 2
	Support Schedule (Complete only if younder Part III. If the	ou checked the	box on line 5,	7, or 8 of Part	I or if the orga	nızatıon failed i	1)(A)(vi) to qualify
	ection A. Public Support	. organization	ians to quanty t	ander the tests	listed below, p	icase complete	rait III.)
	endar year (or fiscal year beginning	(-) 2007	(1-) 2000	(-) 2000	(4) 2010	(-) 2011	(6) T. t. l
	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	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 or	1					
	line 1 that exceeds 2% of the amount shown on line 11, column						
	(f)						
6	Public Support. Subtract line 5 from						
•	line 4						
S	ection B. Total Support	•	•		•	•	•
Cal	endar year (or fiscal year beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	ın)	(a) 2007	(b) 2008	(6) 2009	(a) 2010	(e) 2011	(I) I otal
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	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						
12	through 10) Gross receipts from related activiti	es etc (See inst	tructions)	<u> </u>	I	12	
					6.64.		
13	First Five Years If the Form 990 is check this box and stop here	for the organizati	ion's first, second	ı, tnıra, tourtn, or	fifth tax year as a	a 501(c)(3) organ	iization, ►
	check this box and stop here						-,
S	ection C. Computation of Pul	olic Support F	Percentage				
14	Public Support Percentage for 201			11 column (f))		14	
15	Public Support Percentage for 2010	-		(//		 	
	-	•	-			15	
16a	33 1/3% support test—2011. If the				line 14 is 33 1/3	% or more, check	this box
h	and stop here. The organization qua 33 1/3% support test—2010. If the				6a and line 15 is	33 1/20% or more	
ט	box and stop here. The organization				oa, and inte 15 IS	1/370 OI IIIOTE	e, check this
17a	10%-facts-and-circumstances test				ine 13, 16a. or 16	b and line 14	F (
	is 10% or more, and if the organiza						1
	in Part IV how the organization med						
	organization						► □
b	10%-facts-and-circumstances test						
	15 is 10% or more, and if the organ						1
	Explain in Part IV how the organiza	tion meets the "f	acts and circums	tances" test Th	e organization qua	alifies as a public	
18	supported organization Private Foundation If the organizat	ion did not check	a hoy on line 12	16a 16h 17a	nr 17h check this	s how and see	► □
	instructions	ion and not theth	. a box on fille 13	, 104, 100, 174	o. I. b, check tills	, sox alla see	▶ □

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part 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 (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) 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 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f)) 17

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 ₽ſ 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

Investment income percentage from 2010 Schedule A, Part III, line 17

18

17

18

Part IV

additional information. (See instructions).

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

Facts And Circumstances Test	
Explanation	
Schedule A (Form 990 or 990-EZ) 2011	Z) 2011

Software ID: 11000129
Software Version: v1.00

EIN: 55-0394213

Name: WHEELING JESUIT UNIVERSITY INC

Form 990, Special Condition Description:

Special Condition Description

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

Compensated Employees, and (A)	(B)		(((D)	(E)	(F)
Name and Title	A verage hours per		tion (che	/)		Ι	Reportable compensation from the	Reportable compensation from related	Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Rudy Bilich Board Member	0	х						0	0	0
William Bresnahan Esq Board Member	0	Х						0	0	0
Tomothy Brown SJ Board Member	0	Х						0	0	0
John Buch Board Member	0	х						0	0	0
James Cullen Board Member	0	х						0	0	0
James Dissen Board Member	0	Х						0	0	0
Jane Straub Friday Board Member	О	Х						0	0	0
Reverend Thomas Gaunt SJ Board Member	0	Х						0	0	0
David Haddad Board Member	О	Х						0	0	0
Margaret Helm Baord Member	0	Х						0	0	0
Christopher Helmrath Board Member	0	Х						0	0	0
Simon Hendry SJ Board Menber	0	Х						0	0	0
George Joseph Esq Board Member	О	Х						0	0	0
Adam Monks Board Member	0	Х						0	0	0
Jeanne Neff Board Member	0	Х						0	0	0
Brian O' Donnell SJ Board Member	0	Х						0	0	0
James O' Malley Board Member	0	Х						0	0	0
Reverend William Rickle SJ Board Member	О	Х						0	0	0
James Smith Board Member	О	Х						0	0	0
Patricia Weitzel-O'Neill Board Member	0	Х						0	0	0
James Will Board Member	0	Х						0	0	0
Jessica Ybanez-Morano MD Board Member	0	Х						0	0	0
Robert Young Board Member	0	Х						0	0	0
Richard Beyer President	40	Х		Х				250,000	0	0
Davitt McAteer Vice President Sponsored Programs	40			Х				232,392	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	Posi	(C) Position (check all that apply)	heck	= =		(D) Reportable compensation	0	table sation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Key amployaa Officei	Highest compensated employee	Former Highest componented	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	elated ations (099-	compensation from the organization and related organizations
Larry Vallar Vice president Enrollment Mgt	40			×			180	180,000	0	0
	40			×			14!	145,000	0	0
Kevin Lusk Chief Fiancial Officer	40			×			144	144,128	0	0
James Holt Vice President of Advancement	40			×			13(136,500	0	0
	40				×		13:	131,286	0	0
	40				×		109	109,375	0	0
A Ian Sherwin Director of Washington O perations	40				×		109	109,267	0	0
	40				×		10:	101,906	0	0
Christine Ohl-Gigliotti Dean of Student Development	40				×		100	100,000	0	0

