

**Public Inspection Copy
of Form 990**

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

Department of the Treasury
Internal Revenue Service

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

A For the 2012 calendar year, or tax year beginning 07/01, 2012, and ending 06/30, 2013

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization OHIO WESLEYAN UNIVERSITY			D Employer identification number 31-4379585	
	Doing Business As			E Telephone number (740) 368-2000	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 61 SOUTH SANDUSKY STREET		G Gross receipts \$ 121,088,991.		
	City or town, state or country, and ZIP + 4 DELAWARE, OH 43015			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
F Name and address of principal officer: DAN HITCHELL 61 SOUTH SANDUSKY STREET DELAWARE, OH 43015			I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.OWU.EDU			H(c) Group exemption number ▶		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1842 M State of legal domicile: OH		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: OWU IS ONE OF THE NATION'S PREMIER SMALL LIBERAL ARTS COLLEGES, BOASTING STRONG RELATIONSHIPS BETWEEN STUDENTS & FACULTY & A HOST OF OPPORTUNITIES THAT PREPARE STUDENTS FOR LIVES OF SERVICE & LEADERSHIP.																																																	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																																																	
	3	Number of voting members of the governing body (Part VI, line 1a) 40.																																																
	4	Number of independent voting members of the governing body (Part VI, line 1b) 39.																																																
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a) 1,864.																																																
	6	Total number of volunteers (estimate if necessary) 1,000.																																																
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12 -29,426.																																																
7b	Net unrelated business taxable income from Form 990-T, line 34 -29,426.																																																	
Revenue	8 Contributions and grants (Part VIII, line 1h) 14,415,270.																																																	
	9 Program service revenue (Part VIII, line 2g) 81,382,196.																																																	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 12,056,265.																																																	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,807,518.																																																	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 110,661,249.																																																	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 121,059,457.																																																	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 38,063,489.																																																	
	14 Benefits paid to or for members (Part IX, column (A), line 4) 0																																																	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 37,007,224.																																																	
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0																																																	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,529,872.																																																	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 28,434,901.																																																	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 103,505,614.																																																	
19 Revenue less expenses. Subtract line 18 from line 12 7,155,635.																																																		
19 Revenue less expenses. Subtract line 18 from line 12 13,578,820.																																																		
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 328,572,042.																																																	
	21 Total liabilities (Part X, line 26) 76,400,297.																																																	
	22 Net assets or fund balances. Subtract line 21 from line 20. 252,171,745.																																																	
		<table border="1"> <tr> <th></th> <th>Prior Year</th> <th>Current Year</th> </tr> <tr> <td>8</td> <td>14,415,270.</td> <td>22,755,487.</td> </tr> <tr> <td>9</td> <td>81,382,196.</td> <td>85,366,441.</td> </tr> <tr> <td>10</td> <td>12,056,265.</td> <td>8,674,703.</td> </tr> <tr> <td>11</td> <td>2,807,518.</td> <td>4,262,826.</td> </tr> <tr> <td>12</td> <td>110,661,249.</td> <td>121,059,457.</td> </tr> <tr> <td>13</td> <td>38,063,489.</td> <td>41,724,228.</td> </tr> <tr> <td>14</td> <td>0</td> <td>0</td> </tr> <tr> <td>15</td> <td>37,007,224.</td> <td>37,560,928.</td> </tr> <tr> <td>16a</td> <td>0</td> <td>0</td> </tr> <tr> <td>17</td> <td>28,434,901.</td> <td>28,195,481.</td> </tr> <tr> <td>18</td> <td>103,505,614.</td> <td>107,480,637.</td> </tr> <tr> <td>19</td> <td>7,155,635.</td> <td>13,578,820.</td> </tr> <tr> <td>20</td> <td>328,572,042.</td> <td>351,930,463.</td> </tr> <tr> <td>21</td> <td>76,400,297.</td> <td>76,700,274.</td> </tr> <tr> <td>22</td> <td>252,171,745.</td> <td>275,230,189.</td> </tr> </table>		Prior Year	Current Year	8	14,415,270.	22,755,487.	9	81,382,196.	85,366,441.	10	12,056,265.	8,674,703.	11	2,807,518.	4,262,826.	12	110,661,249.	121,059,457.	13	38,063,489.	41,724,228.	14	0	0	15	37,007,224.	37,560,928.	16a	0	0	17	28,434,901.	28,195,481.	18	103,505,614.	107,480,637.	19	7,155,635.	13,578,820.	20	328,572,042.	351,930,463.	21	76,400,297.	76,700,274.	22	252,171,745.	275,230,189.
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Part II Signature Block

