

# 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



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 private foundations)

2013

Do not enter Social Security numbers on this form as it may be made public. Internal Revenue Service Information about Form 990 and its instructions is at www irs.gov/form990.

A For the 2013 calendar year, or tax year beginning 07/01/13, and ending 06/30/14

Open to Public Inspection

OMB No 1545-0047

	В	Check if applicable	C Name of organization	1						D Empl	oyer identification number
		Address change		WES	SLEY BI	BLICAL	SEMINARY				
	$\Box$	Name change	Doing Business As							64	-0579585
	$\equiv$	•	Number and street (o	rPO box if m	ail is not delive	red to street add	ress)		Room/suite	E Telep	hone number
		nitial return	P. O. BOX	. 9938						60	1-366-8880
	T	Terminated	City or town, state or	province, coun	ntry, and ZIP or	foreign postal c	ode				
		Amended return	JACKSON			MS 3	9286			G Gross re	ceipts\$ 1,804,886
		Application pending	F Name and address of	f principal offici	er				III-> la thia a a		
			DR. JOHN						H(a) Is this a g	roup return tor s	
			P.O. BOX	3938					H(b) Are all su		
		<del>.</del>	JACKSON	<del></del>		MS	39286		If "No	o," attach a list	(see instructions)
	1	Tax-exempt status	<b>X</b> 501(c)(3)	501(c)	<u>(</u> ) <	(insert no )	4947(a)(1) or	527			
	<u>J V</u>	Website: ► W	WW.WBS.ED		,	<del></del>		<del></del>	H(c) Group ex		er 🕨
	******	orm of organization	X Corporation	Trust	Association	Other >		<u> </u>	Year of formation	L975	M State of legal domicile MS
	Pa		ımmary								<del></del>
	ļ		scribe the organiza			_					
	8	GRAD	UATE LEVEL	INSTRUC	CTION I	N THEOL	OGY FOR STUD	ENTS.			
	ğ										
	era										
	Activities & Governance	2 Check th	is box ▶ 🗌 if the o	organizatioi	n discontinu	ed its opera	tions or disposed of	more than	25% of its net as	sets.	
	8	3 Number	of voting members	of the gove	rning body (	Part VI, line	· 1a)			3	14
	Sa		of independent votir	_			•			4	14
	ŧΙ		nber of individuals e	-	-		•			5	55
	€		nber of volunteers (		-		u ,u,			6	0
	⋖	7a Total upr	elated business rev	enue from	Part VIII. co	Juma-(C)-In	18-12	7		7a	0
		h Net uprel	ated business taxat	ble income	from Form	BOO T IN	CEIVED			7b	0
	$\dashv$	D Net dille	ateu busilless taxat	ne income	HOILT OILL	530-1, lifte (	<del>"</del>	之	Prior Ye		Current Year
		8 Contribut	ons and grants (Pa	rt VIII. line	1h)	ဖြွ		38-02r		0,295	705,405
	Revenue		service revenue (Pa		•	S NO	V 0 4 2014	<u>آر</u>		6,397	272,302
	ã	-	nt income (Part VIII			1 1	} [	¥		1,289	32,232
	&	11 Other rev	enue (Part VIII, coli		3,425	96,120					
		12 Total row	enue – add lines 8 t		1,406	1,106,059					
	$\dashv$								1,30	1,100	1,100,033
			nd similar amounts i			0					
			paid to or for membe other compensation	4,011	815,307						
	Expenses		4,011								
	Ë		nal fundraising fees				90,34	12			<u>C</u>
	X		Iraising expenses (I				30,3	± <i>Z</i>	62	F 204	F.C.F. 200
	_		enses (Part IX, coli				4) 1 05)			5,294	565,328
			enses Add lines 13				A), line 25)			9,305	1,380,635
	_ 0	19 Revenue	less expenses Sub	stract line 1	8 from line	12			Beginning of Cu	7,899	-274,576 End of Year
	ts o	20 Total con-	ata (Dart V. lina 16)							5,688	2,705,704
2014	Assets or d Balances		ets (Part X, line 16) lities (Part X, line 2i							4,441	363,693
7.	巨		•	•	21 6	l 20				1,247	2,342,011
<b>2</b> =1	핕		s or fund balances	Subtract III	ne 21 from	ine 20 .			2,01	1,241	2,342,011
$\epsilon_{\mathcal{L}}$			inature Block							·	
NOV							iccompanying schedule on all information of wh				nowledge and belief, it is
$\geq$	tiuc	1, 0011001, 0110 00	A de Restat			001713 00300	On all information of wi		Thas any knowled	<del></del>	
<b>(</b> )	٠.	_	TAMM FADIALI grature of officer				<del></del>		<del></del>		<del></del>
	Sigr	' '' .	-	1/D B 10	1 10	11 100		•		Date 1	Madu
CANN	Here		Ralph Bown,	V P-DUS	MESS AL	aiD	<del></del>			!	0 29 H
ني			pe or print name and title							···	<u> </u>
Ç		Print/Type	preparer's name			Preparer's sig		ر از و	Date	Check	L If PTIN
	Paid		A. HODGES				HODGES	174 <u>/</u> -	10/2	74 self-en	ployed P00641691
	Prepa	Fillistian					O., PLLC			Firm's EIN	20-5630688
	Use C	Only	150	1 LAKI			SUITE 300	)			<del>-</del>
		Firm's add	ress JAC	KSON,	MS 3	9216-4	841		_ <u></u>	Phone no	601-354-4926
	May t		s this return with the			e? (see inst	ructions)				X Yes No
			ction Act Notice, see				<del></del>	<del></del>	m1		Form 990 (2013
	AAC			-					1710		7

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# Part IV Checklist of Required Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	Ì		
	candidates for public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	1		
	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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	]		
	complete Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
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, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
þ				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d			Ì	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			7.
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		٠,,	
	Schedule D, Parts XI and XII	12a	<u> </u>	
þ	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if		- 1	٠,
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	<del>-</del>	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	
14a	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking.	14a		X
b				
	fundraising, business, investment, and program service activities outside the United States, or aggregate	445		x
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		
10	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	13		
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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 (see instructions)	17		X
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	x	
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	1	X
20a	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		
<del></del>				-

