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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)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047 2011 Open to Public Inspection

<u>A</u>		e 2011 calendar year, or tax year beginning $07/01/11$, and ending $06/30/1$	L2		
В	Check if a	pplicable C Name of organization		D Employ	er identification number
	Address o	change WESLEY BIBLICAL SEMINARY		i	
	Name cha				0579585
$\bar{\Box}$	Initial retu	Number and street (or P O box if mail is not delivered to street address)	Room/suite		one number
H		P. O. BOX 9938		601	366-8880
닏	Terminate				
	Amended		.,	G Gross rece	expts 2,497,592
	Applicatio	F Name and address of pnncipal officer	H(a) Isthisag	mun return for :	affiliates? Yes X No
		DR. JIM PORTER			
		P.O. BOX 9938	H(b) Are all af		
		JACKSON MS 39286	-	o," attach a list	(see instructions)
<u></u>		mpt status X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527	4		
<u>J</u>	Website		H(c) Group ex		
K		 	ear of formation 1	.975	M State of legal domicate MS
	Part I	Summary			·
	1	Briefly describe the organization's mission or most significant activities.			
õ		GRADUATE LEVEL INSTRUCTION IN THEOLOGY FOR STUDENTS.			
nan					
Activities & Governance		and the second of the second o			
ő	2 9	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25%	of its net assets		1.4
ග්	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	14
ties	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		4	54
ξį	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	
Ac		Total number of volunteers (estimate if necessary)		6	0
26		Total unrelated business revenue from Part VIII, column (C), line 12		7a	0
NA Revenue MOS	<u>।</u> ।	Net unrelated business taxable income from Form 990-T, line 34	Prior Ye	7b	Current Year
2	S 8 (Contributions and grants (Part VIII, FinC ETVED		8,575	825,971
5	5 a F	Program service revenue (Part VIII, line 2g)		9,521	621,120
Ver	10	investment income (Part XII), coi) fin(A) lines 3/4/and (A)		8,819	76,189
8	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 19c, and 11e)		6,376	73,533
J.	12	Total revenue – add lines 8 through 11 (must equal-Part 24), column (A), line 12)		3,291	1,596,813
-	13 (Grants and similar amounts paid (Par) (Column A), lines (1-3)		0	0
€	P 44 6	Benefits paid to or for members (Part IX, column (A), line-4)		0	0
Densés o	15 9	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,46	4,917	1,335,882
96	16aF	0			
Den	# b1	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ 122,485			, , , , , , , , , , , , , , , , , , ,
Ĕ	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	75	6,979	703,832
		Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		1,896	2,039,714
	1	Revenue less expenses Subtract line 18 from line 12		8,605	-442,901
5	S.		Beginning of Cu	rrent Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)		3,579	2,959,563
Ž	<u> </u>	Total liabilities (Part X, line 26)		3,169	223,697
2	22 1	Net assets or fund balances Subtract line 21 from line 20	3,20	0,410	2,735,866
	art II	Signature Block			
		nalties of perjury, I declare that I have examined this return, including accompanying schedules and statemen			wledge and belief, it is
tr	ue, corre	ect, and complete Declaration of preparer (other than officer) is based on all information of which preparer has	as any knowledge	e	
		Janus Megnight			
Sig	gn	Signature of officer		Date	- 1-
He	ere	X TOMMY MCKNIGHT Treasuren	 		-5-12
		Type or print name and title			
_	_	Print/Type preparer's name Preparer's signature ASSIL 5 Hrues , CPA	Date	Check	# PTIN
Pai		OOSEFR E. RINES	11-29-	self-em	
	eparer	Firm's name TANN, BROWN & RUSS CO., PLLC		irm's EIN	20-5630688
Use	e Only	1501 LAKELAND DRIVE, SUITE 300			
		Firm's address JACKSON, MS 39216-4841		Phone no	601-354-4926
		S discuss this return with the preparer shown above? (see instructions)			X Yes No
		work Reduction Act Notice, see the separate instructions.			Form 990 (2011)
DAA	•				517

Form 990 (2011) WESLEY BIBLICA	L SEMINAR	Y	64-057958	5	_ Page 2
Part III Statement of Program S		•			
Check if Schedule O control Briefly describe the organization's mission	tains a respons	se to any question in	this Part III		X
GRADUATE LEVEL INSTRUC	TION IN	THEOLOGY FOR	STUDENTS.		
			•		
2 Did the organization undertake any signific	ant program service	ces during the year which	were not listed on the		
prior Form 990 or 990-EZ?	uni program con m	see daning the year miner			Yes X No
If "Yes," describe these new services on S					
3 Did the organization cease conducting, or	make significant cl	nanges in how it conducts	s, any program		
services? If "Yes," describe these changes on Sched	iulo O				Yes X No
Describe the organization's program service		ts for each of its three larg	gest program services,	as measured by	
expenses. Section 501(c)(3) and 501(c)(4)			-		
grants and allocations to others, the total e	xpenses, and reve	enue, if any, for each prog	ram service reported.		
4a (Code) (Expenses \$	516.504	including grants of \$) (Revenue \$	480,049
GRADUATE LEVEL INSTRUC			PROVIDED FOR		100,015
			•	•	•
4b (Code) (Expenses \$ STUDENT SERVICES CONSI ACTIVITIES WHOSE PRIMA AND DEVELOPMENT OUTSID	RY PURPOS	ADMISSIONS, SE IS TO CONT	TRIBUTE TO	STUDENTS' WE	LL-BEING
		-			
		•			
	•	•		•	
4c (Code.) (Expenses \$	267,970	including grants of \$) (Revenue \$)
WESLEY CHAPEL PROVIDES		SERVICES AND	COMMUNITY	OUTREACH MI	NISTRIES
TO THE GENERAL PUBLIC.					
					•
					•
4d Other program services (Describe in Sche	dule O)				
(Expenses \$ 98,010	including grants of) (Revenue \$	141,07	1)
4e Total program service expenses ▶	1,136,	829			
NA .					Form 990 (2011)