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

Sign Here	▶ Signature of officer	Date			
	▶ Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name CHRISTOPHER B. ANDERSON	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00226559
	Firm's name ▶ MALONEY + NOVOTNY LLC	EIN ▶ 34-0677006		Phone no. ▶ 216-363-0100	
	Firm's address ▶ 1111 SUPERIOR AVENUE, SUITE 700 CLEVELAND, OH 44114				

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 94,783,878. including grants of \$ 41,724,228.) (Revenue \$ 89,626,541.)

ONE OF THE NATION'S PREMIER SMALL LIBERAL ARTS COLLEGES, OHIO
WESLEYAN UNIVERSITY BOASTS A RIGOROUS CURRICULUM, EXCEPTIONALLY
STRONG MENTORING RELATIONSHIPS BETWEEN STUDENTS AND FACULTY, AND A
HOST OF EXPERIENTIAL LEARNING OPPORTUNITIES THAT LINK THE LIBERAL
ARTS TO PRACTICAL REALITIES AND PREPARE STUDENTS FOR SERVICE AND
LEADERSHIP IN THEIR CAREERS AND COMMUNITIES.

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

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

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 94,783,878.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		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? <i>If "Yes," complete Schedule I, Parts I and II.</i>		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? <i>If "Yes," complete Schedule I, Parts I and III.</i>	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i>	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		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? <i>If "Yes," complete Schedule L, Part I.</i>		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? <i>If "Yes," complete Schedule L, Part II.</i>		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? <i>If "Yes," complete Schedule L, Part III.</i>		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):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		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? <i>If "Yes," complete Schedule R, Part VI.</i>		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	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 14b regarding IRS filings and tax compliance.

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

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

Section A. Governing Body and Management

Table with 4 columns: Question, Line Number, Yes, No. Rows include questions 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

Table with 4 columns: Question, Line Number, Yes, No. Rows include questions 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed OH,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: DAN HITCHELL 61 SOUTH SANDUSKY STREET DELAWARE, OH 43015 740-368-3351

