Public Inspection Copy of Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

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

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B c	heck if a	pplicable:	C Name of organization		T					۱۲	Employer	dentific	ation number			
	Addre	ess	OHIO WESLEYAN	UNIVERS	T.I. X					_	21 427	0505				
	chang	ge	Doing Business As	O how if modilie			\	I D	/:-	+-	31-437					
	Name	e change	Number and street (or P			street addre	ess)	Roor	n/suite		Telephone					
	Initia	l return	61 SOUTH SAND							(740) 36	58-2	000			
		inated	City or town, state or cou	ntry, and ZIP + 4	4											
	Amer returi	n	DELAWARE, OH							_	Gross recei		121,088,991.			
	_ Appli _ pend	cation ing	F Name and address	of principal off	icer:DAN HI	TCHELI	_			H	(a) Is this a gr affiliates?	oup retur	n for Yes X No			
			61 SOUTH SAND	USKY STR	EET DELAW	IARE,	он 43015	5		н	(b) Are all affil	iates incl	uded? Yes No			
<u> </u>	Tax-ex	cempt st	atus: X 501(c)(3)	501(c) () ◀ (inser	t no.)	4947(a)(1)	or	527		If "No," atta	ach a list.	(see instructions)			
J	Websi	ite: 🕨	WWW.OWU.EDU							H	(c) Group exer	mption nu	ımber 🕨			
K	Form	of orgar	nization: X Corporation	Trust	Association	Other	<u> </u>		L Year of for	mation	: 1842 M	State	of legal domicile: OH			
Pa	rt I	Su	mmary													
	1	Briefly	describe the organization	on's mission o	r most significa	ınt activiti	es:									
Φ		OWU	IS ONE OF THE 1	NATION'S	PREMIER S	SMALL	LIBERAL	ART	rs colli	EGES	5,					
auc		BOAS	STING STRONG RE	LATIONSHI	PS BETWEE	EN STU	JDENTS &	FAC	CULTY &	A H	OST OF					
ern		OPPORTUNITIES THAT PREPARE STUDENTS FOR LIVES OF SERVICE & LEADERSHIP. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.														
Governance	2	Check	this box 🕨 🔙 if the	organization d	liscontinued its	s operation	ons or dispos	ed of	more than 2	25% of	its net asse	ts.				
જ	3	Numb	er of voting members of	the governing	body (Part VI, I	line 1a)						3	40.			
Activities &	4	Numb	er of independent voting	members of	the governing b	oody (Par	t VI, line 1b)					4	39.			
Ξ	5	Total	number of individuals em	ployed in cale	endar year 2012	2 (Part V,	line 2a)					5	1,864.			
Act	6		number of volunteers (es									1 1	1,000.			
	7a	Total	gross unrelated business	revenue from	Part VIII, colum	nn (C), lin	e 12					7a	-29,426.			
			nrelated business taxable										-29,426.			
										ı	Prior Year		Current Year			
Ф	8	Contri	ibutions and grants (Part	VIII, line 1h)						1	4,415,2	70.	22,755,487.			
eun	9	Program service revenue (Part VIII, line 2g) COPY FOR PUBLIC INSPECTION									1,382,1	96.	85,366,441.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)								1	2,056,2	65.	8,674,703.			
	11	Other	revenue (Part VIII, colur	nn (A), lines 5,	, 6d, 8c, 9c, 10d	c, and 11	e)				2,807,5	18.	4,262,826.			
	12		revenue - add lines 8 thr							11	0,661,2	49.	121,059,457.			
	13	Grant	s and similar amounts pa	id (Part IX, col	umn (A), lines 1	1-3)				3	8,063,4	89.	41,724,228.			
	14	Benef	its paid to or for members	s (Part IX, colu	ımn (A), line 4)							0	0			
S	15		es, other compensation,			olumn (A), lines 5-10)			3	7,007,2	37,560,928.				
Expenses	16 a	Profes	ssional fundraising fees (F	Part IX, columr	n (A), line 11e)				L			0	0			
ď	b	Total	fundraising expenses (Pa	rt IX, column (D), line 25) ▶	:	3,529,87	2								
Ш	17		expenses (Part IX, colum							2	8,434,9	01.	28,195,481.			
			expenses. Add lines 13-1						🗀	10	3,505,6	107,480,637.				
	19	Rever	nue less expenses. Subtr	act line 18 fron	n line 12						7,155,6	35.	13,578,820.			
Net Assets or Fund Balances										ginnin	ng of Current	Year	End of Year			
sets	20	Total	assets (Part X, line 16)						🗀	32	8,572,0	42.	351,930,463.			
t As	21	Total	liabilities (Part X, line 26)						L	7	6,400,2	97.	76,700,274.			
SE F	22	Net as	ssets or fund balances. S	Subtract line 21	1 from line 20.					25	2,171,7	45.	275,230,189.			
Pa	rt II	Sig	gnature Block													
Un	der per	nalties o	f perjury, I declare that I have plete. Declaration of preparer	e examined this	return, including a	accompar	nying schedules	s and s	tatements, ar	nd to th	ne best of my	knowle	dge and belief, it is true,			
			pioto: 2 delaration di proparo.	(0.1101 1.1011 0.111	30.7 10 20000 011 0						<u> </u>					
	ign															
Н	ere		Signature of officer								Date					
_			Type or print name and title													
D-:		Print/	Type preparer's name		Preparer's sign	ature		D	ate		Check if self-		PTIN			
Paid		CHR	ISTOPHER B. AND	ERSON							employed	▶ [P00226559			
	parer Only	Firm's	s name MALON	EY + NOV	OTNY LLC					EI	IN >	34-0	0677006			
USE	Unity			PERIOR AVENU	E, SUITE 700	CLEVELA	ND, OH 44114	4		PI	hone no.	216-	-363-0100			
May	the I		cuss this return with the										X Yes No			
For	Pane	rwork	Reduction Act Notice s	oo the senara	to instructions								Form 990 (2012)			

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		<u> </u>		X
Briefly descr ATTACHI	ribe the organization's mission MENT 1	:		
		ficant program services during the yea		Yes X
Did the org		, or make significant changes in h		
If "Yes," dese Describe the expenses. S	cribe these changes on Schede organization's program se tection 501(c)(3) and 501(c)	rvice accomplishments for each of it (4) organizations are required to repo	s three largest program service	
the total exp	enses, and revenue, if any, fo	r each program service reported.		
ONE OF T	HE NATION'S PREMIER	_{783,878.} including grants of \$ _{41,}	S, OHIO	9,626,541.
		RIGOROUS CURRICULUM, EXCE		
		PS BETWEEN STUDENTS AND FA		
		G OPPORTUNITIES THAT LINK		
		AND PREPARE STUDENTS FOR S	ERVICE AND	
LEADERSH.	IP IN THEIR CAREERS	AND COMMUNITIES.		
b (Code:) (Expenses \$	including grants of \$) (Revenue \$)
6 (6646) (Ελροπούο ψ	miordaming grants or \$\psi) (Nevende 🛡	
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d Other progra	am services (Describe in Sche	dule O.)		
d Other progra (Expenses \$	am services (Describe in Sche	dule O.) ants of \$) (Revenue		

Form **990** (2012) 5527AD A23R 5/13/2014 9:38:23 AM V 12-7.12 PAGE 3 Form 990 (2012)

Part IV Page 3

endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XII. e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X complete Schedule D, Part X and XII she organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts X and XII she organization asswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization as school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E schedule E schedule D, Did the organization maintain an office, employees, or agents outside of the United States?			
complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. Saction 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II. Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III. Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II. Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III. Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III. Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, oredit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. If the organization report an amount for land, buildings, and equipment in Part X, line 10 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. Did the organization	Ye	'es	No
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f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII. b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional. 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	l1d		X
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12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14 a Did the organization maintain an office, employees, or agents outside of the United States? 15 b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance 17 Tyes," complete Schedule F, Parts II and IV 18 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14 a Did the organization maintain an office, employees, or agents outside of the United States? 15 b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	11f	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional			37
the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	I 2a		X
 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	126	х	
 14 a Did the organization maintain an office, employees, or agents outside of the United States?		X	
 b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X	
fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>			
foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV			
 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance 	l 4b	Х	_
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	15		X
		T	
	16	Х	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	17		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		,,	
	18	Х	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		v
	19 20a		$\frac{x}{x}$
	20a 20b		

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Part	V Checklist of Required Schedules (continued)			
	·		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
24 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
		24a	x	
	through 24d and complete Schedule K. If "No," go to line 25	24b	21	Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		Λ
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24-		Х
_	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25 a				37
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
•	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
-	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
J 4	or IV, and Part V, line 1	34	х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	334		
b		35b	X	
2.0	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	330	Λ	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	20		v
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2012)
Page 5

Statements Regarding Other IRS Filings and Tay Compliance

Par				
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 277			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 1,864			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	_		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		3.5	
	account)?	4a	X	
b	If "Yes," enter the name of the foreign country: ► SPAIN Out to the street of the foreign country: ► SPAIN Out to the street of the foreign country: ► SPAIN			
- -	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	5a		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		21
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
~	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
_	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
~	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
h	If "Vas " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule 0	1/h		ı

JSA 2E1040 1.000 Form 990 (2012) OHIO WESLEYAN UNIVERSITY 31-4379585 Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes 40 1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 30 Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct X 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... Χ 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a a The governing body?............... 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Nο Х 10a **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Χ 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," Х 12c describe in Schedule O how this was done Χ 13 13 Did the organization have a written whistleblower policy?................. Χ 14 14 Did the organization have a written document retention and destruction policy?....... 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? 15a The organization's CEO, Executive Director, or top management official Χ 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 Χ 16a with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶_OH, 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. | X | Upon request Own website Another's website Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, physical address, and telephone number of the person who possesses the books and records of the

JSA 2E1042 1.000

20

Form **990** (2012)

organization: ▶ Dan HITCHELL 61 SOUTH SANDUSKY STREET DELAWARE, OH 43015

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

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

- 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 (list any	box,	ot ch unles	s pe	ition more rson	e than o is both or/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MICHAEL LONG	10.00									
BOARD CHAIR		Х		Х				0	0	C
(2) THOMAS TRITTON	6.00	Δ.						0	0	
BOARD VICE CHAIR		Х		x				0	0	C
(3) CHRISTOPHER ANDERSON	1.00									
ALUMNI TRUSTEE		Х						0	0	C
(4) CATHLEEN BUTT	1.00									
ALUMNI TRUSTEE		Х						0	0	C
(5) JASON DOWNEY	1.00									
ALUMNI TRUSTEE		Х						0	0	C
(6) KAMILA GOLDIN	1.00									
ALUMNI TRUSTEE		Х						0	0	C
(7) AARON GRANGER	1.00									
ALUMNI TRUSTEE		Х						0	0	C
(8) EDWARD HADDOCK	1.00									
ALUMNI TRUSTEE		Х						0	0	C
(9) SALLY CHRISTIANSEN HARRIS	1.00									
ALUMNI TRUSTEE		Х						0	0	C
(10)ROBERT KAIL	1.00									
ALUMNI TRUSTEE		Х						0	0	C
(11)MIKE MCCLUGGAGE	1.00									
ALUMNI TRUSTEE		Х						0	0	C
(12)JOHN MILLIGAN	1.00									
ALUMNI TRUSTEE		Х						0	0	C
(13) ANAND PHILIP	1.00									
ALUMNI TRUSTEE		Х						0	0	C
(14)C. PAUL PALMER	1.00									
ALUMNI TRUSTEE		X						0	0	C

Form **990** (2012)

JSA.