DLN: 93493018003303

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990. ► See separate instructions.

	The organization JESUIT UNIVERSITY INC		Emp	loyer identification number
	JESON CHIVENON INC		55-0	0394213
Part I	Organizations Maintaining Donor Adorganization answered "Yes" to Form 99	0, Part IV, line 6.	ar Funds	or Accounts. Complete if the
		(a) Donor advised funds	((b) Funds and other accounts
Total	I number at end of year			
Aggr	egate contributions to (during year)			
Aggr	egate grants from (during year)			
Aggr	egate value at end of year			
	the organization inform all donors and donor advi s are the organization's property, subject to the	-		sed Yes No
used	the organization inform all grantees, donors, and if only for charitable purposes and not for the ben			
	erring impermissible private benefit Conservation Easements. Complete	if the organization answered "V	as" to Forn	
Com	ose(s) of conservation easements held by the o Preservation of land for public use (e g , recreati Protection of natural habitat Preservation of open space plete lines 2a–2d if the organization held a qual	on or pleasure) Preservation Preservation	of a certified	d historic structure
ease	ment on the last day of the tax year			Held at the End of the Year
Tota	I number of conservation easements		2a	
Tota	I acreage restricted by conservation easements		2b	
Num	ber of conservation easements on a certified his	toric structure included in (a)	2c	
Num	ber of conservation easements included in (c) a	cquired after 8/17/06	2d	
Num	ber of conservation easements modified, transfe	rred, released, extinguished, or tern	nınated by th	ne organization during
the t	axable year 🛌			
Num	ber of states where property subject to conserva	ation easement is located b		
Does	s the organization have a written policy regarding reement of the conservation easements it holds	the periodic monitoring, inspection	, handling of	violations, and Yes No
Staff	fand volunteer hours devoted to monitoring, insp	ecting and enforcing conservation e	asements d	uring the year 🛌
A mo	unt of expenses incurred in monitoring, inspecti	ng, and enforcing conservation ease	ments during	g the year
► \$		-		•
	s each conservation easement reported on line 2 (h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements	ofsection	┌ Yes
bala	art XIV, describe how the organization reports c nce sheet, and include, if applicable, the text of t organization's accounting for conservation easer	he footnote to the organization's fina		
rt III	Organizations Maintaining Collection Complete if the organization answered			her Similar Assets.
art, l	e organization elected, as permitted under SFAS historical treasures, or other similar assets held ide, in Part XIV, the text of the footnote to its fir	for public exhibition, education or re	esearch in fu	
histo	e organization elected, as permitted under SFAS orical treasures, or other similar assets held for ide the following amounts relating to these items	oublic exhibition, education, or resea		
(i) _R	evenues included in Form 990, Part VIII, line 1			► \$
(ii)	Assets included in Form 990, Part X			▶ \$
	e organization received or held works of art, hist	orical treasures, or other similar ass	ets for finan	cial gain, provide the
	wing amounts required to be reported under SFA			- /.

Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Par	Organizations Maintaining Colle	Ctions of Art, H	listo	PFIC	cai ireas	ures, or Ot	ne	r Similar Ass	ets (co	ontinuea)
3	Using the organization's accession and other reitems (check all that apply)	cords, check any of	f the	foll	owing that a	ire a significai	nt u	se of its collecti	on	
а	Public exhibition	d	ı ſ	_	Loan or ex	change progra	ms			
b	Scholarly research	e	<u>.</u> [_	Other					
С	Preservation for future generations									
4	Provide a description of the organization's colle	ctions and explain h	now t	hev	further the	organization's	s ex	empt purpose ir	1	
•	Part XIV	ctions and explain i	1011	,,,	Turciner cire	organization.	<i>-</i>	empe purpose n		
5	During the year, did the organization solicit or rassets to be sold to raise funds rather than to be								_ Yes	□ No
Par	t IV Escrow and Custodial Arrangen Part IV, line 9, or reported an amou	nents. Complete	ıf th	ne d	organizatio			<u>_</u>		, 140
1a	Is the organization an agent, trustee, custodian included on Form 990, Part X?	•				or other asse	ets r	not [Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV $$ a	nd complete the foll	owing	g ta	ble					
								Am	ount	
С	Beginning balance					<u> </u>	1c			
d	Additions during the year					-	Ld			
е	Distributions during the year						Le			
f	Ending balance					_ :	1f			
2a	Did the organization include an amount on Form	990, Part X, line 2	1?					Г	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV									
Pa	rt V Endowment Funds. Complete if t		nswe (b)Pri			Form 990, Two Years Back		t IV, line 10. Three Years Back	(e) Four	Years Back
1a	Beginning of year balance	19,700,287	<u> </u>		686,699	15,496,477	_	18,505,340	(C)i oui	rears back
b	Contributions	223,491			199,726	275,954		630,791		
c	Investment earnings or losses	72,005		3,	617,439	1,701,956		-2,642,520		
d	Grants or scholarships	724,267			803,577	787,688		997,134		
e	Other expenditures for facilities and programs	0			0	C		0		
f	Administrative expenses	0			0	С		0		
g	End of year balance	19,271,516		19,	700,287	16,686,699		15,496,477		
2	Provide the estimated percentage of the year e	nd balance held as								
а	Board designated or quasi-endowment 🕨	13 %								
b	Permanent endowment ► 87 %									
c	Term endowment ► 0 %									
3a	Are there endowment funds not in the possession	on of the organizatio	n tha	at a	re held and	admınıstered	for	the		
	organization by							20/	Yes	No No
	(i) unrelated organizations		•	•			•	3a(i		No
ь	If "Yes" to 3a(II), are the related organizations							3b		1
4	Describe in Part XIV the intended uses of the o	•								
Par	t VI Land, Buildings, and Equipment	See Form 990,	Part	Х,	lıne 10.					
	Description of property				Cost or other (investment)	(b) Cost or oth basis (other)		(c) Accumulated depreciation	(d) Bo	ok value
1a	Land				0	1,091,	817			1,091,817
b	Buildings				0	72,046,	185	28,370,887	4	3,675,298
c	Leasehold improvements				0	3,547,4	134	3,220,698		326,736
d	Equipment				0	30,261,	127	28,297,526		1,963,601
е	Other	<u> </u>			C	307,0	069	129,466		177,603
Tota	I. Add lines 1a-1e (Column (d) should equal Form	990, Part X, column	(B), II	ine	10(c).) .		-	▶	4	7,235,055

Part VII Investments—Other Securities. See	Form 990, Part X, line 12		
(a) Description of security or category (including name of security)	(b)Book value		od of valuation f-year market value
		Cost of end-o	- year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
-			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. Sec		13	
			od of valuation
(a) Description of investment type	(b) Book value		f-year market value
			,
		1	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, III	ne 15.	_	
(a) Descrip			(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	<i>5.)</i> <u> </u>		
Part X Other Liabilities. See Form 990, Part X	(, line 25.		
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes	0		
	-		
Refundable Advances from US Govt	2,710,358		
Postretirement Benefit Obligation	302,958		
Agency Funds	368,133		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	3,381,449		
	· · · · · ·		

-	rotal revenue (Form 990, Part VIII, column (A), line 12)		40,073,29
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	48,287,51
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,614,22
4	Net unrealized gains (losses) on investments	4	-1,810,88
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-1,810,88
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-3,425,10
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	45,002,53
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 0		
е	Add lines 2a through 2d	2e	-1,810,88
3	Subtract line 2e from line 1	3	46,813,41
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 0		
b	Other (Describe in Part XIV)	ļ	
C	Add lines 4a and 4b	4c	-140,12
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	46,673,29
	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	
1	Total expenses and losses per audited financial statements	1	48,427,64
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments	1	
c	Other losses	ĺ	
d	Other (Describe in Part XIV) 2d 0		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	48,427,64
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 0		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	-140,12
5	Total expenses Add lines ${f 3}$ and ${f 4c.}$ (This should equal Form 990, Part I, line 18)	5	48,287,51
Da	t XIV Supplemental Information		