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHAEL LONG BOARD CHAIR	10.00	X		X				0	0	0
(2) THOMAS TRITTON BOARD VICE CHAIR	6.00	X		X				0	0	0
(3) CHRISTOPHER ANDERSON ALUMNI TRUSTEE	1.00	X						0	0	0
(4) CATHLEEN BUTT ALUMNI TRUSTEE	1.00	X						0	0	0
(5) JASON DOWNEY ALUMNI TRUSTEE	1.00	X						0	0	0
(6) KAMILA GOLDIN ALUMNI TRUSTEE	1.00	X						0	0	0
(7) AARON GRANGER ALUMNI TRUSTEE	1.00	X						0	0	0
(8) EDWARD HADDOCK ALUMNI TRUSTEE	1.00	X						0	0	0
(9) SALLY CHRISTIANSEN HARRIS ALUMNI TRUSTEE	1.00	X						0	0	0
(10) ROBERT KAIL ALUMNI TRUSTEE	1.00	X						0	0	0
(11) MIKE MCCLUGGAGE ALUMNI TRUSTEE	1.00	X						0	0	0
(12) JOHN MILLIGAN ALUMNI TRUSTEE	1.00	X						0	0	0
(13) ANAND PHILIP ALUMNI TRUSTEE	1.00	X						0	0	0
(14) C. PAUL PALMER ALUMNI TRUSTEE	1.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) NICK PERANZI ALUMNI TRUSTEE	1.00	X						0	0	0
16) CHLOE HAMRICK WILLIAMS ALUMNI TRUSTEE	1.00	X						0	0	0
17) RICHARD ALEXANDER AT-LARGE TRUSTEE	1.00	X						0	0	0
18) NICHOLAS CALIO AT-LARGE TRUSTEE	1.00	X						0	0	0
19) DOREEN DELANEY CRAWLEY AT-LARGE TRUSTEE	1.00	X						0	0	0
20) BELINDA FOUTS AT-LARGE TRUSTEE	1.00	X						0	0	0
21) DANIEL GLASER AT-LARGE TRUSTEE	1.00	X						0	0	0
22) CAROL LATHAM AT-LARGE TRUSTEE	1.00	X						0	0	0
23) MARGARET MCDOWELL LLOYD AT-LARGE TRUSTEE	1.00	X						0	0	0
24) JACK LUIKART AT-LARGE TRUSTEE	1.00	X						0	0	0
25) TODD LUTTINGER AT-LARGE TRUSTEE	1.00	X						0	0	0
1b Sub-total								0	0	0
c Total from continuation sheets to Part VII, Section A								1,740,070.	0	604,250.
d Total (add lines 1b and 1c)								1,740,070.	0	604,250.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **21**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) MYRON MCCOY ----- AT-LARGE TRUSTEE	1.00	X					0	0	0	
(27) CYNTHIA MITCHELL ----- AT-LARGE TRUSTEE	1.00	X					0	0	0	
(28) KEVIN MCGINTY ----- AT-LARGE TRUSTEE	1.00	X					0	0	0	
(29) BYRON PITTS ----- AT-LARGE TRUSTEE	1.00	X					0	0	0	
(30) FRANK QUINN ----- AT-LARGE TRUSTEE	1.00	X					0	0	0	
(31) GEORGE ROMINE ----- AT-LARGE TRUSTEE	1.00	X					0	0	0	
(32) TIMOTHY SLOAN ----- AT-LARGE TRUSTEE	1.00	X					0	0	0	
(33) KATHERINE BOLES SMITH ----- AT-LARGE TRUSTEE	1.00	X					0	0	0	
(34) KARA TROTT ----- AT-LARGE TRUSTEE	1.00	X					0	0	0	
(35) WILLIAM MCFADDEN ----- EAST OHIO CONFERENCE TRUSTEE	1.00	X					0	0	0	
(36) ORLANDO CHAFFEE ----- EAST OHIO CONFERENCE TRUSTEE	1.00	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 21

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) DAVID PAPOI WEST OHIO CONFERENCE TRUSTEE	1.00	X					0	0	0	
(38) ROBERT ROACH WEST OHIO CONFERENCE TRUSTEE	1.00	X					0	0	0	
(39) JEFFREY BENTON WEST OHIO CONFERENCE TRUSTEE	1.00	X					0	0	0	
(40) LISA SCHWEITZER COURTICE WEST OHIO CONFERENCE TRUSTEE	1.00	X					0	0	0	
(41) ROCKWELL F. JONES PRESIDENT	40.00	X		X			272,038.	0	179,417.	
(42) ERIC S. ALGOE VP-FINANCE&ADMINISTRATION	40.00			X			139,451.	0	36,979.	
(43) DAVID O. ROBBINS PROVOST	40.00			X			160,430.	0	38,125.	
(44) CRAIG E. ULLOM VICE PRES.-STUDENT AFFAIRS	40.00			X			159,540.	0	86,089.	
(45) COLLEEN GARLAND VICE PRES.-UNIV.RELATIONS	40.00			X			201,013.	0	35,621.	
(46) REBECCA ECKSTEIN VP-ENROLL.&STRATEGIC COMM.	40.00			X			149,550.	0	48,461.	
(47) MICHAEL HOLLWAY HEAD FOOTBALL COACH	40.00					X	143,080.	0	13,176.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 21

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

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question 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	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	20,415.					
	d Related organizations	1d						
	e Government grants (contributions) . .	1e	946,003.					
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	21,789,069.					
	g Noncash contributions included in lines 1a-1f: \$							
	h Total. Add lines 1a-1f			22,755,487.				
Program Service Revenue	Business Code							
	2a TUITION AND FEES		900099	70,059,598.	70,059,598.			
	b AUXILIARY SERVICES		900099	15,297,662.	15,297,662.			
	c BOOKSTORE		900099	9,181.	9,181.			
	d _____							
	e _____							
	f All other program service revenue							
g Total. Add lines 2a-2f			85,366,441.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,909,082.		-29,426.	1,938,508.	
	4 Income from investment of tax-exempt bond proceeds . . .			0				
	5 Royalties			0				
	6a Gross rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)			0			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		6,765,621.						
		b Less: cost or other basis and sales expenses						
		c Gain or (loss)			6,765,621.			
	d Net gain or (loss)			6,765,621.			6,765,621.	
	8a Gross income from fundraising events (not including \$ 20,415. of contributions reported on line 1c). See Part IV, line 18	a		32,260.				
		b Less: direct expenses	b	29,534.				
c Net income or (loss) from fundraising events				2,726.			2,726.	
9a Gross income from gaming activities. See Part IV, line 19	a							
	b Less: direct expenses	b						
	c Net income or (loss) from gaming activities			0				
10a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold	b						
	c Net income or (loss) from sales of inventory			0				
Miscellaneous Revenue			Business Code					
11a OTHER INCOME		900099	4,260,100.	4,260,100.				
b _____								
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 response to any question in this Part IX