			Yes	No
1	In the expension decombed in eacher 504(a)/2) or 4047(a)/4) (other than a private foundation)? If "Yee "		163	140
•	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1	\mathbf{x}	
2	complete Schedule A	2	$\frac{\hat{\mathbf{x}}}{\mathbf{x}}$	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?			
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	3		x
	candidates for public office? If "Yes," complete Schedule C, Part I			
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			X
_	election in effect during the tax year? If "Yes," complete Schedule C, Part I!	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	1	ļ	
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_		v
	Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	Ì	ŀ	
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			v
	"Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			7.
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	-	<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	- 1	i	••
	complete Schedule D, Part III	8		<u> </u>
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		<u> </u>
0	Did the organization, directly or through a related organization, hold assets in temporanly restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	,
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		1	
	VII, VIII, IX, or X as applicable		1	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	1		
	complete Schedule D, Part VI	11a	X	
þ	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		<u> </u>
С	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		<u> </u>
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		_X_
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
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		_X_
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	X	
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		X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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, Parts I and IV	14b		X
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
_	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
-	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
7	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 (see instructions)	17		Х
8	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		х
9	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		х
0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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_P	art IV Checklist of Required Schedules (continued)		T	
21	Did the second s	Γ	Yes	No
- 1	Did the organization report more than \$5,000 of grants and other assistance to any government or organization	24	Ì	
22	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	┼──	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States	22	1	x
23	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		╁──	<u> </u>
			1	1
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		x
24a			 	
- 14	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b		}	ł
	through 24d and complete Schedule K. If "No," go to line 25	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	246	1 -	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		 	
Ŭ	to defease any tax-exempt bonds?	240		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		X
b			†	
_	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			ļ
	If "Yes," complete Schedule L, Part I	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or		1	
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	}	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,		1	
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled]
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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)			Ī
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	<u> </u>	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete		1	1
	Schedule L, Part IV	28b	<u> </u>	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	280		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		1	l
	conservation contributions? If "Yes," complete Schedule M	30	 	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,		1	
_	Part I	31	┼	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		İ	🚚
	complete Schedule N, Part II	32	╂	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		i	
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	┼	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			x
25-	IV, and V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	+-	<u> </u>
þ	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	25		x
36	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable	<u> 35b</u>	+	 ^
J0	related organization? If "Yes," complete Schedule R, Part V, line 2	36	1	x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30	T^-	┌┈
٠,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37	1	x
	1 - 1 - 1 - 1	, 0,	4	

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

4 yi 5 3

1.4	Check if Schedule O contains a response to any question in this Part V					П
	Oncok ir ochedule o contains a response to any question in this rail v				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	20			
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			l
С	Did the organization comply with backup withholding rules for reportable payments to vendors and					
	reportable gaming (gambling) winnings to prize winners?			1c	X	<u></u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		l			
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	54			ŧ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ms?		2b	X	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			_3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	,,					
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin	nancial				x
.	account)?			4a		
D	If "Yes," enter the name of the foreign country:	Accounts				I
5a	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	Accounts		5a	:	_ x _
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.	tion?		5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	2011		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne				
-	organization solicit any contributions that were not tax deductible?			6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or				
	gifts were not tax deductible?			_6b		<u> </u>
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 g	goods				ŧ
	and services provided to the payor?			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as				
	required to file Form 8282?	1 1	1	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		<u> </u>	— <u> </u>		.
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or			7e		X
f ~	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control		a sociusod?	7f	<u> </u>	<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g 7h		├─
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations organizations maintaining donor advised funds and section 509(a)(3) supporting		Form 1090-C?			一
0	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		Ī
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		l
b	Did the organization make a distribution to a donor, donor advisor, or related person?		•	9b		
10	Section 501(c)(7) organizations. Enter:					_
а	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	<u> </u>			Ī
11	Section 501(c)(12) organizations. Enter:					l
а	Gross income from members or shareholders	11a				I
b	Gross income from other sources (Do not net amounts due or paid to other sources	1	1			
	against amounts due or received from them)	11b				ŧ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		ı	_12a		
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<u> </u>			İ
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			42-		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
L	Note. See the instructions for additional information the organization must report on Schedule O.					Į.
b	Enter the amount of reserves the organization is required to maintain by the states in which	13b	1			‡
	the organization is licensed to issue qualified health plans Enter the amount of reserves on hand	130 13c				Ī
с 14а	Did the organization receive any payments for indoor tanning services during the tax year?	130	<u> </u>	14a	<u> </u>	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O		14b		
DAA				For	m 99	0 (2011)

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Pε	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,			
	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Se	chedu	le	
_	O. See instructions. Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion 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 14			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O			
þ	Enter the number of voting members included in line 1a, above, who are independent 1b 13			
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		<u> </u>
3	Did the organization delegate control over management duties customanly performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3_		<u> </u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
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		X
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	<u> </u>	
b	Each committee with authority to act on behalf of the governing body?	86	X	
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		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	de.)		,
			Yes	No
0a	Did the organization have local chapters, branches, or affiliates?	10a		X_
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		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			İ
	describe in Schedule O how this was done	12c		<u> </u>
3	Did the organization have a written whistleblower policy?	13		X
4	Did the organization have a written document retention and destruction policy?	14		Х
5	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	X	
b	Other officers or key employees of the organization	15b	X	ļ
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
6a	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		X
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		<u> </u>
<u>Sec</u>	tion C. Disclosure		_	
7	List the states with which a copy of this Form 990 is required to be filed ▶ MS			
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request			
9	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 during the tax year			
0	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ▶ REV. TOM HALFORD 787 E. NORTHSIDE DR.,			
77	MC 20296 601	-36	6_0	220

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors; institutional trustees; officers, key employees, highest compensated employees, and former such persons.