Form 990 (2012) Page **8**

Part VII Section A. Officers, Directors,	Trustees, Ke	y En	nplo	ye	es,	and H	lig	hest Compensat	ed Employees (d	ontinue	ed)	
(A)	(B)			(C)			(D)	(E)		(F)	
Name and title	Average hours per week (list any	box,	unles	heck ss pe	erson	e than o is both tor/trust	an	Reportable compensation from	Reportable compensation from related	an	stimated nount of other pensati	f
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fr org an	om the anizatio d related	on d
15) NICK PERANZI	1.00											
ALUMNI TRUSTEE		Х						C	0			(
16) CHLOE HAMRICK WILLIAMS	1.00											
ALUMNI TRUSTEE		X						C	0			(
17) RICHARD ALEXANDER	1.00											
AT-LARGE TRUSTEE		X						C	0			(
18) NICHOLAS CALIO	1.00											
AT-LARGE TRUSTEE		Х						C	0			(
19) DOREEN DELANEY CRAWLEY	1.00											
AT-LARGE TRUSTEE		Х						C	0			(
20) BELINDA FOUTS	1.00											
AT-LARGE TRUSTEE		Х						C	0			
21) DANIEL GLASER	1.00											
AT-LARGE TRUSTEE		Х						C	0			(
22) CAROL LATHAM	1.00											
AT-LARGE TRUSTEE	†	Х						C	0			
23) MARGARET MCDOWELL LLOYD	1.00											
AT-LARGE TRUSTEE		Х						C	0			
24) JACK LUIKART	1.00											
AT-LARGE TRUSTEE		X							0			
25) TODD LUTTINGER	1.00											
AT-LARGE TRUSTEE		X							0			
1h Cub total								C	0			(
c Total from continuation sheets to Part VII			• •	• •	• •			1,740,070.	0	6	04,2	250.
d Total (add lines 1b and 1c)	-		-		•			1,740,070.	0		04,2	
Total number of individuals (including but neeportable compensation from the organization)	ot limited to t	hose	liste	d a	bov	e) who	o re	1	\$100,000 of		- ,	
, , , , , , , , , , , , , , , , , , ,			•								Yes	No
3 Did the organization list any former of employee on line 1a? If "Yes," complete Sch										3	100	Х
4 For any individual listed on line 1a, is th organization and related organizations	e sum of rep	ortab	ole d	com	per	nsation	n a	nd other compens	sation from the			
individual										4	Х	
5 Did any person listed on line 1a receive										_		77
for services rendered to the organization? If	res," comple	te Scl	neau	ııe .	ı tor	sucn	per	son		5		X
Section B. Independent Contractors												
1 Complete this table for your five highest c	ompensated i	ndepe	ende	ent	con	tracto	rs t	inat received more	e tnan \$100,000 o)T		

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

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 ► 53

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo			and H	ligl		ed Employees (d	continue		
(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average hours per	(do ı	not cl	Pos heck		e than or	ne	Reportable compensation	Reportable compensation from		stimated nount of	
	week (list any					is both a		from	related		other	
	hours for	office				tor/truste		the	organizations	l	pensatio	on
	related organizations	ndiv	nstii	Officer	éy e	ligh.	Forme	organization	(W-2/1099-MISC)	l	om the janizatioi	n
	below dotted	idua	utio	er	mp	est c	er	(W-2/1099-MISC)		_	d related	
	line)	l a E	nal		Key employee	w				orga	anization	ıs
		Individual trustee or director	Institutional trustee		Φ	pens						
			ee			Highest compensated employee						
26) MYRON MCCOY	1.00											
AT-LARGE TRUSTEE		X						C	0			0
27) CYNTHIA MITCHELL	1.00											
AT-LARGE TRUSTEE		X						C	0			0
28) KEVIN MCGINTY	1.00											
AT-LARGE TRUSTEE		Х						C	0			0
29) BYRON PITTS	1.00											
AT-LARGE TRUSTEE		X						0	0			0
30) FRANK QUINN	1.00											
AT-LARGE TRUSTEE		X						0	0			0
31) GEORGE ROMINE	1.00											
AT-LARGE TRUSTEE		X						O	0			0
32) TIMOTHY SLOAN	1.00											
AT-LARGE TRUSTEE		X						О	0			0
33) KATHERINE BOLES SMITH	1.00											
AT-LARGE TRUSTEE		X						С	0			0
34) KARA TROTT	1.00											
AT-LARGE TRUSTEE		X						C	0			0
35) WILLIAM MCFADDEN	1.00							_				_
EAST OHIO CONFERENCE TRUSTEE		X						C	0			0
36) ORLANDO CHAFFEE	1.00											
EAST OHIO CONFERENCE TRUSTEE		X						О	0			0
1b Sub-total												
c Total from continuation sheets to Part VII, S	-											
d Total (add lines 1b and 1c)							<u> </u>		1			
2 Total number of individuals (including but not reportable compensation from the organization				d at	oov	e) who	re	ceived more than	\$100,000 of			
reportable compensation from the organization)II /	2.	<u> </u>								Yes	No
O Did the consideration but you for your off	Passata							Lauren aus L'Arbara			res	NO
3 Did the organization list any former offi employee on line 1a? If "Yes," complete Sched										3		Х
										3		21
4 For any individual listed on line 1a, is the	sum of rep	ortab	ole d	com	per	sation	aı "	nd other compens	sation from the			
organization and related organizations gr										4	X	
individual										4	A	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "\u00e40										5		Х
Section B. Independent Contractors	co, compre	10 001	icac	110 0	101	Sucir	501	3011				
Complete this table for your five highest con	npensated i	ndepe	ende	ent o	con	tractor	s t	hat received more	e than \$100.000 c	of		
compensation from the organization. Report												
year.						-			-			

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

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 ▶

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(A)	(B)			(C	:)			(D)	(E)		(F)	
Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Posi neck s per	tion more	e tis or/trust e mployee	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	com fr org an	stimated mount of other appensati rom the ganization d related anization	if ion on d
						ted						
37) DAVID PAPOI	1.00											
WEST OHIO CONFERENCE TRUSTEE	1 00	X						0	U			- 1
38) ROBERT ROACH	1.00	v						0				
WEST OHIO CONFERENCE TRUSTEE 39) JEFFREY BENTON	1.00	X						0	0			
WEST OHIO CONFERENCE TRUSTEE	1.00	X						0				
40) LISA SCHWEITZER COURTICE	1.00											
WEST OHIO CONFERENCE TRUSTEE	1.00	X						0				
41) ROCKWELL F. JONES	40.00											
PRESIDENT		Х		x				272,038.	o	1	L79,4	117
12) ERIC S. ALGOE	40.00											
VP-FINANCE&ADMINISTRATION				х				139,451.	o		36,9	379
13) DAVID O. ROBBINS	40.00											
PROVOST				Х				160,430.	o		38,1	125
44) CRAIG E. ULLOM	40.00											
VICE PRESSTUDENT AFFAIRS				Х				159,540.	0		86,0)89
15) COLLEEN GARLAND	40.00											
VICE PRESUNIV.RELATIONS				Х				201,013.	0		35,6	521
16) REBECCA ECKSTEIN	40.00											
VP-ENROLL.&STRATEGIC COMM.				Х				149,550.	0		48,4	161
7) MICHAEL HOLLWAY	40.00											
HEAD FOOTBALL COACH						X		143,080.	0		13,1	<u> 76</u>
Total from continuation sheets to Part VII, S Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organization)	limited to tl		liste				> re	eceived more than	\$100,000 of			
	. •		-								Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3	100	Х
4 For any individual listed on line 1a, is the organization and related organizations gr	sum of rep eater than	ortab \$15	le c	om	pen <i>If</i>	satior <i>"Ye</i> s	n aı s,"	nd other compens	sation from the le J for such			
individual										4	X	
5 Did any person listed on line 1a receive or												
for services rendered to the organization? If "Y	es," comple	te Sch	nedu	le J	for	such	per	son		5		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. Report compensation for the calendar year ending with or within the organization's tax year.

