Form	990

Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public.

Public Open to

OMB No. 1545-0047

		enue Servic		Information a	bout Form 990 and its ins	structions	is at www.irs	.gov/form	1990.		Inspecti	on
AF	or th	e 2014	caler	ndar year, or tax year begir	ning 07/0	1, 2014	, and endin	g		06/30	, 20 ₁₅	
		[C Name	e of organization	-			D	Employer ider	ntification	number	
B c	neck if ap	oplicable:	OHI	IO WESLEYAN UNIVERS	ITY							
	Addre			Business As					31-4379	585		
	chang	e change		ber and street (or P.O. box if mail is	not delivered to street address)		Room/suite	E	Telephone nu			
	+	return	61	SOUTH SANDUSKY STRI	, TTT				740) 368			
-	Termi			or town, state or province, country, a				(,10, 500	2000		
	Amen		-	LAWARE, OH 43015	···· _·· ······			G	Gross receipts	s \$ 1	18,823	496
-	return Applic			e and address of principal officer:	ROCKWELL F. JC	NEC) Is this a group		Yes	X No
	pendi	ng		SOUTH SANDUSKY STRI					subordinates?			
-	Taviav		1						 Are all subordin If "No," attach 			No
		empt stat		X 501(c)(3) 501(c) (OWU.EDU) (insert no.) 4	1947(a)(1)	or 527					
									Group exempt			
					Association Other			formation:	1842 M s	state of leg	jai domicile:	OH
Pa	art l		mary									· T
	1	-		be the organization's mission of	-						ER SMAI	
nce				ARTS COLLEGES, BOAST								
rna				OPPORTUNITIES THAT								
Governance				x ► if the organization d		•				1		10
	3	Numbe	r of vo	ting members of the governing	body (Part VI, line 1a)				· · · · ·	3		42.
es ç				dependent voting members of t						4		41.
ctivities &				of individuals employed in cale						5		877.
cti	6	Total n	umber	of volunteers (estimate if necess	sary)				· · · · ·	6		237.
<				ed business revenue from Part V						7a		,075.
	b	Net un	related	business taxable income from	Form 990-T, line 34					7b		,075.
									rior Year		Current Ye	
e	8	Contrib	outions	and grants (Part VIII, line 1h)		COP	Y FOR		,497,533		21,588	
/ent	9	Progra	m serv	ice revenue (Part VIII, line 2g)					,786,52		87,127	
Revenue	10	mvestn	nent m	icome (Part VIII, column (A), ine					,413,219		6,733	
				e (Part VIII, column (A), lines 5,				H	,339,591		3,360	
				e - add lines 8 through 11 (must					,036,870		L18,809	
				imilar amounts paid (Part IX, colu				42	,730,261	1.	42,854	,346.
				to or for members (Part IX, colu						0		0
es				er compensation, employee bene				38	,799,285	5.	40,355	,613.
ens				fundraising fees (Part IX, column						0		0
Expenses				sing expenses (Part IX, column (I								
	17	Other e	expens	es (Part IX, column (A), lines 11	a-11d, 11f-24e)				,748,330		28,746	
	18	Total e	xpense	es. Add lines 13-17 (must equal	Part IX, column (A), line 25)		111	,277,876	5. 1	111,956	
	19	Revenu	ue less	expenses. Subtract line 18 from	line 12			18	,758,994	4.	6,853	,505.
Net Assets or Fund Balances									g of Current Ye		End of Yea	
sset			`						,100,330		390,584	
dB	21	Total lia	abilitie	s (Part X, line 26)					6,600,776		74,518	
я, Б	22			fund balances. Subtract line 21	from line 20			310	,499,560). 3	316,066	,119.
	rt II	<u> </u>		e Block								
Uno	der per	nalties of	perjury	v, I declare that I have examined this e. Declaration of preparer (other than	s return, including accompany	ying schedu ation of whi	ules and staten	nents, and the sanv knowl	to the best of	my knowl	edge and be	elief, it is
	,											
Sig	n											
He			Signatur	re of officer					Date			
TIC	C											
				print name and title	-				,			
Paic	I			eparer's name	Preparer's signature		Date			if PTIN		
	barer	CHRI	STOP	PHER B ANDERSON					self-employe	200	226559	
	Only	Firm's	name	► MALONEY + NOVOTN	Y LLC			Fin	m's EIN 🕨 3			
	-			▶ 1111 SUPERIOR AVENUE, SU		44114		Ph	one no. 2		3-0100	
May	the II	RS disc	uss thi	is return with the preparer show	n above? (see instructions)					X	Yes	No

OHIO	WESLEYAN	UNIVERSITY

<u>ATTA</u>	describe the organization's missio ACHMENT 1		III <u></u>
Pid the	ACHMENT 1		
		····	
		hificant program services during the yea Schedule Ο	
Did the services	e organization cease conductin	g, or make significant changes in h	
Describ expense	es. Section 501(c)(3) and 501(c	ervice accomplishments for each of it	s three largest program services, as measure ort the amount of grants and allocations to o
a (Code: ONE O		<u>,939,470.</u> including grants of \$ 42, SMALL LIBERAL ARTS COLLEGE	854,346.) (Revenue \$) S, OHIO
		A RIGOROUS CURRICULUM, EXCE	
		IPS BETWEEN STUDENTS AND FAG	
		NG OPPORTUNITIES THAT LINK T AND PREPARE STUDENTS FOR SI	
	RSHIP IN THEIR CAREERS		SRVICE AND
b (Code:) (Expenses \$	including grants of \$) (Revenue \$)
c (Code:) (Expenses \$	including grants of \$) (Revenue \$)
	program services (Describe in Sch		
d Other -	Tourant services mescrine in Sch		
		rants of \$ \/Povonuo	\$
(Expens		rants of \$) (Revenue 99,939,470.	\$)

Form 9	90 (2014)		F	Page 3
Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		37	
2	complete Schedule A	1	X X	
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	Λ	
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,			
Ū	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	Х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		37	
b	complete Schedule D, Part VI	11a	Х	
D	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total associate reported in Part X, line 162 /f "Vos " complete Schedule D, Part V/II	116	Х	
~	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	11b	A	
L.	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	4.0	37	
47	assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	47		v
10	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII lines 1c and 822 /f "Yes." complete Schedule G. Part //	18	х	
19	Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10	Λ	
19	If "Yes," complete Schedule G, Part III	19		х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form **990** (2014)

JSA

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Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			37
	domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22	x	
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	A	
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	22	x	
	employees? If "Yes," complete Schedule J	23	A	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	240	x	
Ь	through 24d and complete Schedule K. If "No," go to line 25a.	24a 24b	А	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24c		x
ا م	to defease any tax-exempt bonds?	240 24d		X
d 25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
25a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	200		
b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			37
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		v
~ 4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	24	х	
05-	or IV, and Part V, line 1	34	X	
35a		35a	А	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	x	
26	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	330		
36	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
51	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI.	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note, All Form 990 filers are required to complete Schedule O	38	x	

Par				
	Check if Schedule O contains a response or note to any line in this Part V			- <u> </u>
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 279		Yes	No
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
U	reportable gaming (gambling) winnings to prize winners?	1c	х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1,877			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	X	
b	If "Yes," enter the name of the foreign country: SPAIN			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7-	Х	
	and services provided to the payor?	7a 7b	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	10	A	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		x
Ь	If "Yes," indicate the number of Forms 8282 filed during the year	10		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
	Did the organization during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?	76 7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	4.5		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
-	the organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand	14a		X
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14a 14b		- 25
<u>a</u>	in res, has it fied a roth rzo to report these payments? If NO, provide an explanation in schedule O	140		

Form §	OHIO WESLEYAN UNIVERSITY 31-437	9585	1	Page 6
Part	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule 0.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	tion A. Governing Body and Management			- 21
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 42	2		
Tu	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 42	Ц !		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	Х	<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		37	
а	The governing body?	8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			x
Soct	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9 0 Code	<u> </u>	Δ
Jeci	In D. Policies (This Section D requests information about policies not required by the internal Revenue	Cour	Yes	No
40-	Did the encoding time have lead aborton branches on efflicted?	10a		X
	Did the organization have local chapters, branches, or affiliates?	TVa		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	u		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
~	rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
•	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a	Х	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
0	organization's exempt status with respect to such arrangements?	16b		Х
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright_{OH} ,			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(0	c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O)			
40				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	y, and
20	financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and record	le · 🕨		
20	DAN HITCHELL 61 SOUTH SANDUSKY STREET DELAWARE, OH 43015 740-368-3351	13. 🏲		
JSA		Form	990	(2014)

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors								
	Check if Schedule O contains a response or note to any line in this Part VII								
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.