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Form 990 (2013) WESLEY BIBLICAL SEMINARY

Part IV Checklist of Required Schedules (contin Checklist of Required Schedules (continued)

	·	-	Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or 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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 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		Х
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 lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
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	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?			l
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,		i	
	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).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		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			
	conservation contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
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		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		1	**
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	<b> </b>		7.7
05-	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
Ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	256		
36	controlled entity within the 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-charitable	35b		
30		26		x
37	related organization? If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
J1	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<u>"</u>		
-	19? Note. All Form 990 filers are required to complete Schedule O	38	x	
			m 990	(2012

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-P	art V	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Par	rt V				
			1 1	4.0		Yes	No
1a		e number reported in Box 3 of Form 1096 Enter -0- if not applicable	)	19	4		
b		e number of Forms W-2G included in line 1a Enter -0- if not applicable		0	-		
С		organization comply with backup withholding rules for reportable payments to vendors and	d			v	
22		ele gaming (gambling) winnings to prize winners?	1 1		1c	X	
2a		e number of employees reported on Form W-3, Transmittal of Wage and Tax ents, filed for the calendar year ending with or within the year covered by this return	2a	55			
b		ist one is reported on line 2a, did the organization file all required federal employment tax r	<u></u>		2b	x	ĺ
-		the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruct			20		<u> </u>
3a		organization have unrelated business gross income of \$1,000 or more during the year?			3a	1	х
ь		has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Sched	ule O		3b		
4a		me during the calendar year, did the organization have an interest in, or a signature or other					
		inancial account in a foreign country (such as a bank account, securities account, or othe	<del>-</del>		Į	,	1
	account	9			4a		х
b	If "Yes,"	enter the name of the foreign country					
	See inst	ructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Finan	cial Accounts	i			
5a	Was the	organization a party to a prohibited tax shelter transaction at any time during the tax year	r۶		5a		X
b		taxable party notify the organization that it was or is a party to a prohibited tax shelter trar	nsaction?		5b	L	Х
С	If "Yes"	o line 5a or 5b, did the organization file Form 8886-T?			5c		<u> </u>
6a	Does th	e organization have annual gross receipts that are normally greater than \$100,000, and di	d the		1		
		tion solicit any contributions that were not tax deductible as charitable contributions?			6a	<b> </b>	X
b		did the organization include with every solicitation an express statement that such contrib	outions or				
_	-	e not tax deductible?			6b	ļl	
7		ations that may receive deductible contributions under section 170(c).	<b>6</b>			1	
а		organization receive a payment in excess of \$75 made partly as a contribution and partly to	tor goods			-	
b		ices provided to the payor?  did the organization notify the donor of the value of the goods or services provided?			7a 7b	X	<del>                                     </del>
C		organization sell, exchange, or otherwise dispose of tangible personal property for which if	t was		"	<del></del>	
·		to file Form 8282?	t was		7c		х
d	-	indicate the number of Forms 8282 filed during the year	7d				<del></del> -
e		organization receive any funds, directly or indirectly, to pay premiums on a personal benef			7e		х
f		organization, during the year, pay premiums, directly or indirectly, on a personal benefit or			7f		X
g		anization received a contribution of qualified intellectual property, did the organization file		as required?	7g		<u> </u>
h	If the org	anization received a contribution of cars, boats, airplanes, or other vehicles, did the organ	nızatıon file a	Form 1098-C?	7h		
8	Sponso	ring organizations maintaining donor advised funds and section 509(a)(3) supporti	ng				
	organiz	ations. Did the supporting organization, or a donor advised fund maintained by a sponsor	ing				İ
	organiza	tion, have excess business holdings at any time during the year?			8		
9	Sponso	ring organizations maintaining donor advised funds.				i	Í
а	Did the	rganization make any taxable distributions under section 4966?			9a	<u> </u>	<u> </u>
b		organization make a distribution to a donor, donor advisor, or related person?			9b	<b>  </b>	<del></del>
10		501(c)(7) organizations. Enter	11				
a		fees and capital contributions included on Part VIII, line 12	10a	<del> </del>	-		į
b		ceipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		-		
11		501(c)(12) organizations. Enter	440				
a		come from members or shareholders come from other sources (Do not net amounts due or paid to other sources	11a		-		İ
þ		imounts due or received from them.)	11b				į
12a	-	4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of F		<u> </u>	12a	l f	
		enter the amount of tax-exempt interest received or accrued during the year	126		120		
13		501(c)(29) qualified nonprofit health insurance issuers.			1 1	1	į
		ganization licensed to issue qualified health plans in more than one state?			13a		
-		e the instructions for additional information the organization must report on Schedule O.					
b		amount of reserves the organization is required to maintain by the states in which					i
		nization is licensed to issue qualified health plans	13b			1	1
С	•	amount of reserves on hand	13c			]	
14a	Did the d	rganization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes,"	has it filed a Form 720 to report these payments? If "No," provide an explanation in Sche	dule O	<u>.</u>	14b		
DAA					For	m 990	(2013)

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	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and			age o
r.	• • • • • • • • • • • • • • • • • • •			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Se	e instr	ructio	
_	Check if Schedule O contains a response or note to any line in this Part VI			_X
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 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			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	7		
	any other officer, director, trustee, or key employee?	2		X
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
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			<del></del>
	one or more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members.	1.5		
-	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	1.0		
а	The governing body?	8a	x	ĺ
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	100		
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	<del></del>	·	
000	tion b. 1 oncies (11113 occitor b requests information about policies not required by the internal Nevenue oc	ide j	Yes	l Na
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	No X
b		iva		<u> </u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	406	•	
440	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		х
11a	· · · · · · · · · · · · · · · · · · ·	11a	<u> </u>	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	40		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
4.0	describe in Schedule O how this was done	12c		75
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			ĺ
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			ĺ
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			ĺ
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		X
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			ĺ
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			İ
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed MS			
18	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 Other (explain in Schedule O)			
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 during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization: ► RALPH BROWN 787 E. NORTHSIDE DR.,	<u>.</u>		
JZ	ACKSON MS 39206 601	36	6-8	880

