

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury
Internal Revenue Service

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

A For the **2010** calendar year, or tax year beginning **07/01, 2010**, and ending **06/30, 2011**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization OHIO WESLEYAN UNIVERSITY			D Employer identification number 31-4379585
	Doing Business As		E Telephone number (740) 368-2000	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 61 SOUTH SANDUSKY STREET		G Gross receipts \$ 111,735,113.	
	City or town, state or country, and ZIP + 4 DELAWARE, OH 43015		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
F Name and address of principal officer: ERIC S. ALGOE 61 SOUTH SANDUSKY STREET DELAWARE, OH 43015			H(c) Group exemption number ▶	
I Tax-exempt status:	<input checked="" type="checkbox"/> 501(c)(3)	<input type="checkbox"/> 501(c) () ◀ (insert no.)	<input type="checkbox"/> 4947(a)(1) or	<input type="checkbox"/> 527
J Website: ▶ WWW.OWU.EDU				
K Form of organization:	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Association	<input type="checkbox"/> Other ▶
L Year of formation: 1842			M State of legal domicile: OH	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: OWU IS ONE OF THE NATION'S PREMIER SMALL LIBERAL ARTS COLLEGES, BOASTING STRONG RELATIONSHIPS BETWEEN STUDENTS & FACULTY & A HOST OF OPPORTUNITIES THAT PREPARE STUDENTS FOR LIVES OF SERVICE & LEADERSHIP.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	38.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	38.
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	2,115.
	6 Total number of volunteers (estimate if necessary)	6	135.
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	60,217.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	11,654,888.	20,836,332.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	77,725,020.	80,528,629.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,665,008.	7,743,508.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,399,813.	2,616,209.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	95,444,729.	111,724,678.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	33,252,433.	35,840,862.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16 a Professional fundraising fees (Part IX, column (A), line 11e)	36,374,299.	38,810,314.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,299,201.	916.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	27,414,961.	28,083,572.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	97,042,609.	102,734,748.
19 Revenue less expenses. Subtract line 18 from line 12	-1,597,880.	8,989,930.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	302,633,877.	335,823,501.
	22 Net assets or fund balances. Subtract line 21 from line 20	73,710,940.	68,602,499.
		228,922,937.	267,221,002.

Part II Signature Block

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

Sign Here	▶ Signature of officer	Date			
	▶ Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ MALONEY + NOVOTNY LLC	EIN ▶		Phone no. ▶ 216-363-0100	
	Firm's address ▶ 1111 SUPERIOR AVENUE, SUITE 700 CLEVELAND, OH 44114				
May the IRS discuss this return with the preparer shown above? (see instructions)					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 88,126,981. including grants of \$ 35,840,862.) (Revenue \$ 83,128,673.)
ONE OF THE NATION'S PREMIER SMALL LIBERAL ARTS COLLEGES, OHIO
WESLEYAN UNIVERSITY BOASTS A RIGOROUS CURRICULUM, EXCEPTIONALLY
STRONG MENTORING RELATIONSHIPS BETWEEN STUDENTS AND FACULTY, AND A
HOST OF EXPERIENTIAL LEARNING OPPORTUNITIES THAT LINK THE LIBERAL
ARTS TO PRACTICAL REALITIES AND PREPARE STUDENTS FOR SERVICE AND
LEADERSHIP IN THEIR CAREERS AND COMMUNITIES.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 88,126,981.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Question text, and Yes/No response boxes. Rows include questions 21 through 38 regarding grants, compensation, tax-exempt bonds, and business transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response to any question in this Part V.

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a-14b regarding Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 720, and Form 702.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (38); 1b Enter the number of voting members included in line 1a, above, who are independent (38); 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? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Does the organization have members or stockholders? (X); 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (X); 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (X); 13 Does the organization have a written whistleblower policy? (X); 14 Does the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? (X).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. [] Own website [] Another's website [X] Upon request; 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.; 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: EILEEN M. WALKER 61 SOUTH SANDUSKY STREET DELAWARE, OH 43015 740-368-3363

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHAEL LONG BOARD CHAIR	6.00	X		X				0.	0.	0.
(2) THOMAS TRITTON BOARD VICE CHAIR	4.00	X		X				0.	0.	0.
(3) JAMES PRY UNIVERSITY COUNSEL	1.00	X						0.	0.	0.
(4) CHRISTOPHER ANDERSON ALUMNI TRUSTEE	1.00	X						0.	0.	0.
(5) CATHLEEN BUTT ALUMNI TRUSTEE	1.00	X						0.	0.	0.
(6) ORLANDO CHAFFEE ALUMNI TRUSTEE	1.00	X						0.	0.	0.
(7) EVAN CORNS ALUMNI TRUSTEE	1.00	X						0.	0.	0.
(8) AARON GRANGER ALUMNI TRUSTEE	1.00	X						0.	0.	0.
(9) EDWARD HADDOCK ALUMNI TRUSTEE	1.00	X						0.	0.	0.
(10) RYAN JORDAN ALUMNI TRUSTEE	1.00	X						0.	0.	0.
(11) JOSEPH LASH ALUMNI TRUSTEE	1.00	X						0.	0.	0.
(12) GREGORY LEWIS ALUMNI TRUSTEE	1.00	X						0.	0.	0.
(13) KEVIN MCGINTY ALUMNI TRUSTEE	1.00	X						0.	0.	0.
(14) JOHN MILLIGAN ALUMNI TRUSTEE	1.00	X						0.	0.	0.
(15) C. PAUL PALMER ALUMNI TRUSTEE	1.00	X						0.	0.	0.
(16) ANAND PHILIP ALUMNI TRUSTEE	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17) CHLOE HAMRICK WILLIAMS ALUMNI TRUSTEE	1.00	X						0.	0.	0.
(18) RICHARD ALEXANDER AT-LARGE TRUSTEE	1.00	X						0.	0.	0.
(19) KATHY WENZLAU COMER AT-LARGE TRUSTEE	1.00	X						0.	0.	0.
(20) PATRICIA CONRADES AT-LARGE TRUSTEE	1.00	X						0.	0.	0.
(21) ADRIAN CORBIERE AT-LARGE TRUSTEE	1.00	X						0.	0.	0.
(22) LISA SCHWEITZER COURTICE AT-LARGE TRUSTEE	1.00	X						0.	0.	0.
(23) BELINDA FOUTS AT-LARGE TRUSTEE	1.00	X						0.	0.	0.
(24) ROBERT GILLESPIE AT-LARGE TRUSTEE	1.00	X						0.	0.	0.
(25) DANIEL GLASER AT-LARGE TRUSTEE	1.00	X						0.	0.	0.
(26) CAROL LATHAM AT-LARGE TRUSTEE	1.00	X						0.	0.	0.
(27) MARGARET MCDOWELL LLOYD AT-LARGE TRUSTEE	1.00	X						0.	0.	0.
(28) TODD LUTTINGER AT-LARGE TRUSTEE	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A ATTACHMENT 2								1,749,326.	0	478,229.
d Total (add lines 1b and 1c)								1,749,326.	0	478,229.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **11**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **58**