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

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 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
SchD_P05_S00_L04	Schedule D, Part V, Line 4	The endowment is used to provide scholarships to the students of the University
SchD_P10_S00_L02	Schedule D, Part X, Line 2	Generally accepted accounting principles prescribes recognition threshholds and measurement attributes for the financial statement recognition amd measurement of a tax position taken or expected to be taken in a tax return. Tax benefits will be recognized only if a tax position is more-likely-than-not sustained in a tax examination, with a tax examination being presumed to occur. The amount recognized will be the largest amount of tax benefit that is greater than 50% likely being realized on examination. For tax positions not meeting the more-likely-than-not test, no tax benefit will be recorded. Management has concluded that they are unaware of any tax benefits or liabilities to be recognized at June 30, 2012 or 2011, respectively.
SchD_P12_S00_L04b	Schedule D, Part XII, Line 4b	Allocated Rental Expenses
SchD_P13_S00_L04b	Schedule D, Part XIII, Line 4b	Allocated Rental Expenses

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493018003303

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

WHEELING JESUIT UNIVERSITY INC

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.

Employer identification number

	55-0394213			
Pa	rt I		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
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?	2	Yes	
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	3	Yes	
		- - -		
4	Does the organization maintain the following?			
	Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory	4a_	Yes	
	basis?	4b	Yes	
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Part II			
5 a	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	5a		No
ь	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	I Scholarships or other financial assistance?	5d		No
e	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II	<u>5h</u>		No
6-	Does the organization receive any financial aid or assistance from a governmental agency?	 		N.o.
	Has the organization's right to such aid ever been revoked or suspended?	6a 6b		No No
	If you answered "Yes" to either line 6a or line 6b, explain on Part II 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 pondiscrimination? If "No," explain on Part II			

-
-
>
7 N T
$\overline{}$
7
Ц
y y U E
ע
ע
9
\supset
7
ע
⊏
orm o
0
Ŀ
ш

Partifi Supplemental Information Complete this part to provide the explanations req any other additional information (see instructions)	nental Infor provide the expl formation (see i	Partii 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)
ldentifier	Return Reference	Explanation
SchE_P01_S00_L03 Schedule E,	Schedule E, Part I, Line 3	Wheeling Jesuit University has a policy of providing equal opportunity to its employees, students, and applicants for employment Accordingly, no person will be denied admission or employment based on

race, color, religion, gender, sexual orientation, national origin, ethinticity, age marital status, blindness,

handicap, disability, or a disabled veteran. This policy is reiterated in all solictations, new spaper advertisements, and media broadcasts for employment and when for solicitating for students Schedule E (Form 990 or 990-EZ) 2011

DLN: 93493018003303 OMB No 1545-0047 Open to Public Inspection 2011 Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. P. Attach to Form 990 Governments and Individuals in the United States Grants and Other Assistance to Organizations, efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | Department of the Treasury Internal Revenue Service Name of the organization WHEELING JESUIT UNIVERSITY INC (Form 990) **Schedule I**

Employer identification number 55-0394213 **ջ** ∟

√ Yes

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?

General Information on Grants and Assistance

Part I

2

es" to . Use	(h) Purpose of gran or assistance						
ization answered "Y I more than \$5,000.	(g) Description of non-cash assistance						
nplete if the organ recipient received	(f) Method of valuation (book, FMV, appraisal, other)						
izations in the United States. Complete if the organization answered "Yes" to than \$5,000. Check this box if no one recipient received more than \$5,000. Use ed	(e) Amount of non- cash assistance						
ganizations in the ore than \$5,000. Che eeded.	(d) Amount of cash grant						
ernments and Or ent that received m idditional space is n	(c) IRC Code section if applicable						
sistance to Gov 21 for any recipion -1 (Form 990) if a	(b) EIN						
Partificants 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						

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table .