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

(A) (B) Name and Title Average hours per week (describe hours for			o not o x, unle ficer a	Pos check ess pe	c) ition more rson r	than on s both a	19 20 3)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	()	organization and related organizations
(1) DR. JIM PORTER		⇈							·	
PRESIDENT	40.00	X		X				81,379	0	13,966
(2) DR. JAMES A. BRU	4									
BD OF DIRECT	1.00	X			Ш.			0	0	0
(3) AMY L. JACKSON	1									_
BD OF DIRECT	1.00	X				\sqcup		0	0	0
(4) DERWOOD BOYLES					ļ			_		
SECRETARY	1.00	X		X	<u> </u>			0	0	0
(5) A.D. BUFFINGTON		<u> </u>			ļ	1 1		_		_
CHAIRMAN	1.00	X		X		\vdash		0	0	0
(6) REV. LEWIS BUNN						li		_		
BD OF DIRECT	1.00	X			_			0	0	0
(7) DR. MARTIN CASE]	1						_		
BD OF DIRECT	1.00	X				\vdash		0	0	0
(8) J. DAVID CHANDLE		<u> </u>) }				_
BD OF DIRECT	1.00	X						0	0	0
(9) JAMES A. HOWARD						1 1		_		
BD OF DIRECT	1.00	X				\vdash		0	0	0
(10) TOMMY MCKNIGHT	1			<u> </u>						
TREASURER	1.00	X		X				0	0	0
(11) BISHOP DARRYL ST	,	,	υ.			1 1				
BD OF DIRECT	1.00	X				┢╼┼		0	0	0
(12) SONNY STEEL	1 00	.						o	o	•
BD OF DIRECT	1.00	X						<u> </u>		0
(13) DR. DANIEL TIPTO		ا ج				1				•
BD OF DIRECT	1.00	X				\vdash	_	0	0	0
(14) DR. ED WILLIAMSC								0	0	^
BD OF DIRECT	1.00	X				ᆫᆜ			U,	Eom 990 (2011)

Pa	rt VII Section A. Officers	, Directors, Tru	stee	s, K	ey Eı	mplo	yee	s, ar	nd Highest Compensated	Employees (continued)			
	(A) Name and title	(B) (C) Average hours per week describe hours for (do not check more than conficer and a director/trust						an 36)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	con	(F) stimated mount of other npensation rom the	
		related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(N 2 1000 miles)	on ar	ganization id related anizations	
(15)													
(16)							<u> </u>						
(17)					_	-							
(18)				-									
(19)					-	-	 						
(20)											<u> </u>		
(21)				-	-								
(22)					_								
(23)				_	-								
(24)												-	·····
(25)			 -				-						
1b	Sub-total		<u> </u>	L	L	L _	l	>	81,379			13	,966
d_	Total from continuation shee Total (add lines 1b and 1c)							<u> </u>	81,379			13	,966
2	Total number of individuals (increportable compensation from the c				ose	liste	d abo	ve)	who received more than \$1	00,000 in			-
3	Did the organization list any for employee on line 1a? If "Yes," of For any individual listed on line	complete Schedu	le J	for s	uch i	ndivi	idual		-			Yes	x No
5	organization and related organi individual Did any person listed on line 1a	zations greater the receive or accru	nan \$ ie co	150 mpe	,000° nsati	? If " ion fi	Yes," rom a	con	nplete Schedule J for such . unrelated organization or inc			5	x
Sec	for services rendered to the org tion B. Independent Contracto		s, c	ompi	ete s	scne	aule	J 101	such person			9 1	
1	Complete this table for your five compensation from the organiz	ation. Report cor	nsate n <u>pen</u>	d inc	depe	nder r the	nt cor cale	ntrac ndar	year ending with or within t	the organization's tax year.			
	Name and	(A) business address						_	Descrip	(B) toon of services		(C) Compen:	sation
								_				,	
								_	,				
								_					
					<u> </u>			-					
2	Total number of independent co	ontractors (includ	ing b	ut no	ot lim	nited	to th	ose	listed above) who				
DAA	received more than \$100,000 o		_						·	0		Form 99	90 (2011)