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

Check if Schedule O contains a response or note to any line in this Part VII

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) Name and Title	(B) Average hours per week (list any hours for	bo	x, unl	Pos check ess pe nd a c	erson	than one	n )	(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 below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W21633-IIIGG)	organization and related organizations
(1) DERWOOD BOYLES								·		
	1.00					1 1				
SECRETARY	0.00	X		X		$\perp \perp$	_	0	0	0
(2) J. DAVID CHANDLE						1				
DD OF DIDECT	1.00	x				1			•	0
BD OF DIRECT (3) JAMES A. HOWARD	0.00	<del>  ↑</del>	-	-		+ +	$\neg$	0	0	<u> </u>
(3) UAMES A. HOWARD	1.00	1				1				
CHAIRMAN	0.00	x				}		o	0	0
(4) TOMMY MCKNIGHT			-			<del>                                     </del>		<u></u>		
(,, = =================================	1.00									
TREASURER	0.00	$\mathbf{x}$		X	<u> </u>			0	0	0
(5) SONNY STEEL						$\Gamma$				
	1.00					1 1				
BD OF DIRECT	0.00	X			<u> </u>			0	0	0
(6) SAM FARRINGTON			İ							
	1.00									
BD. OF DIRECT	0.00	X	<u> </u>	_	<del> </del>	<del> </del>  -		0	0	0
(7) GARY BRIDEN	1.00					1				
BD. OF DIRECT	0.00	x			l			o	0	0
(8) BOB DRUMMOND	0.00	<del>                                     </del>		<del>                                     </del>	$\vdash$		_			
(0, 202 2101210112	1.00									
BD OF DIRECT	0.00	X						o	0	0
(9) GLENN MARTIN										
	1.00				l					
BD. OF DIRECT	0.00	X		L	ļ			0	0	0
(10) BUDDY SMITH						1				
	1.00		İ			1		٩		
BD OF DIRECT	0.00	X	<u> </u>	<u> </u>	ļ.—	$\vdash$	4	0	0	0
(11) TODD HAMMOND	1.00				ŀ					
BD OF DIRECT	0.00	x						o	0	0
BD OF DIRECT	0.00	41	L	Ь—	Щ.	JJ_				Form <b>990</b> (2013)

Form **990** (2013)

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Part VII Section A. Officers	, Directors, Tru	ustee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	d Employees (continued)			
(A) Name and title	(B) Average hours per week (list any hours for	bo	x, uni	Pos check ess pe ind a c	erson	than o	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	,	(F) Estimate amount other compensa from the	of tion
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		]	organizati and relati organizatii	ion ed
(12) SCOTT KING		<del>                                     </del>								<u> </u>		
BD OF DIRECT	1.00	x						0	0			0
(13) MELVIN PACE	0.00	<del>  ^</del>		<del> </del>	_							
	1.00	1										_
BD OF DIRECT (14) PHILIP SPEAS	0.00	X	-	-	-	-		0	0		<del></del>	0
(14)IIIIIII DI BAD	1.00											
BD OF DIRECT	0.00	X			<u> </u>			0	0			0
(15) DR. JOHN NEIHOF	40.00											
PRESIDENT	0.00		ļ	x				37,917	o			2,156
(16) DR. JIM PORTER												
	40.00							24 626				c 05c
PRESIDENT (PREVIOUS) (17)	0.00			X				34,626	0			<u>6,856</u>
(18)												··
(10)												
(19)												
1b Sub-total			L	L	l	1	<b>&gt;</b>	72,543				9,012
c Total from continuation shee	ets to Part VII, S	Secti	on A	١.				72,543		<del></del>		9,012
d Total (add lines 1b and 1c)  Total number of individuals (increportable compensation from				thos	e list	ted a	bove					
3 Did the organization list any fo employee on line 1a? If "Yes,"	rmer officer, dir	ector	r, or	trust	ee, k	key e	mple	oyee, or highest compensa	ated		3	res No
4 For any individual listed on line organization and related organ	1a, is the sum	of re	porta	able	com	pens	atio					
<ul> <li>Individual</li> <li>Did any person listed on line 1 for services rendered to the org</li> </ul>									ndividual		5	X
Section B. Independent Contractor												
Complete this table for your five compensation from the organization.										aar		
	(A) business address	<u> </u>	<u> </u>			10 00			(B) toon of services	1	Com	(C) pensation
Nano dia	oddiniodd ddarodd							2000.p	35 3 33 1033			portiouson
									· · · · · · · · · · · · · · · · · · ·			
											-1/ -1/	
Total number of independent or received more than \$100,000 c.	ontractors (inclu of compensation	ıdıng ı fron	but n the	not l	ımıte anız	ed to ation	thos •	se listed above) who	0			