Schedule I (Form 990) 2011

Cat No 50055P

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. Part III

(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
See Addıtıonal Data Table					

Part IV Supplen	nental Information. Complete	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
SchI_P01_S00_L02	Schedule I, Part I, Line 2	The University monitors their respective grants by establishing a separate accounting for each individual grant All transactions are reviewed and approved by appropriate personnel prior to submission for processing to ensure they meet the requirements of the grant

Schedule I (Form 990) 2011

Software ID: 11000129 **Software Version:** v1.00 **EIN:** 55-0394213

Name: WHEELING JESUIT UNIVERSITY INC

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Accepted Student Day Scholarship	2	400			
Admission Award	2	4,500			
Admission Award I	5	4,300			
Admission Award II	13	39,668			
Admission Award III	3	5,250			
Aluise Family Scholarship	1	2,000			
Anonymous Scholarship	1	1,000			
Arrupe Award	38	56,500			
Benedum Scholarship	5	8,274			
Bernard & Blanche Jacobson Scholarship	1	10,000			
Bernard McDonough Scholarship	1	10,000			
Berthold/Neal Family Endowed Scholarship	5	5,780			
Bishop Hodges Scholarship - BB&T	3	5,600			
Bishop Hodges Scholarship - Wesbanco	1	2,200			
Buckius-Burke Scholarship	1	3,800			
Buckius/Loyola Scholarship	2	3,721			
CONSOL Fund Scholarship	1	4,596			
Campion Grant	244	1,064,062			
Cardinal Athletic Club Scholarship	11	9,250			
Carrigan Alumni Scholarship	4	5,200			
Cary Foundation and Kanawha County Area	1	15,000			
Catholic High School Scholarship	146	142,465			
Chiccarella Scholarship	1	948			
Choral Award	15	14,000			
Class of 1972 Scholarship	1	2,500			
Class of 1974 Scholarship	1	1,200			
Cogan Memorial Scholarship	4	3,599			
Community Connection Grant	5	22,000			
Costain/Giglio-Sallee Memorial	1	878			
Dean's Award	211	2,222,620			

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Diocesan Scholarship	40	24,000			
Diocese of Wheeling/Charleston Grant	1	7,000			
Dominion Foundation Scholarship	1	5,000			
Dr Lee Jones Scholarship	2	1,489			
Edouard S & Simone J Ziegler Scholarship	5	8,739			
Evening Division Scholarship	13	14,400			
Federal SEOG Grant	135	195,443			
Federal TEACH Grant	5	20,000			
Florence Irene Nesbitt Scholarship	3	4,166			
Frank Kırk Memorıal Scholarshıp	2	6,190			
George E Stifel Scholarship	10	19,834			
Guy & Marie Paull Biery Scholarship	11	21,313			
HRSA Traineeship Grant	4	17,433			
Hacala Family Scholarship	3	9,350			
Hanzely Scholarship	1	1,823			
Hawk Scholarship	25	51,000			
Hearst Scholarship	4	4,865			
High School Auction Scholarship	2	2,000			
Hospital Tuition Discount	11	5,043			
Iggy Mascot Award	3	3,500			
Ignatian Award	1	7,500			
International Scholarship	3	30,000			
J Adamiak & H Regiec Adamiak Scholarship	1	1,300			
James Chambers Scholarship	5	12,847			
Jesuit - Appalachian Scholarship	2	2,000			
Jesuit Distinction Award	4	36,000			
Jesuit Fathers-Summit 2 Scholarship	3	10,000			
Joseph H Hodges Scholarship	14	30,413			
Joseph J & Virginia R Murphy Scholarship	7	18,175			
Kırby Scholarshıp	7	18,605			

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Knights of Columbus-Endowed	1	1,000			
Lantz Scholarshıp	3	2,190			
Laut Scholarship	8	176,433			
Leonard P Riser Memorial Scholarship	2	985			
Lidano DiTrapano Scholarship	3	5,743			
Lında Baron Memorıal Scholarshıp	1	1,280			
M Virginia Greene Scholarship	5	10,360			
Magis Scholarship	3	24,000			
Maier Foundation	1	10,000			
Margaret Hess Scholarship	4	6,910			
Mary M Szitar Scholarship	4	6,628			
McConnell Scholarship	5	13,826			
McCune/Greene County Scholarship	9	31,293			
McShain Minority Scholarship	1	5,082			
Music Ministry Award	33	62,000			
Oakland Catholic High School	1	1,000			
Presidential Scholarship	307	3,562,989			
Pride Scholarship	1	3,113			
R Winkler Memorial Scholarship	2	3,600			
RN/BSN/MSN On-Line Scholarship	11	11,700			
Rakosky Memorial Scholarship	1	1,053			
Rev Edward Gannon Scholarship	3	10,446			
Rev James A O'Brien, SJ, PhD	1	5,015			
Room Remission	1	4,990			
Sally O Bodkın Music Scholarship	1	2,000			
Schenk Foundation Scholarship (WVICU)	1	5,000			
Schenk Scholarship	3	4,690			
Sendaydiego Nursing & Philosophy Scholarships	2	2,000			
Septimi (Class of 65) Scholarship	3	6,150			
St Partrick Weston Scholarship	1	3,297			