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	14,795.				
	d Related organizations	1d					
	e Government grants (contributions) . .	1e	2,609,335.				
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	18,212,202.				
	g Noncash contributions included in lines 1a-1f: \$		1,003,264.				
	h Total. Add lines 1a-1f			20,836,332.			
Program Service Revenue		Business Code					
	2a TUITION AND FEES		900099	65,246,283.	65,246,283.		
	b AUXILIARY SERVICES		900099	15,156,475.	15,156,475.		
	c BOOKSTORE		900099	125,871.	125,871.		
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f			80,528,629.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,752,040.		60,217.	2,691,823.
	4 Income from investment of tax-exempt bond proceeds . . .			0.			
	5 Royalties			0.			
		(i) Real	(ii) Personal				
	6a Gross Rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)				0.		
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory			4,991,468.			
	b Less: cost or other basis and sales expenses			0.			
	c Gain or (loss)			4,991,468.			
	d Net gain or (loss)			4,991,468.			4,991,468.
	8a Gross income from fundraising events (not including \$ 14,795. of contributions reported on line 1c). See Part IV, line 18	a		26,600.			
	b Less: direct expenses	b		10,435.			
c Net income or (loss) from fundraising events			16,165.			16,165.	
9a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses	b						
c Net income or (loss) from gaming activities			0.				
10a Gross sales of inventory, less returns and allowances	a						
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory			0.				
Miscellaneous Revenue			Business Code				
11a OTHER INCOME		900099	2,600,044.	2,600,044.			
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d			2,600,044.				
12 Total revenue. See instructions			111,724,678.	83,128,673.	60,217.	7,699,456.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0.			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	35,581,283.	35,581,283.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	259,579.	259,579.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	1,233,518.	725,501.	229,465.	278,552.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	26,847,275.	20,016,032.	5,064,179.	1,767,064.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,535,515.	1,828,144.	493,576.	213,795.
9 Other employee benefits	6,243,901.	4,793,562.	1,007,238.	443,101.
10 Payroll taxes	1,950,105.	1,406,055.	379,617.	164,433.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	154,937.	17,020.	137,917.	
c Accounting	140,070.		140,070.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	1,332,932.	1,157,460.	122,403.	53,069.
12 Advertising and promotion	93,293.	14,085.	26,239.	52,969.
13 Office expenses	639,544.	342,245.	133,187.	164,112.
14 Information technology	1,236,562.	1,028,793.	177,904.	29,865.
15 Royalties	0.			
16 Occupancy	3,620,229.	3,450,223.	118,741.	51,265.
17 Travel	2,897,643.	2,277,100.	249,691.	370,852.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	109,094.	77,616.	19,199.	12,279.
20 Interest	1,181,368.	1,125,891.	38,748.	16,729.
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	3,054,814.	2,911,360.	100,196.	43,258.
23 Insurance	390,619.	72,481.	318,138.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a RESIDENTIAL EXPENSE -----	5,573,863.	5,540,844.	32,574.	445.
b OPERATING SUPPLIES -----	2,600,589.	2,211,357.	102,655.	286,577.
c PROGRAM/ATHLETIC -----	3,028,501.	2,103,752.	633,529.	291,220.
d OTHER AUX ENT -----	1,119,023.	674,426.	444,289.	308.
e MISCELLANEOUS -----	910,491.	512,172.	339,011.	59,308.
f All other expenses -----				
25 Total functional expenses. Add lines 1 through 24f	102,734,748.	88,126,981.	10,308,566.	4,299,201.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	3,195,989.	1	619,403.
	2 Savings and temporary cash investments	2,669,873.	2	0.
	3 Pledges and grants receivable, net	7,219,233.	3	14,713,377.
	4 Accounts receivable, net	1,408,884.	4	1,469,903.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	370,506.	8	71,773.
	9 Prepaid expenses and deferred charges	828,991.	9	568,005.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 158,666,820.		
	b Less: accumulated depreciation	10b 49,805,537.	102,605,607.	10c 108,861,283.
	11 Investments - publicly traded securities	75,776,625.	11	83,250,343.
	12 Investments - other securities. See Part IV, line 11	102,481,445.	12	120,111,249.
	13 Investments - program-related. See Part IV, line 11	6,076,724.	13	6,158,165.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)		302,633,877.	16	335,823,501.
Liabilities	17 Accounts payable and accrued expenses	14,353,553.	17	11,881,451.
	18 Grants payable		18	
	19 Deferred revenue	4,251,397.	19	3,407,315.
	20 Tax-exempt bond liabilities	28,569,471.	20	26,583,759.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	2,728,926.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	26,536,519.	25	24,001,048.
	26 Total liabilities. Add lines 17 through 25		73,710,940.	26
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	54,067,956.	27	60,616,901.
	28 Temporarily restricted net assets	50,932,995.	28	73,022,099.
	29 Permanently restricted net assets	123,921,986.	29	133,582,002.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances		228,922,937.	33	267,221,002.
34 Total liabilities and net assets/fund balances		302,633,877.	34	335,823,501.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	111,724,678.
2	Total expenses (must equal Part IX, column (A), line 25)	2	102,734,748.
3	Revenue less expenses. Subtract line 2 from line 1	3	8,989,930.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	228,922,937.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	29,308,135.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	267,221,002.

Part XII Financial Statements and Reporting

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

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

Form **990** (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

OHIO WESLEYAN UNIVERSITY

Employer identification number

31-4379585

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)

- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a Type I b Type II c Type III - Functionally integrated d Type III - Other

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

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

Section A. Public Support

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 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; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2010; 15 Public support percentage from 2009 Schedule A, Part II, line 14; 16a 33 1/3 % support test - 2010; b 33 1/3 % support test - 2009; 17a 10%-facts-and-circumstances test - 2010; b 10%-facts-and-circumstances test - 2009; 18 Private foundation.