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1 1

		Check if Schedule	O co	ntains a	response of	r note to any line ir	n this Part VIII		
		•			, i	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
数な	1a	Federated campaigns	1a	Ĭ			10.00.00		
Program Service Revenue Contributions, Giffs, Grants	b	Membership dues	1b				1		
O,E	c	Fundraising events	1c		8,050				
if the	d	Related organizations	1d						
9,E	٩	Government grants (contributions)	1e	1	6,725			1	
Ö	1	All other contributions, gifts, grants,		1	3,123				
ĘĘ	'	and similar amounts not included above	1f		690,630			ĺ	
Ęö	,	Noncash contributions included in lines		\$	8,250	Į.			
Ö	9	Total. Add lines 1a-1f	ia-II	Ψ	0,250	705,405		1	
9	<del>'  ''</del>	Total. Add lines 1a-11			Burn Code	703,403		,	<del></del>
eun	2a	MUTATON AND BEEC			Busn. Code	243,936	243,936	İ	
Şe	b		TYTT TA	ov.	<del> </del>	28,366	28,366		
9	"	STUDENT HOUSING/AUXILIARY				20,300	20,300	<del></del>	
ĒΖ	C				<del></del>				<del></del>
٦.	d				<u> </u>		<del></del>		
gran	ء	All other pregram conventor	<b></b>		<del> </del>	<del>-</del>			
P.	'	All other program service rev  Total. Add lines 2a–2f	renue			272,302	<del></del>		
	<u>g</u> 3		a duudo	nde intere		272,302	······		
	"	•	y uivide	nus, mere	,51,	7,065			7,065
		and other similar amounts)		ant band n	d	7,003			7,005
	4	Income from investment of to	ax-exen	трт вопа р	roceeds			<del></del>	
	5	Royalties		[ (a) [	Paranal				
	۰	(ı) Real	.,143	(11) F	Personal			1	
	6a			<del> </del>				1	
	b	`	,023	•	i			1	
	C	` ' <del>'                                 </del>	,120	<u> </u>		96,120	1	†	06 100
	d 7a	Net rental income or (loss) Gross amount from		1 (1)	Other	96,120			96,120
		sales of assets		Other					
	١.		,485	+	174,900				
	b	Less cost or other			165 000				
			,218	<del> </del>	165,000				
		` '	,267	1	9,900	25 167	1	ŀ	25 167
	d	Net gain or (loss)			<b>P</b>	25,167			25,167
ne	Ва	Gross income from fundraising ev					1	1	
/en		,	,050						
Re.		of contributions reported on line 1			no 506				
Other Revenue		See Part IV, line 18	a		78,586				
<del>t</del> o		Less direct expenses	. b	L	78,586 ▶	1		†	
		Net income or (loss) from fur		g events					
	9a	Gross income from gaming activity						-	
		See Part IV, line 19	a					]	
		Less direct expenses	b	<u> </u>					
		Net income or (loss) from ga		tivities	<b>•</b>				
	10a	Gross sales of inventory, les						1	
		returns and allowances	a		<del></del>			4	
		Less cost of goods sold	þ	<u> </u>				1	
	<u> </u>	Net income or (loss) from sa		ventory	<b>&gt;</b>				
		Miscellaneous Revenue			Busn. Code			†	
	11a				<b> </b>		<del></del>		<del></del>
	Ь				<del> </del>	<del></del>			<del></del>
	C				<b> </b>			<del></del>	<del></del>
Ì	d	All other revenue			L	<del> </del>			<del></del>
	е	Total. Add lines 11a-11d			₹  -	1 100 050	272 202		100 250
	12	Total revenue. See instructi	ons		<u> </u>	1,106,059	272,302	0	128,352

### 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) Check if Schedule O contains a response or note to any line in this Part IX (B) Program service expenses (A) Total expenses (D) Do not include amounts reported on lines 6b, Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments. organizations, and individuals outside the US See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 69,312 69,312 trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 660,063 376,779 224,299 58,985 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 40,057 19,990 15,836 4,231 Other employee benefits Payroll taxes 45,875 23,994 18,234 3,647 10 11 Fees for services (non-employees) Management 100 100 b Legal 27,400 27,400 c Accounting d Lobbying Professional fundraising services. See Part IV, line 17 1,401 1,401 Investment management fees f Other (If line 11g amount exceeds 10% of line 25, column 36,289 34,033 2,256 (A) amount, list line 11g expenses on Schedule O) 3,078 3,078 12 Advertising and promotion 7,002 18,325 29,646 4,319 13 Office expenses 33,018 33,018 14 Information technology Royalties 15 82,763 133,945 51,182 16 Occupancy 45,917 30,914 7,199 7,804 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 732 732 19 Conferences, conventions, and meetings 10,767 10,767 20 Interest Payments to affiliates 21 86,953 35,804 46,034 5,115 22 Depreciation, depletion, and amortization 60,683 21,883 35,870 2,930 23 Insurance 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 41,806 12,848 25,647 3,311 **MISCELLANEOUS** 27,977 LIBRARY MATERIALS 27,977 b 17,638 17,638 SUPPLIES C 7,363 DUES 7,363 d 220 615 395 All other expenses 1,380,635 612,382 677,911 90,342 Total functional expenses. Add lines 1 through 24e 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 following SOP 98-2 (ASC 958-720) Form 990 (2013) DAA

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 91,613 115,769 1 Cash-non-interest bearing 1 410,930 Savings and temporary cash investments 2 418,411 57,544 38,293 Pledges and grants receivable, net 3 21,673 51,684 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 22,178 Notes and loans receivable, net 18,517 Inventories for sale or use 8 33,159 24,411 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or 4,475,342 10a other basis Complete Part VI of Schedule D 2,598,877 1,954,206 10c 1,876,465 b Less accumulated depreciation 10b 164,307 Investments—publicly traded securities 11 185,388 11 Investments—other securities See Part IV, line 11 12 12 Investments-program-related See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 165,922 15 922 2,705,704 2,945,688 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 48,419 44,074 17 Accounts payable and accrued expenses 17 18 18 Grants payable 22,449 28,415 19 Deferred revenue 19 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 205,529 153,150 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 104,457 91,641 of Schedule D 25 334,441 363,693 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ |X| and Balances complete lines 27 through 29, and lines 33 and 34. -62<u>9,138</u> -1,041,622 27 Unrestricted net assets 27 344,878 28 450,636 28 Temporarily restricted net assets Net Assets or Fund 2,895,507 2,932,997 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 2,611,247 2,342,011 33 Total net assets or fund balances 33