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

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 ▶

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Part VII Section A. Officers, Directors, Tru	istees, Ke	y En	plo	ye	es,	and F	lıgi	hest Compensat	ea Employees (c	ontinu	ed)	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted	box,	unles	Pos heck ss pe	erson direct	than of is both or/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	con f orç ar	(F) Estimated mount or other inpensation the ganization of related in the control of the control	of ion on ed
	line)	trustee r	al trustee		уее	Highest compensated employee				org	ganizatio	ns
48) BRIAN A RELLINGER	40.00								_			
CHIEF INFORMATION OFFICER	40.00					X		118,014.	0		29,6	510
49) LINDA A EARLE DIRNEW YORK ARTS PROG.	40.00					X		122,394.	0		29,2	246
50) CHARLES L STINEMETZ	40.00					21		122,351.			۷, ر	110.
DEAN OF ACADEMIC AFFAIRS						Х		148,669.	0		76,7	761
51) BARBARA S ANDERECK	40.00											
PROF.&ASSOC DEAN OF ACAD.AFF.						Х		125,891.	0		30,7	765
		-										
		-										
		-										
1b Sub-total c Total from continuation sheets to Part VII, So d Total (add lines 1b and 1c)	ection A						* * *					
Total number of individuals (including but not reportable compensation from the organization)	imited to t		liste				re	ceived more than	\$100,000 of			
											Yes	No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu										3		X
4 For any individual listed on line 1a, is the sorganization and related organizations greindividual	sum of repeater than	ortab \$15	ole c 50,0	om 00?	per	satior "Yes	n aı s,"	nd other compens	sation from the	4	Х	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	sati	on 1	fron	n any	un			5		Х
Section B. Independent Contractors	,	-5 551				22.011	,,,,,,				1	
Complete this table for your five highest com- compensation from the organization. Report cover.												

(B) Description of services	(C) Compensation
	Description of services

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 ►

Form 990 (2012)
Part VIII

art V	Ш	Statement	of	Revenue
-------	---	-----------	----	---------

		Check if Schedule O contains a respo	nse to any quest	ion in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts nts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues					
S, G	c	Fundraising events	20,415.				
Gift lar	d	Related organizations	·				
in.	e	Government grants (contributions) 1e	946,003.				
tior S r	f	All other contributions, gifts, grants,	, , , , , , , , , , , , , , , , , , , ,				
ibu	'	and similar amounts not included above . 1f	21,789,069.				
d d	_	Noncash contributions included in lines 1a-1f: \$	21770370031				
ဒီ င်	g h	Total. Add lines 1a-1f		22,755,487.			
ne			Business Code	,,			
ven	2a	TUITION AND FEES	900099	70,059,598.	70,059,598.		
S _e	b	AUXILIARY SERVICES	900099	15,297,662.	15,297,662.		
ice	C	BOOKSTORE	900099	9,181.	9,181.		
Ser.	d			7,===	7,202		
E	e						
gra	f	All other program service revenue					
Program Service Revenue	g	Total. Add lines 2a-2f		85,366,441.			
	3	Investment income (including dividends, inter		, , , , , , , , , , , , , , , , , , , ,			
		other similar amounts)		1,909,082.		-29,426.	1,938,508.
	4	Income from investment of tax-exempt bond		0			
	5	Royalties • • • • • • • • • • • • • • • • • • •		0			
	"	(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
		Rental income or (loss)					
	c d	Net rental income or (loss)	.	0			
		(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory 6,765,621.					
	b	assets other than inventory Less: cost or other basis					
	"						
		and sales expenses Gain or (loss)					
	C d	Net gain or (loss)	<u> </u>	6,765,621.			6,765,621.
a)	8a	Gross income from fundraising		0,703,021.			0,703,021.
Ž	Oa	events (not including \$20,415.					
Ş		of contributions reported on line 1c).					
Re		See Part IV, line 18	32,260.				
Other Revenue	b	Less: direct expenses b					
チ	C	Net income or (loss) from fundraising events		2,726.			2,726.
J		Gross income from gaming activities.		27.20.			2,.20.
	Ja	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	4,260,100.	4,260,100.		
	b	orman incom		, , –	,,		
	C						
	d	All other revenue					
	e	Total. Add lines 11a-11d		4,260,100.			
	12	Total revenue. See instructions		121,059,457.	89,626,541.	-29,426.	8,706,855.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a respo				
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 United States. See Part IV, line 21 .	0			
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	41,080,826.	41,080,826.		
Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	643,402.	643,402.		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	1,214,050.	530,082.	459,715.	224,253.
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	24,837,780.	20,686,025.	2,628,558.	1,523,197.
8 Pension plan accruals and contributions (include section				· · ·
401(k) and 403(b) employer contributions)	2,546,780.	2,074,048.	301,904.	170,828.
9 Other employee benefits	7,104,038.	5,741,004.	872,126.	490,908.
10 Payroll taxes	1,858,280.	1,513,347.	220,287.	124,646.
11 Fees for services (non-employees):			·	·
a Management	0			
b Legal	211,616.		211,616.	
c Accounting	145,900.		145,900.	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other. (If line 11g amount exceeds 10% of line 25, column				
(A) amount, list line 11g expenses on Schedule O.)	4,922,218.	3,366,834.	1,386,269.	169,115.
12 Advertising and promotion	58,053.	23,911.	33,317.	825.
13 Office expenses	495,514.	193,292.	250,467.	51,755.
14 Information technology	730,248.	585,660.	128,881.	15,707.
15 Royalties	0			
16 Occupancy	2,203,279.	1,012,009.	1,135,318.	55,952.
17 Travel	3,215,993.	2,559,068.	274,958.	381,967.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
, , , , , , , , , , , , , , , , , , ,	179,155.	107,549.	14,067.	57,539.
19 Conferences, conventions, and meetings 20 Interest	1,090,092.	1,024,078.	66,014.	37,337.
20 Interest	0	_,021,070.	00,011.	
22 Depreciation, depletion, and amortization	3,934,660.	3,662,164.	244,153.	28,343.
23 Insurance	391,864.	391,364.	, === :	500
24 Other expenses. Itemize expenses not covered	,	,		
above (List miscellaneous expenses in line 24e. If				
line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O.)				
a RESIDENTIAL EXPENSE	5,925,320.	5,924,539.		781.
b OPERATING SUPPLIES	2,044,923.	1,562,620.	285,311.	196,992.
c PROGRAM/ATHLETIC	1,232,521.	1,179,110.	25,455.	27,956.
d OTHER AUX ENT	493,318.	351,529.	141,789.	
e All other expenses	920,807.	571,417.	340,782.	8,608.
25 Total functional expenses. Add lines 1 through 24e	107,480,637.	94,783,878.	9,166,887.	3,529,872.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if				
following SOP 98-2 (ASC 958-720)	0			

JSA 2E1052 1.000

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Part X Balance Sheet

		Check if Schedule O contains a response to	to any	v guestion in this Part	t X		
		2sorrii conodano o domanio a responso	.5 411	, 43000011111111011011	(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			726,585.	1	12,648,578.
	2	Savings and temporary cash investments			642,220.	2	35.
	3	Pledges and grants receivable, net			13,057,162.	3	19,134,866.
	4	Accounts receivable, net			1,794,124.	4	1,926,780.
	5	Loans and other receivables from current and	forme	r officers, directors,			
		trustees, key employees, and highest co	ompei	nsated employees.			
		Complete Part II of Schedule L			0	5	0
	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B)					
		and sponsoring organizations of section 501(c)(9) volu					
Ø		organizations (see instructions). Complete Part II of Sche			0	_	0
Assets	7	Notes and loans receivable, net			6,562,015.	7	6,047,992.
As	8	Inventories for sale or use			128,041.	8	137,518.
	9	Prepaid expenses and deferred charges			705,270.	9	744,738.
	10 a	Land, buildings, and equipment: cost or		161 546 005			
			10a		100 025 200		106 001 111
		Less: accumulated depreciation			107,235,370.		106,021,111.
	11	Investments - publicly traded securities			15,672,890.	11	8,093,185.
	12	Investments - other securities. See Part IV, line 11			176,134,417.	12	191,544,324.
	13	Investments - program-related. See Part IV, line 11		i i	5,913,948.	13	5,631,336.
	14 15	Intangible assets			0	14 15	0
	16	Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal			328,572,042.	16	351,930,463.
_	17	Accounts payable and accrued expenses			12,432,213.	17	11,011,764.
	18	Grants payable			0	18	0
	19	Deferred revenue			3,797,107.	19	4,531,686.
	20	Tax-exempt bond liabilities			31,759,762.	20	34,412,329.
Ś	21	Escrow or custodial account liability. Complete Pa	art IV	of Schedule D	0		0
Liabilities	22	Loans and other payables to current and for					
abi		trustees, key employees, highest compen					
=		disqualified persons. Complete Part II of Schedule	L		0	22	0
	23	Secured mortgages and notes payable to unrelate			600,647.	23	0
	24	Unsecured notes and loans payable to unrelated	third p	arties	0	24	0
	25	Other liabilities (including federal income tax,	payab	les to related third			
		parties, and other liabilities not included on lines		·			
		of Schedule D			27,810,568.	25	26,744,495.
_	26	Total liabilities. Add lines 17 through 25			76,400,297.	26	76,700,274.
S		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and		k here X and			
Š	27	Unrestricted net assets			57,505,588.	27	59,922,709.
Sala	28	Temporarily restricted net assets			57,155,548.	28	69,969,357.
ē	29	Permanently restricted net assets			137,510,609.	29	145,338,123.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.					
S O	20	Capital stock or trust principal, or current funds				20	
set	30 31	Paid-in or capital surplus, or land, building, or equ		ot fund		30 31	
As	32	Retained earnings, endowment, accumulated incompared in the compared in the co				32	
et	33	Total net assets or fund balances	JIIIE,		252,171,745.	33	275,230,189.
Z	34	Total liabilities and net assets/fund balances			328,572,042.	34	351,930,463.
	J -	Total habilities and het assets/fullu balances			320,312,042.	J4	331,330,403.