				(0	C)					
(A)	(B)	Position						(D)	(E)	(F)
Name and Title	Average					e than o		Reportable	Reportable	Estimated
	hours per week (list any					is both or/trust		compensation from	compensation from related	amount of other
	hours for				_			the	organizations	compensation
	related	Individual trustee or director	Institutional trustee	Officer	Key employee	lighe mplo	Former	organization	(W-2/1099-MISC)	from the organization
	organizations below dotted	dual ecto	ution	ч	mpl	st o yee	e e	(W-2/1099-MISC)		and related
	line)	r trus	ial tr		ууее	omp				organizations
		tee	uste		Ű	ensa				
			e			Highest compensated employee				
_(1)TOM_TRITTON	6.00									
CHAIRPERSON	0	Х		Х				0	0	0
(2)JOHN MILLIGAN	4.00									
VICE CHAIRPERSON	0	Х		Х				0	0	0
(3)JAN BARAN	1.00									
ALUMNI TRUSTEE	0	Х						0	0	0
(4)CATHLEEN BUTT	1.00									
ALUMNI TRUSTEE	0	Х						0	0	0
_(5)JASON_DOWNEY	1.00									
ALUMNI TRUSTEE	0	Х						0	0	0
(6)PETER EASTWOOD	1.00	-								
ALUMNI TRUSTEE	0	Х						0	0	0
_(7)KAMILA_GOLDIN	1.00	-						_		_
ALUMNI TRUSTEE	0	X						0	0	0
(8)AARON_GRANGER	1.00	-						_		_
ALUMNI TRUSTEE	0	X						0	0	0
(9)EDWARD HADDOCK	1.00									
ALUMNI TRUSTEE	0	X						0	0	0
(10) SALLY HARRIS	1.00									0
ALUMNI TRUSTEE	0	X						0	0	0
(11)ROBERT KAIL	1.00									0
ALUMNI TRUSTEE	0	X						0	0	0
(12) MICHAEL MCCLUGGAGE	1.00									0
ALUMNI TRUSTEE	0	X						0	0	0
(13) JACOB MILLER	1.00									0
ALUMNI TRUSTEE	0	X						0	0	0
(14) NICHOLAS PERANZI	1.00	v								0
ALUMNI TRUSTEE	0	Х						0	0	0

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(A) (B) (C) (D) (E) Reportable Name and title Average hours per week (its are break more than one officer and a director/trustee) (do not check more than one officer and a director/trustee) (do not check more than one officer and a director/trustee) (b) Reportable compensation from organizations 15.) ANAND PHILIP 1.00 X 0 0 0 16.) JEST OHLO CONFERENCE TRUSTEE 0 X 0 0 0 16.) JEST OHLO CONFERENCE TRUSTEE 0 X 0 0 0 18.) MILLIAM MCFADDEN 1.00 X 0 0 0 0 18.) MILLIAM MCFADDEN 1.00 X 0 0 0 0 18.) MILLIAM MCFADDEN 1.00 X 0 0 0 0 18.) MILLIAM MCFADDEN 1.00 X 0 0 0 0 18.) MILLIAM MCFADDEN 1.00 X 0 0 0 0 19.) DAVID PAPOI 1.00 X 0 0 0			Average			(C			- (D)	(E)	(F)
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c Total from continuation sheets to Part VII, Section A	c Total from	o continuation sheets to Part VII,	Section A)	1,920,287.	. 0	570,89
d Total (add lines 1b and 1c)	d Total (add	lines 1b and 1c))	▶ 1,920,287.	. 0	570,89

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
A	ITACHMENT 2		
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ► 41		

Form 990 (2014) Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E) (F) Name and title Position Reportable Reportable Estimated Average (do not check more than one amount of compensation hours per compensation from week (list any box, unless person is both an from other related officer and a director/trustee) compensation hours for the organizations Officer Former Individual trustee or director Highest compensated employee Institutional trustee related Key organization (W-2/1099-MISC) from the organization organizations employee (W-2/1099-MISC) and related below dotted organizations line) 1.00 26) CAROL LATHAM TRUSTEE AT LARGE 0 Х 0 0 27) MARGARET MCDOWELL LLOYD 1.00 0 0 TRUSTEE AT LARGE 0 Х 1.00 28) JACK LUIKART TRUSTEE AT LARGE 0 Х 0 0 29) TODD LUTTINGER 1.00 TRUSTEE AT LARGE 0 0 0 Χ 30) MYRON MCCOY 1.00 TRUSTEE AT LARGE 0 0 0 Х 1.00 31) KEVIN MCGINTY TRUSTEE AT LARGE 0 Х 0 0 32) CYNTHIA MITCHELL 1.00 TRUSTEE AT LARGE 0 0 0 Х 33) COLLEEN NISSL 1.00 TRUSTEE AT LARGE 0 Х 0 0 34) C. PAUL PALMER 1.00 TRUSTEE AT LARGE 0 0 0 Х 1.00 35) FRANK QUINN TRUSTEE AT LARGE 0 Х 0 0

TRUSTEE AT LARGE	0	х						0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, S							►			
d Total (add lines 1b and 1c)										
2 Total number of individuals (including but not	limited to tl	hose	liste	ed al	oove	e) who	o re	ceived more than	\$100,000 of	
reportable compensation from the organizatio	n 🕨	21	7							

27

1.00

			Yes	N
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	3		2
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	individual	4	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	5		2
6	action B. Independent Contractors			

B. Independent Contractors

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

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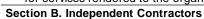
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	Part VII Section A. Officers, Directors, Tru	ustees, Ke	ey Em	nplo	yee	es,	and H	ligl	hest Compensat	ed Employees (a	ontinu	ed)	
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	more rson	e than o is both or/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	a cor f or ai	(F) Estimated mount of other npensati from the ganization and related ganization	f on n d
(37) TIMOTHY SLOAN TRUSTEE AT LARGE	1.00	x						0	0			0
(38) KATHERINE SMITH TRUSTEE AT LARGE	1.00							0	0			0
(39) KARA TROTT TRUSTEE AT LARGE	1.00							0	0			0
(40) JOHN HOPKINS EX-OFFICIO TRUSTEE	1.00	-						0	0			0
(41) GREGORY PALMER EX-OFFICIO TRUSTEE	1.00 0	-						0	0			0
(42) ROCKWELL F JONES PRESIDENT	40.00 0	-		x				362,815.	0		173,0)88.
(43) DAVID WOTTLE (1/1/14-6/26/14) VP-ENROLLMENT/STRAT.COMM.	40.00			x				98,583.	0		8,2	206.
(44) SUSAN DILENO (7/15/14-12/31/14 VP-ENROLLMENT/STRAT.COMM.	40.00			x				68,870.	0		17,9	957.
(45) COLLEEN GARLAND VP-UNIVERSITY ADVANCEMENT	40.00			x				210,636.	0		36,9	925.
(46) DAN HITCHELL VP-FINANCE&ADMINISTRATION	40.00 0			x				183,921.	0		49,7	74.
(47) CHARLES STINEMETZ PROVOST	40.00 0	-		х				194,880.	0		78,2	287.
	 1b Sub-total c Total from continuation sheets to Part VII, Section 4 Total (add lines 1b and 1c) 2 Total number of individuals (including but not reportable compensation from the organization) 	limited to t		liste	•••	•••		re	ceived more than	\$100,000 of			
	3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu	er, directo	or, or	tru							3	Yes	No X
	4 For any individual listed on line 1a, is the sorganization and related organizations gre											v	

individual..... 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



Form 990 (2014)

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

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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 > 27 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 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 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 5 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.													
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 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		of	\$100,000	ved more than	rec				liste	nose l	limited to th	otal number of individuals (including but not	
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 4 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 5 Section B. Independent Contractors 5 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) (B) (C)	Yes 3												
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 5 Section B. Independent Contractors 5 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) (B) (C)	4 X	the such	ation from le J for	other compens nplete Schedu	СС	"Yes,"	4 For any individual listed on line 1a, is the sum of reportable compensation organization and related organizations greater than \$150,000? If "Ye						
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) (B) (C)					nre	any u	rom	on f	sati	npen	accrue con	Did any person listed on line 1a receive or or services rendered to the organization? If "N	
(A) (B) (C)	ax											Complete this table for your five highest con ompensation from the organization. Report	
		Co	rvices								lress	(A)	

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 **>** JSA 4E1055 1.000

Form	990	(201	4)