'. ,

Pa	πV	III Staten	nent of Reve	nue					<u></u>	
		÷.					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
8 8	12	Federated cam	naiana	1a				10707.20	4.000	
		Membership di		1b					1	
ច្ច		•		1c						
ξĒ		Fundraising ev								
2		Related organia		1d	·	77,992				
Siz		Government grants (•	1e		11,332				
풀힐	т	All other contribution and similar amounts		1f		747,979				
뜮히				سننسا		30,659				
<u>25</u>	g		ns included in lines 1a-	11 -	\$	30,039	825,971			
Program Service Revenue Contributions, Gifts, Grants and Other Similar Amounts	<u>h</u>	Total. Add line	S 1a-11			Busn, Code	023,371			
ᇍ	20		11m 2220			Bush, Code	480,049	480,049	Ī	
ۿ		2a TUITION AND FEES b STUDENT HOUSING/AUXILIARY				-	141,071	141,071		
8	C	SIUDENI	HOUSING/ NOX	Thruc	-					
Ē	d									
SE	e									
g	-	All other progra	am service rever	nue				-		
F	a						621,120			
	3		ome (including d	ividenc	ls, interest	<u>.</u>				
		and other similar amounts)				•	5,669			5,669
	4		vestment of tax-	exemp	t bond pro	ceeds 🕨				
	5	Royalties				>				
		·	(i) Real		(a) P	ersonal				
	6a	Gross rents	101	, 522						
	b	Less rental exps.	27,	, 989						
	C	Rental inc. or (loss)	73,	, 533						
	_d	Net rental inco	me or (loss)			•	73,533	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- mor mor n a dii a	73,533
	7a	Gross amount from sales of assets		(i) Secunties				,		
		other than inventory	768	,007	ļ	175,303				
j	b	Less cost or other	·				,			
Ì		basis & sales exps		,074		128,716				
	С	Gain or (loss)		,933		46,587				
	đ	Net gain or (los				<u> </u>	70,520	70,520		
en	8a		om fundraising ever	nts						
		(not including \$								
ě			eported on line 1c)							
Other Reven		See Part IV, line	•	a						
ㅎ		Less: direct ex		b			1			-
			(loss) from fund	-	events				7,	
	уа	See Part IV, line	om gaming activitie					,		
	L	Less: direct ex		a b						
			penses (loss) from gami	-,	vities	•	·		•	
		Gross sales of		g uo 	*1000			, , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,	, , ,,,,, , , , , , , , , ,
		returns and alle	=	а						
	ь	Less cost of g		ь						
		_	(loss) from sales	of inv	entory	•	İ			
			cellaneous Revenue			Busn. Code	2			
	11a		-	***************************************			l			
	b				_					
	С	•			•					
	d	All other reven	ue							
	е	Total. Add line	s 11a–11d			>				
	12	Total revenue	. See instruction	s			1,596,813	691,640	0	79,202

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).

	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
•	organizations in the U.S. See Part IV, line 21			1	
2	Grants and other assistance to individuals in				
_	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
J	· •				
	organizations, and individuals outside the U.S See Part IV, lines 15 and 16				
,	·				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	95,345		47,673	47,672
	trustees, and key employees	75,545		27,7075	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	1,040,630	693,892	320,451	26,287
7	Other salaries and wages	1,040,030	093,092	320,131	20,20,
8	Pension plan accruals and contributions (include	18,189	9,946	6,927	1 316
_	section 401(k) and 403(b) employer contributions)	114,809	70,974	37,802	1,316 6,033
9	Other employee benefits	66,909	40,384	24,514	2,011
10	Payroll taxes	00,909	40,364	24,514	2,011
11	Fees for services (non-employees)				
а	Management				
b	Legal .	00 405		22,425	···
С	Accounting	22,425		22,425	
d	- · · · ·				
е	Professional fundraising services. See Part IV, line 17			2 040	
f	Investment management fees	2,842	45 045	2,842	14 220
g	Other	72,753	47,945	10,588	14,220
12	Advertising and promotion	2,221	2,221	22 000	16 100
13	Office expenses	55,454	5,360	33,986	16,108
14	Information technology	44,148		44,148	
15	Royalties				
16	Occupancy	171,942	104,978	66,964	F.C.3
17	Travel	6,829	3,579	2,687	563
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,621	2,379	242	
20	Interest	16,439		16,439	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	98,705	40,643	52,256	5,806
23	Insurance	56,097	18,655	34,973	2,469
24	Other expenses Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e If	1			
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	MISCELLANEOUS	77,629	60,927	16,702	
b	LIBRARY MATERIALS	32,494		32,494	·
C	SUPPLIES	18,457	18,457		
d	STUDENT BOOKS	15,173	15,173		
е	All other expenses	7,603	1,316	6,287	
25	Total functional expenses. Add lines 1 through 24e	2,039,714	1,136,829	780,400	122,485
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here	1			
	following SOP 98-2 (ASC 958-720)	i			

Part X	Balance Sheet			
		(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing	112,200	1	67,792
2	Savings and temporary cash investments	568,892	2	407,291
3	Pledges and grants receivable, net	32,158	3	54,032
4	Accounts receivable, net	64,683	4	20,230
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II of		1	
	Schedule L		5	
6	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		1	
	employers and sponsoring organizations of section 501(c)(9) voluntary		1	
ys	employees' beneficiary organizations (see instructions)		6	
Assets	Notes and loans receivable, net		7	
∛ 8	Inventones for sale or use		8	
9	Prepaid expenses and deferred charges	43,108	9	40,174
10a	Land, buildings, and equipment cost or		I	
	other basis Complete Part VI of Schedule D 10a 4,547,180		1	
ь	Less accumulated depreciation 10b 2,416,171			2,131,009
11	Investments—publicly traded securities	431,852	11	238,043
12	Investments—other securities. See Part IV, line 11		12	
13	Investments—program-related See Part IV, line 11		13	
14	Intangible assets .		14	
15	Other assets See Part IV, line 11	992	15	992
16	Total assets. Add lines 1 through 15 (must equal line 34)	3,623,579	16	2,959,563
17	Accounts payable and accrued expenses	142,538	17	68,502
18	Grants payable		18	20.260
19	Deferred revenue	39,899	19	38,362
20	Tax-exempt bond liabilities .		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
တ္က 22	Payables to current and former officers, directors, trustees, key			
Liabilities	employees, highest compensated employees, and disqualified persons.		l	
jap	Complete Part II of Schedule L		22	2 002
- 23	Secured mortgages and notes payable to unrelated third parties		23	3,892
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	240 722		112 0/1
1	of Schedule D	240,732 423,169		112,941 223,697
26		423,103	26	223,031
	Organizations that follow SFAS 117, check here ▶ X and complete			
8	lines 27 through 29, and lines 33 and 34.	150,131	27	-390,725
E 27	Unrestricted net assets	195,571	28	255,622
器 28	Temporarily restricted net assets	2,854,708		2,870,969
달 29	Permanently restricted net assets	2,654,700	29	2,010,505
띤	Organizations that do not follow SFAS 117, check here ▶ and			,
Net Assets or Fund Balances 22 8 29 30 31 32	complete lines 30 through 34.	,	30	
30 Set	Capital stock or trust principal, or current funds		31	
¥ 31	Paid-in or capital surplus, or land, building, or equipment fund		31	<u> </u>
	Retained earnings, endowment, accumulated income, or other funds	3,200,410		2,735,866
33	Total net assets or fund balances	3,623,579		2,959,563
34	Total liabilities and net assets/fund balances	3,043,313	34	5 990,000