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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI				Х	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		121,0	59,4	157.
2	Total expenses (must equal Part IX, column (A), line 25)	2		107,4	80,6	537.
3	Revenue less expenses. Subtract line 2 from line 1	3		13,5		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		252,1	71,7	745.
5	Net unrealized gains (losses) on investments	5		8,109,526.		
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain in Schedule O)	9		1,3	70,0	098.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		275,2	30,1	L89.
Part						
	Check if Schedule O contains a response to any question in this Part XII					
_					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplaı	n in			
•	Schedule O.			_		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were con	plie	d or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis			O.L.	X	
b	Were the organization's financial statements audited by an independent accountant?			2b	Λ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted c	on a			
	separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis					
	<u> </u>					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	_	^	2c	Х	
	of the audit, review, or compilation of its financial statements and selection of an independent account to the audit and account to the audit account to the audit account to the audit account to the account to the account to the audit account to the			20	21	
	If the organization changed either its oversight process or selection process during the tax year, e	xpıaı	n in			
2.0	Schedule O.	· for	h in			
зa	As a result of a federal award, was the organization required to undergo an audit or audits as se the Single Audit Act and OMB Circular A-133?	i iort	111 111	3a	Х	
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	oran	tho	"		
D	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		ine	3b	Х	
	required addit of addits, explain wity in beneatic o and describe any steps taken to undergo such ad	uito		0.0		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. **Employer identification number** Name of the organization

OHI	O W	ESLEYAN UNIVER	RSITY							31-	-4379585	
Pai	rt I	Reason for Pub	lic Charity Statu	s (All organizations mu	st con	nplete	this pa	art.) Se	e instr	uctions		
The	orga	nization is not a priv	ate foundation be	cause it is: (For lines 1 th	rough	11, che	eck only	one bo	x.)			
1		A church, convention	on of churches, or	association of churches	describ	ed in s	ection	170(b)(1)(A)(i)			
2	Х	A school described	l in section 170(b)	(1)(A)(ii). (Attach Schedul	e E.)							
3	Ш	A hospital or a coo	perative hospital s	service organization descri	ibed in	sectio	n 170(k)(1)(A)	(iii).			
4		A medical researc	h organization op	erated in conjunction wi	th a h	ospita	ıl descr	ibed in	sectio	n 170(k)(1)(A)(iii). Enter the	е
		hospital's name, cit	y, and state:									_
5		An organization op	erated for the be	nefit of a college or univ	ersity	owned	l or ope	erated b	y a go	vernme	ntal unit described i	n
		section 170(b)(1)(A										
6	Щ		-	or governmental unit des								
7		-		es a substantial part of it	s supp	ort fro	m a go	vernme	ental un	it or fro	om the general publi	С
		described in section										
8	Щ			on 170(b)(1)(A)(vi). (Com	-							
9		-	-	es: (1) more than 331/3 %								
				exempt functions - subj								
		• • • • • • • • • • • • • • • • • • • •		ome and unrelated busi				-		n 511	tax) from businesse	S
		-		ne 30, 1975. See section			-					
10	Н	•	•	ted exclusively to test for	•	•				•		
11		-	-	rated exclusively for the			-				•	
				apported organizations de					-			n
				bes the type of supporting	-						-	
•		a Type I	b Type II	c Type III-Function the organization is not	-	_					unctionally integrated	
е		-	-	gers and other than one			-		-	-		
		509(a)(1) or section		igers and other than one	01 1110	ie put	niciy su	pportec	ı Organ	120110115	described in sectio	• •
f		, , , ,		n determination from the	△ IRS	that it	is a T	vne I T	vne II	or Type	e III sunnortina	
•		organization, check		in determination from the	C II (C	triat it	15 4 1	ypc i, i	ypc II,	от тур	5 iii Supporting	1
g				nization accepted any gift	or co	ntributi	ion from	any of	the			J
9		following persons?	ooo, nao ino orga	inzation accepted any gin	01 001	itiibati	1011 11011	i arry or	1110		,	
		= :	directly or indire	ectly controls, either alor	ne or t	oaethe	er with	person	s desc	ribed in	(ji) Yes No	_
			-	dy of the supported organ		-		P • • • • • • • • • • • • • • • • • • •			11g(i)	-
				scribed in (i) above?							11g(ii)	_
				son described in (i) or (ii) a	bove?						11g(iii)	_
h				out the supported organiza).						_
	(i) Na	ame of supported	(ii) EIN	(iii) Type of organization	(iv)	ls the	(v) Did y	ou notify	(vi) l	s the	(vii) Amount of monetary	,
		organization		(described on lines 1-9 above or IRC section		zation in listed in		anization . (i) of		zation in rganized	support	
				(see instructions))		overning ment?		upport?		U.S.?		
					Yes	No	Yes	No	Yes	No		
(A)												
(<u>^</u>)												
(B)												
(5)												_
(C)												
												_
(D)												
												_
(E)												
Tota	s I											
											1	

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

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 Page 2

Par	Support Schedule for Or (Complete only if you chec Part III. If the organization	ked the box or	n line 5, 7, or	8 of Part I or i	f the organizat	ion failed to q	
Sec	tion A. Public Support					•	
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
•	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4. tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
		(4) 2000	(b) 2000	(6) 2010	(a) 2011	(6) 2012	(i) rotar
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)				12	
13	First five years. If the Form 990 is organization, check this box and stop here						
Sec	tion C. Computation of Public Sup	port Percenta	ıge				
14	Public support percentage for 2012 (I		_	11, column (f))		14	%
15	Public support percentage from 2011	Schedule A, Pa	art II, line 14			15	%_
16a	331/3% support test - 2012. If the	organization did	not check the	box on line 13	, and line 14 is	331/3 % or mo	re, check
	this box and stop here. The organizat						
b	331/3% support test - 2011. If the	organization dic	I not check a b	ox on line 13	or 16a, and line	e 15 is 331/3%	or more,
	check this box and stop here. The org	•					
17a	10%-facts-and-circumstances test -						
	10% or more, and if the organization Part IV how the organization meets	the "facts-and-o	circumstances" t	est. The organ	ization qualifies	as a publicly s	supported
	organization						
b	10%-facts-and-circumstances test -15 is 10% or more, and if the org		-				
	Explain in Part IV how the organizat						-
	supported organization				•	•	
18	Private foundation. If the organization						
	instructions						

Schedule A (Form 990 or 990-EZ) 2012 Page 3

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.)

Sac	tion A Public Support		C 13010 Hotou be	5.511, p.0000 0	opioto i ait	··· <i>,</i>	
	tion A. Public Support	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	ndar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees	(4) 2000	(3) 2003	(0) 2010	(4) 2011	(6) 2012	(i) i otai
1	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						
2							
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						
/a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons Amounts included on lines 2 and 3						
-	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b.						
8	Public support (Subtract line 7c from						
<u> </u>	line 6.)						
	tion B. Total Support	(=) 2000	(h) 2000	(2) 2010	(4) 2011	(=) 2012	(f) Total
Caler	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6. Gross income from interest, dividends,						
iva	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						
	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						
4.5	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)		1 0	4.1.4			() (0)
14	First five years. If the Form 990 is for	ū			•		` ` ` ` _
<u> </u>	organization, check this box and stop here.						▶ ∟
	Tublic support parentage for 2012 (line 9			mn (f))		45	21
15	Public support percentage for 2012 (line 8,					15	%
16	Public support percentage from 2011 Sche					16	%
	tion D. Computation of Investmer			10 1 (0)		1	0.4
17	Investment income percentage for 2012 (lin					17	%
18	Investment income percentage from 2011					18	%
19 a	331/3% support tests - 2012. If the org						
	17 is not more than 331/3%, check this			•		•	•
b	331/3% support tests - 2011. If the orga						
	line 18 is not more than 331/3%, check		-	•			
20	Private foundation If the organization	aia not check	a how on line	1⊿ 1Կa ∩r 19h	n check this h	ny and see inst	riictions - I

JSA 2E1221 1.000

Schedule A (Form 990 or 990-EZ) 2012 Page 4

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

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Schedule of Contributors

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

OMB No. 1545-0047

2012

Employer identification number Name of the organization OHIO WESLEYAN UNIVERSITY 31-4379585 Organization type (check one): Filers of: Section: X 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, total 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 total 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 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

Part I, 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).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Employer identification number 31-4379585

Part I	Contributors	(see instructions).	. Use duplicate co	pies of Part I if a	dditional space is needed.
--------	---------------------	---------------------	--------------------	---------------------	----------------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1 _		\$1,055,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2-		\$1,052,500.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3 _		\$1,039,009.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(al)
No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
No.		Total contributions	Person X Payroll Noncash (Complete Part II if there is
No 4	Name, address, and ZIP + 4	\$898,033.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
No4	Name, address, and ZIP + 4	\$898,033.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person Payroll Noncash (Complete Part II if there is

Employer identification number 31-4379585

Part I C	ontributors ((see instructions)	. Use duplicate c	opies of Part I if	additional space is needed.
----------	---------------	--------------------	-------------------	--------------------	-----------------------------

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7 _		\$539,901.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8 _		\$492,831.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Employer identification number

31-4379585

Part II	Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			

Employer identification number 31-4379585 Part III Evolusively religious charitable etc. individual contributions to section 501(c)(7) (8) or (10) organizations

t F	hat total more than \$1,000 for the year for organizations completing Part III, en	ar. Complete columns (a) the ter the total of exclusively re	ligious, charitable, etc.,
	contributions of \$1,000 or less for the y Use duplicate copies of Part III if addition		once. See instructions.) ►\$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	e of the organization	Employer identification number
	IO WESLEYAN UNIVERSITY	31-4379585
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds or A organization answered "Yes" to Form 990, Part IV, line 6.	·
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in d	onor 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	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any o	
	conferring impermissible private benefit?	Yes No
Pa	rt II Conservation Easements. Complete if the organization answered "Yes" to For	m 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		an historically important land area
		a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	he form of a conservation
	easement on the last day of the tax year.	
		Held at the End of the Tax Year
а	Total number of conservation easements	2a 1.
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c 1.
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
	historic structure listed in the National Register	2d 1.
3	Number of conservation easements modified, transferred, released, extinguished, or terminat	ed 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, hand	-
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation ease	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements	s during the year
	> \$	3 · · · 3 · · · 3 · · · · · · · · · · · · · · · · · · ·
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sections.	tion 170(h)(4)(B)
	(i) and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, 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 financia	-
	organization's accounting for conservation easements.	
Pa	organizations Maintaining Collections of Art, Historical Treasures, or Other States Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	Similar Assets.
1a		ovenue statement and halance shee
ıa	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its re works of art, historical treasures, or other similar assets held for public exhibition, educate public service, provide, in Part XIII, the text of the footnote to its financial statements that described to the service of the service.	ribes these items.
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenues of art, historical treasures, or other similar assets held for public exhibition, education 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 as	
_	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1	
	Assets included in Form 990 Part X	\$

