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SCANNED

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2014 Open to Public

OMB No 1545-0047

Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service ► Information about Form 990 and its instructions is at www.irs.gov/form990 Inspection For the 2014 calendar year, or tax year beginning 07/01/14, and ending 06/30/15C Name of organization D Employer identification number Check if applicable WESLEY BIBLICAL SEMINARY Address change Doing business as 64-0579585 Name change Number and street (or P O box if mail is not delivered to street address) Room/suite P. O. BOX 9938 601-366-8880 Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated JACKSON 39286 G Gross receipts\$ Amended return Name and address of principal officer H(a) Is this a group return for subordinates? Application pending DR. JOHN NEIHOF P.O. BOX 9938 H(b) Are all subordinates included? If "No," attach a list (see instructions) **JACKSON** 39286 X 501(c)(3) Tax-exempt status 4947(a)(1) or 527 WWW.WBS.EDU Website: H(c) Group exemption number X Corporation Year of formation 1975 Form of organization Trust M\_State of legal domicile Part I Summary 1 Briefly describe the organization's mission or most significant activities GRADUATE LEVEL INSTRUCTION IN THEOLOGY FOR STUDENTS. Activities & Governance 2 Check this box ▶ I if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) 16 15 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 42 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7b Prior Year **Current Year** 705,405 8 Contributions and grants (Part VIII, line 1h) 604,762 Revenue 272,302 425,855 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 32,232 59,061 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 96,120 99,439 1,189,117 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,106,059 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 173,990 14 Benefits paid to or for members (Part IX, column (A), line 4) 815,307 792,1 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 122,181 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 565,328 530,308 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 1,496,430 1,380,635 -307,313 19 Revenue less expenses Subtract line 18 from line 12 -274,576 Reginning of Current Year 58 End of Year 20 Total assets (Part X, line 16) 2,705,704 2,681,049 363,693 21 Total liabilities (Part X, line 26) 670,118 22 Net assets or fund balances Subtract line 21 from line 20 342,011 010,931 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign 6f officer 1-20-15 Here Type or print name and title Print/Type preparer's name Preparer's signature Check Paid SCOTT A. HODGES SCOTT A. HODGES self-employed P00641691 Preparer TANN BROWN & RUSS CO., PLLC 20-5630688 Firm's name Firm's EIN Use Only 1501 LAKELAND DRIVE, SUITE JACKSON, MS 39216-4841 601-354-4926 Firm's address Phone no

For Paperwork Reduction Act Notice, see the separate instructions.

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

Form 990 (2014) 374

No

X Yes

	are the Oneokiist of Required Coneduces			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	<u> </u>	Yes	No
	complete Schedule A	1	х	
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			
	candidates for public office? If "Yes," complete Schedule C, Part I	_ 3		Х
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			
	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		X
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	i		
_	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
0	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	
1	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		1	
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	X	
D	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>
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			7.
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	<del></del> _	<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
1	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	ا ا		32
22	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
Za	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	40-	·	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	12a	X	
-	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII 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.	144		
_	fundraising, business, investment, and program service activities outside the United States, or aggregate		l	
	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 other assistance to or	-142		
	for any foreign organization? 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 other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	_16	į	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	ı	X
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			<u>-</u>
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
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		X
0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

P	art IV Checklist of Required Schedules (continued)		<u>-</u>	ago
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II	21	x	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 29 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	)	X
24a				
	\$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
ь		24b		
С				$\Box$
	to defease any tax-exempt bonds?	24c		
d		24d		T
25a		1		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b				<del> </del>
_	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			1
	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	100	<del>                                     </del>	<del> </del>
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? 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,			<del> </del>
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		Ì	1
	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,			<del> </del>
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			1
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			<u> </u>
~	Schedule L, Part IV	28b		x
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			<del> </del>
_	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	ŀ	х
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		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	33	1	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	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		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	l	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37	L	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2014) WESLEY BIBLICAL SEMINARY 64-0579585 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 18 1a 0 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b ь Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? X 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X За b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4a b If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5¢ 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? X 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter-Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter-Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b

Form 990 (2014)

	Check if Schedule O contains a response or note to any line 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	16			
	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	15			
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct					1
	supervision of officers, directors, or trustees, or key employees to a management company or other person?			3		X
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
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by ti	ne following			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
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		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte	rnal R	evenue C	ode.)		
					Yes	No
10a	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		37
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before film	g the to	m <sup>7</sup>	11a	ļ	Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			1.0	<b>.</b>	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	_ 4	-64-0	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give his	e to co	nnicts	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			420	х	
40	describe in Schedule O how this was done			12c		X
13	Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?			14	<del></del>	X
14	Did the process for determining compensation of the following persons include a review and approval by			''		
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
•	The organization's CEO, Executive Director, or top management official			15a	х	i
a b	Other officers or key employees of the organization			15b	X	<del></del>
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			100		
162	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		х
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	]	
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 5	01(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 inter	est pol	icy, and			
	financial statements available to the public during the tax year					
20	State the name, address, and telephone number of the person who possesses the organization's books and reco	ords 🕨				
RO	DB POCAI 787 E. NORTHSIDE DR.,					
JZ	ACKSON MS 392	06	60	1-36	6 - 8	880

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Page 6

Form 990 (201	4) WESLEY BIBLICAL SEMINARY	64-0579585	Page
Part VII	Compensation of Officers, Directors, Trusto Independent Contractors	ees, Key Employees, Highest Compensated E	
	Check if Schedule O contains a response or no	ote to any line in this Part VII	
Section A.	Officers, Directors, Trustees, Key Employees, and Hig	hest Compensated Employees	
1a Complete t	his table for all persons required to be listed. Report compe	nsation 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.