<u>orm</u>	990 (2011) WESLEY BIBLICAL SEMINARY 64-05/9585			Pag	je <u>12</u>				
Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response to any question in this Part XI				X				
	•								
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,5						
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,0						
3	Revenue less expenses. Subtract line 2 from line 1	3	- 4	42,9	901				
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))								
5	Other changes in net assets or fund balances (explain in Schedule O)	5	- :	21,6	543				
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	2,7	35,8	<u> 366</u>				
Pa	rt 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 Cash X Accrual Other		_	I					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			ŧ					
	Schedule O.			1	į				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X				
b	Were the organization's financial statements audited by an independent accountant?		2b	X					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				ı				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X					
	If the organization changed either its oversight process or selection process during the tax year, explain in								
	Schedule O.								
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:			Ī					
	Separate basis Consolidated basis Both consolidated and separate 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?		3a	X					
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				ſ				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	X					
			For	m 99 0	(2011)				

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Part I

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.

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
WESLEY BIBLICAL SEMINARY

Employer Identification number 64 - 0579585

ine o	rgar	nization is not	a private foundation because	e it is: (For lines 1 through 11, ch	eck only o	ne box)							
1		A church, cor	nvention of churches, or asso	ociation of churches described in	section 1	70(b)(1)(A)(i).						
2	X	A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E.)									
3	Ш	A hospital or	a cooperative hospital service	e organization described in sect	tion 170(b)(1)(A)(iii)).						
4		A medical res	search organization operated	I in conjunction with a hospital de	escnbed in	section '	170(b)(1)(A)(iii).	Enter th	ne hosp	ıtal's name,		
		city, and state	e										
5		An organizati	on operated for the benefit o	f a college or university owned o	r operated	by a gove	emmenta	l unit de	scribed	ın			
	_		(b)(1)(A)(iv). (Complete Part		•								
6	П			overnmental unit described in se	ction 170	b)(1)(A)(\	<i>r</i>).						
7	H		•	substantial part of its support from			-	n the ger	neral pu	iblic			
•	U	-	section 170(b)(1)(A)(vi). (Co	•	u govo			50.	101a. pa				
8	\Box			70(b)(1)(A)(vi). (Complete Part	11.1								
9	H	•) more than 33 1/3% of its suppo	•	ntributions	memb	erebin fø	es and	aross			
3	ليا			pt functions—subject to certain e									
										ito			
		• •	_	d unrelated business taxable inc	•		i i tax) ii	oili busi	162262				
10	$\overline{}$		· · · · · · · · · · · · · · · · · · ·), 1975. See section 509(a)(2).			~\(4\						
10	H			exclusively to test for public safet					4.41				
11	Ш	_	•	exclusively for the benefit of, to po						tion			
				ed organizations described in sec						เเอก			
				ne type of supporting organizatio			1						
	$\overline{}$	а 📙 Туре	<u> </u>	c Type III-Function			d		e III–Oti				
е	Ш			inization is not controlled directly									
			-	r than one or more publicly supp	oned orga	nizations (escribe	ın sect	ion 509	(a)(1)			
		or section 50											
f				mination from the IRS that it is a	Type I, Ty	/pe II, or I	ype III s	upportin	g				
		-	check this box			_							
g		Since August	t 17, 2006, has the organizati	on accepted any gift or contribut	ion from a	ny of the							
		following per											
		(i) A persor	n who directly or indirectly co	ntrols, either alone or together w	ith person	s describe	ed in (11) a	and				Yes	No
		(iii) belov	w, the governing body of the	supported organization?							11g(i)		
		(ii) A family	member of a person describ	ed in (i) above?							11g(ii)		
		(iii) A 35% c	controlled entity of a person d	escribed in (ı) or (ii) above?							11g(īii)		
_h		Provide the f	following information about th	e supported organization(s).									
(1)	Name	of supported	(II) EIN	(III) Type of organization	(iv) Is the	organization	(v) Did y	ou notify	(vi)	ls the	(vii) Amo	unt of	
	org	anization		(described on lines 1-9		sted in your		nization in of your	organizat	on in col zed in the	supp	ort	
				above or IRC section (see instructions))	governing	document?		or your port?		S?			
				(500)150 005013//	Yes	No	Yes	No	Yes	No			
A)													
•				1		}	1						
B)					<u> </u>								
,				1	1	1		i					
C)					<u> </u>	<u> </u>			<u> </u>				
Ψ,						ļ							
D)					 	 	-						
٠,													
E)				 		 							
<i>j</i>			}	1	1	1							
					1								
otal			ļ.	1	1								
Juli			<u> </u>	<u>t</u>	<u></u>	1,,	<u> </u>	L		<u> </u>			