Part III 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19 a 33 1/3 % support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3 % support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

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

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

2010

Name of the organization

OHIO WESLEYAN UNIVERSITY

Employer identification number

31-4379585

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization OHIO WESLEYAN UNIVERSITY

Employer identification number

31-4379585

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	----- ----- -----	\$ 1,055,214.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	----- ----- -----	\$ 444,012.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	----- ----- -----	\$ 1,147,454.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

Name of the organization

OHIO WESLEYAN UNIVERSITY

Employer identification number

31-4379585

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? (Yes/No), 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? (Yes/No)

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure. 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 4 Number of states where property subject to conservation easement is located. 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No). 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year. 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year. 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and 170(h)(4)(B)(ii)? (Yes/No). 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Revenues, Assets. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2010

JSA 0E1268 1.000

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XI V and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XI V.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	159,948,275.	142,658,013.	185,580,263.		
b Contributions	3,158,883.	2,649,733.	3,362,732.		
c Net investment earnings, gains, and losses	32,902,702.	23,140,529.	-37,692,665.		
d Grants or scholarships					
e Other expenditures for facilities and programs	9,377,422.	8,500,000.	8,592,317.		
f Administrative expenses					
g End of year balance	186,632,438.	159,948,275.	142,658,013.		

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ 5.4108 %
- b Permanent endowment ▶ 64.4384 %
- c Term endowment ▶ 30.1508 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,466,858.		3,466,858.
b Buildings		125,876,055.	33,031,285.	92,844,770.
c Leasehold improvements				
d Equipment		17,478,953.	12,543,303.	4,935,650.
e Other		11,844,954.	4,230,949.	7,614,005.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				108,861,283.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) INTERNATIONAL EQUITIES	39,161,125.	FMV
(B) HEDGE/ABSOLUTE RETURN	33,359,495.	FMV
(C) PRIV.EQ./VENT.CAP.	14,075,552.	FMV
(D) INTEREST IN TRUST	4,423,958.	FMV
(E) FIXED INCOME	1,417,718.	FMV
(F) OTHER INVESTMENTS	7,265,032.	FMV
(G) NON-PUB. TRADED DOM.EQUITIES	20,408,369.	FMV
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	120,111,249.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) POSTRETIREMENT BENEFITS OBLIG.	19,769,420.
(3) ADVANCES FROM FEDERAL GOVT.	3,504,823.
(4) FAIR VALUE OF INTEREST RATE SWAP	726,805.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	24,001,048.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	111,724,678.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	102,734,748.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	8,989,930.
4	Net unrealized gains (losses) on investments	4	25,944,734.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	3,363,401.
9	Total adjustments (net). Add lines 4 through 8	9	29,308,135.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	38,298,065.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	102,255,258.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	25,944,734.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	416,273.
e	Add lines 2a through 2d	2e	26,361,007.
3	Subtract line 2e from line 1	3	75,894,251.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	35,830,427.
c	Add lines 4a and 4b	4c	35,830,427.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	111,724,678.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	63,957,193.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	-2,947,128.
e	Add lines 2a through 2d	2e	-2,947,128.
3	Subtract line 2e from line 1	3	66,904,321.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	35,830,427.
c	Add lines 4a and 4b	4c	35,830,427.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	102,734,748.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIV Supplemental Information (continued)

FINANCIAL STATEMENT FOOTNOTE FOR ART COLLECTION,

PART III, ITEM 1A:

ART COLLECTIONS - THE UNIVERSITY MAINTAINS A COLLECTION OF ARTWORK IN ITS HUMPHREYS ART HALL. DUE TO THE DIFFICULTY IN ESTABLISHING A VALUE FOR COLLECTION PIECES DONATED TO THE UNIVERSITY, THESE ASSETS ARE NOT RECORDED IN THE CONSOLIDATED FINANCIAL STATEMENTS. COLLECTION PURCHASES ARE EXPENSED AS PURCHASED. THE UNIVERSITY PROVIDES A CLEAN, SECURE AND STABLE ENVIRONMENT FOR ITS PERMANENT COLLECTIONS. THE ARTWORK IS GIVEN REASONABLE CARE TOWARDS ITS PRESERVATION.

DESCRIPTION OF ART COLLECTION,

PART III, LINE 4:

MUSEUM'S PERMANENT COLLECTION:

- ALL OF OUR EXHIBITIONS ARE OPEN TO THE PUBLIC. THOSE ARE MOUNTED IN THE MUSEUM OR IN EITHER GALLERY 2001 IN BEEGHLI LIBRARY OR THE ALUMNI GALLERY IN MOWRY ALUMNI CENTER.
- STUDENTS REGULARLY USE THE ITEMS ON DISPLAY IN FEATURE EXHIBITIONS AND/OR ITEMS FROM THE MUSEUM'S PERMANENT COLLECTION FOR RESEARCH PROJECTS ASSIGNED TO THEM BY OUR ART HISTORY INSTRUCTOR. OTHER ART INSTRUCTORS FREQUENTLY BRING THEIR CLASSES TO THE MUSEUM OR TO ONE OF THE MUSEUM'S SATELLITE GALLERIES TO VIEW AND DISCUSS ITEMS ON DISPLAY IN FEATURE EXHIBITIONS MOUNTED AT EITHER OR BOTH OF THOSE LOCATIONS.
- WE HAVE A LARGE PERMANENT COLLECTION WHICH IS HOUSED IN THE MUSEUM'S SECOND FLOOR ARCHIVE AREA. THE ITEMS IN THE COLLECTION ARE SECURED IN A LOCKED AND TEMPERATURE/HUMIDITY CONTROLLED STORAGE AREA. ALL ITEMS ARE STORED IN A WAY THAT ASSURES THEIR SAFEKEEPING AND PRESERVATION FOR

Part XIV Supplemental Information (continued)

FUTURE GENERATIONS.

- WE HAVE LOANED ITEMS FROM THE MUSEUM'S PERMANENT COLLECTION TO BOTH PUBLIC AND PRIVATE MUSEUMS ON SEVERAL OCCASIONS.