Par	t VII	Statement of Reven Check if Schedule O co		ose or note to an	v line in this Part VII	I		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues						
Am C	с	Fundraising events		29,940.				
Gif İlar	d	Related organizations	1d					
ns, Sim	е	Government grants (contribu	utions) 1e	1,322,937.				
utio	f	All other contributions, gifts,	grants,					
ĘĘ		and similar amounts not included	above 1 f	20,235,933.				
u qu	g	Noncash contributions included i	in lines 1a-1f: \$	11,873,905.				
	h	Total. Add lines 1a-1f	<u></u>	1 1	21,588,810.			
Program Service Revenue				Business Code				
Seve	2a	TUITION AND FEES		900099	70,671,324.	70,671,324.		
e E	b	AUXILIARY SERVICES		900099	16,397,917.	16,397,917.		
ž	c	BOOKSTORE		900099	58,167.	58,167.		
٦, Se	d							
ran	е							
rog	f	All other program service rev						
<u> </u>	g	Total. Add lines 2a-2f			87,127,408.			
	3	•	cluding divider		635 106		100.005	000.061
		and other similar amounts).			637,186.		-193,075.	830,261.
	4 5	Income from investment of	•		0			
	5	Royalties	(i) Real	(ii) Personal	0			
	6a	Gross rents						
	b	Less: rental expenses						
	c d	Rental income or (loss)	<u> </u>		0			
	7a	Gross amount from sales of	(i) Securities	(ii) Other	0			
	1.0	assets other than inventory	6,095,981.					
	b		0,000,001.					
		Less: cost or other basis and sales expenses						
	c	Gain or (loss)	6,095,981.					
	d	Net gain or (loss)		• • • • • • • • • • • • • • • • • • •	6,095,981.			6,095,981.
Ð	8a	Gross income from fundra						
nu		events (not including \$	-					
<u>sve</u>		of contributions reported on						
Å		See Part IV, line 18	,	29,932.				
Other Revenue	b	Less: direct expenses	b	13,979.				
đ	с	Net income or (loss) from fu			15,953.			15,953.
	9a	Gross income from gaming	activities.					
		See Part IV, line 19	a					
	b	Less: direct expenses	b					
	c	Net income or (loss) from g	aming activities.	· <u>····</u>	0			
	10a	Gross sales of inventor returns and allowances						
	b	Less: cost of goods sold	b					
	c	Net income or (loss) from sal			0			
		Miscellaneous Reven	ue	Business Code				
	11a	OTHER INCOME		900099	3,344,179.	3,344,179.		
	b							
	c							+
	d	All other revenue						
	e	Total. Add lines 11a-11d			3,344,179.			
	12	Total revenue. See instructio	лы	🏲 🛛	118,809,517.	90,471,587.	-193,075.	6,942,195.

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	ESLEYAN UNIVERSITY		31-43	79585 Page 1
Part IX Statement of Functional Expension 501(c)(3) and 501(c)(4) organizatio		s All other organizatio	ns must complete colum	n (A)
Check if Schedule O contains a				
Do not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.		(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizati	ons	·		· · ·
and domestic governments. See Part IV, line 21				
2 Grants and other assistance to dome	stic			
individuals. See Part IV, line 22	. 42,416,909.	42,416,909.		
3 Grants and other assistance to fore	ign			
organizations, foreign governments, and fore	÷	428 428		
individuals. See Part IV, lines 15 and 16		437,437.		
4 Benefits paid to or for members	• •			
5 Compensation of current officers, directo		1,319,475.	924,188.	247,560
trustees, and key employees		1,319,475.	924,100.	247,500
6 Compensation not included above, to disquali persons (as defined under section 4958(f)(1))				
persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	••	22,132,887.	2,437,898.	1,685,036
8 Pension plan accruals and contributions (inclu	• •	, , , ,	, - ,	, ,
section 401(k) and 403(b) employer contribution		2,255,663.	323,368.	185,878
9 Other employee benefits		5,552,384.	804,641.	522,942
0 Payroll taxes		1,602,017.	229,662.	132,014
1 Fees for services (non-employees):				
a Management	0			
b Legal			81,367.	1,18
c Accounting			113,400.	
d Lobbying				
e Professional fundraising services. See Part IV, line				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, co		2 700 441	046 470	161 057
(A) amount, list line 11g expenses on Schedule O.)		3,780,441.	846,479.	161,853
Advertising and promotion	600 600	28,337. 516,289.	34,631. 18,886.	1,01
3 Office expenses		603,109.	98,355.	2,62
Information technology		003,107.	,555.	2,02.
I5 Royalties	3,324,165.	2,708,070.	544,896.	71,199
17 Travel		2,358,743.	179,685.	292,405
 8 Payments of travel or entertainment expen 				
for any federal, state, or local public official				
19 Conferences, conventions, and meetings		84,388.	6,272.	32,732
20 Interest	014 700	22,153.	892,573.	
1 Payments to affiliates				
22 Depreciation, depletion, and amortization	2 2 4 2 4 6 5	3,621,607.	290,735.	31,123
3 Insurance	. 314,262.	312,616.	1,646.	
4 Other expenses. Itemize expenses not cove				
above (List miscellaneous expenses in line 24e	. If			
line 24e amount exceeds 10% of line 25, colu				
(A) amount, list line 24e expenses on Schedule				
aRESIDENTIAL EXPENSE	6,109,167.	6,109,021.	146.	100.100
bOPERATING_SUPPLIES	2,148,873.	1,635,294.	343,401.	170,178
CPROGRAM/ATHLETIC	041 150	1,137,037.	5,534.	14,743
dOTHER AUX_ENT	1 000 000	241,158.	116,500.	21,345
e All other expenses		1,064,435.		
 25 Total functional expenses. Add lines 1 through 2 26 Joint costs. Complete this line only if organization reported in column (B) joint conform a combined educational campaign fundraising chieft here. 	the osts and	99,939,470.	8,294,263.	3,722,279
fundraising solicitation. Check here ► following SOP 98-2 (ASC 958-720)	if 0			
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Form 990 (2014)

Page	1	1	
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	1990 (2				Page II
Pa	rt X	Balance Sheet Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	17,263,242.	1	14,339,035.
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	19,816,391.	3	13,748,713.
	4	Accounts receivable, net	1,652,427.	4	1,732,090.
	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	C
	6	Loans and other receivables from other disqualified persons (as defined under section $1050(1/2)$), and extrinct interview description $1050(1/2)$ and extrinct interview description.			
		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			
s		organizations (see instructions). Complete Part II of Schedule L	0	6	C
Assets	7	Notes and loans receivable, net	5,833,523.	7	5,637,442.
As	8	Inventories for sale or use	126,507.	8	115,788.
	9	Prepaid expenses and deferred charges	548,703.	9	680,830.
	10 a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 179,953,316.			
		Less: accumulated depreciation 10b 63,198,017.	108,048,159.		116,755,299.
	11	Investments - publicly traded securities	8,478,665.	11	9,847,727.
	12	Investments - other securities. See Part IV, line 11	220,043,624.	12	222,931,380.
	13	Investments - program-related. See Part IV, line 11	5,289,095.	13	4,796,072.
	14	Intangible assets	0		
	15	Other assets. See Part IV, line 11	387,100,336.	15	390,584,376.
_	16 17	Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses	12,788,850.	10	13,799,379.
	18	Grants payable	12,700,050.		13,133,313
	19	Deferred revenue	4,316,366.	19	3,802,252.
	20	Tax-exempt bond liabilities	32,048,948.	20	30,306,421.
s	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	-	C
	22	Loans and other payables to current and former officers, directors,			
abil		trustees, key employees, highest compensated employees, and			
Ë		disqualified persons. Complete Part II of Schedule L	0	22	C
	23	Secured mortgages and notes payable to unrelated third parties	0	23	C
	24	Unsecured notes and loans payable to unrelated third parties	0	24	C
	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	27,446,612.	25	26,610,205.
	26	Total liabilities. Add lines 17 through 25.	76,600,776.	26	74,518,257.
se		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
Fund Balances	27	Unrestricted net assets	69,763,567.	27	73,244,555.
Bal	28	Temporarily restricted net assets	90,516,412.	28	80,916,149.
P	29	Permanently restricted net assets	150,219,581.	29	161,905,415.
or Fu		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
		Retained earnings, endowment, accumulated income, or other funds		32	
t A	32			02	
÷	32 33	Total liabilities and net assets/fund balances	310,499,560. 387,100,336.	33	316,066,119. 390,584,376.

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Form 9	90 (2014)				Pa	ge 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					Х
1	Total revenue (must equal Part VIII, column (A), line 12)	1	11	.8,8	09,5	517.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11	1,9	56,0)12.
3	Revenue less expenses. Subtract line 2 from line 1	3		6,8	53,5	505.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	31	.0,4	99,5	560.
5	Net unrealized gains (losses) on investments	5	-	1,0	71,8	329.
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		-2	15,1	117.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	31	6,0	66,1	L19.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," en	xplain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit					
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	oversi	aht			1
	of the audit, review, or compilation of its financial statements and selection of an independent acc			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	t forth	in			
	the Single Audit Act and OMB Circular A-133?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b	Х	

SCHEDULE A (Form 990

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.