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d) A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Summit 2000	4	6,019			
T Eick Memorial Scholarship	3	3,020			
Teen of Week Scholarship	8	2,000			
This Land is Home To Me Scholarship	1	1,038			
Troy Endowment Scholarship	2	2,378			
UPS Scholarship/WVICU	1	2,400			
Vicky L DiPiero, '65 Diversity Scholarship	1	2,000			
WJU Award	222	1,680,737			
WJU Charter Guild Endowment Scholarship	1	960			
WJU Pep Band Award	4	750			
WJU Rugby Scholarship	1	20,084			
WV Emulation Scholarship	5	9,113			
WV center for Nursing	4	3,789			
Werner Ritz Pre-Med Scholarship	1	3,655			
Wertz Scholarshıp	1	1,780			
Wheeling Jesuit Grant	266	971,240			
Wheeling Jesuit Tuition Rebate	103	48,900			
Wood County/McDonough Scholarship	6	16,346			
Yellow Ribbon Program - VA	3	12,787			
Sshroer Family Fund	7	3,150			
Rabbı Helman Prize	2	121			
Gallagher Memorial Award	1	400			

DLN: 93493018003303

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization WHEELING JESUIT UNIVERSITY INC **Employer identification number**

55-0394213

Pa	tt I Questions Regarding Compensation					
					Yes	Νo
1a	Check the appropriate box(es) if the organization provi 990, Part VII, Section A, line 1a Complete Part III to					
	First-class or charter travel	<u> </u>	Housing allowance or residence for personal use			
	Travel for companions	\sqcap	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organism reimbursement or provision of all the expenses described.			1b	Yes	
2	Did the organization require substantiation prior to rei					
	officers, directors, trustees, and the CEO/Executive D	ırect	or, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all that					
	✓ Compensation committee	굣	Written employment contract			
	Independent compensation consultant	\sqcap	Compensation survey or study			
	Form 990 of other organizations	~	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Pa or a related organization	rt VI	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control pa	ymei	nt?	4a		Νo
Ь	Participate in, or receive payment from, a supplement	al nor	nqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-bas	ed co	ompensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and prov	ıde tl	he applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must	com	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, lin compensation contingent on the revenues of	ne 1a	, did the organization pay or accrue any			
а	The organization?			5a		No
	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, lincompensation contingent on the net earnings of	ne 1a	, did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		Νο
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, li	ne 1a	a did the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," des			7		Νo
8	Were any amounts reported in Form 990, Part VII, par	dora	accured pursuant to a contract that was			
	subject to the initial contract exception described in R					
	ın Part III			8	<u> </u>	Νo
9	If "Yes" to line 8, did the organization also follow the r	ebutt	able presumption procedure described in Regulations			
	section 53 4958-6(c)?			9		

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed Part II

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

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(c) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) Davitt McAteer (i)	(E)	215,892	0	0	16,500	0	232,392	230,658
(2) Richard Beyer (i	(E)	250,000	0	0	0	0	250,000	0
(3) Larry Vallar (i	(E)	180,000	0	0	0	0	180,000	

Schedule J (Form 990) 2011

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

Explanation	शाटhard Beyer recieved a Housing Allowance of \$8100 00
Return Reference	1a
Identifier	SchJ_P01_S00_L01a Schedule J, Part I, Line

Schedule J (Form 990) 2011

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

(Form 990) Schedule K

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.