- THE COLLECTION IS COMPOSED PRIMARILY OF ORIGINAL WORKS ON PAPER. WHILE THE COLLECTION INCLUDES DRAWINGS AND PAINTINGS ON PAPER, BY FAR THE LARGEST NUMBER OF WORKS ON PAPER ARE PRINTS (LITHOGRAPHS, ETCHINGS, INTAGLIO, AND SCREEN PRINTS) AND PHOTOGRAPHS. THERE ARE A FEW PIECES OF CERAMICS, SCULPTURE, AND JEWELRY IN THE COLLECTION, AND AT LEAST ONE PAINTING ON CANVAS. DUE TO LIMITED STORAGE SPACE AND COST OF ACQUIRING "ONE-OF-A-KIND" OBJECTS, IN 1972 IT WAS THE DECISION OF THE MEMBERS OF THE FINE ARTS FACULTY TO COMMENCE THE BUILDING OF A PERMANENT COLLECTION OF ORIGINAL WORKS OF ART THAT WOULD BE COMPOSED PRIMARILY OF WORKS ON PAPER.

INTENDED USES OF ENDOWMENT ASSETS,

PART V, LINE 4:

PERMANENTLY RESTRICTED ENDOWMENT FUNDS REPRESENT FUNDS WHICH ARE RESTRICTED AS TO USE IN PERPETUITY. DISTRIBUTIONS FROM ENDOWMENT FUNDS ARE SPENT IN COMPLIANCE WITH THE DONOR'S RESTRICTION APPLICABLE TO THE FUNDS BEING DISTRIBUTED. EXPENDITURES FROM OTHER ENDOWMENT FUNDS ARE APPROVED BY THE BOARD OF TRUSTEES AND ARE SPENT ON ACTIVITIES WHICH FURTHER THE EXEMPT EDUCATIONAL PURPOSES OF THE UNIVERSITY.

Part XIV Supplemental Information (continued)

OTHER CHANGES IN NET ASSETS,

PART XI, LINE 8:

POSTRETIREMENT OBLIGATION ADJUSTMENT: \$2,618,444; PENSION-RELATED CHARGES
OTHER THAN NET PERIODIC PENSION COST: \$328,684; ACTUARIAL ADJUSTMENT OF
SPLIT-INTEREST AGREEMENTS: (\$820,800); MATURED SPLIT-INTEREST AGREEMENTS:
\$1,270,378; FAIR VALUE OF INTEREST RATE SWAP: (\$33,305); TOTAL ADJUSTMENT
= \$3,363,401

OTHER CHANGES IN REVENUE,

PART XII, LINE 2D:

ACTUARIAL ADJUSTMENT OF SPLIT-INTEREST AGREEMENTS: (\$820,800); MATURED
SPLIT-INTEREST AGREEMENTS: \$1,270,378; CHANGE IN FAIR VALUE OF INTEREST
RATE SWAP: (\$33,305); TOTAL ADJUSTMENT: \$416,273

OTHER CHANGES IN REVENUE,

PART XII, LINE 4B:

STUDENT FINANCIAL AID, WHICH WAS SHOWN AS A REDUCTION OF REVENUE ON
FINANCIAL STATEMENTS BUT AS AN EXPENSE IN PART IX OF FORM 990:
\$35,840,862; FUNDRAISING EVENT EXPENSES SHOWN ON FORM 990, PART VIII,
LINE 8B: (\$10,435); TOTAL ADJUSTMENT = \$35,830,427

Part XIV Supplemental Information (continued)

OTHER CHANGES IN EXPENSES,

PART XIII, LINE 4B:

STUDENT FINANCIAL AID, WHICH WAS SHOWN AS A REDUCTION OF REVENUE ON

FINANCIAL STATEMENTS BUT AS AN EXPENSE IN PART IX OF FORM 990:

\$35,840,862; FUNDRAISING EVENT EXPENSES SHOWN ON FORM 990, PART VIII,

LINE 8B: (\$10,435); TOTAL ADJUSTMENT = \$35,830,427

OTHER CHANGES IN EXPENSES,

PART XIII, LINE 2D:

POSTRETIREMENT OBLIGATION ADJUSTMENT: (\$2,618,444); PENSION-RELATED

CHARGES OTHER THAN NET PERIODIC PENSION COST: (\$328,684); TOTAL

ADJUSTMENT = (\$2,947,128)

FIN 48 FOOTNOTE,

PART X, LINE 2:

FEDERAL INCOME TAX - THE UNIVERSITY IS EXEMPT FROM FEDERAL INCOME TAXES

UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, EXCEPT ON NET

INCOME DERIVED FROM UNRELATED BUSINESS ACTIVITIES. THE UNIVERSITY

RECOGNIZES THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS

MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON

EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE

POSITION. EXAMPLES OF TAX POSITIONS INCLUDE THE TAX-EXEMPT STATUS OF THE

UNIVERSITY, THE CONTINUED TAX-EXEMPT STATUS OF BONDS ISSUED BY THE

UNIVERSITY AND VARIOUS POSITIONS RELATED TO POTENTIAL SOURCES OF

UNRELATED TAXABLE INCOME. THE UNIVERSITY BELIEVES THAT IT HAS APPROPRIATE

SUPPORT FOR ANY TAX POSITIONS TAKEN AND, AS SUCH, DOES NOT HAVE ANY

Part XIV Supplemental Information (continued)

UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.
AS OF JUNE 30, 2011, THE UNIVERSITY'S INCOME TAX YEARS FROM 2007 AND
THEREAFTER REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE,
AS WELL AS VARIOUS STATE AND LOCAL TAXING AUTHORITIES.

CONSERVATION EASEMENT REPORTING,

PART II, LINE 9:

THE UNIVERSITY DOES NOT REFLECT THE CONSERVATION EASEMENT IN ITS BALANCE
SHEET OR REVENUE AND EXPENSES. THE VALUE OF THE EASEMENT IS IMMATERIAL TO
THE UNIVERSITY'S FINANCIAL STATEMENTS.

**SCHEDULE E
(Form 990 or 990-EZ)**

Schools

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990 or Form 990-EZ.**

Name of the organization

OHIO WESLEYAN UNIVERSITY

Employer identification number

31-4379585

Part 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?	X	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	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.		X
SEE SUPPLEMENTAL PAGE		
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
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.	X	
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		X
6a Does the organization receive any financial aid or assistance from a governmental agency?	X	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Part II.		X
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	X	

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

Schedule E (Form 990 or 990-EZ) (2010)

JSA
0E1273 1.000

Part II **Supplemental Information.** Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions).