(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
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1.00				1	1				
0.00	x		l		1	l	o	0	0
	Average hours per week (list any hours for related organizations below dotted line)  40.00 0.00 1.00 0.00 1.00 0.00 2R 1.00 0.00 1.00 0.00 1.00 0.00 1.00 0.00 1.00 0.00 1.00 0.00	Average hours per week (list any hours for related organizations below dotted line)  40.00	Average hours per week (list any hours for related organizations below dotted line)  40.00	Average hours per week (list any hours for related organizations below dotted line)  40.00	Average hours per week (list any) hours for related organizations below dotted line)  40.00	Average hours per week (list any hours for related organizations below dotted line)  40.00	Average hours per week (list any hours for related organizations below dotted line)  40.00	Average   hours per   week (list any   hours for related organizations below dotted line)	Average   Nours per   Vestion   (do not check more than one bottle week (list any hours for related organizations believe dotted line)     Nour per   Vestion   (do not check more than one bottle week (list any hours for related organizations believe dotted line)     Nour per   Vestion   (list any hours for related organizations believe dotted line)

Form 990 (2014) WESLEY B								64-057				P	age 8
Part VII Section A. Officers	s, Directors, Tri	ustee	s, K	ey E	mpl	oyee	es, a	nd Highest Compensated	Employees (continued)				
• (A) Name and title	(B) Average hours per week (list any hours for	bo of	ix, unli ficer a	Pos check ess pe ind a c	erson directo	than o	an ee)	(D) Reportable compensation from the organization	(E)  Reportable  compensation from  related  organizations (W-2/1099-MISC)	con	(F) Estimate amount other mpensa from th	of ation	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		org ar	ganızal nd relai ganızalı	tion ted	
(12) TODD HAMMONDS													
BD OF TRUSTEES	1.00	x			}			o	0				^
(13) MELVIN PACE	0.00	┿	$\vdash$	-	$\vdash$	$\vdash$		0	U	· · ·			0
(10,1111)	1.00	1		1		ŀ							
BD OF TRUSTEES	0.00	X		<u> </u>		_	<u> </u>	0	0				0
(14) PHILIP SPEAS	1 00												
BD OF TRUSTEES	1.00	x				1		0	ol				0
(15) DAVID KUDO	0.00	╬	$\vdash$	<del> </del>	┢╌	$\vdash$	$\vdash$		<u> </u>	-			
	1.00						İ						
BD OF TRUSTEES	0.00	X			<u> </u>	ļ		0	0				0
(16) REGINA BOYLES	1.00				ŀ								
BD OF TRUSTEES	0.00	x						o	o				0
(17)		==		<del>                                     </del>	<b></b> -	1							
(18)													
(19)													
							<u> </u>	50.000					
1b Sub-total c Total from continuation shee	ote to Part VII	Socti	ion /					59,223				6,4	1 0 T
d Total (add lines 1b and 1c)	ets to Fait VIII,	Secu	011 7	`			•	59,223				6.4	161
2 Total number of individuals (in				thos	e lis	ted a	bov						
reportable compensation from	the organization							······································	<del></del>			Yes	No
3 Did the organization list any fo								oyee, or highest compensa	ited		3		X
employee on line 1a? If "Yes," 4 For any individual listed on line								n and other compensation	from the		<del>*</del> †		
organization and related organ	nizations greater	than	\$15	50,00	)0? I	f "Ye	s," c	complete Schedule J for su	ch		4		X
individual  5 Did any person listed on line 1	a receive or acc	rue d	comp	ens	atior	n fror	n an	y unrelated organization or	individual		7		
for services rendered to the or	•	/es,"	com	plete	e Sc	<u>hedu</u>	le J	for such person			5		<u> </u>
<ul><li>Section B. Independent Contracto</li><li>Complete this table for your five</li></ul>		ensa	ted	inde	pend	lent o	contr	ractors that received more	than \$100,000 of				
compensation from the organi								dar year ending with or with		ar		(C)	
Name and	búsíness address				•		$\vdash$	Descrip	tion of services	<del></del>	Com	nperisati	on
	,		-				-						
							<u> </u>	- <u></u>					
	<del></del>						T						
2 Total number of independent of	contractors (incli	udına	but	not	limite	ed to	the	se listed above) who			<del></del>	<del>11 21 -</del>	<del>,</del>
then \$100,000									•	13			