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A Public Support

	tion / till abito oupport			,		,	
Cale	ndar 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	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		,				
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) ▶	(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 Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10		<u> </u>		<u> </u>	<u> </u>	
12	Gross receipts from related activities, etc (12	
13	First five years. If the Form 990 is for the		second, third, four	th, or fifth tax year a	as a section 501(c)	(3)	
	organization, check this box and stop here						P
	tion C. Computation of Public Su	 		<u> </u>		44	9/
14	Public support percentage for 2011 (line 6,			(1))		14	% %
15	Public support percentage from 2010 Sche			3. and line 14 in 32			I
16a	33 1/3% support test—2011. If the organi				1/3% of more, are	CK UIIS	▶ □
L	box and stop here. The organization qualif 33 1/3% support test—2010. If the organi				ie 33 1/3% or more	•	_
b	check this box and stop here. The organization				15 55 17570 67 111616	'1	▶ □
17a	10%-facts-and-circumstances test—201				or 16h and line 1	4 is	٠ ـــ
ı ra	10% or more, and if the organization meets						
	Part IV how the organization meets the "fac						
	organization	is-and-Greamstan	ces test. The orga		s a passes, suppose		▶ [
b	10%-facts-and-circumstances test—201	0 If the organizate	on did not check a	box on line 13 16a	. 16b. or 17a. and	line	·
	15 is 10% or more, and if the organization r						
	Explain in Part IV how the organization mee					clv	
	supported organization					•	▶ □
18	Private foundation. If the organization did	not check a box of	n line 13, 16a, 16b.	. 17a, or 17b. check	this box and see		-
•	Instructions		,				▶ [

Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	quality arraor a		, o.o., p. o.o. o.o.		·	
	ndar 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		<u> </u>				
8	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6		<u> </u>	ļ			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b					-	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly 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.)				<u> </u>	<u> </u>	
14	First five years. If the Form 990 is for the organization, check this box and stop here		, second, third, four	th, or fifth tax year a	as a section 501(c))(3)	▶ [
Sec	tion C. Computation of Public Su	ipport Percen	tage				
15	Public support percentage for 2011 (line 8,	column (f) divided	by line 13, column	(f))		15	%_
<u>16</u>	Public support percentage from 2010 Sche			 		16	%
Sec	tion D. Computation of Investme	nt Income Per	rcentage	 			<u> </u>
17	Investment income percentage for 2011 (lin			column (f))		17	<u>%</u>
18	Investment income percentage from 2010					18	%_
19a	33 1/3% support tests—2011. If the organ						,
	17 is not more than 33 1/3%, check this box						▶ _
b	33 1/3% support tests—2010. If the organ						_
20	line 18 is not more than 33 1/3%, check this Private foundation. If the organization did						
20	Flivate touridation. If the organization did	THULCHECK & DOX D	niniic 14. 13d. Ul l	JU. CHECK HIS DOX &	コロロ うちせ いういひしいりい		

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public

Schedule D (Form 990) 2011

Inspection Employer Identification number Name of the organization WESLEY BIBLICAL SEMINARY 64-0579585 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 Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Part II Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified histonic structure Protection of natural habitat Preservation of open space Complete lines 2a through 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 Tax Year 2a a Total number of conservation easements b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a histonic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? 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 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) Yes No (i) and section 170(h)(4)(B)(ii)? 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 (ASC 958), 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 (ASC 958), 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 (ASC 958) relating to these items Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

624,089

Schedule D (Form 990) 2011

609,136

14,953

2,131,009

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

e Other

Part VII Investments—Other Securities. See Form 990		04-03/3303	
(a) Description of security or category	(b) Book value	(c) Method of	
(including name of security)		Cost or end-of-yea	r market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)	ļ <u>.</u>		
(B)	-	**	
(C)			
(D)		.	
(E)			
(F)			
(G)			
(H)			
(I) Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		······································	, , , , , , , , , , , , , , , , , , ,
Part VIII Investments—Program Related. See Form 99	O Part X line 13		
(a) Description of investment type	(b) Book value	(c) Method of	valuation
(4)	,,	Cost or end-of-yea	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13)	·	<u> </u>	
Part IX Other Assets. See Form 990, Part X, line 15			
(a) Description			(b) Book value
(1)			
(2)			
(3)		······································	
(4)		·	
(5)		<u> </u>	
(6)			
(7)			
(8)	 		
(9) (10)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)		>	
Part X Other Liabilities. See Form 990, Part X, line 25	 5		
1. (a) Description of liability	(b) Book value		
(1) Federal income taxes			
(2) ANNUITY OBLIGATIONS	112,941		
(3) DEFERRED COMPENSATION			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)			
2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to	the organization's financial st	atements that reports the	

organization's liability for uncertain tax positions under FIN 48 (ASC 740)

<u>Sche</u>	Edule D (Form 990) 2011 WESLEY BIBLICAL SEMINARY	64-05/958	<u> </u>	Page 4
Pa	art XI Reconciliation of Change in Net Assets from Form 990 to	Audited Financial Statem	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	1,596,813
2	Total expenses (Form 990, Part IX, column (A), line 25)	;	2	2,039,714
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	-442,901
4	Net unrealized gains (losses) on investments		4	-21,643
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 through 8		9	-21,643
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	············	10	-464,544
Pa	art XII Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue per Ret	urn	
1	Total revenue, gains, and other support per audited financial statements		1	1,600,317
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1		
а	Net unrealized gains on investments	2a -21,643		
þ	Donated services and use of facilities	2b		
С		2c		
	Other (Describe in Part XIV)	2d		0.1.640
е	Add lines 2a through 2d		2e	-21,643
3	Subtract line 2e from line 1	l t	3	1,621,960
4	Amounts 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 2,842		
	Other (Describe in Part XIV)	4b -27,989	11	05 145
	Add lines 4a and 4b		4c	-25,147
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	1,596,813
	rt XIII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses per K	eturn	2 064 961
1	Total expenses and losses per audited financial statements			2,064,861
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 0 1		
a	Donated services and use of facilities	2a		
	Pnor year adjustments	2c		
	Other losses	2d 27,989	1	
	Other (Describe in Part XIV.)	20 27,505	2e	27,989
3	Add lines 2a through 2d		3	2,036,872
	Subtract line 2e from line 1	1 1		2,030,072
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4a 2,842		
	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV)	4a 27012		
	Add lines 4a and 4b	1 30 1	4c	2,842
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	2,039,714
<u> </u>	Total expenses. Add lines a and 46. (This indst equal Form 330, Fatt i, line 10)		<u></u>	

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, line 2, 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

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

Part XIV Supplemental Information

ENDOWMENT FUNDS ARE INTENDED PRIMARILY TO PROVIDE INCOME FOR USE AS STUDENT FINANCIAL AID, AN ENDOWED FACULTY CHAIR, AND A LECTURE SERIES.