PUBLICATION OF RACIALLY NONDISCRIMINATORY POLICY,

LINE 3:

THE UNIVERSITY IS EXEMPT FROM THIS REQUIREMENT UNDER SECTION 4(03)2(B) OF REVENUE PROCEDURE 75-50. THE UNIVERSITY PUBLISHES ITS RACIAL NONDISCRIMINATION POLICY IN ALL MAJOR FINANCIAL AID AND ADMISSIONS PUBLICATIONS.

AID FROM A GOVERNMENTAL AGENCY,

LINE 6A:

THE UNIVERSITY PARTICIPATES IN THE GOVERNMENT'S VARIOUS TITLE IV STUDENT FINANCIAL AID PROGRAMS.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

OHIO WESLEYAN UNIVERSITY

Employer identification number

31-4379585

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) EUROPE	0.	1.	PROGRAM SERVICES	EDUCATION	51,840.
(2) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		33,117,481.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	0.	1.			33,169,321.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0.	1.			33,169,321.

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

Schedule F (Form 990) 2010

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

3 Enter total number of other organizations or entities

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) UNIVERSITY GRANTS	CENT. AMERICA/CARIBBEAN	7.	17,892.	CHECK			
(2) UNIVERSITY GRANTS	EAST ASIA/PACIFIC	10.	103,684.	CHECK			
(3) UNIVERSITY GRANTS	EUROPE/ICELAND/GREENLAND	11.	51,840.	CHECK			
(4) UNIVERSITY GRANTS	MIDDLE EAST/NORTH AFRICA	1.	4,700.	CHECK			
(5) UNIVERSITY GRANTS	NORTH AMERICA	3.	28,110.	CHECK			
(6) UNIVERSITY GRANTS	SOUTH AMERICA	1.	10,224.	CHECK			
(7) UNIVERSITY GRANTS	SOUTH ASIA	6.	19,492.	CHECK			
(8) UNIVERSITY GRANTS	SUB-SAHARAN AFRICA	5.	23,637.	CHECK			
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* Yes No

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

MONITORING USE OF GRANT FUNDS,

PART I, LINE 2:

GRANTS ARE AWARDED TO ADMITTED STUDENTS BASED ON AN EVALUATION OF THEIR ACADEMIC PROFILE AND A CAREFUL ANALYSIS OF THEIR DEMONSTRATED FINANCIAL NEED. STUDENTS AWARDED GRANT FUNDS MUST MAINTAIN SATISFACTORY ACADEMIC PROGRESS AND REMAIN ENROLLED AT THE UNIVERSITY ON A FULL TIME ACADEMIC BASIS. AT THE END OF EVERY TERM, EACH STUDENT'S ACADEMIC STATUS (I.E., GPA) IS MONITORED TO DETERMINE CONTINUED ELIGIBILITY FOR ALL GRANT FUNDS RECEIVED. FOR MONITORING PURPOSES, ELECTRONIC REPORTS GENERATED FROM OUR DATABASE ARE UTILIZED FOR THE AWARD DETERMINATION AND STATUS REVIEW PROCESS. THE UNIVERSITY ENSURES THAT ITS GRANT FUNDS ARE USED FOR EDUCATIONAL PURPOSES BY CREDITING THE SCHOLARSHIPS AND OTHER FINANCIAL AID DIRECTLY TO THE STUDENTS' ACCOUNTS RATHER THAN ISSUING CHECKS.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

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

OMB No. 1545-0047

2010

**Open To Public
Inspection**

Name of the organization

OHIO WESLEYAN UNIVERSITY

Employer identification number

31-4379585

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

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

- | | |
|--|---|
| <input type="checkbox"/> a Mail solicitations | <input type="checkbox"/> e Solicitation of non-government grants |
| <input type="checkbox"/> b Internet and email solicitations | <input type="checkbox"/> f Solicitation of government grants |
| <input type="checkbox"/> c Phone solicitations | <input type="checkbox"/> g Special fundraising events |
| <input type="checkbox"/> d In-person solicitations | |

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events
		GOLF OUTING (event type)	(event type)	0. (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	41,395.			41,395.
	2 Less: Charitable contributions	14,795.			14,795.
	3 Gross income (line 1 minus line 2)	26,600.			26,600.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	6,544.			6,544.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	3,892.			3,892.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(10,436.)
	11 Net income summary. Combine line 3, column (d), and line 10				16,164.

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				()
	8 Net gaming income summary. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

OHIO WESLEYAN UNIVERSITY

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Employer identification number

31-4379585

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(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
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SCHOLARSHIPS	1,632.	35,581,283.			
2					
3					
4					
5					
6					
7					

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

MONITORING USE OF GRANT FUNDS,

PART I, LINE 2:

GRANTS ARE AWARDED TO ADMITTED STUDENTS BASED ON AN EVALUATION OF THEIR ACADEMIC PROFILE AND A CAREFUL ANALYSIS OF THEIR DEMONSTRATED FINANCIAL NEED. STUDENTS AWARDED GRANT FUNDS MUST MAINTAIN SATISFACTORY ACADEMIC PROGRESS AND REMAIN ENROLLED AT THE UNIVERSITY ON A FULL TIME ACADEMIC BASIS. AT THE END OF EVERY TERM, EACH STUDENT'S ACADEMIC STATUS (I.E., GPA) IS MONITORED TO DETERMINE CONTINUED ELIGIBILITY FOR ALL GRANT FUNDS RECEIVED. FOR MONITORING PURPOSES, ELECTRONIC REPORTS GENERATED FROM OUR DATABASE ARE UTILIZED FOR THE AWARD DETERMINATION AND STATUS REVIEW

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

PROCESS. THE UNIVERSITY ENSURES THAT ITS GRANT FUNDS ARE USED FOR
EDUCATIONAL PURPOSES BY CREDITING THE SCHOLARSHIPS AND OTHER FINANCIAL
AID DIRECTLY TO THE STUDENTS' ACCOUNTS RATHER THAN ISSUING CHECKS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

OHIO WESLEYAN UNIVERSITY

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Employer identification number

31-4379585

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | | | |
|-------------------------------------|---|-------------------------------------|---|
| <input type="checkbox"/> | First-class or charter travel | <input checked="" type="checkbox"/> | Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> | Travel for companions | <input type="checkbox"/> | Payments for business use of personal residence |
| <input type="checkbox"/> | Tax indemnification and gross-up payments | <input type="checkbox"/> | Health or social club dues or initiation fees |
| <input type="checkbox"/> | Discretionary spending account | <input type="checkbox"/> | Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Compensation committee | <input checked="" type="checkbox"/> | Written employment contract |
| <input checked="" type="checkbox"/> | Independent compensation consultant | <input checked="" type="checkbox"/> | Compensation survey or study |
| <input checked="" type="checkbox"/> | Form 990 of other organizations | <input checked="" type="checkbox"/> | Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment from the organization or a related organization? **4a** X
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** X
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** X
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a** X
- b** Any related organization? **5b** X
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a** X
- b** Any related organization? **6b** X
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III **7** X