- 1	•	Check	if Schedule (	O cor	ntains a	response or	note to any line ii	n this Part VIII		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated car	npaigns	1a						
Program Service Revenue Contributions, Gifts, Grants   Program Service Revenue	b	Membership o	lues	1b						
A, C	c	Fundraising e	vents	1c			1			
ar	d	Related organ	ızatıons	1d						
imi,	е	Government grants	(contributions)	1e					•	
rior S	f	All other contribution	ns, gifts, grants,							
E P		and similar amounts	not included above	1f		604,762				
<u> </u>	g	Noncash contribution	ns included in lines 1a-	1f	\$	12,471	1			
<u> </u>	h	Total, Add line	es 1a–1f			<b>▶</b>	604,762			
ne						Busn Code			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, , , , , , , , , , , , , , , , , , , ,
ven	2a	TUITION	AND FEES				407,880	407,880		
8	b	STUDENT	HOUSING/AUX	ILIAF	LY.		17,975	17,975		
<u>\S</u>	С									
Ser	d									
E	e									
.go	f	All other progr	am service reve	nue						
<u>~</u>	g	Total. Add line	es 2a-2f			<b>•</b>	425,855	·····		
	3	Investment inc	come (including	dıvıder	nds, intere	est,				i
		and other sim	lar amounts)			▶ _	8,728			8,728
	4	Income from I	nvestment of tax	-exem	pt bond p	roceeds ▶ _				
	5	Royalties				<b>&gt;</b>			···	
			(ı) Real		(u)	Personal			:	
	6a	Gross rents	163,							
	b	Less rental exps		340			1			,
	С	Rental inc or (loss)	99,	439					<i>*</i>	
	d	Net rental inco	me or (loss)			<b>•</b>	99,439	<del></del>		99,439
	/a	Gross amount from sales of assets	(i) Securities		(11	) Other			•	
		other than inventory	536,	326	<u> </u>	84,300	1			
	b	Less cost or other							;	
		basis & sales exps	513,			57,157				
	С	Gain or (loss)		190	l	27,143				
	d	Net gain or (lo			<del>,</del>	<b>&gt;</b>	50,333			50,333
e	8a		om fundraising eve	nts						
en		(not including \$							:	
Rev			reported on line 1c)			-	1			
Other Revenu		See Part IV, line		a				`		
Ş	b	Less direct ex	•	b	L					
-	C		(loss) from fund		events				······································	
	9a		om gaming activitie							
	١.	See Part IV, line		a						`
		Less direct ex	•	b	<u> </u>		†		•	
			(loss) from gam	ing ac	tivities	<b>•</b>				
	10a		f inventory, less	_		:			•	
		returns and al		a					;	
		Less cost of		þ			†	1		
	С		(loss) from sale	S OT IN	ventory	Buon Codo				<u> </u>
	44.		cellaneous Revenue			Busn Code	1			1
	11a					<b>+</b>		=		<del> </del>
	b					<del>                                     </del>				
	0	All other reces				<del>                                     </del>	··			
	d	All other rever				L				
	12	Total. Add line				[ ]	1,189,117	425,855	0	158 500
	14	rotal revenue	e. See instruction	13		<u></u>	1,103,11/	743,033		158,500

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete al

Sect	ion 501(c)(3) and 501(c)(4) organizations must co Check if Schedule O contains a respo			plete column (A)	
Do n	not include amounts reported on lines 6b.	(A)	(B)	(C)	(D)
	Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				, , , , , , , , , , , , , , , , , , , ,
	and domestic governments. See Part IV, line 21	49,032	49,032		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	124,958	124,958		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	65,684		65,684	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	625,494	390,063	177,643	57,788
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	55,604	30,366	20,547	4,691
10	Payroll taxes	45,350	19,954	20,861	4,535
11	Fees for services (non-employees)				
a	Management		-		
þ	Legal	20 000		20 000	<del></del>
С.	Accounting	28,882		28,882	<del></del>
d	Lobbying			······································	<del></del>
e	Professional fundraising services See Part IV, line 17	245		245	<del></del>
f	Investment management fees	345		345	<del></del>
g	Other (If line 11g amount exceeds 10% of line 25, column	46,018	9,600	36,223	105
40	(A) amount, list line 11g expenses on Schedule O)	40,010	9,000	30,223	195
12	, ' F	59,538	12,652	11,954	34,932
13	Office expenses	38,707	12,032	38,707	34,332
14 15	Information technology Royalties	30,707	-	30,707	
16	Occupancy	117,747	39,967	77,780	
17	Travel	40,994	8,147	24,638	8,209
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	26,875		26,875	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	66,836	19,096	42,966	4,774
23	Insurance	42,057	11,025	28,618	2,414
24	Other expenses Itemize expenses not covered				▼
	above (List miscellaneous expenses in line 24e. If	+			
	line 24e amount exceeds 10% of line 25, column	1			
	(A) amount, list line 24e expenses on Schedule O)				
а	MISCELLANEOUS	31,683	9,756	17,284	4,643
b	LIBRARY MATERIALS	24,783		24,783	
С	DUES	5,297		5,297	
d	STAFF DEVELOPMENT	387		387	
	All other expenses	159	159	640 474	100 105
25	Total functional expenses Add lines 1 through 24e	1,496,430	724,775	649,474	122,181
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 ▶ if				
DAA	following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2014)

**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 Cash-non-interest bearing 48,224 418,411 796,991 Savings and temporary cash investments 2 38,293 Pledges and grants receivable, net 3 Accounts receivable, net 51,684 4 33,418 5 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 18,517 Notes and loans receivable, net 7 Inventories for sale or use 8 24,411 15,975 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or 4,399,060 other basis. Complete Part VI of Schedule D 10a 2,613,541 1,876,465 b Less accumulated depreciation 10b 10c 1,785,519 185,388 11 Investments—publicly traded securities 11 12 Investments—other securities See Part IV, line 11 12 13 Investments—program-related See Part IV, line 11 13 14 14 Intangible assets 922 922 15 Other assets See Part IV, line 11 15 2,705,704 2,681,049 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 44,074 62,187 17 Accounts payable and accrued expenses 17 18 Grants payable 18 22,449 28,148 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 205,529 399,628 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 91,641 25 <u>180,155</u> 363,693 26 670,118 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. -1,261,403 -1,041,622 27 Unrestricted net assets 450,636 28 357,027 28 Temporarily restricted net assets 29 Permanently restricted net assets 2,932,997 29 2,915,307 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 2,342,011 2,010,931 33 Total net assets or fund balances 33 2,705,704 34 2,681,049 Total liabilities and net assets/fund balances