2011

DLN: 93493018003303 OMB No 1545-0047

Open to Public Inspection

Employer identification number

55-0394213

Department of the Treasury
Internal Revenue Service
Name of the organization
WHEELING JESUIT UNIVERSITY INC

Partit Bond Issues

						-				-				Ī
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price		(f) Description of Purpose	of P urpose	(g) Defeased	eased	(h) On Behalf of Issuer) n f of er	(i) Pool financing	ool :ing
									Yes	No	Yes	No	Yes	No
⋖	County Commission of Ohio County West Virginia	55-6009203	677318BD8	12-05-2006	11,986,149		Restructure Debt			×		×		×
<u> </u>	Ohio County West Virginia Building Commisssion	55-6009203	677309BK1	12-05-2006	1,194,600		Restructure Debt			×		×		×
Par	Part III Proceeds					-		•			-		_	
					A		_	В		C			D	
-	Amount of bonds retired					0		000'069						
7	Amount of bonds defeased					0		0						
m	Total proceeds of Issue				1	1,986,149		1,194,600						
4	Gross proceeds in reserve funds	ls.				0		0						
ß	Capitalized interest from proceeds	spa				0		0						
9	Proceeds in refunding escrow				1	0,240,683		1,175,883						
7	Issuance costs from proceeds					245,466		18,717						
8	Credit enhancement from proceeds	spac				0		0						
6	Working capital expenditures from proceeds	om proceeds				0		0						
10	Capital expenditures from proceeds	eeds				1,500,000		0						
11	O ther spent proceeds					0		0						
12	Other unspent proceeds					0		0						
13	Year of substantial completion				200	6								
					Yes	N _o	Yes	S.	Yes		S S	Yes	_	No
14	Were the bonds issued as part of a current refunding issue?	of a current refundı	ng Issue?		×		×							
15	Were the bonds issued as part of an advance refunding issue?	of an advance refur	اding issue،			×		×						
16	Has the final allocation of proceeds been made?	eeds been made?			×		×							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	ı adequate books ar	nd records to supp	ort the final	×		×							
Part	Titti Private Business Use	se												
					∢		B	_		U			۵	
					Yes	№	Yes	o _N	Yes		٩	Yes		No No
-	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	ın a partnership, or pt bonds?	a member of an Ll	.C, which owned		×		×						

Are there any lease arrangements that may result in private business use of bond-

property financed by tax-exempt bonds?

financed property?

×

×

		Α		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		х		Х				
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?								
С	Are there any research agreements that may result in private business use of bond-financed property?		Х		х				
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		0 %		0 %				
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0 %		0 %				
5	Total of lines 4 and 5		0 %		0 %				
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х		Х					

			Α .			С		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?								
	bolid issue?		X		×				
2	Is the bond issue a variable rate issue?		X		Х				
	Has the organization or the governmental issuer entered								
	ınto a hedge with respect to the bond issue?								
			X		X				
b	Name of provider								
С	Term of hedge								
d	Was the hedge superintegrated?								
	11/2								
е	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		Х		Х				
ь	Name of provider								
	Term of GIC								
			1		1		1		
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
	value of the GIC satisfied.								
5	Were any gross proceeds invested beyond an available temporary								
	period?		X		X				
6	Did the bond issue qualify for an exception to rebate?		X		X				
			_ ^		l ^				

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

Part VI **Supplemental Information**

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

Identifier Return Reference Explanation efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493018003303

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.

2011
Open to Public Inspection

	Employer ident if i	cation number
WHEELING JESUIT UNIVERSITY INC		
	55-0394213	

ldentifier	Return Reference	Explanation
F990_P06_S0B_L11b	Form 990, Part VI, Section B, Line 11b	The University uses a software program to prepare the 990 which runs a series of edit checks on the return. The return is then reviewed by the Controller and CFO. The University reviews the 990 with the Audit Committee and the Board of Directors for approval prior to submission to the Internal Revenue Service.
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	The University obtains conflict of interest statements annually from all trustees and Board Members It also obtains conflict of interest statements from Officers and key employees upon hiring All employees working in sponsored research sign a conflict of interest statement upon hiring
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	Salary ranges are determined by a comparability study performed the Human Resources Department All positions are graded upon respective job description to ensure the respective jobs are properly classified per the Universities policies Salaries for officers and key employees are determined and approved by the President and CFO of the University The salary for the President is approved by the Board of Directors
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	The University submits it financial statements to the Municipal Securities Rulemaking board for posting to their Electronic Municipal Market Access for public viewing on a quarterly basis. A code of ethics statement is posted to the University's wiebsite. The code of ethics statement contains verbage that addresses our position with the appearance of conflict between personal and institutional interests.
F990_P11_S00_L05	Form 990, Part XI, Line 5	net unrealized losses