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8** X

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**

	Yes	No
1b		X
2	X	
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2010

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ROCKWELL F. JONES	(i)	267,406.	0.	0.	80,637.	110,214.	458,257.
	(ii)	0.	0.	0.	0.	0.	0.
2 ERIC S. ALGOE	(i)	165,696.	0.	0.	19,062.	25,582.	210,340.
	(ii)	0.	0.	0.	0.	0.	0.
3 DAVID O. ROBBINS	(i)	186,353.	0.	0.	21,678.	26,117.	234,148.
	(ii)	0.	0.	0.	0.	0.	0.
4 CRAIG E. ULLOM	(i)	151,987.	0.	0.	17,721.	25,227.	194,935.
	(ii)	0.	0.	0.	0.	0.	0.
5 CHARLES E. POWELL	(i)	182,525.	0.	0.	21,516.	26,018.	230,059.
	(ii)	0.	0.	0.	0.	0.	0.
6 WILLIAM D. PREBLE	(i)	150,935.	0.	0.	18,002.	24,975.	193,912.
	(ii)	0.	0.	0.	0.	0.	0.
7 MARK H SHIPPS	(i)	161,793.	0.	0.	0.	19,279.	181,072.
	(ii)	0.	0.	0.	0.	0.	0.
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

BENEFITS PROVIDED,

PART I, LINE 1A:

THE PRESIDENT OF THE UNIVERSITY IS REQUIRED TO LIVE IN RESIDENCE AS PART OF HIS CONTRACT. THE RESIDENCE WAS USED FOR 75 UNIVERSITY FUNCTIONS WITH OVER 3,500 GUESTS IN ATTENDANCE DURING THIS FISCAL YEAR. THE UNIVERSITY DOES NOT TREAT THIS BENEFIT AS TAXABLE INCOME TO THE PRESIDENT. SPOUSAL TRAVEL IS PERMITTED ONLY FOR THE PRESIDENT'S WIFE AND ONLY WHEN AN APPROPRIATE BUSINESS PURPOSE FOR THE TRIP HAS BEEN ESTABLISHED. THIS SPOUSAL TRAVEL BENEFIT IS ADMINISTERED IN ACCORDANCE WITH IRS GUIDELINES.

WRITTEN REIMBURSEMENT POLICY,

PART I, LINE 1B:

THE BENEFITS LISTED ABOVE WERE ENUMERATED IN THE PRESIDENT'S EMPLOYMENT CONTRACT. THIS CONTRACT WAS DELIBERATED ON AND REVIEWED BY THE BOARD OF TRUSTEES AND LEGAL COUNSEL.

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

NONQUALIFIED DEFERRED COMPENSATION PLANS,

PART I, LINE 4B:

THE UNIVERSITY SPONSORS A SECTION 457(B) AND SECTION 457(F) PLAN FOR CERTAIN EXECUTIVES. THE UNIVERSITY MADE A CONTRIBUTION OF \$50,000 FOR ROCKWELL F. JONES INTO THE SECTION 457(F) PLAN.

ADDITIONAL INFORMATION REGARDING BENEFITS FOR PRESIDENT,

PART II, COLUMN D:

THE COMPONENTS OF THE NONTAXABLE BENEFITS PROVIDED BY THE UNIVERSITY IN COLUMN D FOR ROCKWELL F. JONES ARE AS FOLLOWS: WELFARE BENEFITS: \$14,672; PAYROLL TAXES: \$13,542; VALUE OF UNIVERSITY-PROVIDED HOUSING: \$24,000; TUITION BENEFITS FOR TWO CHILDREN: \$58,000; TOTAL: \$110,214.

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

OHIO WESLEYAN UNIVERSITY

Supplemental Information on Tax-Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).**

▶ **Attach to Form 990.**

▶ **See separate instructions.**

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Employer identification number

31-4379585

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled Financing	
						Yes	No	Yes	No	Yes	No
A OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674	67756ANL0	09/30/2004	6,000,000.	EDUCATIONAL FACILITIES		X		X		X
B OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674		11/12/2009	24,000,000.	EDUCATIONAL FACILITIES		X		X		X
C											
D											

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired	5,690,822.		0.					
2 Amount of bonds legally defeased	0.		0.					
3 Total proceeds of issue	6,000,000.		24,000,000.					
4 Gross proceeds in reserve funds	290,423.		0.					
5 Capitalized interest from proceeds	0.		0.					
6 Proceeds in refunding escrows	0.		0.					
7 Issuance costs from proceeds	18,755.		170,500.					
8 Credit enhancement from proceeds	0.		0.					
9 Working capital expenditures from proceeds	0.		0.					
10 Capital expenditures from proceeds	0.		0.					
11 Other spent proceeds	0.		0.					
12 Other unspent proceeds	0.		723,228.					
13 Year of substantial completion	2004							
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X		X					
15 Were the bonds issued as part of an advance refunding issue?		X		X				
16 Has the final allocation of proceeds been made?	X			X				
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2 Are there any lease arrangements that may result in private business use of bond-financed property		X		X				

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

Schedule K (Form 990) 2010

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b Are there any research agreements that may result in private business use of bond-financed property?		X		X				
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X					
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0.0000 %		0.0000 %					
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0.0000 %		0.0000 %					
6 Total of lines 4 and 5	0.0000 %		0.0000 %					
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X					

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X				
2 Is the bond issue a variable rate issue?		X	X					
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X	X					
b Name of provider			PNC BANK					
c Term of hedge			16.000					
d Was the hedge superintegrated?				X				
e Was the hedge terminated?				X				
4a Were gross proceeds invested in a GIC?		X		X				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5 Were any gross proceeds invested beyond an available temporary period?		X		X				
6 Did the bond issue qualify for an exception to rebate?	X		X					

Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2010

Open To Public Inspection

Name of the organization
OHIO WESLEYAN UNIVERSITY

Employer identification number
31-4379585

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	3 .	0 .	N/A
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	77 .	1,003,264 .	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶(_____)				
26 Other ▶(_____)				
27 Other ▶(_____)				
28 Other ▶(_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0 .