Form	990 (2014) WESLEY BIBLICAL SEMINARY 64-0579585				Pac	ge <b>12</b>
Pa	rt XÍ Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					П
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	,18	9,1	117
2	Total expenses (must equal Part IX, column (A), line 25)	2				130
3	Revenue less expenses Subtract line 2 from line 1	3		-30	7,3	313
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2	, 34	2,0	011
5	Net unrealized gains (losses) on investments	5		-2	3,7	767
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	2	,01	0,9	931
₽a	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					<u> </u>
			r-		es	No
1	Accounting method used to prepare the Form 990				1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				1	
	Schedule O			- 1	1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	_	<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		-	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			- 1		
	separate basis, consolidated basis, or both				İ	
	X Separate basis Consolidated basis Both consolidated and separate basis			- 1		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		<b></b>	.	$_{\mathbf{x}}$	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c	<del>^</del>	
	If the organization changed either its oversight process or selection process during the tax year, explain in					
2-	Schedule O		ŀ	- 1	ŀ	
Ja	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			,		x
h	the Single Audit Act and OMB Circular A-133?  If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		$\vdash$	3a	$\dashv$	
J	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			зь		
	required agent of agents, explain with in concedure of and according any atops taken to undergo agent adults				990	(2014)

# 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.

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

WESLEY BIBLICAL SEMINARY

Employer identification number 64-0579585

<u> </u>	art i	Reas	on for Public Charity	Status (All organizations	must co	mplete	this part ) See instruction	ns.
The	orga	nization is not	a private foundation because	se it is (For lines 1 through 11, o	heck only	y one box	)	
1		A church, co	nvention of churches, or ass	ociation of churches described i	n section	170(b)(	1)(A)(i).	
2	X	A school des	scribed in section 170(b)(1)(	A)(ii). (Attach Schedule E)				
3	$\sqcap$	A hospital or	a cooperative hospital servi	ce organization described in sec	tion 170	(b)(1)(A)(	iii).	
4		A medical re	search organization operate	d in conjunction with a hospital o	described	in section	n 170(b)(1)(A)(iii). Enter the h	ospital's name.
		city, and stat	= -					,
5	$\Box$	• .		of a college or university owned	or operat	ed by a o	overnmental unit described in	
	_	-	(b)(1)(A)(iv). (Complete Part	•		, - 3		
6	$\Box$			overnmental unit described in s	ection 17	70/h\/1\(A	MV)	
7	H		•	substantial part of its support fro			• • •	
•			section 170(b)(1)(A)(vi). (C		a gove	Jiiiiii Ciita	tunt of from the general public	•
8				170(b)(1)(A)(vi). (Complete Part	11.3			
9	H	-		1) more than 33 1/3% of its supp	•	contributi	one membership fees and are	nee .
3	لــا	_	·	npt functions—subject to certain			• • •	)35
		•		nd unrelated business taxable in	•		•	,
			~	0, 1975 See section 509(a)(2).	•		•	
10	$\Box$		_	exclusively to test for public safe				
11	$\vdash$	•	•	exclusively for the benefit of, to	•			eac of
• •	L.J	-	•	ions described in section 509(a				
				cribes the type of supporting org				Ollook
а	$\Box$			ed, supervised, or controlled by				
u		• • • • • • • • • • • • • • • • • • • •		to regularly appoint or elect a ma		_		n
			You must complete Part I'	- · · · ·	ajointy of t	ne uneco	or a disters of the supporting	y
ь	$\Gamma$	•	•	vised or controlled in connection	with ite e	unnorted	organization(s) by having	
	Ш	• •		organization vested in the same				
			s) You must complete Par	•	, persons	tilat com	to of manage the supported	
С		-		orting organization operated in o	connectio	n with an	d functionally integrated with	
·		* -	· ·	tions) You must complete Par			· ·	
d			•	supporting organization operate		-		
-	١١	• -	, ,	panization generally must satisfy				
				t complete Part IV, Sections A		•		
е	$\Box$	-	•	d a written determination from the				
·	لــا		<del>-</del>	nctionally integrated supporting			ype i, Type ii, Type iii	
f		•	r of supported organizations		organizati	<b>V</b> 11		
			ving information about the si					<del></del> _
<u> </u>		of supported	(II) EIN	(iii) Type of organization	(iv) Is the c	organization	(v) Amount of monetary	(vi) Amount of
,	-	anization		(described on lines 1-9		ır governing	support (see	other support (see
				above or IRC section	docui	ment?	instructions)	instructions)
				(see instructions))	Yes	No		
(A)		<del></del>						
B)								
							·	
C)								
D)		<del></del>		<del></del>			· · · · · · · · · · · · · · · · · · ·	
E)		-						
Γota	ı							

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 I f 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 201	4	(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							4.
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		,					
	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 201	4	(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 VI)							
11	Total support. Add lines 7 through 10				<u> </u>			
12	Gross receipts from related activities, etc	(see instructions)					12	<del></del>
13	First five years. If the Form 990 is for the	organization's firs	t, second, third, fo	ourth, or fifth tax ye	ar as a section 50	1(c)(3)		
	organization, check this box and stop her		·					<b>•</b>
Sec	tion C. Computation of Public St	ipport Percen	tage					
14	Public support percentage for 2014 (line 6	, column (f) divide	d by line 11, colur	nn (f))			14	%_
15	Public support percentage from 2013 Sch						15	%_
16a	33 1/3% support test—2014. If the organ	ization 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 qual	• •						▶ _
þ	33 1/3% support test—2013. If the organ				15 is 33 1/3% or m	iore,		
	check this box and stop here. The organization			=		4.4		▶ _
17a	10%-facts-and-circumstances test201	-						
	10% or more, and if the organization meet							
	Part VI how the organization meets the "fa organization							▶ [
b	10%-facts-and-circumstances test-201	_						
	15 is 10% or more, and if the organization							
	Explain in Part VI how the organization me	eets the "facts-and	-circumstances" t	est The organizati	on qualifies as a p	ublicly		
	supported organization	d		OE 47476 1	and the beauty			▶ _
18	Private foundation. If the organization di	not check a box	on line 13, 16a, 10	ob, 1/a, of 1/b, ch	eck this box and s	ee		_
	instructions							. <u> </u>