Schedule D (Form 990) 2012 Page **2**

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	Par	Organizations Maintaining Col	lections o	f Art, His	storical	Treasu	res,	or Ot	her Similar	Assets (d		ued)
a	3		ession, and o	other reco	rds, checl	k any o	f the	follow	ring that are a	a significan	t use	of its
b	а			4 Z	Loan	or excha	ange	nrograi	me			
Provide a description for future generations Past				—	_							
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assests to be sold to raise funds rather than to be maintained as part of the organization's collection?				е	_ Other							
Sull	_											. .
Secrit Les L	4		s collections	and expi	ain now i	iney fur	tner	tne or	ganization's ex	kempt purp	ose in	Part
Eacrow 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?	5									TY6	s X	No
Time 9, or reported an amount on Form 990, Part X, line 21.	Par											
included on Form 990, Part X? Ves If "Yes," explain the arrangement in Part XIII and complete the following table:												
included on Form 990, Part X? Ves If "Yes," explain the arrangement in Part XIII and complete the following table:	1a	Is the organization an agent, trustee, custo-	dian or othe	r intermed	iary for co	ntributio	ons c	or other	assets not			
b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance										Ye	es	No
C Beginning balance	b	If "Yes." explain the arrangement in Part XII	l and compl	ete the fol	lowing tab	ole:						
c Beginning balance	-	es, especial area arrangement are sur	аа оор.	010 1110 101		[Amoi	ınt		
d Additions during the year Distributions during the year 1e	c	Reginning halance					10		7,1110	u 111		
e Distributions during the year	_	= = =										
Finding balance Tending b												
2a Did the organization include an amount on Form 990, Part X, line 21? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Yes No Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part VIII. Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance 176,030,816. 186,632,438. 159,948,275. 142,658,013. 185,580,263. b Contributions 6,812,507. 4,874,303. 3,158,883. 2,649,733. 3,362,732. c Net investment earnings, gains, and losses 15,902,880. -5,965,991. 32,902,702. 23,140,529. -37,692,665. d Grants or scholarships 9,609,934. 9,509,934. 9,377,422. 8,500,000. 8,592,317. f Administrative expenses 189,136,269. 176,030,816. 186,632,438. 159,948,275. 142,658,013. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 180 and designated or quasi-endowment	_						_					
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V	_											٦
Part V Endowment Funds. Complete if the 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 (e) Four years back (e) Four years back (e) Four years back (e) Four years (e) Four yea												⊣ No
1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions 176,030,816. 186,632,438. 159,948,275. 142,658,013. 185,580,2663. c Net investment earnings, gains, and losses 15,902,880. -5,965,991. 32,902,702. 23,140,529. -37,692,665. d Grants or scholarships 15,902,880. -5,965,991. 32,902,702. 23,140,529. -37,692,665. e Other expenditures for facilities and programs 9,609,934. 9,509,934. 9,377,422. 8,500,000. 8,592,317. f Administrative expenses 189,136,269. 176,030,816. 186,632,438. 159,948,275. 142,658,013. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment												
1a Beginning of year balance 176,030,816. 186,632,438. 159,948,275. 142,658,013. 185,580,263. b Contributions 6,812,507. 4,874,303. 3,158,883. 2,649,733. 3,362,732. c Net investment earnings, gains, and losses 15,902,880. -5,965,991. 32,902,702. 23,140,529. -37,692,665. d Grants or scholarships 15,902,880. -5,965,991. 32,902,702. 23,140,529. -37,692,665. d Grants or scholarships 9,609,934. 9,509,934. 9,377,422. 8,500,000. 8,592,317. f Administrative expenses 189,136,269. 176,030,816. 186,632,438. 159,948,275. 142,658,013. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 189,136,269. 176,030,816. 186,632,438. 159,948,275. 142,658,013. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 189,136,269. 176,030,816. 186,632,438. 159,948,275. 142,658,013. 2 Provide the estimated percentage in lines 2a, 2b, and 2c should equal 100%. 3466.% 186,632,438. 159,948,275. 142,658,013. 189,136,269. 189,136,269. 189,136,269. 189,1	Par											
b Contributions 6,812,507. 4,874,303. 3,158,883. 2,649,733. 3,362,732. c Net investment earnings, gains, and losses												
c Net investment earnings, gains, and losses	1a											
and losses	b	Contributions 6,	812,507.	4,87	4,303.	3,1	158,	883.	2,649,7	33. 3	,362	,732
d Grants or scholarships	С	Net investment earnings, gains,										
e Other expenditures for facilities and programs		and losses	902,880.	-5,96	5,991.	32,9	902,	702.	23,140,5	2937	,692	,665
and programs	d	Grants or scholarships										
and programs	е	Other expenditures for facilities										
f Administrative expenses		-	609.934.	9.50	9.934.	9.5	377.	422.	8.500.0	00. 8	.592	. 317
g End of year balance	f		002,7521	,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- / .			3,333,3		, , , , ,	
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 5.2486 % b Permanent endowment ▶ 69.6669 % c Temporarily restricted endowment ▶ 25.0845 % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations			136 269	176 03	0 816	186 6	532	438	150 048 2	75 142	658	013
a Board designated or quasi-endowment ▶ 5.2486 % b Permanent endowment ▶ 69.6669 % c Temporarily restricted endowment ▶ 25.0845 % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	_									73. 142	,030	, 013
b Permanent endowment ▶ 69.6669 % c Temporarily restricted endowment ▶ 25.0845 % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations . 3a(i)			=		e (iiile 1g,	Column	(a))	neiu as				
Temporarily restricted endowment ▶ 25.0845 % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations .		· .		_%								
The percentages in lines 2a, 2b, and 2c should equal 100%. 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. (iii) related organizations. (iii) related organizations. (iv) the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value 1a Land												
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations .	С											
Ves No (i) unrelated organizations 3a(i) x (ii) related organizations 3a(ii) x (ii) related organizations 3a(ii) x (ii) related organizations 3a(ii) x (ii) related organizations (iii) (ii												
(i) unrelated organizations 3a(i) X (ii) related organizations 3a(ii) X b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b X 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 3,432,158. 3,432,158. 3,432,158. b Buildings 128,395,113. 37,741,756. 90,653,357. c Leasehold improvements 19,512,261. 13,809,204. 5,703,057. e Other 10,407,373. 4,174,834. 6,232,539.	3a		session of th	ne organiz	ation that	are held	d and	d admir	nistered for the			
(ii) related organizations 3a(ii) X b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 3b 3b 3b 3b 3b 3b											Yes	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?		•									-	X
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 3,432,158. 3,432,158. 3,432,158. b Buildings 128,395,113. 37,741,756. 90,653,357. c Leasehold improvements 19,512,261. 13,809,204. 5,703,057. e Other 10,407,373. 4,174,834. 6,232,539.		(ii) related organizations								3a(i	i)	X
Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	b	If "Yes" to 3a(ii), are the related organizatio	ns listed as	required or	n Schedule	e R?				3b		
Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	4										_	
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 3,432,158. 3,432,158. 3,432,158. b Buildings 128,395,113. 37,741,756. 90,653,357. c Leasehold improvements 19,512,261. 13,809,204. 5,703,057. e Other 10,407,373. 4,174,834. 6,232,539.	Par											
tall Land (investment) (other) depreciation b Buildings 3,432,158. 3,432,158. c Leasehold improvements 128,395,113. 37,741,756. 90,653,357. c Equipment 19,512,261. 13,809,204. 5,703,057. e Other 10,407,373. 4,174,834. 6,232,539.							cie T	(c) Acc	cumulated	(d) Book	value	
b Buildings 128,395,113. 37,741,756. 90,653,357. c Leasehold improvements 19,512,261. 13,809,204. 5,703,057. e Other 10,407,373. 4,174,834. 6,232,539.		bescription of property					313			(a) Book	value	
b Buildings 128,395,113. 37,741,756. 90,653,357. c Leasehold improvements 19,512,261. 13,809,204. 5,703,057. e Other 10,407,373. 4,174,834. 6,232,539.	1a	Land			3,4	132,15	8.			3,	432,	158.
c Leasehold improvements 19,512,261 13,809,204 5,703,057 e Other 10,407,373 4,174,834 6,232,539	b	Buildings					_	37,7	41,756.			
d Equipment 19,512,261. 13,809,204. 5,703,057. e Other 10,407,373. 4,174,834. 6,232,539.		•				•		•	-	,		
e Other	_	•			19.	512.26	1.	13.8	09,204	5 -	703.0	057.
		• •					_					
				n 990 Parl								

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012 Page 3

Schedule B (Form 550) 2012			r age 🗸
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 valua Cost or end-of-year mar	
(1) Financial derivatives	_		
(2) Closely-held equity interests			
(3) Other			
(A) INTEREST IN TRUSTS	3,634,340.	FMV	
(B) FIXED INCOME	1,417,718.	FMV	
(C) OTHER INVESTMENTS	11,097.	FMV	
(D) MULTI-ASSET CLASS	62,102,361.	FMV	
(E) INVESTMENT IN STUYVESANT HALL	4,038,970.	FMV	
(F) INVESTMENT IN OWU FUND	120,339,838.	FMV	
(G)			
(H)	_		
(l)	101 544 204		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	, ,	40	
Part VIII Investments - Program Related. See			4!
(a) Description of investment type	(b) Book value	(c) Method of valua Cost or end-of-year mar	
(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	(a) Description		(b) Book value
(1)	(a) Description		(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (E	3) line 15.)		
Part X Other Liabilities. See Form 990, Part	t X, line 25.		
1. (a) Description of liability	(b) Book value		
(1) Federal income taxes			
(2) POSTRETIREMENT BENEFITS OBLIG.	22,223,67		
(3) ADVANCES FROM FEDERAL GOVT.	3,657,21	11.	
(4) FAIR VALUE OF INTEREST RATE SWAP	863,61	12.	
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)			
(10)			
(11)	5) 6 544 43	25	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25	·		
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the tex	a or the roothote to the ord	janı∠ation's tinancial statements that i	reports the organization's

2. FIN 48 (ASC 740) Footnote. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2012 Page **4**

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return					
1	Total revenue, gains, and other support per audited financial statements	1	94,628,343.		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments 2a 8,109,526.				
b	Donated services and use of facilities 2b				
С	Recoveries of prior year grants 2c				
d	Other (Describe in Part XIII.) 2d 6,540,186.				
е	Add lines 2a through 2d	2e	14,649,712.		
3	Subtract line 2e from line 1	3	79,978,631.		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a				
b	Other (Describe in Part XIII.) 4b 41,080,826.				
С	Add lines 4a and 4b	4c	41,080,826.		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	121,059,457.		
Part		irn			
1	Total expenses and losses per audited financial statements	1	66,506,190.		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities 2a				
b	Prior year adjustments 2b				
С	Other losses 2c				
d	Other (Describe in Part XIII.) 2d 106,379.				
е	Add lines 2a through 2d	2e	106,379.		
3	Subtract line 2e from line 1	3	66,399,811.		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.) 4b 41,080,826.				
С	Andri Barrar American Alla	4c	41,080,826.		
_ 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	107,480,637.		
Part	XIII Supplemental Information				
Comp	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro	√, line	s 1b and 2b;		
inform		vide a	arry additional		
a-	D DAGE C				
5E	E PAGE 5				
			_		

Schedule D (Form 990) 2012

Part XIII 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 BEEGHLY 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

Schedule D (Form 990) 2012

FUTURE GENERATIONS.