PART XI, LINE 8 - RECONCILIATION OF CHANGES - OTHER

RENTAL PROPERTY EXPENSES \$ 27,989

RENTAL PROPERTY EXPENSES \$ -27,989

PART XII, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER

RENTAL PROPERTY EXPENSES

\$ -27,989

PART XIII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

RENTAL PROPERTY EXPENSES

\$ 27,989

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

Open to Public Inspection

Name of the organization

WESLEY BIBLICAL SEMINARY

Employer identification number

	WESIEI BIBLICAL SEMINAKI	04-05/9565		
₽	art 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	x	
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	x	
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. PUBLICIZED IN ITS ACADEMIC CATALOG, AT LEAST ANNUALLY A NEWSPAPER, AND THROUGH VARIOUS OTHER METHODS.	IN 3	х	
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4 <u>a</u>	X	—
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	x	ļ
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	x	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	 	
	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:			1
а	Students' rights or privileges?	5a		X
b	Admissions policies?	5b		x
С	Employment of faculty or administrative staff?	5c		x
d	Scholarships or other financial assistance?	5d		x
е	Educational policies?	<u>5e</u>	 	X
f	Use of facilities?	. <u>5f</u>	-	X
g	Athletic programs?	<u>5g</u>	-	X
h	Other extracumcular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II	5h		x
e^	Does the ergonization recover any financial aid or positors as from a commental excess 2			
6a b	Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	<u>6a</u>	 	X
J	If you answered "Yes" to either line 6a or line 6b, explain on Part II	1.00	+	<u>^</u>
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through			
	4 05 of Rev Proc 75-50, 1975-2 C B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	X	1

Part II 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)

SCH È - FINANCIAL AID OR GOVERNMENT ASSISTANCE EXPLANATION

THE SEMINARY PARTICIPATES IN THE U.S. DEPARTMENT OF EDUCATION'S

STAFFORD STUDENT LOAN PROGRAM AND THE U.S. DEPARTMENT OF JUSTICE'S

JUVENILE JUSTICE AND DELINQUENCY PREVENTION PROGRAM.

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

OMB No 1545-0047

2011

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

WESLEY BIBLICAL SEMINARY

Employer Identification number 64 - 0579585

Pa	rt I Types of Property								
		(a)	(b)	(c)		(d	i)		
		Check if	Number of contributions or	Noncash contribution amounts reported on		Method of o	letermining		
		applicable	items contributed	Form 990, Part Vill, line 1g		noncash contrib	oution amounts		
1	ArtWorks of art								
2	ArtHistorical treasures								
3	Art—Fractional interests								
4	Books and publications				···				
5	Clothing and household								
	goods								
6	Cars and other vehicles	ļ							
7	Boats and planes								
8	Intellectual property								
9	Securities—Publicly traded	X	4	30,659	STOCK	BROKER	QUOTES		
10	Securities—Closely held stock								
11	Secunties—Partnership, LLC,								
	or trust interests								
12	Securities—Miscellaneous	<u> </u>							
13	Qualified conservation								
	contribution—Historic								
	structures								
14	Qualified conservation								
	contribution—Other		· 						
15	Real estate—Residential								
16	Real estate—Commercial			<u> </u>					
17	Real estate—Other								
18	Collectibles								
19	Food inventory		··						
20 21	Drugs and medical supplies Taxidermy								
22	Historical artifacts							-	
23	Scientific specimens			·					
24	Archeological artifacts								
25	Other ► (
26	Other ► (
27	Other ► (
28	Other ► (
29	Number of Forms 8283 received by the	ne organiza	ition during the tax year f	or contributions for				-	
	which the organization completed For	m 8283, P	art IV, Donee Acknowled	gement	29 0				
	•							Yes	No
30a	During the year, did the organization r								I
	it must hold for at least three years from	om the date	e of the initial contribution	i, and which is not required	to be				!
	used for exempt purposes for the enti-	ire holding	penod?				30	a	X
b	If "Yes," describe the arrangement in								
31	Does the organization have a gift according	eptance po	licy that requires the revi	iew of any non-standard					1
	contributions?						3	 	<u> </u>
32a	Does the organization hire or use third	d parties oi	related organizations to	solicit, process, or sell none	cash		[
	contributions?						32	a	X
b	If "Yes," describe in Part II.								1
33	If the organization did not report an ar	mount in co	olumn (c) for a type of pro	pperty for which column (a) i	s checked,				1
	describe in Part II								#

Page 2

WESLEY BIBLICAL SEMINARY

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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 990-EZ 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

WESLEY BIBLICAL SEMINARY

Employer Identification number 64 - 0579585

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT

AUXILIARY ENTERPRISES CONSIST OF STUDENT HOUSING AND OTHER ESSENTIALLY

SELF-SUPPORTING OPERATIONS THAT EXIST TO PROVIDE SERVICES TO STUDENTS,

FACULTY OR STAFF, AND THAT CHARGE A FEE THAT IS RELATED TO THE COST OF THE SERVICE.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE FORM 990 IS REVIEWED BY MANAGEMENT PRIOR TO SUBMISSION TO THE IRS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE BOARD OF TRUSTEES REVIEWS AND APPROVES THE PRESIDENT'S COMPENSATION