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 diluci a	ic tooto noted i	sciow, picase e	ompiete i art ii		<del></del>
	ndar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			\		(4)
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)						
	tion B. Total Support					·	<del>-</del>
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
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 carned on						.,
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11,						<del></del>
	and 12)			<u> </u>			<del></del>
14	First five years. If the Form 990 is for the organization, check this box and stop her	•	t, second, third, fo	urth, or fifth tax ye	ar as a section 50	1(c)(3)	<b>&gt;</b>
Sec	tion C. Computation of Public Su	ipport Percen	tage	<del></del>			
15	Public support percentage for 2014 (line 8	, column (f) divide	d by line 13, colun	nn (f))		15	%
16	Public support percentage from 2013 Scho						%
Sec	tion D. Computation of Investme						
17	Investment income percentage for 2014 (I			3, column (f))		17	%_
18	Investment income percentage from 2013					<u> 18  </u>	%
19a	33 1/3% support tests—2014. If the orga						
	17 is not more than 33 1/3%, check this be		=		-		▶ _
b	33 1/3% support tests—2013. If the orga						▶ □
20	line 18 is not more than 33 1/3%, check the Private foundation. If the organization did						

20

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A. D. and E. If you checked 11d of Part I, complete Sections A and D. and complete Part V.)

Sect	ion A. All Supporting Organizations	nete Part V		
1	Are all of the organization's supported organizations listed by name in the organization's governing		Yes	No
-	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by		i es	140
	class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status	<u> </u>		
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	_2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
-	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	100		
_	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3ь		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)	1		
_	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	-33		
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
_	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			······
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN	ļ.		
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations; or (c) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial			
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent			
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			•
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
_	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit			
40-	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)			
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting	40-		
-	organizations)? If "Yes," answer (b) below  Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10a		
b	determine whether the expension had excess husiness heldings h	405		

	t IV Supporting Organizations (continued)	<del>-</del>		rage :
	Supporting Organizations (Continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			•
	below, the governing body of a supported organization?	11a	İ	
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	ion B. Type I Supporting Organizations			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	ĺ	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	_ 2		
Secti	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
Secti	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Socti	supported organizations played in this regard ion E. Type III Functionally-Integrated Supporting Organizations	3		L
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
1	The organization satisfied the Activities Test. Complete line 2 below			
a b	The organization satisfied the Activities rest complete time 2 below  The organization is the parent of each of its supported organizations. Complete line 3 below			
C	The organization is the parent of each of its supported organizations complete line 3 below  The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions).	one)		
·	The diganization supported a governmental entity bescribe and art willow you supported a government entity (see instruction	0113)		
2 /	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		-	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	<u></u>	<u></u>

Schedule A (Form 990 or 990-EZ) 2014 WESLEY BIBLICAL SE		64-0579	9585 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Su			
1  Check here if the organization satisfied the Integral Part Test as a qua	· -		II
other Type III non-functionally integrated supporting organizations mus	t complete Sections A thr	ough E	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amo	unt,		
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	<del></del>	
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		· · · <del>· · · · · · · · · · · · · · · · </del>	1

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2014

emergency temporary reduction (see instructions)

instructions)

	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	itions (continued)	· · · · · · · · · · · · · · · · · · ·
Sec	tion D - Distributions	<del> </del>		Current Year
_1	Amounts paid to supported organizations to accomplish exempt purpo		·-·· - · · · · · · · · · · · · · · · ·	
2	Amounts paid to perform activity that directly furthers exempt purpose	s of supported		
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purposes of supp	orted organizations		
4	Amounts paid to acquire exempt-use assets			
5_	Qualified set-aside amounts (prior IRS approval required)	·		
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organizations			
	(provide details in Part VI) See instructions			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	·		
<del></del>	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1_	Distributable amount for 2014 from Section C, line 6		***************************************	
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014			
a				
b				
<u>c</u>				
<u>d</u>				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section			
	D, line 7 \$			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if			
	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			
6	Remaining underdistributions for 2014 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions)			
7	Excess distributions carryover to 2015. Add lines 3j and 4c			*
8	Breakdown of line 7	<del>-</del>		
	DICERCOVAL OF RIES 1			
<u>a</u> b				
C				
	Excess from 2013			
	Excess from 2014			
		<b></b>	L	t

Schedule A (Form 990 or 990-EZ) 2014

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art Vi 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

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.