2,945,688

34

Total liabilities and net assets/fund balances

Form 990 (	2013) WESLEY BIBLICAL SEMINARY 64-0579585			Pa	ge <b>12</b>
Part XI	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1 Total	revenue (must equal Part VIII, column (A), line 12)	1	1,1	06,	059
2 Total	expenses (must equal Part IX, column (A), line 25)	2	1,3	80,	635
3 Reve	nue less expenses Subtract line 2 from line 1	3	-2	74,	576
4 Net a	ssets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,6	11,	247
5 Net u	nrealized gains (losses) on investments	5		5,	340
6 Dona	ted services and use of facilities	6			
7 Inves	tment expenses	7			
8 Prior	period adjustments	8			
9 Other	changes in net assets or fund balances (explain in Schedule O)	9			
0 Net a	ssets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	olumn (B))	10	2,3	42,	011
art XII	,, <u>, , , , , , , , , , , , , , , , , ,</u>		·		
	Check if Schedule O contains a response or note to any line in this Part XII				
			-	Yes	No
1 Accou	unting method used to prepare the Form 990 Cash X Accrual Other				
	organization changed its method of accounting from a prior year or checked "Other," explain in		_		
	dule O				
2a Were	the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	s," check a box below to indicate whether the financial statements for the year were compiled or				
	ved on a separate basis, consolidated basis, or both.				
	eparate basis Consolidated basis Both consolidated and separate basis				
	the organization's financial statements audited by an independent accountant?		2b	x	ĺ
	s," check a box below to indicate whether the financial statements for the year were audited on a				
	ate basis, consolidated basis, or both				
<u> </u>	eparate basis Consolidated basis Both consolidated and separate basis				
	s" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			1	i
	e audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	x	
	organization changed either its oversight process or selection process during the tax year, explain in				
	dule O.				
	esult of a federal award, was the organization required to undergo an audit or audits as set forth in				
	ngle Audit Act and OMB Circular A-133?		3a		X
	s," did the organization undergo the required audit or audits? If the organization did not undergo the		<del></del>		
	ed audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2013)

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## SCHEDULE A

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

OMB No 1545-0047

2013

Open to Public Inspection

Internal Revenue Service
Name of the organization

Part I

Department of the Treasury

#### WESLEY BIBLICAL SEMINARY

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

Employer identification number 64 – 0579585

1		A church, co	nvention of churches, or as	sociation of churches described	ın sectioi	n 170(b)(	1)(A)(i).							
2	X	A school des	scribed in section 170(b)(1)	(A)(ii). (Attach Schedule E)										
3	П	A hospital or	a cooperative hospital serv	ice organization described in se	ction 170	(b)(1)(A)	(iii).							
4	П			ed in conjunction with a hospital				)(1)(A)(i	ii). Ente	er the h	ospital'	s name		
	لسببا	city, and stat	_	•			•		•		•			
5		An organizat	tion operated for the benefit	of a college or university owned	or operat	ed by a q	overnme	ental uni	t descri	bed in				
		_	(b)(1)(A)(iv). (Complete Par	-	•	, ,								
6	$\Box$			governmental unit described in s	ection 17	70(b)(1)(A	M(v).							
7	H	•	•	substantial part of its support from				from the	genera	al nublic	•			
•	ப	•	section 170(b)(1)(A)(vi). (0	• • • • • • • • • • • • • • • • • • • •	J 2 J				90	, , , , , , ,				
8	$\Box$			170(b)(1)(A)(vi). (Complete Part	EILA									
9	$\vdash$	-		(1) more than 33 1/3% of its sup	-	contributi	ons me	mharshi	n fees	and are	200			
3	ш			mpt functions—subject to certain							/33			
		•		and unrelated business taxable in										
			•					t) HOIH L	usines	5 <del>C</del> S				
40			_	30, 1975. See section 509(a)(2)										
10	$\vdash$	-		exclusively to test for public safe					4 4 1	_				
11	Ш	•	-	exclusively for the benefit of, to				_			_			
				ted organizations described in s						section	1			
		— <u>`</u> —`` ′		the type of supporting organizati		•	ſ							
	$\overline{}$	а 💹 Туре	··	c Type III-Function			d (				-	integrat	led	
е	Ш	-	-	ganization is not controlled direc		_								
				er than one or more publicly sup	ported or	ganizatio	ns descr	ibed in s	ection	509(a)(	1)			
		or section 50	, , , ,											
f		-		ermination from the IRS that it is	a Type I,	Type II,	or Type	III suppo	orting					_
		•	check this box											
g		Since Augus	t 17, 2006, has the organiza	ation accepted any gift or contrib	ution from	n any of th	ne							
		following per												,
		(i) A persor	n who directly or indirectly c	ontrols, either alone or together	with perso	ons descr	rbed in (	ม) and					Yes	No
		(III) belo	w, the governing body of the	supported organization?								11g(i)		
		(ii) A family	member of a person descri	bed in (i) above?								11g(ii)		
		(iii) A 35% c	controlled entity of a person	described in (i) or (ii) above?								11g(iii)		<u> </u>
h		Provide the	following information about	the supported organization(s)										
(i)	Name	of supported	(II) EIN	(iii) Type of organization	1 ' '	organization		ou notify		s the	(vii)	Amount o	f monet	ary
	org	anization		(described on lines 1–9		sted in your	the organ	nzation in	organizat	on in col zed in the		suppo	ort	
				above or IRC section (see instructions))	governing	document?		ort?		S ?	ĺ			
					Yes	No	Yes	No	Yes	No				
(A)														
					1		<u> </u>							
B)														
					1				<u> </u>					
C)														
,							1							
D)			· · · · · · · · · · · · · · · · · · ·	1102.7	1									
υ,														
E)					1				<u> </u>		<u> </u>			
										1	1			
-					<b>—</b>	, ·								
ratal			•			ŧ								
rotal		avask Dad	tion Act Notice, see the Ir	etructions for	<u>.t</u>	t	4		Schadi	:	orm of	90 or 99	10-F7	2013
-or h	-ape	rwork Reauc	JUON ACL NOUCE, SEE INE IN	1311 UCUUII3 IUI				•	-v:1641	*** \ /L	21111 3	,, or 92	,	, 2013