Part XIII Supplemental Information (continued)

- 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.

Page 5

OTHER CHANGES IN REVENUE,

PART XI, LINE 2D:

ACTUARIAL ADJUSTMENT OF SPLIT-INTEREST AGREEMENTS: \$366,973; CHANGE IN FAIR VALUE OF INTEREST RATE SWAP: \$146,316; REVENUE OF AFFILIATES AND CAPITAL CONTRIBUTIONS INCLUDED IN CONSOLIDATED FINANCIAL STATEMENTS; \$6,026,897; TOTAL ADJUSTMENT: \$6,540,186

OTHER CHANGES IN REVENUE,

PART XI, 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: \$41,080,826

OTHER CHANGES IN EXPENSES,

PART XII, LINE 2D:

ADJUSTMENT: \$106,379

POSTRETIREMENT OBLIGATION ADJUSTMENT: (\$787,287); PENSION-RELATED CHARGES OTHER THAN NET PERIODIC PENSION COST: (\$69,522); EXPENSES OF AFFILIATES INCLUDED IN CONSOLIDATED FINANCIAL STATEMENTS; \$963,188; TOTAL

Page 5

OTHER CHANGES IN EXPENSES,

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: \$41,080,826

FIN 48 (ASC 740) 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 UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. AS OF JUNE 30, 2013, THE UNIVERSITY'S INCOME TAX YEARS FROM 2009 AND THEREAFTER REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, AS WELL AS VARIOUS STATE AND LOCAL TAXING AUTHORITIES.

Page 5

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

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization
OHIO WESLEYAN UNIVERSITY

Part I

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?

2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its

1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions,			
3	programs, and scholarships? Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please	2	Х	
	describe. If "No," please explain. If you need more space, use Part II	3		X
	SEE SUPPLEMENTAL PAGE			
4	Does the organization maintain the following?		37	
a b	Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially	4a	X	
С	nondiscriminatory basis? Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	4b	X	
	with student admissions, programs, and scholarships?	4c	Х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
5	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	5a		X
b	Admissions policies?	5b		X
С	Employment of faculty or administrative staff?	5с		X
d	Scholarships or other financial assistance?	5d		X
е	Educational policies?	5e		X
f	Use of facilities?	5f		X
g	Athletic programs?	5g		X
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5h		X
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Х	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		X
	If you answered "Yes" to either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through			
	4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	X	

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

Schedule E (Form 990 or 990-EZ) (2012)

Schedule E (Form 990 or 990-EZ) (2012)

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

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

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990. ► See separate instructions.

Name of the organization
OHIO WESLEYAN UNIVERSITY

Benployer identification number
31-4379585

Par	General Information of Form 990, Part IV, line 14		Outside the l	Jnited States. Complete	if the organization answe	ered "Yes" to
1	For grantmakers. Does the orga	nization mainta	ain records to s	substantiate the amount of	f its grants and other	
	assistance, the grantees' eligibili	ty for the grant	ts or assistance	e, and the selection criteri		
	grants or assistance?					X Yes No
_		D				
2	For grantmakers. Describe in		ganization's pi	ocedures for monitoring	the use of its grants	and other
	assistance outside the United Sta	ates.				
3	Activities per Region. (The follow	ving Part I, line	3 table can be	e duplicated if additional sp	pace is needed.)	
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in	(e) If activity listed in (d) is	(f) Total
		offices in the region	employees, agents, and	region (by type) (e.g., fundraising, program services,	a program service, describe specific type of	expenditures for and investments
			independent contractors	investments, grants to recipients	service(s) in region	in region
			in region	located in the region)		
(1)	CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	EDUCATION	15,068.
(2)						55.544
(2)	EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	EDUCATION	76,744.
(3)	EUROPE		1.	PROGRAM SERVICES	EDUCATION	285,338.
(-,	201.02.2			THOUSEN BENVIOLE	2500111011	2037330.
(4)	NORTH AMERICA			PROGRAM SERVICES	EDUCATION	9,200.
(5)	SOUTH AMERICA			PROGRAM SERVICES	EDUCATION	166,325.
(C)						
(6)	SOUTH ASIA			PROGRAM SERVICES	EDUCATION	16,529.
(7)	SUB-SAHARAN AFRICA			PROGRAM SERVICES	EDUCATION	74,198.
(-)	bob brimiday in kteri			TROOKER BERVICED	BBOCHTON	,1,130.
(8)	CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		27,295,930.
(9)						
(40)						
(10)						
(11)						
(,						
(12)						
(13)						
(4.4)						
(14)						
(15)						
,						
(16)						
(17)						
3a			1.			27,939,332.
b	Total from continuation sheets to Part I					
c	Totals (add lines 3a and 3b)		1.			27,939,332.
						, , , , , , , , , , , , , , , , , ,

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

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)									
l)									
5)									
i)									
<u>')</u>									
3)									
))									
0)									
1)									
2)									
3)									
14)									
15)									
16)									
2 En		t organizations listed above antee or counsel has provide							

Schedule F (Form 990) 2012

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	16.	15,068.	CHECK			
(2) UNIVERSITY GRANTS	EAST ASIA/PACIFIC	23.	76,744.	CHECK			
(3) UNIVERSITY GRANTS	EUROPE/ICELAND/GREENLAND	101.	285,338.	CHECK			
(4) UNIVERSITY GRANTS	NORTH AMERICA	2.	9,200.	CHECK			
(5) UNIVERSITY GRANTS	SOUTH AMERICA	41.	166,325.	CHECK			
(6) UNIVERSITY GRANTS	SOUTH ASIA	6.	16,529.	CHECK			
(7) UNIVERSITY GRANTS	SUB-SAHARAN AFRICA	17.	74,198.	CHECK			
_(8)							
_(9)							
(10)							
(11)							
(12)							
(13)							
<u>(14)</u>							
<u>(15)</u>							
(16)							
<u>(17)</u>							
<u>(</u> 18)							

Schedule F (Form 990) 2012

Part IV Foreign Forms Page 4

ган	i oreign i ornis				
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)	X	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	X	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)	X	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, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)		Yes	X	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)	X	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	X	No

Schedule F (Form 990) 2012 Page **5**

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; amounts of investments vs. expenditures per region); 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)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047
2012
Open to Public

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

Name of the organization Employer identification number OHIO WESLEYAN UNIVERSITY 31-4379585 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events C g In-person solicitations d 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 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. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or control of (ii) Activity or entity (fundraiser) from activity fundraiser listed in contributions? organization col. (i) Yes No 1 2 3 6 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

 Schedule G (Form 990 or 990-EZ) 2012
 Page 2

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.

		gross receipts greater than \$5,00	00.			
			(a) Event #1 GOLF OUTING	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
nue						
Revenue	1	Gross receipts	52,675.			52,675
22	2	Less: Contributions	20,415.			20,415
		Gross income (line 1 minus	207123.			20,113
		line 2)	32,260.			32,260
	4	Cash prizes				
	5	Noncash prizes	5,328.			5,328
ω.		The state of the s	,			,
Expenses	6	Rent/facility costs	5,185.			5,185
xpe	_	For deadh are seen	4 254			4 254
д Е	1	Food and beverages	4,254.			4,254
Direct	8	Entertainment	14,767.			14,767
_						
	9	Other direct expenses				
	40	Dinast sun ana sunananu Add linas A	1 than			(29,534.)
		Direct expense summary. Add lines 4 Net income summary. Combine line 3				29,534.)
Pa						
		than \$15,000 on Form 990-E	Z, line 6a.	00 10 1 01111 000, 1 01	,	1100 111010
Je			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(2, 295	bingo/progressive bingo		col. (a) through col. (c))
Re	1	Gross revenue				
		Gross revenue				
es	2	Cash prizes				
Direct Expenses						
Exp	3	Noncash prizes				
ect	4	Rent/facility costs				
Dir	7	Trend admity dosts				
	5	Other direct expenses				
			Yes%	Yes%	Yes%	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2	through 5 in column (d)		_	(
	•	2 most expense cummary. And interest	. unough o m column (u)			
	8	Net gaming income summary. Comb	ine line 1, column d, and	l line 7		
_	_					
9		nter the state(s) in which the organizat the organization licensed to operate o				Yes No
•						
	_					
		ere any of the organization's gaming I				• —
k) Iİ	"Yes," explain:				
	-					

Par

Sched	dule G (Form 990 or 990-EZ) 2012	Page 3
11	Does the organization operate gaming activities with nonmembers? Yes	No
12	Does the organization operate gaming activities with nonmembers? Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	
	formed to administer charitable gaming? Yes	No
13	Indicate the percentage of gaming activity operated in:	
а	The organization's facility	%
b	An outside facility	%
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	
		No
b		
	amount of gaming revenue retained by the third party ▶ \$	
С	If "Yes," enter name and address of the third party:	
	Name ►	
	Address ▶	
16	Gaming manager information:	
	Name ▶	
	Gaming manager compensation ▶ \$	
	Description of services provided ▶	
	Director/officer Employee Independent contractor	
17	Mandatory distributions:	
	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
-	retain the state gaming license?	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations	
-	or spent in the organization's own exempt activities during the tax year > \$	
Par		this