OMB No 1545-0047 Open to Public Inspection

Schedule D (Form 990) 2014

Name	of the organ	zation		mployer i	dentificat	tion nur	mber	
W	ESLEY	BIBLICAL SEMINARY	, ا	54-0	5795	85		
• • • •	art I	Organizations Maintaining Donor Advised For Complete if the organization answered "Yes" to	unds or Other Similar Funds or Ac					
		<u> </u>	(a) Donor advised funds	(b	) Funds a	ind othe	r accounts	
1	Total nur	nber at end of year						_
2	Aggregat	e value of contributions to (during year)					-	
3	Aggregat	e value of grants from (during year)						
4	Aggregat	e value at end of year						
5	Did the o	rganization inform all donors and donor advisors in writing th	at the assets held in donor advised			_	_	
	funds are	the organization's property, subject to the organization's ex-	clusive legal control?				Yes	No
6	Did the o	rganization inform all grantees, donors, and donor advisors i	n writing that grant funds can be used					
	only for c	haritable purposes and not for the benefit of the donor or do	nor advisor, or for any other purpose			_	٦	
		ımpermissible private benefit?					Yes	No.
Pa	art II	Conservation Easements. Complete if the organization answered "Yes" to	Form 990 Part IV line 7					
1	Purnose	s) of conservation easements held by the organization (chec						
		ervation of land for public use (e g , recreation or education)	Preservation of a historically import	ant land	d area			
	=	ction of natural habitat	Preservation of a certified historic s					
	<b>⊢</b>	ervation of open space						
2	Complete	lines 2a through 2d if the organization held a qualified cons	servation contribution in the form of a conserv	ation				
	•	t on the last day of the tax year			Held at	the Er	nd of the	Tax Year
а	Total nur	nber of conservation easements		2a				
b	Total acr	eage restricted by conservation easements		2b				
C	Number	of conservation easements on a certified historic structure in	cluded in (a)	2c	<u> </u>			
d	Number	of conservation easements included in (c) acquired after 8/1	7/06, and not on a					
	historic s	tructure listed in the National Register		2d				
3	Number	of conservation easements modified, transferred, released, e	extinguished, or terminated by the organizatio	n during	, the			
	tax year i	•						
4		of states where property subject to conservation easement is						
5		organization have a written policy regarding the periodic mo	onitoring, inspection, handling of			_	٦	<b>—</b>
		, and enforcement of the conservation easements it holds?				L	Yes	∐ No
6	Staff and	volunteer hours devoted to monitoring, inspecting, and enfo	orcing conservation easements during the yea	ır				
	•							
7		of expenses incurred in monitoring, inspecting, and enforcing	conservation easements during the year					
_	<b>&gt;</b> \$	the state of the s						
8		th conservation easement reported on line 2(d) above satisfy	y the requirements of section 170(n)(4)(B)(I)			٦	Yes	□ No
•		on 170(h)(4)(B)(ii)? II, describe how the organization reports conservation ease	ments in its revenue and expense statement	and		_	03	
9		the describe now the organization reports conservation ease. Sheet, and include, if applicable, the text of the footnote to the			he			
		ion's accounting for conservation easements	0.922					
P	art III	Organizations Maintaining Collections of Art	t, Historical Treasures, or Other Si	milar	Asset	s.		
		Complete if the organization answered "Yes" to						
1a		anization elected, as permitted under SFAS 116 (ASC 958),						
		art, historical treasures, or other similar assets held for publi		ance of				
		rvice, provide, in Part XIII, the text of the footnote to its finan						
b		anization elected, as permitted under SFAS 116 (ASC 958),						
		art, historical treasures, or other similar assets held for publi	ic exhibition, education, or research in further	ance of				
	•	rvice, provide the following amounts relating to these items:			•			
	• •	nues included in Form 990, Part VIII, line 1		<b>&gt;</b>	\$			
_		ts included in Form 990, Part X		ا المامان	* *			
2	_	anization received or held works of art, historical treasures,		ide the				
	-	amounts required to be reported under SFAS 116 (ASC 958	b) relating to these items					
<b>a</b>		included in Form 990, Part VIII, line 1		<b>₽</b>	· \$			
-	ACCATC IF	cuidea in FORM 990 Par X		_	JD .			

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Sche	dule D (Form 990) 2014 WESLEY BI	BLICAL SEN	MINAR'	Y		64-0	579585			Page 2
_	et III , Organizations Maintaining		***		easures.			sets (	continue	
3	Using the organization's acquisition, accessio collection items (check all that apply)									-1
а	Public exhibition	d□	Loan or e	xchange prog	ırams					
b	Scholarly research	<del></del>	Other		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
С	Preservation for future generations									
4	Provide a description of the organization's col	lections and explain	n how they	further the o	rganization'	s exempt p	ourpose in Part			
	XIII			,	•		•			
5	During the year, did the organization solicit or	receive donations of	of art, hist	orical treasure	es, or other	sımılar				
	assets to be sold to raise funds rather than to								Yes	No
Pa	rt IV Escrow and Custodial Arra	ngements.								
	Complete if the organization	answered "Yes'	" to Forr	n 990, Parl	t IV, line 9	, or repo	rted an amou	unt or	n Form	
	990, Part X, line 21.									
1a	Is the organization an agent, trustee, custodia	n or other intermed	liary for co	ntributions or	other asset	ts not	*			
	ıncluded on Form 990, Part X?								Yes	No No
b	If "Yes," explain the arrangement in Part XIII a	ind complete the fo	llowing tal	ble						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21, for es	scrow or custo	odial accour	nt liability?			Yes	No No
b	If "Yes," explain the arrangement in Part XIII	Check here if the ex	xplanation	has been pro	ovided in Pa	rt XIII				
Pa	rt ♥ Endowment Funds.									
	Complete if the organization	answered "Yes"	" to Forn	<u>n 990, Part</u>	t IV, line 1	<u>0.                                    </u>			<del></del>	
		(a) Current year	(b) P	rior year	(c) Two yea	ars back	(d) Three years b	ack	(e) Four yea	rs back
1a	Beginning of year balance	2,891,399	2,	758,172	2,6	75,910	2,663,	333	2,557	7,117
b	Contributions	8,676		12,963		9,612	12,	348	82	2,565
С	Net investment earnings, gains, and	•								
	losses	27,880		120,264		72,650	19,	095	265	5,685
d	Grants or scholarships	164,093					16,	466	229	9,531
е	Other expenditures for facilities and					ĺ		ŀ		
	programs	62,364					2,	400	12	2,503
f	Administrative expenses									
g	End of year balance	2,701,498	2,	891,399	2,7	58,172	2,675,	910	2,663	3,333
2	Provide the estimated percentage of the curre	nt year end balance	e (line 1g,	column (a)) I	held as					
а	Board designated or quasi-endowment ▶	%								
b	Permanent endowment ► 98.95 %									
C	Temporarily restricted endowment ▶ 1	05 %								
	The percentages in lines 2a, 2b, and 2c should	*								
3a	Are there endowment funds not in the posses	sion of the organiza	ation that a	are held and a	administered	d for the			<u></u>	<del></del>
	organization by								Ye	
	(i) unrelated organizations								3a(i)	<u> </u>
	(ii) related organizations								3a(ii)	<u> </u>
b	If "Yes" to 3a(ii), are the related organizations	•							3b	
4	Describe in Part XIII the intended uses of the		owment fu	nds	<del></del>		· · · · · · · · · · · · · · · · · · ·			<del></del>
Pa	THE VI Land, Buildings, and Equip		D A	• 000 D≈ ±	4 N / 1!m = 4	10 000	Farm 000 D	~ ~ V	line 40	
	Complete if the organization							ап X,		<del></del>
	Description of property	(a) Cost or other b	1	(b) Cost or of			ocumulated preciation		(d) Book value	В
		(investment)		(othe	<u> </u>	- de	processor.		422	660
	Land	<b></b>			23,669 83,335		,273,356		1,309	,669
	Buildings	<del></del>		4,50	55,555		, 2 , 3 , 3 , 5 , 5		<b>1,309</b>	, 313
C	Leasehold improvements	L								