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.		
3 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			
19 Conferences, conventions, and meetings	179,155.	107,549.	14,067.	57,539.
20 Interest	1,090,092.	1,024,078.	66,014.	
21 Payments to affiliates	0			
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	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 former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	6,562,015.	7	6,047,992.
	8 Inventories for sale or use	128,041.	8	137,518.
	9 Prepaid expenses and deferred charges	705,270.	9	744,738.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 161,746,905.		
	b Less: accumulated depreciation	10b 55,725,794.		
		107,235,370.	10c	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	5,913,948.	13	5,631,336.
	14 Intangible assets	0	14	0
15 Other assets. See Part IV, line 11	0	15	0	
16 Total assets. Add lines 1 through 15 (must equal line 34)	328,572,042.	16	351,930,463.	
Liabilities	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.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	600,647.	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	27,810,568.	25	26,744,495.
	26 Total liabilities. Add lines 17 through 25	76,400,297.	26	76,700,274.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	57,505,588.	27	59,922,709.
	28 Temporarily restricted net assets	57,155,548.	28	69,969,357.
	29 Permanently restricted net assets	137,510,609.	29	145,338,123.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	252,171,745.	33	275,230,189.
	34 Total liabilities and net assets/fund balances	328,572,042.	34	351,930,463.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	121,059,457.
2	Total expenses (must equal Part IX, column (A), line 25)	2	107,480,637.
3	Revenue less expenses. Subtract line 2 from line 1	3	13,578,820.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	252,171,745.
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	1,370,098.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	275,230,189.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

OHIO WESLEYAN UNIVERSITY

Employer identification number

31-4379585

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

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

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

10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.

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

- a Type I b Type II c Type III-Functionally integrated d Type III-Non-functionally integrated

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

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

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

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2012

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

Section A. Public Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2012; 15 Public support percentage from 2011 Schedule A; 16a 33 1/3% support test - 2012; b 33 1/3% support test - 2011; 17a 10%-facts-and-circumstances test - 2012; b 10%-facts-and-circumstances test - 2011; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2012, 2011. Row 15: Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2011 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2012, 2011. Row 17: Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2011 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

19b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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

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

Schedule of Contributors

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

2012

Name of the organization
 OHIO WESLEYAN UNIVERSITY

Employer identification number
 31-4379585

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, 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 more during the year ▶ \$ _____

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

Name of organization **OHIO WESLEYAN UNIVERSITY**

Employer identification number

31-4379585

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 1,055,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	----- ----- -----	\$ 1,052,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	----- ----- -----	\$ 1,039,009.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	----- ----- -----	\$ 898,033.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	----- ----- -----	\$ 819,656.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	----- ----- -----	\$ 600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **OHIO WESLEYAN UNIVERSITY**

Employer identification number

31-4379585

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	----- ----- -----	\$ 539,901.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	----- ----- -----	\$ 492,831.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **OHIO WESLEYAN UNIVERSITY**

Employer identification number

31-4379585

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
-----	----- ----- -----	\$-----	-----

Name of organization **OHIO WESLEYAN UNIVERSITY**

Employer identification number
31-4379585

Part III *Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year.* Complete columns (a) through (e) and the following line entry.

For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(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	
-----		-----	
-----		-----	
-----		-----	
-----	-----	-----	-----
	-----	-----	-----
	-----	-----	-----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
-----		-----	
-----	-----	-----	-----
	-----	-----	-----
	-----	-----	-----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
-----		-----	
-----	-----	-----	-----
	-----	-----	-----
	-----	-----	-----
(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

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990. See separate instructions.