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support	_							
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 20°	13	(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							<u>-</u> tok	
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								
Caler	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 201	13	(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.)							<del></del>	
11	Total support. Add lines 7 through 10				<u> </u>	<u> </u>			
12	Gross receipts from related activities, etc.	(see instructions)					12		
13	First five years. If the Form 990 is for the	organization's first	t, second, third, fo	urth, or fifth tax ye	ar as a section 50	1(c)(3)			
	organization, check this box and stop here	9						<b></b>	
Sec	tion C. Computation of Public Su	pport Percent	tage						
14	Public support percentage for 2013 (line 6,	column (f) divided	by line 11, colum	nn (f))			14		%
15	Public support percentage from 2012 Sche	edule A, Part II, line	e 14				15		%_
l6a	33 1/3% support test-2013. If the organi	zation did not che	ck the box on line	13, and line 14 is	33 1/3% or more,	check this			
	box and stop here. The organization quali	fies as a publicly s	supported organiza	ation				•	
b	33 1/3% support test—2012. If the organi	zation did not che	ck a box on line 13	3 or 16a, and line 1	15 is 33 1/3% or m	iore,			
	check this box and stop here. The organiz	ation qualifies as	a publicly support	ed organization				<b>&gt;</b>	
17a	10%-facts-and-circumstances test—201	3. If the organizati	on did not check a	box on line 13, 16	6a, or 16b, and line	e 14 is			
	10% or more, and if the organization meet	s the "facts-and-ci	rcumstances" test	, check this box ar	nd <b>stop here</b> . Expl	laın ın			
	Part IV how the organization meets the "fa	cts-and-circumstai	nces" test. The or	ganization qualifies	s as a publicly sup	ported			
	organization							<b>&gt;</b>	
b	10%-facts-and-circumstances test—201	2. If the organizati	on did not check a	a box on line 13, 16	6a, 16b, or 17a, ar	nd line			
	15 is 10% or more, and if the organization	meets the "facts-a	ind-circumstances	" test, check this b	oox and stop here	•			
	Explain in Part IV how the organization me	ets the "facts-and-	-circumstances" te	est. The organization	on qualifies as a p	ublicly			_
	supported organization							<b>&gt;</b>	
8	Private foundation. If the organization did	not check a box of	on line 13, 16a, 16	b, 17a, or 17b, ch	eck this box and si	ee			
	instructions							<b>&gt;</b>	

Part II 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	ction A. Public Support	quality dilacit	TO LOCKS HOLOG	ocion, picace e	omplete i art i	' /	
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")				10,200		(7) 1903
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support			L.,		<u> </u>	
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	(4) 2000	(2) 2010	(0) 2011	(4) 2012	(0) 2010	(i) rotai
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			: 	<del></del>		
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,						
4	and 12)	organization's first		uth or 66th tourse		(-)(2)	
14	First five years. If the Form 990 is for the organization, check this box and stop here	•	, secono, tilito, tot	inn, or mith tax yea	ir as a section 50 i	(c)(3)	▶ □
Sec	tion C. Computation of Public Su		age				
5	Public support percentage for 2013 (line 8,			n (f))	-	15	%
6	Public support percentage from 2012 Sche	,,		\ <i>''</i>		16	%
Sect	tion D. Computation of Investme					<del></del>	
7	Investment income percentage for 2013 (lin			, column (f))		17	%
8	Investment income percentage from 2012		-			18	%
9a	33 1/3% support tests-2013. If the organ			14, and line 15 is	more than 33 1/39	%, and line	
	17 is not more than 33 1/3%, check this bo	x and stop here.	The organization q	ualifies as a public	cly supported orga	nızation	▶ □
b	33 1/3% support tests—2012. If the organ	ization did not che	eck a box on line 1	4 or line 19a, and	line 16 is more tha	an 33 1/3%, and	
	line 18 is not more than 33 1/3%, check thi	-	•	•	• • • •	•	<b>&gt;</b>
n	Private foundation, If the organization did	not check a box of	n line 14 19a. or	19b check this bo	x and see instruction	ons	

Schedule A (Form 990 or 990-EZ) 2013 WESLEY BIBLICAL SEMINARY 64-0579585 Part IV Supplemental Information. 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 Name of the organization

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.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number

OMB No 1545-0047

Open to Public Inspection

W	VESLEY BIBLICAL SEMINARY		64-0579585			
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Acc						
	Complete if the organization answered "Yes" to					
		(a) Donor advised funds	(b) Funds and other	accounts		
1	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in writing	that the assets held in donor advised				
	funds are the organization's property, subject to the organization's	exclusive legal control?		Yes No		
6	Did the organization inform all grantees, donors, and donor advisors	s in writing that grant funds can be used				
	only for charitable purposes and not for the benefit of the donor or o	donor advisor, or for any other purpose				
	conferring impermissible private benefit?			Yes No		
Pa	art II Conservation Easements.					
	Complete if the organization answered "Yes" to	o Form 990, Part IV, line 7.		·····		
1	Purpose(s) of conservation easements held by the organization (ch	eck all that apply)				
	Preservation of land for public use (e.g., recreation or education	n) Preservation of an historically im	portant land area			
	Protection of natural habitat	Preservation of a certified histori	c structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualified con	nservation contribution in the form of a conse	ervation			
	easement on the last day of the tax year		Held at the End	of the Tax Year		
а	Total number of conservation easements		2a			
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				
	historic structure listed in the National Register		2d			
3		, extinguished, or terminated by the organiza	tion during the			
	tax year ▶					
4	Number of states where property subject to conservation easement					
5	Does the organization have a written policy regarding the periodic n		<del> </del>	٠ الساء		
	violations, and enforcement of the conservation easements it holds		L_	Yes No		
6	Staff and volunteer hours devoted to monitoring, inspecting, and en	iforcing conservation easements during the y	rear			
_						
7		ng conservation easements during the year				
	> \$	-f. the comments of coston 470/h\(4\\D\				
8	Does each conservation easement reported on line 2(d) above satis	sty the requirements of section 170(n)(4)(B)	_	Yes No		
9	(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation eas	coments in its revenue and evnence statemen	L. ntand	, res [ 110		
3	balance sheet, and include, if applicable, the text of the footnote to					
	organization's accounting for conservation easements					
Pa	art III Organizations Maintaining Collections of A	art, Historical Treasures, or Other	Similar Assets.			
	Complete if the organization answered "Yes" to					
1a	If the organization elected, as permitted under SFAS 116 (ASC 958	3), not to report in its revenue statement and	balance sheet			
	works of art, historical treasures, or other similar assets held for put	blic exhibition, education, or research in furth	erance of			
	public service, provide, in Part XIII, the text of the footnote to its final	ancial statements that describes these items				
b	If the organization elected, as permitted under SFAS 116 (ASC 958	ince 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	S.				
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$			
	(ii) Assets included in Form 990, Part X		<b>▶</b> \$			
2	If the organization received or held works of art, historical treasures		ovide the			
	following amounts required to be reported under SFAS 116 (ASC 98)	58) relating to these items	_			
	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$			
<u>b</u>	Assets included in Form 990, Part X	200	<b>▶</b> \$	(Form 990) 2013		