ANNUALLY AND CONSIDERS RELEVANT COMPARABILITY DATA AS PART OF THE PROCESS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
MANAGEMENT REVIEWS SALARY LEVELS ANNUALLY AND CONSIDERS RELEVANT
COMPARABILITY DATA AS PART OF THE PROCESS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION GOVERNING DOCUMENTS AND OTHER INFORMATION ARE MADE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 5 - OTHER CHANGES IN NET ASSETS EXPLANATION UNREALIZED INVESTMENT LOSSES \$(21,643).

					~~~~
Forms 990 / 990-PF	Мог	rtgages and Otl	ner Notes Payable		2011
0307330-11	For calendar year 2011,	or tax year beginning	07/01/11 , and ending	06/30/12	2011
Name .					ntification Number
WESLEY BIBLICA	AL SEMINARY			64-0579	9585
FORM 990, PART	ר ע ז דאודי 22	ADDITIONAL	TNEODMATTON		
FORM 990, PAR	L A, LINE 23 -	ADDITIONAL	INFORMATION		<del></del>
(1) OCE' FINANCI	Name of lender		Relationship NONE	o to disqualified person	
(1) OCE' FINANCI (2)	TALL SERVICES		NONE		<del></del>
(3)	<del></del>	-			
(4)					
(5)					
(6)	<u> </u>				
(7)	· · · · · · · · · · · · · · · · · · ·	<del></del>			<del></del>
(8)		-	<del> </del>		<del></del>
(9)	<del> </del>			<del></del>	
(10)					
Odeinal		No. t	<u> </u>		1-44
Original amount borrowed	Date of loan	Matunty date	Repayment te	erms	Interest rate
(1) 5,62		05/13/14	\$197 MONTHLY PA		15.67
(2)					
(3)					
(4)					
(5)		· · · · · · · · · · · · · · · · · · ·	<b>_</b>	<del></del>	
(6)					
(7)	<del></del>		<u> </u>	<del></del>	<del></del>
(8)				· · · · · · · · · · · · · · · · · · ·	<del></del>
<u>(9)</u> (10)					
	<del></del>	<u>, , , , , , , , , , , , , , , , , , , </u>	<del> </del>		<del>, , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , ,</del>
	curity provided by borrower			pose of loan	
(1) IMAGE RUNNER	COPIER		EQUIPMENT CAPITA	TT TEYRE	
(2)					<del></del>
(3) (4)	<del></del>	· · · · · · · · · · · · · · · · · · ·			<del></del>
(5)	<del></del>				
(6)					
(7)					
8)					
9)					
10)			<u> </u>	·	
***************************************			·		***************************************
Considera	tion furnished by lender		Balance due at		ance due at
(1)	mon runnished by lettuer		beginning of year	e	3 , 892
2)		<del></del>	<del>                                     </del>		
3)					
(4)					
(5)			<u></u>		
(6)			<del>                                     </del>		
(7)		- <del></del>			

3,892

(8) (9) (10)

Totals

# (Rev January 2012)

Application for Extension of Time To File an **Exempt Organization Return** 

File a separate application for each return.

OMB No 1545-1709

01

Department of the Treasury Internal Revenue Service

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Chanties & Nonprofits

Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension-check this box and complete	<del></del>
Part I only	▶ _
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time	
to file income tax returns	
Enter filer's identifying nur	nhar see instruction

Type or	Name of exempt organization or other filer, se	ee instructions	Employer identification number (EIN) or
<b>print</b> File by the	WESLEY BIBLICAL SEMINA	ARY	X 64-0579585
due date for filing your return See	Number, street, and room or suite no. If a P C P. O. BOX 9938	D box, see instructions	Social security number (SSN)
instructions	City, town or post office, state, and ZIP code <b>JACKSON</b>	For a foreign address, see instructions MS 39286	

Enter the Return code for the return that this application is for (file a separate application for each return)

**Application** Return Return **Application** Is For Code Code Is For Form 990 Form 990-T (corporation) 07 01 Form 990-BL Form 1041-A 80 02 09 Form 990-EZ 01 Form 4720 Form 990-PF 04 Form 5227 10 Form 990-T (sec 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12

REV. TOM HALFORD

The books are in the care of ▶ 787 E. NORTHSIDE DR.

	Telephone No ► 601-366-8880	FAX No. ▶ 601-366-8832	_
•	If the organization does not have an office or place of business	in the United States, check this box	<b>▶</b> [_]
•	If this is for a Group Return, enter the organization's four digit G	Group Exemption Number (GEN) If this is	
600	the whole group, check this hav	of the group, check this boy	

**JACKSON** 

	it this is for a Group Retain, enter the organizations rounding Group Exemption Number (GEN)	13		
or th	ne whole group, check this box    ightharpoonup Line is for part of the group, check this box is and attach			
list	with the names and EINs of all members the extension is for			
1	I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time			
	until $02/15/13$ , to file the exempt organization return for the organization named above. The extension is			
	for the organization's return for			
	calendar year or			
	▶ X tax year beginning 07/01/11 , and ending 06/30/12			
2	If the tax year entered in line 1 is for less than 12 months, check reason			
	Change in accounting period		<del></del> -	_
3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			
	nonrefundable credits. See instructions	3a	\$	
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and			
	estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	
С	Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using			
	EFTPS (Electronic Federal Tax Payment System) See instructions	3c	\$	

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

39286