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2010)

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

USE OF THIRD PARTIES,

PART I, LINE 32A:

THE UNIVERSITY USES THE SERVICES OF STOCK BROKERS TO SELL THE DONATED SECURITIES THAT IT RECEIVES. THE BROKERAGE FIRMS ARE INDEPENDENT OF THE UNIVERSITY, AND THE FEES CHARGED ARE IN ACCORDANCE WITH FAIR MARKET VALUE.

GIFTS FOR WHICH REVENUE IS NOT RECORDED,

PART I, LINE 33:

AS MORE FULLY EXPLAINED IN SCHEDULE D, PART III, THE UNIVERSITY DOES NOT RECORD A VALUE FOR DONATED ARTWORK, AS PERMITTED UNDER STATEMENT OF FINANCIAL ACCOUNTING STANDARDS 116.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.**

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

OHIO WESLEYAN UNIVERSITY

Employer identification number

31-4379585

MEMBERS OF THE ORGANIZATION,

FORM 990, PART VI, LINE 6:

THE MEMBERS OF THE ORGANIZATION ARE THE TRUSTEES. THE BOARD OF TRUSTEES IS COMPRISED OF THE FOLLOWING MEMBERS: THE PRESIDENT OF OHIO WESLEYAN UNIVERSITY, THE PRESIDING BISHOPS OF THE WEST OHIO AREA AND EAST OHIO AREA OF THE UNITED METHODIST CHURCH, NOT MORE THAN EIGHT MEMBERS REPRESENTING THE WEST OHIO AND EAST OHIO CONFERENCE OF THE UNITED METHODIST CHURCH, NOT MORE THAN FIFTEEN MEMBERS OF THE OHIO WESLEYAN ALUMNI ASSOCIATION, AND NOT MORE THAN TWENTY TRUSTEES-AT-LARGE ELECTED BY THE BOARD OF TRUSTEES.

MEMBERS' POWER OF ELECTION,

FORM 990, PART VI, LINE 7A:

THE BOARD OF TRUSTEES (NOT INCLUDING THE TRUSTEES-AT-LARGE) ELECTS NOT MORE THAN TWENTY TRUSTEES-AT-LARGE. THESE TRUSTEES-AT-LARGE HAVE THE SAME VOTING RIGHTS AS THE OTHER MEMBERS OF THE BOARD.

FORM 990 REVIEW,

FORM 990, PART VI, LINE 11B:

THE BOARD OF TRUSTEES HAS DELEGATED THE AUTHORITY TO REVIEW FORM 990 TO THE BOARD'S AUDIT COMMITTEE. THE AUDIT COMMITTEE REVIEWS FORM 990 WITH THE ASSISTANCE OF THE VICE PRESIDENT FOR FINANCE AND THE INDEPENDENT PUBLIC ACCOUNTING FIRM.

Name of the organization OHIO WESLEYAN UNIVERSITY	Employer identification number 31-4379585
--	--

MONITORING AND ENFORCEMENT OF CONFLICT POLICY,

FORM 990, PART VI, LINE 12C:

THE CONFLICT POLICY IS MONITORED BY THE UNIVERSITY'S ADMINISTRATIVE OFFICERS, AS NEEDED. WHEN A CONFLICT ARISES, THE PERSON WITH THE CONFLICT IS NOT PERMITTED TO PARTICIPATE IN THE DISCUSSION OF THE TRANSACTION OR TO VOTE. THE DECISION ABOUT THE TRANSACTION IS MADE BY PERSONS WHO ARE INDEPENDENT OF THE INDIVIDUAL WITH THE CONFLICT.

COMPENSATION REVIEW AND APPROVAL,

FORM 990, PART VI, LINE 15:

COMPENSATION COMPARABILITY DATA FROM THE GREAT LAKES COLLEGE ASSOCIATION IS USED TO DETERMINE THE COMPENSATION OF ALL OFFICERS. COMPENSATION PROVIDED TO SENIOR ADMINISTRATORS IS, IN PART, DETERMINED FROM NATIONAL CUPA DATA. BOARD MEMBERS ARE INDEPENDENT OF THE PERSONS FOR WHICH COMPENSATION IS BEING DETERMINED. THE BOARD AND/OR ITS COMMITTEES DOCUMENT THEIR DELIBERATIONS AND DECISIONS IN THE MINUTES. THE BOARD OF TRUSTEES VOTES ON THE APPOINTMENT OF AND COMPENSATION FOR THE UNIVERSITY PRESIDENT UPON RECOMMENDATION OF THE PRESIDENTIAL SEARCH COMMITTEE, AIDED BY A PROFESSIONAL CONSULTING FIRM.

AVAILABILITY OF DOCUMENTS,

FORM 990, PART VI, LINE 19:

THE UNIVERSITY MAKES ITS FINANCIAL STATEMENTS AVAILABLE ON ITS WEB SITE. IT MAKES ITS GOVERNING DOCUMENTS AND CONFLICT POLICY AVAILABLE UPON REQUEST.

Name of the organization OHIO WESLEYAN UNIVERSITY	Employer identification number 31-4379585
--	--

DOCUMENT RETENTION POLICY,

FORM 990, PART VI, LINE 14:

THE UNIVERSITY HAS ADOPTED AND IMPLEMENTED A DOCUMENT RETENTION AND DESTRUCTION POLICY. HOWEVER, THE BOARD HAS NOT YET APPROVED THE POLICY. THUS, WE ARE REQUIRED TO ANSWER "NO" TO QUESTION 14 IN PART VI EVEN THOUGH THE UNIVERSITY HAS SUCH A POLICY.

REPORTABLE RELATIONSHIPS,

FORM 990, PART VI, LINE 2:

MIKE LONG, TRUSTEE, AND LISA COURTICE, TRUSTEE, HAVE A BUSINESS RELATIONSHIP.