Schedule G (Form 990 or 990-EZ) 2012

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

2012 **Open to Public**

Department of the Treasury Internal Revenue Service

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

Inspection Employer identification number Name of the organization OHIO WESLEYAN UNIVERSITY 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? 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. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (a) Name and address of organization (b) EIN (g) Description of (c) IRC section (d) Amount of cash (e) Amount of non-(h) Purpose of grant or government if applicable non-cash assistance or assistance cash assistance 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

Schedule I (Form 990) (2012)

Schedule I (Form 990) (2012)

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	1,852.	41,080,826.			
• Scholatonirs	1,032.	41,000,020.			
2					
3					
4					
5					
6					
_					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), 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

Schedule I (Form 990) (2012)

Schedule I (Form 990) (2012)

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, Part III, column (b), 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

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 Open to Public

Inspection

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

Part	Questions Regarding Compensation			
			Yes	No
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. First-class or charter travel X Housing allowance or residence for personal use			
	X Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
	Proproductionary openiating account			
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	1b		X
2	explain	10		21
_	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Х	
	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		27.	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee X Written employment contract X Independent compensation consultant X Compensation survey or study X 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:			
а	Receive a severance payment or change-of-control payment?	4a	X	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Х	
С	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:			
а	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:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	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		Х
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		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
•	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2012

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990	
ROCKWELL F. JONES	(i)	272,038.	(C	81,832.	97,585.	451,455.	0	
1 PRESIDENT	(ii)	0	(C	q	0	C	0	
ERIC S. ALGOE	(i)	139,451.	()C	16,394.	20,585.	176,430.	0	
2 VP-FINANCE&ADMINISTRATION	(ii)	0	(C	0	0	C	0	
DAVID O. ROBBINS	(i)	160,430.	()C	18,627.	19,498.	198,555.	0	
3 PROVOST	(ii)	0	(C	0	0	C	0	
CRAIG E. ULLOM	(i)	159,540.	()C	19,206.	66,883.	245,629.	0	
4 VICE PRESSTUDENT AFFAIRS	(ii)	0	(C	0	0	C	0	
COLLEEN GARLAND	(i)	201,013.	() C	23,240.	12,381.	236,634.	0	
5 VICE PRESUNIV.RELATIONS	(ii)	0	(C	Q	0	C	0	
REBECCA ECKSTEIN	(i)	149,550.	() C	22,729.	25,732.	198,011.	0	
6 VP-ENROLL.&STRATEGIC COMM.	(ii)	0	(C	0	0	С	0	
MICHAEL HOLLWAY	(i)	143,080.	() 	1,543.	11,633.	156,256.	0	
7 HEAD FOOTBALL COACH	(ii)	0	(C	0	0	C	0	
LINDA A EARLE	(i)	122,394.	() 	13,087.	16,159.	151,640.	0	
8 DIRNEW YORK ARTS PROG.	(ii)	0	(C	0	0	С	0	
CHARLES L STINEMETZ	(i)	148,669.	() 	17,490.	59,271.	225,430.	0	
9 DEAN OF ACADEMIC AFFAIRS	(ii)	0	(C	0	0	C	0	
BARBARA S ANDERECK	(i)	125,891.	() 	14,516.	16,249.	156,656.	0	
10 PROF. &ASSOC DEAN OF ACAD. AFF.	(ii)	0	(C	0	0	C	0	
	(i)								
	(ii)								
	(i)			 					
12	(ii)								
	(i)								
_13	(ii)								
	(i)			 					
14	(ii)								
	(i)			 	-				
15	(ii)								
	(i)			 	-			 	
16	(ii)								

Schedule J (Form 990) 2012

Part | Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. 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 OVER 70 UNIVERSITY FUNCTIONS WITH OVER 2,800 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.

Schedule J (Form 990) 2012

Part | Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. 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 CONTRIBUTIONS FOR ROCKWELL F.

JONES OF \$16,500 TO THE SECTION 457(B) PLAN AND \$33,500 TO 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: \$19,343;

PAYROLL TAXES: \$13,652; VALUE OF UNIVERSITY-PROVIDED HOUSING: \$24,000;

TUITION BENEFITS FOR ONE CHILD: \$40,590; TOTAL: \$97,585.

SEVERANCE PAYMENTS,

PART I, LINE 4A:

MICHAEL HOLLOWAY RECEIVED A SEVERANCE PAYMENT OF \$129,812 IN 2012.

WILLIAM PREBLE RECEIVED A SEVERANCE PAYMENT OF \$13,225 IN 2012.

SCHEDULE K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047 Open to Public

Inspection

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990.

► See separate instructions.

Department of the Treasury Internal Revenue Service Name of the organization

OHIO WESLEYAN UNIVERSITY

Employer identification number 31-4379585

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issu	e price	(f) De	escription of pu	rpose	(g) De	feased	(h) Or behalf issuer	of	(i) Poo
									Yes	No			Yes
A OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674	67756ANLO	09/30/2004	6,0	000,000.	EDUCATIONAL	FACILITIES		Х		Х		
B OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674		11/12/2009	24.0	000,000.	EDUCATIONAL	FACILITIES			х		x	
C OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674		12/16/2011	15,0	000,000.	EDUCATIONAL	FACILITIES			Х		Х	
D Part II Proceeds												\perp	—
Trocodo				Α			В	(;			D	
1 Amount of bonds retired				5,69	0,822								
2 Amount of bonds legally defeased													
3 Total proceeds of issue				6,00	0,000	. 24,0	00,000.	15,0	00,00	0.			
4 Gross proceeds in reserve funds				29	0,423								
5 Capitalized interest from proceeds													
6 Proceeds in refunding escrows													
7 Issuance costs from proceeds				1	8,755	. 1	70,500.		33,90)4.			
8 Credit enhancement from proceeds													
9 Working capital expenditures from proceeds													
Capital expenditures from proceeds													
1 Other spent proceeds													
12 Other unspent proceeds													
13 Year of substantial completion				2004		201	2	201	2				
·				Yes	No	Yes	No	Yes	No		Yes		No
14 Were the bonds issued as part of a current refu	nding issue?			Х		X		X					
5 Were the bonds issued as part of an advance re	funding issue?				Х		Х		Х				
6 Has the final allocation of proceeds been made?				Х			Х		Х				
7 Does the organization maintain adequate books and records				Х									
Part III Private Business Use			•	•									
				Α			В	(;			D	
1 Was the organization a partner in a partnership,	or a member of an	LLC,	,	Yes	No	Yes	No	Yes	No		Yes		No
which owned property financed by tax-exempt i					Х		Х		Х				
2 Are there any lease arrangements that may result in					X		Х		X			\neg	

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

EDUCATIONAL FACILITIES

Schedule K (Form 990) 2012

Private Business Use (Continued)

Part III

			A		В		С		D
3a	Are there any management or service contracts that may result in private business	Yes	No X	Yes	No X	Yes	No X	Yes	No
	use of bond-financed property?		X		X		X		
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
С	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
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		%		%		%		%
6	Total of lines 4 and 5		%		%		%		%
7	Does the bond issue meet the private security or payment test?				Х		X		
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?				Х		Х		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X		X		X		
Par	t IV Arbitrage								
	•		A		В		С		D
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		Х		Х		Х		
2	If "No" to line 1, did the following apply?								
	Rebate not due yet?		Х	Х		Х			
	Exception to rebate?	Х			Х		Х		
	No rebate due?		Х		Х		X		
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		Х	Х		X			
4a	Has the organization or the governmental issuer entered into a qualified hedge with								
	respect to the bond issue?		X	X			Х		
	Name of provider			PNC BANK	-		'		<u> </u>
	Term of hedge			22.0 Dillill	16.000				
	Was the hedge superintegrated?				Х				
	Was the hedge terminated?				Х				

Page 2

art IV Arbitrage (Continued)		A		В	(С		D
	Yes	No	Yes	No	Yes	No	Yes	No
Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		Х		Х		
b Name of provider						<u>'</u>		
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
Were any gross proceeds invested beyond an available temporary period?		Х		Х		Х		
Has the organization established written procedures to monitor the								
requirements of section 148?	X		X		X			
art V Procedures To Undertake Corrective Action								
Troccusion to chactano con contro richien		Α		В		С		D
Has the organization established written procedures to ensure that violations of federal	Yes	No	Yes	No	Yes	No	Yes	No
tax requirements are timely identified and corrected through the voluntary closing	103	110	103	110	103	110	103	110
agreement program if self-remediation is not available under applicable regulations?		Х		X		X		
rt VI Supplemental Information. Complete this part to provide additional inform	action for	V	to guesti	one en Ce	hadula K /		iotiona)	

Page 4 Schedule K (Form 990) 2012

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

JSA ^{2E1511 1.000} 5527AD A23R 5/13/2014 Schedule K (Form 990) 2012

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

990, Part IV, lines 29 or 30. ► Attach to Form 990.

> **Employer identification number** 31-4379585

OMB No. 1545-0047

OHIO WESLEYAN UNIVERSITY Part I Types of Property

гаі	Types of Froperty							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash cont			
1	Art - Works of art	Х	2.	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	95.	1,180,105.	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 orga	nization during the tax ye	ar for contributions for				
	which the organization completed F	Form 8283,	Part IV, Donee Acknowledg	jement	29			
							Yes	No
30 a	During the year, did the organizat		• • • • • • • • • • • • • • • • • • • •	•				
	it must hold for at least three yea				•			
_	used for exempt purposes for the e		period?			30a		X
	If "Yes," describe the arrangement i							
31	Does the organization have a			· · · · · · · · · · · · · · · · · · ·				
	contributions?					31	Х	
32 a	Does the organization hire or use							
	contributions?					32a	Х	
	If "Yes," describe in Part II.							
33	If the organization did not report ar	n amount in	column (c) for a type of pro	perty 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) (2012)

Schedule M (Form 990) (2012) Page **2**

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

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)

Supplemental Information to Form 990 or 990-EZ

2012
Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

Employer identification number

31-4379585

Name of the organization
OHIO WESLEYAN UNIVERSITY

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 ASSOCATION

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.