<u> </u>	eoule D (Fulli 990) 2013 MEDILET	DIBLICAL BEL	TINANI		0 - 0	313303	rage.
P	art III Organizations Maintaini	ng Collections of	Art, Historical Ti	reasures,	or Othe	r Similar Assets	(continued)
3	Using the organization's acquisition, acce collection items (check all that apply)	ssion, and other record	s, check any of the fol	lowing that a	ire a signif	icant use of its	
а	Public exhibition	d 🗍	Loan or exchange pro-	grams			
b	Scholarly research		Other	•			
C							
4	Provide a description of the organization's	collections and explain	how they further the	organization	's exempt i	ourpose in Part	
•	XIII			- · g - · · · · · · · · · · · · · · · ·	o onompo,	,	
5	During the year, did the organization solici assets to be sold to raise funds rather that						Yes No
P:	art IV Escrow and Custodial A		alt of the organization	3 CONECTION	·		
• •	Complete if the organizati 990, Part X, line 21.	•	' to Form 990, Par	t IV, line 9	, or repo	orted an amount o	on Form
1a	Is the organization an agent, trustee, custo	odian or other intermed	ary for contributions o	r other asse	ts not		
	included on Form 990, Part X?						Yes No
b	If "Yes," explain the arrangement in Part X	III and complete the fol	llowing table				
	-	•	-				Amount
С	Beginning balance					1c	
	Additions during the year					1d	
е	Distributions during the year					1e	
f						1f	
2a	Did the organization include an amount on	Form 990, Part X, line	21?				Yes No
ь	If "Yes," explain the arrangement in Part X	III Check here if the ex	cplanation has been pr	ovided in Pa	art XIII		
Pa	art ∀ Endowment Funds.	•				•	<del></del>
	Complete if the organization	on answered "Yes"	to Form 990, Par	t IV, line 1	0		
		(a) Current year	(b) Prior year	(c) Two ye	ars back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	2,758,172	2,675,910	2,6	63,333	2,557,11	2,521,27
	Contributions	12,963	9,612		12,348	82,56	11,080
С	Net investment earnings, gains, and						
	losses	120,264	72,650		19,095	265,68	208,419
d	Grants or scholarships				16,466	229,53	
	Other expenditures for facilities and				-	•	
	programs	ĺ			2,400	12,50	2,726
f	Administrative expenses						
a	End of year balance	2,891,399	2,758,172	2,6	75,910	2,663,333	2,557,117
2	Provide the estimated percentage of the ci	L					•
	Board designated or quasi-endowment ▶	1.03%	· · · · · · · · · · · · · · · · · · ·				
	Permanent endowment ► 5.82 %						
		93.15%					
•	The percentages in lines 2a, 2b, and 2c sh						
3a	Are there endowment funds not in the pos		tion that are held and	administere	d for the		
	organization by.						Yes No
	(i) unrelated organizations						3a(i) X
	(ii) related organizations						3a(ii) X
h	If "Yes" to 3a(ii), are the related organization	ons listed as required o	n Schedule R?				3b
4	Describe in Part XIII the intended uses of t						
Pa	rt VI Land, Buildings, and Eq						
	Complete if the organization	-	to Form 990. Par	t IV. line 1	1a See	Form 990, Part )	C. line 10.
	Description of property	(a) Cost or other b				ccumulated	(d) Book value
		(investment)	(othe			preciation	
10	Land			28,669	·		428,669
	Buildings			25,372	1	,253,146	1,372,226
	•		2,0	,_,		,,	_, _, _, _
	Leasehold improvements Equipment		7	97,212	·······	727,578	69,634
	Other			24,089	<del> </del>	618,153	5,936
	I. Add lines 1a through 1e (Column (d) mus	t equal Form 990 Part			L	<b>DIO/133</b>	1,876,46
. via		quar - onn ooo, r are	, co.c.iii (D), iiio 10	17//			

Part VII	Investments—	Other.	Securities.