Depa	artment of the Treasury nal Revenue Service	■ mation about Schedule	► Attach to Form 990 or A (Form 990 or 990-FZ);			is at www.irs.cov/form	Open to Public 990. Inspection
	ne of the organization			unu nə ilk	50 000015		tification number
	IO WESLEYAN UNIVERS	SITY					-4379585
Pa		Charity Status (All	organizations must	complet	e this pa		
	organization is not a privat	- · ·	-			,	
1	·	of churches, or associ		-	-		
2	X A school described in	section 170(b)(1)(A)(i	i). (Attach Schedule E.))			
3	A hospital or a coope	rative hospital service	organization described	in sectio	on 170(b))(1)(A)(iii).	
4	A medical research o	rganization operated ir	n conjunction with a ho	spital de	scribed i	n section 170(b)(1)(A)(iii). Enter the
	hospital's name, city,						
5	• ·		f a college or universi	ty owne	d or ope	erated by a governme	ental unit described in
_	section 170(b)(1)(A)(i						
6		cal government or gov					
7				upport fr	om a go	ivernmental unit or tr	om the general public
8		1 70(b)(1)(A)(vi). (Comp scribed in section 170 (-	o Port II)			
9						contributions memb	ership fees, and gross
Ū							ore than 331/3% of its
	-						tax) from businesses
		ization after June 30, 1					,
10	An organization organ	nized and operated exc	clusively to test for publ	ic safety.	See sec	ction 509(a)(4).	
11	An organization organ	nized and operated exc	clusively for the benefit	of, to pe	rform the	e functions of, or to ca	rry out the purposes of
							ction 509(a)(3). Check
		nrough 11d that describ					
а		g organization operate		-		- · ·	
				elect a m	najority c	of the directors or trus	tees of the supporting
	-	ust complete Part IV,					
b		g organization supervi					
		nent of the supporting must complete Part I	-	the san	le persoi	is that control of mar	lage the supported
с		integrated. A suppor		ated in c	onnectio	n with and functiona	lly integrated with
•		zation(s) (see instruction					ny mogratod min,
d		nally integrated. A su					ted organization(s)
	that is not functiona	lly integrated. The orga	anization generally mu	st satisfy	v a distrik	oution requirement an	d an attentiveness
	requirement (see in	structions). You must o	complete Part IV, Sect	tions A a	nd D, an	d Part V.	
е		e organization received					II, Type III
		ed, or Type III non-fund			organiza	tion.	
t	Enter the number of supp					• • • • • • • • • • • • •	••••
g	Provide the following info (i) Name of supported organizatio		(iii) Type of organization(s).	(ind) in the		(v) Amount of monetary	(vi) Amount of
	(I) Name of supported organizatio		(described on lines 1-9		organization our governing		other support (see
			above or IRC section (see instructions))	docu	iment?	instructions)	instructions)
			(,)	Yes	No	-	
(^)							
(A)							
(B)							
(0)							
(C)							
(D)							
(E)							
Tota	al						

Schedule A (Form 990 or 990-EZ) 2014

OMB No. 1545-0047

2014

LE A	
or 990-EZ)	

Schedule A (Form 990 or 990-EZ) 2014

31-4379585

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	20,836,332.	14,415,270.	22,755,487.	27,497,533.	21,588,810.	107,093,432.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	20,836,332.	14,415,270.	22,755,487.	27,497,533.	21,588,810.	107,093,432.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						12,762,925.
6	Public support. Subtract line 5 from line 4.						94,330,507.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	20,836,332.	14,415,270.	22,755,487.	27,497,533.	21,588,810.	107,093,432.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,752,040.	1,270,400.	1,909,082.	625,377.	637,186.	7,194,085.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1	2,626,644.	2,821,933.	4,292,360.	5,351,890.	3,374,111.	18,466,938.
11	Total support. Add lines 7 through 10						132,754,455.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	423,191,201.
13	First five years. If the Form 990 is forganization, check this box and stop here			d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3) ▶
Sec	tion C. Computation of Public Sup	•	•				
14	Public support percentage for 2014 (li					14	71.06%
15	Public support percentage from 2013					15	73.08%
16a	331/3% support test - 2014. If the o	-					
-	this box and stop here . The organization			-			
b	331/3% support test - 2013. If the c	-					
	check this box and stop here. The orga						
17a	10%-facts-and-circumstances test - 2	-					
	10% or more, and if the organization						•
	Part VI how the organization meets t			•	•		· · ·
h	organization						
D	10%-facts-and-circumstances test - 2	-					
	15 is 10% or more, and if the organization						•
	Explain in Part VI how the organization				•	•	
10	supported organization Private foundation. If the organization						
18	C						
	instructions					<u></u>	

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014

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.)

	tion A. Public Support ndar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e)	2014	(f) Tot	al
1	Gifts, grants, contributions, and membership fees								
	received. (Do not include any "unusual grants.")								
2	Gross receipts from admissions, merchandise								
	sold or services performed, or facilities								
	furnished in any activity that is related to the								
	organization's tax-exempt purpose								
3	Gross receipts from activities that are not an								
	unrelated trade or business under section 513								
4	Tax revenues levied for the								
	organization's benefit and either paid								
	to or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to the								
	organization without charge								
6	Total. Add lines 1 through 5								
<i>i</i> a	Amounts included on lines 1, 2, and 3 received from disgualified persons								
b	Amounts included on lines 2 and 3								
	received from other than disqualified								
	persons that exceed the greater of \$5,000								
	or 1% of the amount on line 13 for the year								
	Add lines 7a and 7b.								
8	Public support (Subtract line 7c from								
	line 6.)								
	tion B. Total Support	() 0040	(1) 0044	() 0040	()) 00 (0		0044	(0 T)	
Calen	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e	2014	(f) Tot	ai
	Amounts from line 6								
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.								
b	Unrelated business taxable income (less								
	section 511 taxes) from businesses								
	acquired after June 30, 1975								
c	Add lines 10a and 10b								
11	Net income from unrelated business								
	activities not included in line 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gain or								
	loss from the sale of capital assets								
	(Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11,								
	and 12.)								
14	First five years. If the Form 990 is for	the organizatic	n's first. second.	third. fourth. or	fifth tax vear a	s a se	ection 501(c)(3)	
	organization, check this box and stop here	0					``		
Sect	tion C. Computation of Public Sup								
15	Public support percentage for 2014 (line 8			mn (f))		15			%
16	Public support percentage from 2013 Sche					16			%
	tion D. Computation of Investmer			<u></u>		10			70
0000	Investment income percentage for 2014 (lin			13 column (f))		17			%
17			(i) divided by line						 %
		Schodulo A Dom	t III line 17			10 1			
17 18 10 a	Investment income percentage from 2013					18	224/0.0/	nd lin-	70
18	Investment income percentage from 2013 331/3% support tests - 2014. If the or	ganization did n	not check the box	c on line 14, and	d line 15 is more	e than			70
18 19 a	Investment income percentage from 2013 331/3% support tests - 2014. If the or 17 is not more than 331/3%, check th	ganization did n is box and sto	not check the box op here. The org	c on line 14, and anization qualifie	d line 15 is more s as a publicly :	e than suppor	ted organi	zation 🕨	
18 19 a	Investment income percentage from 2013 3 331/3% support tests - 2014. If the org 17 is not more than 331/3%, check th 331/3% support tests - 2013. If the org	ganization did n is box and sto anization did not	not check the boy op here. The org t check a box on	c on line 14, and anization qualified line 14 or line 19	d line 15 is more s as a publicly s 9a, and line 16 is	e than suppor more	ted organi than 331/3	zation %, and	
18 19 a	Investment income percentage from 2013 331/3% support tests - 2014. If the or 17 is not more than 331/3%, check th	ganization did n is box and sto anization did not this box and s	not check the box op here. The org t check a box on stop here. The or	c on line 14, and anization qualifie: line 14 or line 19 ganization qualifi	d line 15 is more s as a publicly s 9a, and line 16 is es as a publicly	e than suppor more suppo	ted organi than 331/3 rted organi	zation 3 %, and zation	

Yes No

1

2

3a

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Schedule A (Form 990 or 990-EZ) 2014

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Part	Ie A (Form 990 or 990-EZ) 2014 Supporting Organizations (continued)			Page 5
raii	Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
-	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		<u> </u>
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
1	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
-	organization(s) that operated, supervised, or controlled the supported organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	structi	ons):	
а	The organization satisfied the Activities Test. Complete line 2 below.		-	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	ictions).		
_		,	Yes	No
2	Activities Test. Answer (a) and (b) below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
Ŀ				
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the</i>			
	reasons for the organization's position that its supported organization(s) would have been engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

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s regard. 3b Schedule A (Form 990 or 990-EZ) 2014