OTHER CHANGES IN NET ASSETS,

FORM 990, PART XI, LINE 9:

POSTRETIREMENT OBLIGATION ADJUSTMENT: \$787,287; PENSION-RELATED CHARGES
OTHER THAN NET PERIODIC PENSION COST: \$69,522; ACTUARIAL ADJUSTMENT OF
SPLIT-INTEREST AGREEMENTS: \$366,973; CHANGE IN FAIR VALUE OF INTEREST
RATE SWAP: \$146,316; TOTAL ADJUSTMENT: \$1,370,098

JOINT VENTURE POLICY,

FORM 990, PART VI, LINE 16B:

ALTHOUGH THE UNIVERSITY DOES NOT HAVE A WRITTEN JOINT VENTURE POLICY THAT HAS BEEN APPROVED BY THE BOARD OF TRUSTEES, THE UNIVERSITY HAS REVIEWED ITS PARTICIPATION IN SUCH VENTURES TO ENSURE THAT THE UNIVERSITY'S TAX-EXEMPT STATUS HAS NOT BEEN COMPROMISED. THE 3 FOR-PROFIT ENTITIES THAT ARE CURRENTLY TREATED AS "JOINT VENTURES" ARE OWNED 100% (STUYVESANT HALL HOLDINGS, INC. AND O.W.U. PROPERTIES) AND 60% (STUYVESANT HALL, LLC) BY THE UNIVERSITY, AND AS SUCH, THE UNIVERSITY HAS SUFFICIENT CONTROL TO ENSURE THAT THE FOR-PROFIT ENTITIES OPERATE IN A MANNER THAT FURTHERS THE EXEMPT PURPOSES OF THE UNIVERSITY. THE 2 STUYVESANT HALL FOR-PROFIT ENTITIES WERE FORMED TO FACILITATE THE QUALIFICATION FOR AND USE OF

HISTORIC AND OTHER TAX CREDITS FOR THE UNIVERSITY'S STUYVESANT HALL
RENOVATION. O.W.U. PROPERTIES WAS FORMED TO BE THE GENERAL PARTNER IN A
LIMITED PARTNERSHIP WHICH OPERATES A RESIDENCE HALL/APARTMENT COMPLEX.

PROVIDING FORM 990 TO GOVERNING BODY,

FORM 990, PART VI, LINE 11A:

THE UNIVERSITY HAS PROVIDED A COPY OF FORM 990 TO ALL MEMBERS OF THE GOVERNING BODY BEFORE FILING BUT HAS REDACTED THE NAMES AND ADDRESSES OF DONORS ON SCHEDULE B. THE UNIVERSITY BELIEVES THAT THIS DONOR INFORMATION IS CONFIDENTIAL. AS SUCH, WE ARE REQUIRED TO ANSWER "NO" TO QUESTION 11A IN PART VI EVEN THOUGH FORM 990 (EXCEPT FOR DONORS' NAMES AND ADDRESSES) HAS BEEN PROVIDED TO THE BOARD OF TRUSTEES.

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 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.

Schedule O (Form 990 or 990-EZ) 2012

Name of the organization
OHIO WESLEYAN UNIVERSITY

STATTACHMENT 1 (CONT'D)

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

TO PLACE EDUCATION IN THE CONTEXT OF VALUES.

ATTACHMENT 2

990, PART VII- COMPENSATION OF THE FIVE HIGHEST	PAID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
ARAMARK CORPORATION 24818 NETWORK PLACE CHICAGO, IL 60673-1248	HOUSEKEEPING	1,835,811.
CHARTWELLS 40 ROWLAND AVENUE DELAWARE, OH 43015-2392	FOOD SERVICE	5,695,717.
LINCOLN CONSTRUCTION INC. 4970 SHUSTER ROAD COLUMBUS, OH 43214-1935	CONSTRUCTION	4,789,487.
PNC BANK PO BOX 747046 PITTSBURGH, PA 15274-7046	BANKING SERVICES	3,020,330.
FIRST ENERGY SOLUTIONS CORP. PO BOX 3622	UTILITY	910,062.

AKRON, OH 44309

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047 20**12**

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.

Open to Public Inspection

Name of the organization
OHIO WESLEYAN UNIVERSITY

Employer identification number 31-4379585

Part I	Identification of Disregarded Entities (Complete if the							
	(a) Name, address, and EIN (if applicable) of disregarded entity	F	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct co enti	ntrolling
_(1)				3,				,
_(2)								
_(3)								
<u>(4)</u>								
_(5)								
<u>(6)</u>								
Part II	Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations during the	(Complete if the or ne tax year.)	ganization answ	ered "Yes" to Fo	orm 990, Part IV,	line 34 because	it had	
	(a) Name, address, and EIN of related organization	(b)	(c) Legal domicile (state	(d)	(e)	(f)	Castian (g) 512(b)(13)
	········, ••••••, •••••••••••••••••••••	Primary activity	or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controlling entity	cont	rolled tity?
		, ,	,	Exempt Code section	1	_	cont	rolled
	· · · · · · · · · · · · · · · · · · ·	, ,	,	Exempt Code section	1	_	cont ent	rolled tity?
		, ,	,	Exempt Code section	1	_	cont ent	rolled tity?
(2)		, ,	,	Exempt Code section	1	_	cont ent	rolled tity?
_(2)			,	Exempt Code section	1	_	cont ent	rolled tity?
(2)(3)(4)			,	Exempt Code section	1	_	cont ent	rolled tity?
(2) (3) (4) (5)			,	Exempt Code section	1	_	cont ent	rolled tity?

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

Schedule R (Form 990) 2012

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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	Disprop alloca		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	j) eral or aging ner?	(k) Percentage ownership
		,,,		,			Yes	No		Yes	No	
(1) STUYVESANT HALL, LLC 36-4713349												
61 S.SANDUSKY, DELAWARE, OH	REAL ESTATE	OH	OWU	EXCLUDED	-224,095.	18,253,096.		х	0		Х	60.0000
(2) OWU FUND, LP 45-4089884												
61 S.SANDUSKY, DELAWARE, OH	INVESTMENTS	OH	OWU	EXCLUDED	1,827,679.	122,127,465.		Х	0		Х	99.9991
_(3)	_											
(4)												
(5)												
<u>(6)</u>												
<u>(7)</u>												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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)		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percen- tage ownership	(i) Section 512(b)(13 controlled entity?
								Yes No
(1) OWU PROPERTIES, INC. 31-1183503								
61 SOUTH SANDUSKY STREET DELAWARE, OH 43015	REAL ESTATE	ОН	OWU	C CORP	-30,934.	1,180,231.	100.0000	х
(2) STUYVESANT HALL HOLDINGS INC. 45-3743299								
61 S. SANDUSKY STREET DELAWARE, OH 43015	REAL ESTATE	ОН	OWU	C CORP	-210,534.	15,256,202.	100.0000	х
(3)	_							
(4)	_							
(5)								
(6)								
<u>(7)</u>								

Scriedule R (Foli	111 390) 2012
Part V	Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Not	e. 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?						
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	[1a		Χ		
b	Gift, grant, or capital contribution to related organization(s)	L	1b		Χ		
С	Gift, grant, or capital contribution from related organization(s)	[1c		Χ		
d	Loans or loan guarantees to or for related organization(s)	[1d	Х			
е	Loans or loan guarantees by related organization(s)	L	1e		Х		
f	Dividends from related organization(s)	L	1f				
g	Sale of assets to related organization(s)	L	1g		X		
h	Purchase of assets from related organization(s)	L	1h		Х		
i	Exchange of assets with related organization(s)	L	1i		Х		
j	Lease of facilities, equipment, or other assets to related organization(s)		1j		X		
k	Lease of facilities, equipment, or other assets from related organization(s)		1k		X		
ı	Performance of services or membership or fundraising solicitations for related organization(s)	L	11		X		
m	Performance of services or membership or fundraising solicitations by related organization(s)	L	1 m		X		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		1n		X		
0	Sharing of paid employees with related organization(s)	L	10		X		
р	Reimbursement paid to related organization(s) for expenses		1p		X		
q	Reimbursement paid by related organization(s) for expenses		1q	_	X		
r	Other transfer of cash or property to related organization(s)		_		X		
				X			
2							
				rminin	ng		
	type (a-s)	amoun	t invo	lved	-		
(1)	d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s), f Dividends from related organization(s), g Sale of assets to related organization(s), h Purchase of assets from related organization(s), g Sale of assets from related organization(s), t Exchange of assets with related organization(s), Lease of facilities, equipment, or other assets to related organization(s) k Lease of facilities, equipment, or other assets from related organization(s) f Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) p Reimbursement paid to related organization(s) in ln p Reimbursement paid to related organization(s) for expenses q Reimbursement paid to related organization(s) for expenses f Other transfer of cash or property from related organization(s) 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 throsholds. 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 throsholds. 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 throsholds. 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 throsholds. 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 throsholds. In the covered relation of the terminic amount involved determinic amount involved.						

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) OWU FUND, LP	S	7,700,000.	FMV
(2) STUYVESANT HALL HOLDINGS, INC.	D	6,047,992.	FMV
(3)			
<u>(4)</u>			
<u>(5)</u>			
(6)			

Schedule R (Form 990) 2012

Page 3

Schedule R (Form 990) 2012

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) Predominant income (related, unrelated, excluded from tax under	Are all sec 501	e) partners ction (c)(3) zations?	(f) Share of total income	(g) Share of end-of-year assets	Dispro	(h) portionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	j) eral or aging ner?	(k) Percentage ownership
				section 512-514)	Yes	No			Yes	No	(1 01111 1003)	Yes	No	
<u>(1)</u>														
<u>(2)</u>														
<u>(3)</u>														
<u>(4)</u>														
<u>(5)</u>														
<u>(6)</u>														
<u>(7)</u>														
<u>(8)</u>														
<u>(9)</u>														
(10)														
(11)														
<u>(12)</u>														
(13)														
(14)														
<u>(15)</u>														
<u>(16)</u>														

Schedule R (Form 990) 2012

Page 4

Schedule R (Form 990) 2012 Page 5

Supplemental Information Part VII

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