767,967

624,089

49,271

1,785,519

2,600

718,696

621,489

**d** Equipment

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

e Other

	orm 990) 2014 WESLEY BIBLICAL SEMIN	ARY	64-0579585	Page
Part VII	Investments—Other Securities. Complete if the organization answered "Yes" to	Form 990, Part IV, line	11b See Form 990, P	art X, line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-yea	
(1) Financial o	derivatives			
	eld equity interests			
(3) Other	•			
(A)				
(B)				
(C)				
(D)				*
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col (B) line 12 )			
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes" to	Form 990, Part IV, line	11c See Form 990, Pa	art X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of	
			Cost or end-of-yea	ar market value
(1)				
(2)				
(3)				<del></del>
(4)				
(5)				· · · · · · · · · · · · · · · · · · ·
(6)				
(7)				
(8)			-	
(9)	· · · · · · · · · · · · · · · · · · ·	<del></del>		· · · ·
	n (b) must equal Form 990, Part X, col. (B) line 13 ) ▶			
Part IX	Other Assets.	<del></del>		······································
4-4	Complete if the organization answered "Yes" to	Form 990, Part IV, line	11d. See Form 990, P.	art X, line 15.
•••	(a) Description			(b) Book value
(1)			· . <del> </del>	:
(2)		· · · · · · · · · · · · · · · · · · ·		
(3)				<del></del>
(4)				
(5)				
(6)				
(7)				-
(8)				
(9)				,
	n (b) must equal Form 990, Part X, col. (B) line 15.)		<b>•</b>	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" to	Form 990, Part IV, line	e 11e or 11f See Form	990, Part X,
	line 25.			
1.	(a) Description of liability	(b) Book value		
	income taxes			
	SITS ON PROP/EQUIP SALES	93,500		
	TY OBLIGATIONS	86,655	<b>1</b>	
(4)				
(5)			1	
(6)	,		1	
(7)			1	•
(8)			1 ,	
(9)			1	
	n (b) must equal Form 990, Part X, col. (B) line 25.) ▶	180,155	1	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Sch	dule D (Form 990) 2014 WESLEY BIBLICAL SEMINARY	64-057958		Page
Pi	art XI Reconciliation of Revenue per Audited Financial Statements	With Revenue per Re	urn.	
	Complete if the organization answered "Yes" to Form 990, Part I	V, line 12a		
1	Total revenue, gains, and other support per audited financial statements		1	1,115,24
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a -23,767		
b	Donated services and use of facilities	2b	.	
С	Recoveries of prior year grants	2c	1	
d	Other (Describe in Part XIII )	2d .		
е	Add lines 2a through 2d		2e	-23,76
3	Subtract line 2e from line 1	,	3	1,139,00
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	a 345		
b	Other (Describe in Part XIII )	49,765		
C	Add lines 4a and 4b		4c	50,11
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	1,189,11
Pa	at XII Reconciliation of Expenses per Audited Financial Statement	•	teturr	١.
	Complete if the organization answered "Yes" to Form 990, Part I	V, line 12a.		
1	Total expenses and losses per audited financial statements		1	1,446,32
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1		
а		la l		
b	- · · · · · · - · · · · · · · · · · · ·	2b		
С		2c		
d	` '	2d 64,340		
е	Add lines 2a through 2d		2e	64,34
3	Subtract line 2e from line 1		3	1,381,98
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		1	
а		a 345	ł	
b	Other (Describe in Part XIII )	ь 114,105	1	
С	Add lines 4a and 4b	·	4c	114,45
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	1,496,43
	rt XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, line		art X, li	ne
	rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any			
Ρ.	ART V, LINE 4 - INTENDED USES FOR ENDOWMENT F	FUNDS		
F	NDOWMENT FUNDS ARE INTENDED PRIMARILY TO PROV	THE THOOME FOR	וזפי	בי אם פיינוים ביאיי
دانته	ADOMENI PONDO ARE INTENDED PRIMEREDI TO PROV	VIDE INCOME FOR	OD.	T ND OTODINI
F	INANCIAL AID, AN ENDOWED FACULTY CHAIR, AND A	A LECTURE SERIE	s.	
P	ART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON	N RETURN - OTHE	R	
	ENTAL PROPERTY EXPENSES	\$		-64,340
	THOTARSHIPS APPLIED TO THITTON			114.105