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

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

Schedule A (Form 990 or 990-EZ) 2014

	OHIO WESLEYAN UNIVER			4379585 Page
Part		Supporting Organizat	tions (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organized	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
:	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
 h	Applied to 2014 distributable amount			
	Carryover from 2009 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section			
-	D, line 7: \$			
а	Applied to underdistributions of prior years			
a b	Applied to 2014 distributable amount			
C D	Remainder. Subtract lines 4a and 4b from 4.			
-	Remaining underdistributions for years prior to 2014, if			
5	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
_	and 4c.			
8	Breakdown of line 7:			
<u>a</u>				
b				
C				
d	Excess from 2013			
е	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Page 8

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

SCHEDULE A, PART II -	OTHER INCOM	E			ATTACHMENT	1
DESCRIPTION	2010	2011	2012	2013	2014	TOTAL
SPECIAL EVENTS	26,600.	33,760.	32,260.	26,486.	29,932.	149,038.
OTHER INCOME	2,600,044.	2,788,173.	4,260,100.	5,325,404.	3,344,179.	18,317,900.
TOTALS	2,626,644	2,821,933.	4,292,360.	5,351,890.	3,374,111.	18,466,938

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, Form 990-EZ, or Form 990-PF.
Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

2014

Name of the organization

OHIO WESLEYAN UNIVERSITY

31-4379585

Employer identification number

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Name of organization OHIO WESLEYAN UNIVERSITY

Employer identification number 31-4379585

(-)	atributors (see instructions). Use duplicate copies	-		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$ <u>5,689,627.</u>	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$ <u>2,908,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$\$2,148,372.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
4 _		\$1,003,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
5		\$ \$ 1 ,400,000.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
6		\$ 1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

JSA

Name of organization OHIO WESLEYAN UNIVERSITY

Employer identification number 31-4379585

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
- 7		\$ <u>500,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 8		\$ <u>436,676.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

JSA

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2014)	

Name of organization OHIO WESLEYAN UNIVERSITY

31-4379585

Employer identification number

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	PUBLICLY TRADED SECURITIES		
		\$ <u>5,621,399.</u>	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	PUBLICLY TRADED SECURITIES		
		\$\$448,329.	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
5	REAL ESTATE	 \$1,400,000.	
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

Page 3

	(Form 990, 990-EZ, or 990-PF) (2014)			Page			
Name of or	rganization OHIO WESLEYAN UNIVERSI	ТҮ		Employer identification number			
	Exclusively religious, charitable, etc. that total more than \$1,000 for the y following line entry. For organizations contributions of \$1,000 or less for the Use duplicate copies of Part III if addit	/ear from any one o s completing Part III, e year. (Enter this in	contributor. Comp enter the total of formation once. S	blete columns (a) through (e) and the exclusively religious, charitable, etc.,			
(a) No. from Part I	(b) Purpose of gift	(c) Use		(d) Description of how gift is held			
Faiti							
		(e) Transf	er of gift				
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
(a) No.							
from Part I	(b) Purpose of gift	(c) Use	or gift	(d) Description of how gift is held			
		(e) Transf	er of gift				
	Transferee's name, address, ar			nship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
				<u> </u>			
		(e) Transf					
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee			

JSA 4E1255 1.000

SCHEE	DULE	D
(Form	990)	

Supplemental Financial Statements Complete if the organization answered "Yes" to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Open to Public

20

OMB No. 1545-0047

14

	artment of the Treasury	► Information about Schedule	Attach to Form 99 D (Form 990) and its ins		v irs aov/ł	orm000	Inspection	
	nal Revenue Service e of the organization					ployer identifica		
	IO WESLEYAN UN	ITVEDCTTV				31-437958		
		tions Maintaining Donor Advi	ised Funds or Other	Similar Funds	or Acco		55	
10		e if the organization answered				Junto.		
	Complete		(a) Donor adv			(b) Funds and	other accounts	
4	Total number at a	nd of yoor			'			
1		nd of year						
2		of contributions to (during year)						
3		of grants from (during year)						
4		at end of year	advisars is writing th	at the accete he	ا ما م			
5		ion inform all donors and donor					Yes	No
c	-	anization's property, subject to the	-	-				
6	-	ion inform all grantees, donors, a e purposes and not for the benef						
	•				•		Yes	No
Dr		nissible private benefit?						
Γc		e if the organization answered	"Yes" to Form 990	Part IV line 7				
1		servation easements held by the						
•		n of land for public use (e.g., recr	•		on of a h	istorically im	portant land ar	rea
		of natural habitat				ertified histor		ou
		n of open space						
2		a through 2d if the organization he	eld a qualified conserv	ation contribution	n in the fo	orm of a con-	servation	
-		last day of the tax year.					End of the Tax	Year
а		onservation easements			2a		1	
b		tricted by conservation easements						
c	-	rvation easements on a certified I					1	•
d		rvation easements included in (c		. ,				
u		listed in the National Register	, ,				1	•
3		rvation easements modified, tran				by the organ	ization during	the
•				iguierieu, er teri				,
4		where property subject to conserve	rvation easement is loc	ated ►		1.		
5		zation have a written policy reg						
	-	orcement of the conservation eas				-	Yes 2	No No
6		er hours devoted to monitoring, in						
		20.00	1 0,	5		0.		
7	Amount of expens	ses incurred in monitoring, inspec	ting, and enforcing co	nservation easer	nents du	ring the year		
	▶\$		0			0)		
8	Does each consei	rvation easement reported on line	e 2(d) above satisfy th	e requirements of	f section ⁻	170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?					X Yes	No
9		ibe how the organization reports						
	balance sheet, an	d include, if applicable, the text o	of the footnote to the o	rganization's fina	ncial sta	tements that	describes the	
		counting for conservation easeme						
Pa	•	tions Maintaining Collections		•	her Sim	ilar Assets.		
	Complete	e if the organization answered	"Yes" to Form 990,	Part IV, line 8.				
1a	If the organization	n elected, as permitted under SF	AS 116 (ASC 958), I	not to report in i	ts reven	ue statement	and balance	sheet
	works of art, hist	torical treasures, or other simila	ar assets held for pul	olic exhibition, e	ducation	, or researc	h in furtherai	nce of
b		n elected, as permitted under S						
b		torical treasures, or other simila						
		ovide the following amounts relation		, -		,		
	(i) Revenue inclu	ded in Form 990, Part VIII, line 1				▶\$		
		ed in Form 990, Part X						
2		n received or held works of ar						
	-	s required to be reported under S						
а	Revenue included	in Form 990, Part VIII, line 1						
b		n Form 990, Part X						
For I	Paperwork Reductior	n Act Notice, see the Instructions for	Form 990.			Sche	edule D (Form 99	90) 2014