Part VII	Investments—Other Securities.	!! to Form 000 Deat N/ loss	44b Coo Form 000 Book V I 40
	Complete if the organization answered "Ye	-	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial	<del></del>		Cost of city of market value
• •	eld equity interests		
(2) Closely-lic (3) Other	erd equity interests	<del></del>	
(A)		<del></del>	
(B)			
(C)			
(D)			
(E)			
(F)			
(G)		<del></del>	······································
(H)			
	n (b) must equal Form 990, Part X, col (B) line 12)		
Part VIII	Investments—Program Related.	or" to Form COO Bort IV line (	14. Can Farm 000 Part V Erra 40
	Complete if the organization answered "Ye		
	(a) Description of investment	(b) Book value	(c) Method of valuation
(4)			Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			· · · · · · · · · · · · · · · · · · ·
(9)			· · · · · · · · · · · · · · · · · · ·
	n (b) must equal Form 990, Part X, col (B) line 13 )		
Part IX	Other Assets.		14.1 O Farma 000 Bart V. Far 45
	Complete if the organization answered "Ye		
	(a) Descript	tion	(b) Book value
(1)	<del> </del>		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col (B) line 15)		<b>&gt;</b>
Part X	Other Liabilities.		
	Complete if the organization answered "Ye	es" to Form 990, Part IV, line 1	11e or 11f. See Form 990, Part X,
	line 25.		
1.	(a) Description of liability	(b) Book value	
	ncome taxes		
(2) ANNUI	TY OBLIGATIONS	91,641	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
<u> </u>		<del></del>	
(9)			
(9)	n (b) must equal Form 990, Part X, col. (B) line 25.) ▶	91,641	

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Schedule D (Form 990) 2013 WESLEY BIBLICAL SEMINARY

35,023

78,586

\$

\$

RENTAL PROPERTY EXPENSES

SPECIAL EVENT EXPENSES

Part XIII Supplemental Information (continued)

#### **SCHEDULE E**

(Form 990 or 990-EZ)

**Schools** 

► Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

OMB No 1545-0047 2013

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Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

► Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

64-0579585 WESLEY BIBLICAL SEMINARY Part I NO YES Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, X bylaws, other governing instrument, or in a resolution of its governing body? 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, 2 X programs, and scholarships? 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 3 X describe If "No," please explain If you need more space, use Part II PUBLICIZED IN ITS ACADEMIC CATALOG, AT LEAST ANNUALLY IN A NEWSPAPER, AND THROUGH VARIOUS OTHER METHODS. Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff? X 4a Records documenting that scholarships and other financial assistance are awarded on a racially 4b X nondiscriminatory basis? Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c X 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 Does the organization discriminate by race in any way with respect to X Students' rights or privileges? 5a X Admissions policies? 5b Employment of faculty or administrative staff? 5c Scholarships or other financial assistance? 5d 5e Educational policies? X 5f Use of facilities? Athletic programs? 5g X Other extracurricular activities? 5h If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. 6a X Does the organization receive any financial aid or assistance from a governmental agency? X 6b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Part II 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

Part II Supplemental Information. 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 E - FINANCIAL AID OR GOVERNMENT ASSISTANCE EXPLANATION

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

STAFFORD STUDENT LOAN PROGRAM.

## SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

## Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990

OMB No 1545-0047

Name of the organization Employer Identification number WESLEY BIBLICAL SEMINARY 64-0579585 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Solicitation of government grants Internet and email solicitations Phone solicitations Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (iii) Did fund-(v) Amount paid to (vi) Amount paid to raiser have (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or (II) Activity or entity (fundraiser) from activity fundraiser listed in organization control of contributions' col (I) Yes No 2 3 6 7 8 10 Total

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

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported Part II more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List

		events with gro	oss receipts greater than \$5,	000				·			
			(a) Event #1		(b) Event #2			(c) Other events		(d) Total events	
			CONCERT EVENT (event type)		(event type)	<del></del>	NO	(total number)		(add col (a) through col (c))	
Revenue	1	Gross receipts	86,636		(33.1.7)			((3)3)		86,636	
	2	Less Contributions	8,050							8,050	
	3	Gross income (line 1 minus line 2)	78,586							78,586	
	4	Cash prizes		<del></del>							
	5	Noncash prizes									
uses	6	Rent/facility costs	2,588							2,588	
Expe	7	Food and beverages	719							719	
Direct Expenses	8	Entertainment	60,000		<del>-</del>					60,000	
	9	Other direct expenses	15,279			ر				15,279	
			Add lines 4 through 9 in column (d	•						78,586	
P	art		btract line 10 from line 3, column (column to column) blete if the organization answ		d "Yes" to Forn	n 990, Pa	art IV	, line 19, or re	porte	d more	
		than \$15,000 o	n Form 990-EZ, line 6a.		***	<del> </del>		<del></del>			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo (c) Other gaming				(d) Total gaming (add col (a) through col (c))			
Rev	_1	Gross revenue									
ses	2	Cash prizes							_		
ž	3	Noncash prizes			<del></del> .			<del>-</del>			
Direct Expenses	4	Rent/facility costs									
	5	Other direct expenses					,,,,,,				
	6	Volunteer labor	Yes %		Yes No	%	-	Yes No	%	·	
	7 Direct expense summary Add lines 2 through 5 in column (d)					•	***				
	8 Net gaming income summary Subtract line 7 from line 1, column (d)								<b>&gt;</b>		
а	Is th		organization operates gaming activoperate gaming activities in each of		se states?					Yes No	
		re any of the organization's 'es," explain:	gaming licenses revoked, suspen	ded o	r terminated durin	g the tax y	ear?			Yes No	

Sche	edule G (Form 990 or 990-EZ) 2013 WESLEY BIBLICAL SEMINARY	64-057958	Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		
	formed to administer charitable gaming?		Yes No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility	13a	%_
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and		
	records		
	Name ▶		
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?		∐ Yes ∐ No
b		nd the	
_	amount of gaming revenue retained by the third party ▶ \$		
С	If "Yes," enter name and address of the third party		
	Name ►		
	Address ►		
16	Gaming manager information		
	Name ▶		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?		Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or		
	spent in the organization's own exempt activities during the tax year ▶ \$		
Par			and
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part is part in the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se	art to provide any	
	additional information (see instructions).		

### **SCHEDULE O** (Form 990 or 990-EZ)

## 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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

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 9 - RECONCILIATION OF CHANGES -	OTHER	
RENTAL PROPERTY EXPENSES	\$	35,023
SPECIAL EVENT EXPENSES	\$	78,586
RENTAL PROPERTY EXPENSES	\$	-35,023
SPECIAL EVENT EXPENSES	\$	-78,586