Name of the organization

OHIO WESLEYAN UNIVERSITY

Employer identification number

31-4379585

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)?, 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 financial statements that describes the organization's accounting for conservation easements.

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

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

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

Schedule D (Form 990) 2012

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a [X] Public exhibition
b [X] Scholarly research
c [X] Preservation for future generations
d [X] Loan or exchange programs
e [] Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? [] Yes [X] No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? [] Yes [] No
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.
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. []

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 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 [] Yes [X] No
(ii) related organizations [] Yes [X] No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? []
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.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) 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)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	191,544,324.	

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

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) POSTRETIREMENT BENEFITS OBLIG.	22,223,672.
(3) ADVANCES FROM FEDERAL GOVT.	3,657,211.
(4) FAIR VALUE OF INTEREST RATE SWAP	863,612.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	26,744,495.

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.

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:			
a	Net unrealized gains on investments	2a	8,109,526.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	6,540,186.	
e	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:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	41,080,826.	
c	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 XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	106,379.	
e	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:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	41,080,826.	
c	Add lines 4a and 4b		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

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

SEE PAGE 5

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

Part XIII Supplemental Information (continued)

FUTURE GENERATIONS.

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

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

INTENDED USES OF ENDOWMENT ASSETS,

PART V, LINE 4:

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

Part XIII Supplemental Information (continued)

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:

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
ADJUSTMENT: \$106,379

Part XIII Supplemental Information (continued)

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.

Part XIII Supplemental Information (continued)

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)**

Department of the Treasury
Internal Revenue Service

Schools

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

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

OHIO WESLEYAN UNIVERSITY

Employer identification number

31-4379585

Part I

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	X	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	X	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II		X
----- SEE SUPPLEMENTAL PAGE -----		
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II.	X	

5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		X

6a Does the organization receive any financial aid or assistance from a governmental agency?	X	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Part II.		X
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	X	

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

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

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

PUBLICATION OF RACIALLY NONDISCRIMINATORY POLICY,

LINE 3:

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

AID FROM A GOVERNMENTAL AGENCY,

LINE 6A:

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

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

OHIO WESLEYAN UNIVERSITY

31-4379585

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

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

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	EDUCATION	15,068.
(2) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	EDUCATION	76,744.
(3) EUROPE		1.	PROGRAM SERVICES	EDUCATION	285,338.
(4) NORTH AMERICA			PROGRAM SERVICES	EDUCATION	9,200.
(5) SOUTH AMERICA			PROGRAM SERVICES	EDUCATION	166,325.
(6) SOUTH ASIA			PROGRAM SERVICES	EDUCATION	16,529.
(7) SUB-SAHARAN AFRICA			PROGRAM SERVICES	EDUCATION	74,198.
(8) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		27,295,930.
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total		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.

Schedule F (Form 990) 2012

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

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

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

3 Enter total number of other organizations or entities. ▶ -----

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) UNIVERSITY GRANTS	CENT. AMERICA/CARIBBEAN	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)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* Yes No

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; 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.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GOLF OUTING (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	52,675.			52,675.
	2 Less: Contributions	20,415.			20,415.
	3 Gross income (line 1 minus line 2)	32,260.			32,260.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	5,328.			5,328.
	6 Rent/facility costs	5,185.			5,185.
	7 Food and beverages	4,254.			4,254.
	8 Entertainment	14,767.			14,767.
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(29,534.)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				2,726.

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

OHIO WESLEYAN UNIVERSITY

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Employer identification number

31-4379585

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

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.			
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.

MONITORING USE OF GRANT FUNDS,

PART I, LINE 2:

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

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

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

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

2012

Open to Public Inspection

Name of the organization

OHIO WESLEYAN UNIVERSITY

Employer identification number

31-4379585

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the 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.

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

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

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

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

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

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

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

- a** The organization?
- b** Any related organization?
- 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

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

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

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

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

Schedule J (Form 990) 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.

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

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 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.