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 intem (check all that apply): d a Q Public exhibition d Lan or exchange programs b Scholarly research e Other c J Preservation for future generations d Lan or exchange programs 4 Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds raher than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custocial Arrangements. Complete if the organization answered 'Yes' to Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes', explain the arrangement in Part XIII and complete the following table: Amount Centra social for answered 'Yes' to Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes', explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII	Sche	dule D (Form 990) 2014							Page 2	
collicition items (check all that apply): a X Public solubility a X Public solubility a C b X Scholarly research a C c X Prevariation for future generations Other c X Prevariation for future generations Outing the year, did the organization's collections and explain how they further the organization's collection? Yes X No 2 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds atter than to be maintained as part of the organization accollection? Yes X No 2 During the year, did the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on form 900, Part X, line 21. In the arrangement in Part XIII and complete the following table: Amount Yes No No b If 'Yes,' explain the arrangement in Part XIII. Check here if the organization include an amount on Form 900, Part X, line 21, for escrew or custofial account lability? Yes No No b If 'Yes,' explain the arrangement in Part XIII. Check here if the organization include an amount on Form 900, Part X, line 21, for escrew or custofial account lability? Yes No No b If 'Yes,' explain the arrangeme	Par	t III Organizations Maintainir	ng Collections of	Art, Historical T	reasures,	or Other Simi	lar Assets	(continu	ed)	
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 W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IX, 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? 1b If 'Yes,'' explain the arrangement in Part XIII and complete the following table: 1 E 2 Beginning balance 4 Additions during the year 1 E 1 Annount 1 E 2 Bid the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No 1 Beginning of year balance 110, 649, 630, 189, 136, 269, 176, 030, 816, 186, 632, 438, 159, 948, 275. b Contributions (d) Treverse back (d) Prove years back 1 Beginning of year balance 211, 649, 630, 189, 136, 269, 176, 030, 816, 186, 632, 438, 159, 948, 275. b Contributions (a) Foreweas back (d) Prove years back 1 Beginning of year balance 211, 649, 630, 189, 136, 269, 176, 030, 816, 186, 632, 438, 159,	a b	collection items (check all that appXPublic exhibitionXScholarly researchXPreservation for future gene	ly): rations	d X Loan o e Other	or exchange	e programs				
assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part W 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?	4		nization's collections	and explain how t	they further	the organization	ו's exempt p	urpose in	Part	
Part IV Escrow and Custodial Arrangements. Complete if the organization answerd "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?. Image: Complete if the organization answered "Yes" to Form 990, Part X. b If "Yes," explain the arrangement in Part XIII and complete the following table: Image: Complete if the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Yes. No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Yes. No contributions (in twe symmet Explain the arrangement in Part XIII. Check here if the explanation has the organization include an amount on Form 990, Part X, line 21. Yes No contributions (in twe symmet Explain the arrangement in Part XIII. Check here if the explanation hasta the provement back (0) Porviews back (0) Pr	5							Yes X	No	
Included on Form 990, Part X? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1d 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. No Det for Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. No 1a Beginning of year balance 211, 649, 630, 189, 136, 269, 176, 030, 816, 186, 632, 438, 159, 948, 275. b Contributions 8, 634, 930, 7, 344, 941, 6, 812, 507, 4, 874, 303, 3, 158, 883. c Net investment earnings, gains, and bases 5, 677, 678, 24, 877, 286, 15, 902, 880, -5, 965, 991, 32, 902, 702, 4 d Grants or scholarships 9, 899, 491, 9, 708, 866, 9, 609, 934, 9, 509, 934, 9, 377, 422, 4 f Administrative expenses 216, 062, 747, 211, 649, 630, 189, 136, 269, 176, 030, 816, 186, 632, 438. c Pervide the estimated percentage of the current yeare end balance (line 1g, column (a)) held as:	Par		-		ization ans	swered "Yes" to	Form 990, F	Part IV, li	ne 9,	
c Beginning balance Ic Amount 1c Id Id Id e Distributions during the year Id Id 2 Did the organization include an amount on Form 990. Part X, line 21, for secret ow or custodial account liability? Yes No 2 Did the organization include an amount on Form 990. Part X, line 21, for secret ow or custodial account liability? Yes No Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990. Part IV. line 10. (a) Current war (b) Prior year (c) Two yeam back (d) Fore yeam back (d) Fore yeam back (e) Four yeam back (e) Four yeam back (e) Four yeam back (e) Four yeam back (d) Three yeam back (e) Four yeam back (d) Three yeam back (e) Four yeam back (f) Three yeam back (f) Four ye		included on Form 990, Part X?						Yes	No	
c Beginning balance 1c 1c d Additions during the year 1d 1d Distributions during the year 1d 1e 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or or custodial account liability? Yes No bit "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. No No Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (e) Four years back (e) Four years back 1a Beginning of year balance 211, 649, 630. 189, 136, 269. 176, 030, 816. 186, 632, 433. 159, 948, 275. b Contributions 159, 948, 275. b Contributions 211, 649, 630. 189, 136, 269. 176, 030, 816. 186, 632, 438. 159, 948, 275. b Contributions of facilities 15, 677, 678. 24, 877, 286. 15, 902, 8805, 965, 991. 32, 902, 702. d Grants or scholarships	b	If "Yes," explain the arrangement in	n Part XIII and comp	plete the following tak	ole:		A			
d Additions during the year	•	Paginning balance			1.		Amount			
e Distributions during the year										
f Ending balance 11 2a Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Yes No b If Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XII. No No Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (c) Four years back (e) Fouryears back (e) Four years	e									
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Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back. (d) Three years back. (e) Four years back. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back. (d) Three years back. (e) Four years back. (e) Three years back. (e) Four years back. (e) Four years back. (f) Three years back. (f)										
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b Contributions 8,634,930. 7,344,941. 6,812,507. 4,874,303. 3,158,883. c Net investment earnings, gains, and losses 5,677,678. 24,877,286. 15,902,880. -5,965,991. 32,902,702. d Grants or scholarships 5,677,678. 24,877,286. 15,902,880. -5,965,991. 32,902,702. e Other expenditures for facilities and programs 9,899,491. 9,708,866. 9,609,934. 9,509,934. 9,377,422. g End of year balance 216,062,747. 211,649,630. 189,136,269. 176,030,816. 186,632,438. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment) 26,7773.% 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 organizations. 3a(ii) x ii) related organizations 2d.7773.% 3a(ii) x 3b 3b b If "Yes" to 3a(ii), are the related organization's endowment funds. 3a(ii) x 3b 3b 2 Description of propenty (a) Cost or other basis (b) Cost or			(a) Current year	(b) Prior year	(c) Two yea	rs back (d) Three	years back (e) Four years	back	
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d Grants or scholarships	С									
e Other expenditures for facilities and programs 9,899,491 9,708,866 9,609,934 9,509,934 9,377,422 f Administrative expenses			5,677,678.	24,877,286.	15,902	,8805,96	5,991.	32,902	,702.	
and programs 9,899,491 9,708,866 9,609,934 9,509,934 9,377,422 f Administrative expenses 216,062,747 211,649,630 189,136,269 176,030,816 186,632,438 g End of year balance 216,062,747 211,649,630 189,136,269 176,030,816 186,632,438 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ►										
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g End of year balance 216,062,747. 211,649,630. 189,136,269. 176,030,816. 186,632,438. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 4.8653.% b Permanent endowment ▶ 68.3574.% c Temporarily restricted endowment ▶ 26.7773.% 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: Yes No (i) unrelated organizations 3a(i) x 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3a(ii) x Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (a) Cost or other basis (c) Accumulated depreciation (d) Book value 1a Land 3,432,158. 3,432,158. 3,432,158. b Buildings 133,378,831. 43,778,713. 89,600,118. c Leasehold improvements 20,522,209. 15,312,249. 5,209,960. e Other 22,620,118. 4,107,055. 18,513,063.			9,899,491.	9,708,866.	9,609	,934. 9,50)9,934.	9,377	,422.	
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c Temporarily restricted endowment ▶ 26.7773 % 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:	a k			_%						
The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations 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. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value (d) Book value (investment) (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value /ul>										
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(i) unrelated organizations 3a(i) x (ii) related organizations 3a(ii) x b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accumulated depreciation (c) Book value (c) Book val	54			le organization that				Yes	No	
(ii) related organizations 3a(ii) x 3a(ii) x 3a(ii) x 3a(ii) x 3b3b3b3b3a(ii) x 3b3b3a(ii) x 3b3b3b3b3b3b3b3b3b3b3b3a(ii) x 3b3b3a(iii) x 3b3b3b3b3a(iii) x 3b3b3a(iii) x 3b <th colspan<="" th=""><th></th><th></th><th></th><th></th><th></th><th></th><th>3</th><th></th><th></th></th>	<th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>3</th> <th></th> <th></th>							3		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 3,432,158. 3,432,158. b Buildings 133,378,831. 43,778,713. 89,600,118. c Leasehold improvements 20,522,209. 15,312,249. 5,209,960. e Other 22,620,118. 4,107,055. 18,513,063.										
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 3,432,158. 3,432,158. b Buildings 133,378,831. 43,778,713. 89,600,118. c Leasehold improvements 20,522,209. 15,312,249. 5,209,960. e Other 22,620,118. 4,107,055. 18,513,063.	b	If "Yes" to 3a(ii), are the related or	ganizations listed as	required on Schedule	D 0					
Part VILand, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1aLand3,432,158.3,432,158.bBuildings133,378,831.43,778,713.89,600,118.cLeasehold improvements20,522,209.15,312,249.5,209,960.eOther22,620,118.4,107,055.18,513,063.			•	•					L	
Ia Land (investment) (other) depreciation b Buildings 3,432,158. 3,432,158. c Leasehold improvements 133,378,831. 43,778,713. 89,600,118. d Equipment 20,522,209. 15,312,249. 5,209,960. e Other 22,620,118. 4,107,055. 18,513,063.	Par	t VI Land, Buildings, and Equ	ipment.			11a. See Form	990, Part X,	, line 10.		
1a Land 3,432,158. 3,432,158. b Buildings 133,378,831. 43,778,713. 89,600,118. c Leasehold improvements 20,522,209. 15,312,249. 5,209,960. e Other 22,620,118. 4,107,055. 18,513,063.			(a) Cost or	other basis (b) Cost of	or other basis	(c) Accumulated				
b Buildings 133,378,831. 43,778,713. 89,600,118. c Leasehold improvements 20,522,209. 15,312,249. 5,209,960. d Equipment 22,620,118. 4,107,055. 18,513,063.	1a	Land		, , ,	,	depreciation		3,432	158	
c Leasehold improvements d Equipment e Other 22,620,118. 4,107,055. 18,513,063.						43,778,713				
d Equipment 20,522,209. 15,312,249. 5,209,960. e Other 22,620,118. 4,107,055. 18,513,063.					-,001.	,,.		_ ,		
e Other 22,620,118. 4,107,055. 18,513,063.				20.5	522,209.	15,312.249		5,209,9	960.	
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)										
	Tota	I. Add lines 1a through 1e. (Column	(d) must equal Form							