RENTAL PROPERTY EXPENSES 64,340 PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER SCHOLARSHIPS APPLIED TO TUITION 114,105

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

## 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

Open to Public Inspection

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

#### WESLEY BIBLICAL SEMINARY

Employer identification number 64-0579585

P	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	х	
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	3	х	
	PUBLICIZED IN ITS ACADEMIC CATALOG, AT LEAST ANNUALLY IN A NEWSPAPER, AND THROUGH VARIOUS OTHER METHODS.			
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	х	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain If you need more space, use Part II	4d	Х	
5	Does the organization discriminate by race in any way with respect to			
а	Students' rights or privileges?	5a	<u> </u>	X
b	Admissions policies?	5b	<u> </u>	X
С	Employment of faculty or administrative staff?	5c	ļ	X
d	Scholarships or other financial assistance?	5d		X
е	Educational policies?	5e		х
f	Use of facilities?	_5f		<u>x</u>
g	Athletic programs?	5g	_	X
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5h		Х
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6-	x	
b	Has the organization's right to such aid ever been revoked or suspended?	6a 6b	├^	X
-	If you answered "Yes" to either line 6a or line 6b, explain on Part II	90	<b></b>	<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	

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also 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 I (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

2014 Open to Public Inspection

OMB No 1545-0047

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number 64 - 0579585

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X Yes

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States General Information on Grants and Assistance WESLEY BIBLICAL SEMINARY the selection criteria used to award the grants or assistance? Part 1

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed Part II

7	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Ε	Y CHAPEL NORTHSIDE DRIVE							OPERATIONS
ا5	JACKSON MS 39206	26-3967628	501C3	10,739	38,293	38,293 FAIR VALUE PLEDGES RECEIV.	PLEDGES RE	CEIV.
(2)								
<u>(6)</u>								
<b>3</b>								
(9)								
9		-			,			
6								
(8)								
(6)								
~ 6	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	organizations listed	in the line	1 table				<b>.</b>

3 Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the instructions for Form 990.

DAA

Schedule I (Form 990) (2014)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Schedule I (Form 990) (2014) WESLEY BIBLICAL SEMINARY

Part III can be duplicated if additional space is needed

Part

	rait III cail de udpilcateu il additional space is needed	Ulai space is liceded.				
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	•
1 STUDI	1 STUDENT FINANCIAL AID	46	10,853	114,105	FMV	REDUCED TUITION
,						
3						
4						
ĸ						
9						
VI tred	Supplemental Information Provide the information		oursed in Part Lline	Part III column (b)	required in Part Line 2 Part III column (b) and any other additional information	nformation

Suppiemental information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Part IV

PROCEDURES FOR MONITORING THE USE OF

0

LINE

PART I,

GRANT FUNDS

STUDENT FINANCIAL AID IS AWARDED TO STUDENTS BASED ON ACADEMIC MERIT,

FINANCIAL NEED, FACULTY STATUS, AND OTHER ESTABLISHED CRITERIA.

WESLEY CHAPEL, WHICH WAS PREVIOUSLY A PART OF THE SEMINARY, BECAME

SEPARATE AND INDEPENDENT ENTITY ON JULY 1, 2014, AND WESLEY CHAPEL'S

ASSOCIATED ASSETS TOTALING \$49,032 WERE DISTRIBUTED TO THE NEW ENTITY

AT THAT TIME FOR USE IN ITS OPERATIONS.

#### SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

## **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open To Public

gov/form990. Open To Public Inspection

Employer identification number

WESLEY BIBLICAL SEMINARY 64-0579585 Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (b) Relationship between disqualified person and (d) Corrected? 1 (a) Name of disqualified person (c) Description of transaction organization Yes No (1) (2) (3) (4) (5) (6) Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	or fro	oan to m the	(e) Original principal amount	(f) Balance due	(g) in (	default?	by bo	ard or	(ı) W agree	ntten ment?
				g ? From		,	Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)		<u></u> .										
(5)						, ,						
(6)												
(7)												
(8)												
(9)												
(10)												
Total					▶ \$							

# Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person
(b) Relationship between interested person and the organization

(b) Relationship between interested person and the organization

(c) Amount of assistance
(d) Type of assistance
(e) Purpose of assistance

(2)
(3)
(4)
(5)
(6)
(7)
(8)
(9)

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2014

DAA

## 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.

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.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service

Department of the Treasury

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 12C - ENFORCEMENT OF CONFLICTS POLICY

ANNUAL CONFLICT OF INTEREST DISCLOSURE FORMS ARE REVIEWED BY MANAGEMENT AND

THE BOARD OF TRUSTEES.

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

Schedule O (Form,990 or 990-EZ) (2014)		Page 2	
Name of the organization	Employer identification number		
WESLEY BIBLICAL SEMINARY	64-057	64-0579585	
RENTAL PROPERTY EXPENSES	\$	64,340	
SCHOLARSHIPS APPLIED TO TUITION	\$	-114,105	
RENTAL PROPERTY EXPENSES	\$	-64,340	
SCHOLARSHIPS APPLIED TO TUITION	\$	114,105	