Part III 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

2012

**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

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674	67756ANLO	09/30/2004	6,000,000.	EDUCATIONAL FACILITIES	X		X			X
B OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674		11/12/2009	24,000,000.	EDUCATIONAL FACILITIES		X		X		X
C OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674		12/16/2011	15,000,000.	EDUCATIONAL FACILITIES		X		X		X
D											

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired	5,690,822.							
2 Amount of bonds legally defeased								
3 Total proceeds of issue	6,000,000.		24,000,000.		15,000,000.			
4 Gross proceeds in reserve funds	290,423.							
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	18,755.		170,500.		33,904.			
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds								
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion	2004		2012		2012			
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X		X		X			
15 Were the bonds issued as part of an advance refunding issue?		X		X		X		
16 Has the final allocation of proceeds been made?	X			X		X		
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

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

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

Schedule K (Form 990) 2012

Part III Private Business Use (Continued)	EDUCATIONAL FACILITIES							
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		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?								
c 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?				X		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?				X		X		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c 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		

Part IV Arbitrage								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T?		X		X		X		
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X	X		X			
b Exception to rebate?	X			X		X		
c No rebate due?		X		X		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?		X	X		X			
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X	X			X		
b Name of provider			PNC BANK					
c Term of hedge			16.000					
d Was the hedge superintegrated?				X				
e Was the hedge terminated?				X				

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

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2012

**Open To Public
Inspection**

Name of the organization

OHIO WESLEYAN UNIVERSITY

Employer identification number

31-4379585

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	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 organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 2 .

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

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

Schedule M (Form 990) (2012)

Part II **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)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

OHIO WESLEYAN UNIVERSITY

Employer identification number

31-4379585

MEMBERS OF THE ORGANIZATION,

FORM 990, PART VI, LINE 6:

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

MEMBERS' POWER OF ELECTION,

FORM 990, PART VI, LINE 7A:

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

FORM 990 REVIEW,

FORM 990, PART VI, LINE 11B:

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

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

MONITORING AND ENFORCEMENT OF CONFLICT POLICY,

FORM 990, PART VI, LINE 12C:

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

COMPENSATION REVIEW AND APPROVAL,

FORM 990, PART VI, LINE 15:

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

AVAILABILITY OF DOCUMENTS,

FORM 990, PART VI, LINE 19:

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

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

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

Name of the organization OHIO WESLEYAN UNIVERSITY	Employer identification number 31-4379585
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ATTACHMENT 1 (CONT'D)FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

TO PLACE EDUCATION IN THE CONTEXT OF VALUES.

ATTACHMENT 2990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
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 AKRON, OH 44309	UTILITY	910,062.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization OHIO WESLEYAN UNIVERSITY

Employer identification number 31-4379585

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

Table with 6 columns: (a) Name, address, and EIN (if applicable) of disregarded entity; (b) Primary activity; (c) Legal domicile (state or foreign country); (d) Total income; (e) End-of-year assets; (f) Direct controlling entity. Rows 1-6 are empty.

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

Table with 7 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile (state or foreign country); (d) Exempt Code section; (e) Public charity status (if section 501(c)(3)); (f) Direct controlling entity; (g) Section 512(b)(13) controlled entity? (Yes/No). Rows 1-7 are empty.

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	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) STUYVESANT HALL, LLC 36-4713349 61 S. SANDUSKY, DELAWARE, OH	REAL ESTATE	OH	OWU	EXCLUDED	-224,095.	18,253,096.		X	0		X	60.0000
(2) OWU FUND, LP 45-4089884 61 S. SANDUSKY, DELAWARE, OH	INVESTMENTS	OH	OWU	EXCLUDED	1,827,679.	122,127,465.		X	0		X	99.9991
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

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)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) OWU PROPERTIES, INC. 31-1183503 61 SOUTH SANDUSKY STREET DELAWARE, OH 43015	REAL ESTATE	OH	OWU	C CORP	-30,934.	1,180,231.	100.0000	X	
(2) STUYVESANT HALL HOLDINGS INC. 45-3743299 61 S. SANDUSKY STREET DELAWARE, OH 43015	REAL ESTATE	OH	OWU	C CORP	-210,534.	15,256,202.	100.0000	X	
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									

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

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

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

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

(a) Name of other organization	(b) Transaction type (a-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)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													
(2) -----													
(3) -----													
(4) -----													
(5) -----													
(6) -----													
(7) -----													
(8) -----													
(9) -----													
(10) -----													
(11) -----													
(12) -----													
(13) -----													
(14) -----													
(15) -----													
(16) -----													

Part VII **Supplemental Information**

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