Schedule D (Form 990) 2014

Page 3

OHIO WESLEYAN UNIVERSITY 31-4379585 Schedule D (Form 990) 2014 Part VII **Investments - Other Securities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: Cost or end-of-year market value (including name of security) (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) INTEREST IN TRUSTS 2,920,018 FMV (B) FIXED INCOME 2,917,718 FMV (C) OTHER INVESTMENTS 11,097 FMV (D) MULTI-ASSET CLASS 67,421,051. FMV (E) INVESTMENT IN STUYVESANT HALI 4,187,878 FMV (F) INVESTMENT IN OWU FUND 145,473,618 FMV (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ 222,931,380 Investments - Program Related. Part VIII Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1)(2) (3)(4)(5)(6)(7)(8) (9)Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1)(2) (3)(4)(5)(6)(7)(8)(9)Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ► Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) POSTRETIREMENT BENEFITS OBLIG. 22,789,000 (3) ADVANCES FROM FEDERAL GOVT. 3,821,205 (4)(5) (6)(7)

(9) 26,610,205. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►

2. Liability for uncertain tax positions. 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 JSA 4E1270 1.000

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Schedu	le D (Form 990) 2014		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	٦.	
1	Total revenue, gains, and other support per audited financial statements	1	75,431,520.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	-	
а	Net unrealized gains (losses) on investments 2a -1,071,829.		
b	Donated services and use of facilities		
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	-961,088.
3	Subtract line 2e from line 1	3	76,392,608.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	-	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	42,416,909.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	118,809,517.
Part		-	
1	Total expenses and losses per audited financial statements	1	70,036,102.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
С	Other losses 2c		
d	Other (Describe in Part XIII.) 2d 496,999.		
е	Add lines 2a through 2d	2e	496,999.
3	Subtract line 2e from line 1	3	69,539,103.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b 42,416,909.		
С	Add lines 4a and 4b	4c	42,416,909.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	111,956,012.
Part			
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
	PAGE 5		

JSA

4E1271 1.000

Part XIII Supplemental Information (continued)

FINANCIAL STATEMENT FOOTNOTE FOR ART COLLECTION - PART III, LINE 1A: ART COLLECTIONS - THE UNIVERSITY MAINTAINS A COLLECTION OF ARTWORK IN ITS HUMPHREYS ART HALL. DUE TO THE DIFFICULTY IN ESTABLISHING A VALUE FOR COLLECTION PIECES DONATED TO THE UNIVERSITY, THESE ASSETS ARE NOT RECORDED IN THE CONSOLIDATED FINANCIAL STATEMENTS. COLLECTION PURCHASES ARE EXPENSED AS PURCHASED. THE UNIVERSITY PROVIDES A CLEAN, SECURE AND STABLE ENVIRONMENT FOR ITS PERMANENT COLLECTIONS. THE ARTWORK IS GIVEN REASONABLE CARE TOWARDS ITS PRESERVATION.

DESCRIPTION OF ART COLLECTION - PART III, LINE 4:

MUSEUM'S PERMANENT COLLECTION:

- ALL OF OUR EXHIBITIONS ARE OPEN TO THE PUBLIC. THOSE ARE MOUNTED IN THE MUSEUM OR IN EITHER GALLERY 2001 IN BEEGHLY LIBRARY OR THE ALUMNI GALLERY IN MOWRY ALUMNI CENTER.

- STUDENTS REGULARLY USE THE ITEMS ON DISPLAY IN FEATURE EXHIBITIONS AND/OR ITEMS FROM THE MUSEUM'S PERMANENT COLLECTION FOR RESEARCH PROJECTS ASSIGNED TO THEM BY OUR ART HISTORY INSTRUCTOR. OTHER ART INSTRUCTORS FREQUENTLY BRING THEIR CLASSES TO THE MUSEUM OR TO ONE OF THE MUSEUM'S SATELLITE GALLERIES TO VIEW AND DISCUSS ITEMS ON DISPLAY IN FEATURE EXHIBITIONS MOUNTED AT EITHER OR BOTH OF THOSE LOCATIONS.

- WE HAVE A LARGE PERMANENT COLLECTION WHICH IS HOUSED IN THE MUSEUM'S SECOND FLOOR ARCHIVE AREA. THE ITEMS IN THE COLLECTION ARE SECURED IN A LOCKED AND TEMPERATURE/HUMIDITY CONTROLLED STORAGE AREA. ALL ITEMS ARE STORED IN A WAY THAT ASSURES THEIR SAFEKEEPING AND PRESERVATION FOR FUTURE GENERATIONS.

- WE HAVE LOANED ITEMS FROM THE MUSEUM'S PERMANENT COLLECTION TO BOTH PUBLIC AND PRIVATE MUSEUMS ON SEVERAL OCCASIONS. Schedule D (Form 990) 2014

OHIO WESLEYAN UNIVERSITY Part XIII Supplemental Information (continued)

- THE COLLECTION IS COMPOSED PRIMARILY OF ORIGINAL WORKS ON PAPER. WHITE 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.

OTHER CHANGES IN REVENUE - PART XI, LINE 2D:

ACTUARIAL ADJUSTMENT OF SPLIT-INTEREST AGREEMENTS: (\$201,722); CHANGE IN FAIR VALUE OF INTEREST RATE SWAP: \$208,032; REVENUE OF AFFILIATES AND CAPITAL CONTRIBUTIONS INCLUDED IN CONSOLIDATED FINANCIAL STATEMENTS; \$104,431; TOTAL ADJUSTMENT: \$110,741

 Part XIII
 Supplemental Information (continued)

 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:

 \$42,416,909

OHIO WESLEYAN UNIVERSITY

OTHER CHANGES IN EXPENSES - PART XII, LINE 2D:

Schedule D (Form 990) 2014

POSTRETIREMENT OBLIGATION ADJUSTMENT: (\$286,000); PENSION-RELATED CHARGES OTHER THAN NET PERIODIC PENSION COST: \$267,528; LOSS ON EXTINGUISHMENT OF DEBT: \$113,667; EXPENSES OF AFFILIATES INCLUDED IN CONSOLIDATED FINANCIAL STATEMENTS: \$275,572; EARLY RETIREMENT CHARGES: \$126,232; TOTAL ADJUSTMENT: \$496,999

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: \$42,416,909

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

Schedule D (Form 990) 2014

31-4379585

Page 5

Part XIII Supplemental Information (continued)

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, 2015, THE UNIVERSITY'S INCOME TAX YEARS FROM 2011 AND THEREAFTER REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, AS WELL AS VARIOUS STATE AND LOCAL TAXING AUTHORITIES.

CONSERVATION EASEMENT REPORTING - PART II, LINE 9:

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

Schedule D (Form 990) 2014

SCHEDULE E (Form 990 or 990-EZ)

Schools

OMB No. 1545-0047

Open to Public

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6

12

Inspection

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.

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

Department of the Treasury Internal Revenue Service Name

Name of the organization						
OHIO	WESLEYAN	UNIVERSITY				

Employer identification number 31-4379585

Pa	tl			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,			
	bylaws, other governing instrument, or in a resolution of its governing body?	1	Х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	2	Х	
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	2		х
	describe. If "No," please explain. If you need more space, use Part II	3		
	SEE SUPPLEMENTAL PAGE			
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
b	Records documenting that scholarships and other financial assistance are awarded on a racially			
	nondiscriminatory basis?	4b	Х	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
_	with student admissions, programs, and scholarships?	4c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
5	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	5a		Х
b	Admissions policies?	5b		Х
С	Employment of faculty or administrative staff?	5c		X
				37
d	Scholarships or other financial assistance?	5d		X
•	Educational policies?	5e		х
C		56		
f	Use of facilities?	5f		Х
g	Athletic programs?	5g		Х
h	Other extracurricular activities?	5h		X
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
62	Does the organization receive any financial aid or assistance from a governmental agency?	6a	х	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		X
~	If you answered "Yes" to either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through			
	4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	Х	
For	Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule E (Form 990	or 99	0-EZ)	(2014)

Page 2

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

PUBLICATION OF RACIALLY NONDISCRIMINATORY POLICY - PART I, 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 - PART I, LINE 6A:

THE UNIVERSITY PARTICIPATES IN THE GOVERNMENT'S VARIOUS TITLE IV STUDENT

FINANCIAL AID PROGRAMS.