OTHER CHANGES IN NET ASSETS,

FORM 990, PART XI, LINE 5:

UNREALIZED GAIN ON INVESTMENTS: \$25,944,734; POSTRETIREMENT OBLIGATION ADJUSTMENT: \$2,618,444; PENSION-RELATED CHARGES OTHER THAN NET PERIODIC PENSION COST: \$328,684; ACTUARIAL ADJUSTMENT OF SPLIT-INTEREST AGREEMENTS: (\$820,800); MATURED SPLIT-INTEREST AGREEMENTS: \$1,270,378; FAIR VALUE OF INTEREST RATE SWAP: (\$33,305); TOTAL ADJUSTMENT: \$29,308,135

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

OHIO WESLEYAN'S CHARTER PROVIDES THAT "THE UNIVERSITY IS FOREVER TO BE CONDUCTED ON THE MOST LIBERAL PRINCIPLES, ACCESSIBLE TO ALL RELIGIOUS DENOMINATIONS, AND DESIGNED FOR THE BENEFIT OF OUR CITIZENS IN GENERAL." IN THE SPIRIT OF ITS HERITAGE, THE UNIVERSITY DEFINES ITSELF AS A COMMUNITY OF TEACHERS AND STUDENTS DEVOTED TO THE FREE

Name of the organization

OHIO WESLEYAN UNIVERSITY

Employer identification number

31-4379585

ATTACHMENT 1 (CONT'D)

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

PURSUIT OF TRUTH. IT DEVELOPS IN ITS STUDENTS QUALITIES OF INTELLECT AND CHARACTER THAT WILL BE USEFUL NO MATTER WHAT THEY CHOOSE TO DO IN LATER LIFE.

OWU JUDGES ITSELF SUCCESSFUL WHEN IT HAS ACCOMPLISHED THREE OBJECTIVES IN ITS WORK WITH STUDENTS:

TO IMPART KNOWLEDGE.

TO DEVELOP AND ENHANCE CERTAIN IMPORTANT CAPABILITIES OF STUDENTS.

TO PLACE EDUCATION IN THE CONTEXT OF VALUES.

ATTACHMENT 2

PART VII - CONTINUATION OF OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES

(1)=IND.TRUSTEE/DIR. (2)=INS.TRUSTEE (3)=OFFICER (4)=KEY EMP. (5)=HIGHEST COMP. (6)=FORMER

(A) NAME AND TITLE	(B) HOURS	(C) POSITION						COMPENSATION FROM		
		(1)	(2)	(3)	(4)	(5)	(6)	(D) ORG.	(E) REL. ORG.	(F) OTHER
29 MYRON MCCOY AT-LARGE TRUSTEE	1.00	X						0.	0.	0.
30 CYNTHIA MITCHELL AT-LARGE TRUSTEE	1.00	X						0.	0.	0.
31 BYRON PITTS AT-LARGE TRUSTEE	1.00	X						0.	0.	0.
32 ALAN SIPPEL AT-LARGE TRUSTEE	1.00	X						0.	0.	0.
33 KATHERINE BOLES SMITH AT-LARGE TRUSTEE	1.00	X						0.	0.	0.
34 GRANT WHITESIDE AT-LARGE TRUSTEE	1.00	X						0.	0.	0.
35 WILLIAM MCFADDEN EAST OHIO CONFERENCE TRUSTEE	1.00	X						0.	0.	0.
36 DAVID PAPOI WEST OHIO CONFERENCE TRUSTEE	1.00	X						0.	0.	0.
37 ROBERT ROACH WEST OHIO CONFERENCE TRUSTEE	1.00	X						0.	0.	0.
38 JEFFREY BENTON WEST OHIO CONFERENCE TRUSTEE	1.00	X						0.	0.	0.
39 ROCKWELL F. JONES PRESIDENT	40.00	X	X					267,406.	0.	190,851.
40 ERIC S. ALGOE VP FOR FINANCE & ADMIN.	40.00			X				165,696.	0.	44,644.
41 DAVID O. ROBBINS										

Name of the organization OHIO WESLEYAN UNIVERSITY	Employer identification number 31-4379585
--	--

							<u>ATTACHMENT 2 (CONT'D)</u>	
PROVOST	40.00	X		186,353.	0.	47,795.		
42 CRAIG E. ULLOM VP FOR STUDENT AFFAIRS	40.00	X		151,987.	0.	42,948.		
43 CHARLES E. POWELL VP FOR UNIV.RELATIONS	40.00	X		182,525.	0.	47,534.		
44 WILLIAM D. PREBLE VP FOR ENROLL.&STR.COMM.	40.00	X		150,935.	0.	42,977.		
45 MARK H SHIPPS SPECIAL ASSISTANT TO THE PRES.	40.00	X		161,793.	0.	19,279.		
46 JANE R JONESCO DIRECTOR OF GIFT PLANNING	40.00	X		129,261.	0.	14,539.		
47 LINDA A EARLE DIRECTOR OF NY ARTS PROGRAM	40.00	X		120,023.	0.	0.		
48 CHARLES L STINEMETZ DEAN OF ACADEMIC AFFAIRS	40.00	X		119,901.	0.	14,597.		
49 BARBARA S ANDERECK PROF.&ASSOC.DEAN-ACAD.AFF.	40.00	X		113,446.	0.	13,065.		

ATTACHMENT 3990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
ADECCO USA, INC. P.O. BOX 371084 PITTSBURGH, PA 15250-7084	TEMPORARY HELP	425,045.
LINCOLN CONSTRUCTION INC. 4790 SHUSTER ROAD COLUMBUS, OH 43214-1935	CONSTRUCTION	4,752,836.
DELAWARE BUILDING SYSTEM INC. 475 PENNSYLVANIA AVE P.O. BOX 349 DELAWARE, OH 43015-1545	CONSTRUCTION	735,460.
SCHOOLEY CALDWELL ASSOCIATES INC. 300 MARCONI BLVD. #100 COLUMBUS, OH 43215-2329	ARCHITECTS	547,694.
BKM CONSTRUCTION 17978 DELAWARE COUNTY LINE ROAD OSTRANDER, OH 43061	CONSTRUCTION	422,652.
TOTAL COMPENSATION		<u>6,883,687.</u>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Name of the organization

OHIO WESLEYAN UNIVERSITY

Employer identification number

31-4379585

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) -----							
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

Schedule R (Form 990) 2010

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) OWU PROPERTIES, INC. 31-1183503 61 SOUTH SANDUSKY STREET DELAWARE, OH 43015	REAL ESTATE	OH	OWU	C CORP	4,589.	1,386,642.	100.0000
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)	X	
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees		X
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) OWU PROPERTIES, INC.	D	140,000.	FMV
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No
(1) -----										
(2) -----										
(3) -----										
(4) -----										
(5) -----										
(6) -----										
(7) -----										
(8) -----										
(9) -----										
(10) -----										
(11) -----										
(12) -----										
(13) -----										
(14) -----										
(15) -----										
(16) -----										

Part VII **Supplemental Information**

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