SCHEDULE F	Stater	nent of A	ctivities	Outside the Uni	ted States	OMB No. 1545-0047
(Form 990)	► Complet	e if the organiza	, line 14b, 15, or 16.	2014		
Department of the Treasu Internal Revenue Service	Information	on about Sched	Open to Public Inspection			
Name of the organization						ntification number
OHIO WESLEYAN		A /1 1/1	<u></u>		31-4379	
	990, Part IV, line 14		Outside the l	Jnited States. Complete	e if the organization a	nswered "Yes" on
assistance, the	e grantees' eligibili	ty for the gran	ts or assistance	substantiate the amount o e, and the selection criter	ia used to award the	X Yes No
-	kers. Describe in side the United Sta		ganization's p	rocedures for monitoring	the use of its gra	nts and other
3 Activities per l	Region. (The follow	ving Part I, line	3 table can be	e duplicated if additional sp	bace is needed.)	
(a) Re	•	(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 (c a program service, describe specific type service(s) in region	expenditures for
(1) EUROPE				PROGRAM SERVICES	EDUCATION	196,416.
(2) EAST ASIA AND	THE PACIFIC			PROGRAM SERVICES	EDUCATION	51,406.
(3) SOUTH AMERICA				PROGRAM SERVICES	EDUCATION	123,284.
(4) SUB-SAHARAN A	FRICA			PROGRAM SERVICES	EDUCATION	49,596.
(5) SOUTH ASIA				PROGRAM SERVICES	EDUCATION	4,250.
(6) MIDDLE EAST A	ND NORTH AFRICA			PROGRAM SERVICES	EDUCATION	7,760.
(7) CENTRAL AMERI	CA/CARIBBEAN			PROGRAM SERVICES	EDUCATION	4,725.
(8) CENTRAL AMERI	CA/CARIBBEAN			INVESTMENTS		31,839,390.
(9) EUROPE				INVESTMENTS		8,756,130.
(10) NORTH AMERICA				INVESTMENTS		4,420,392.
<u>(11)</u>						
<u>(12)</u>						
<u>(13)</u>						
<u>(14)</u>						
(15)						
(16)						
(17)						
3a Sub-total b Total from sheets to Pa	rt I					45,453,349.
c Totals (add	lines 3a and 3b)	he Instruction	s for Eorm 000		Sah	45,453,349.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA 4E1274 1.000 5527AD A23R 5/11/2016 11:39:17 AM

Schedule F (Form 990) 2014

Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on 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.								
	Part IV, line 15, for any re-	cipient who receiv	ed more than \$5,000. F	Part II can be	duplicated if addit	ional space i	s 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

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

Schedule F (Form 990) 2014

Page **2**

Part III can be duplicated if additional space is needed.

Part III

(h) Method of valuation (e) Manner of (f) Amount of (g) Description (a) Type of grant or assistance (b) Region (c) Number of (d) Amount of of non-cash cash non-cash disbursement recipients cash grant assistance assistance (book, FMV. appraisal, other) (1) UNIVERSITY GRANTS CENT. AMERICA/CARIBBEAN 2. 4,725. CHECK (2) UNIVERSITY GRANTS 15. EAST ASIA/PACIFIC 51,406. CHECK (3) UNIVERSITY GRANTS EUROPE/ICELAND/GREENLAND 79. 196,416. CHECK (4) UNIVERSITY GRANTS MIDDLE EAST/NORTH AFRICA 2. 7,760 CHECK (5) UNIVERSITY GRANTS SOUTH AMERICA 35. 123,284. CHECK (6) UNIVERSITY GRANTS SUB-SAHARAN AFRICA 18 49,596 CHECK (7) UNIVERSITY GRANTS 4,250. SOUTH ASIA 1 CHECK (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18)

Page 3 Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. OHIO WESLEYAN UNIVERSITY

Schedule F (Form 990) 2014

Part IV

1

e F (Form 990) 2014		Page 4
V Foreign Forms		
Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>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)</i>	X Yes	No No
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; do not file with Form 990)	Yes	X No
Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes."		

			Schedule F (Form 990) 2014
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; do not file with Form 990)	Ye	s X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>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)</i>	X Ye	s 🗌 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? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund</i> (see Instructions for Form 8621)	Ye	s X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	X Ye	s 🗌 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; do not file with Form 990)	Ye	s X 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.

OHIO WESLEYAN UNIVERSITY 31-4379585 Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e b Internet and email solicitations f c Phone solicitations g d In-person solicitations g 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No			Supplemen	tal Information R	egarding	g Fundrai	ising or Gaming	Activities	OMB No. 1545-0047
Channel of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ. Open to Public Inspection Information about Schedule & (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number 31-4379585 Perton Point De Treasury Internal Revenue Service Tempoyer identification number 31-4379585 Perton Point De Treasury Internal Revenue Service Tempoyer identification number 31-4379585 Perton Point De Treasury Internal Revenue Service Tempoyer identification number 31-4379585 Perton Point De Treasury Internal Revenue Service Tempoyer identification number 31-4379585 Perton Point De Treasury Internal Revenue Service Tempoyer identification number 31-4379585 Perton Point De Treasury Internal Revenue Service Tempoyer identification number 31-4379585 Perton Point De Treasury Internal Revenue Service Tempoyer identification number 31-4379585 Perton Point De Treasury Internal Revenue Service Tempoyer identification number 31-4379585 Perton Point De Treasury Internal Revenue Service Tempoyer Identification of non-government grants C Phone solicitations f Solicitation of government grants Service Internet and email solicitations f Solicitation of poregravity indicating services? Yes No Inthoregravity Internation Revenue State			Complete if t						2014
Internal Revenue Service Principation about Schedule G (Form 990 or 990-E2) and its instructions is at www.irs.gov/tom990. Import identification number 31 - 4379585 OHIO MESLEYAN UNIVERSITY Sinchasting Activities. Complete if the organization answered "Yes" to Form 990. Part IV, line 17. Form 990-E2 filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d Internet and email solicitations f Solicitation of government grants d Internet and email solicitations g Special fundraising events d Internet and email solicitations f Solicitation of government grants d Internet and email solicitations f Solicitation of government grants d Internet and email solicitations f Solicitation of government grants d Internet and email solicitations f Yes No d Internet and email solicitations f Yes No f Solicitat	Attach to Form 990 or Form 990-E2								Open to Public
OHIO MESLEYAN UNIVERSITY 31-4379585 Part Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations g Solicitation of government grants d In-person solicitations d In-person solicitations g Special fundraising events d In-person solicitations g Special fundraising events d In-person solicitations g Special fundraiser) or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Ves No b If "Yes," list the ten highest paid individuals or entities (fundraiser have curbultons? (i) Amount paid to (or retained by) tundraiser listed in form 900, Part VII) (undraiser) 0) Name and address of individual (ii) Activity (iii) Did fundraiser have curbultons? (iv) Amount paid to (or retained by) tundraiser listed in (or retained by) tundraiser listed in curbultons? 1 Image: No Image: No Image: No Image: No									
Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Inficiate whether the organization raised funds through any of the following activities. Check all that apply. a Internet and email solicitations e Solicitation of non-government grants b Internet and email solicitations e Solicitation of government grants Solicitation of government grants c Phone solicitations g Solicitation of government grants Solicitation of government grants No 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part IVI) or entity in connection with professional fundraising services? Yes No f) If 'Yes, 'Is the teen in highest paid individuals or entities (fundraiser have control or oral agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (W) Gross receipts from activity (W) Amount paid to (or retained by) fundraiser island in control or oral agreements control or oral or oral or oral or oral or oral or oral or orating or entity (fundraiser) (W) Gross re	Name of the organization Employer identification								
Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e Solicitation of non-government grants Solicitation of government grants b Internet and email solicitations f c Phone solicitations g Special fundraising events d In-person solicitations g Special fundraiser solicitations genvices? Yes No b Inverse and address of individual or entity in connection with professional fundraiser services? Yes No for entity fundraiser) (ii) Activity (iii) Did fundraiser have control of contributions? (iv) Gross receipts from activity fundraiser lated by for retained b									-
a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d In-person solicitations g Special fundraising events 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the ten highest plai dindividuals or entities (fundraiser have compensated at least \$5,000 by the organization. (ii) Activity (iii) Did fundraiser have contributions? (v) Amount paid to (or retained by) fundraiser listed in (or retained by) form activity (v) Amount paid to (or retained by) fundraiser listed in (or retained by) form activity (v) Amount paid to (or retained by) form activity (v) Amount paid to (or retained by) form activity (v) Amount paid to (or retained by) form activity (v) Amount paid to (or retained by) form activity (v) Amount paid to (or retained by) form activity (v) Amount paid to (or retained by) form activity (v) Amount paid to (or retained by) form activity (v) Amount paid to (or retained by) form activity (v) Amount paid to (or retained by) form activity (v) Amount paid to (or entities (in (or entitis activitacon (in (or entities (in (or entities (in (or entities							"Yes" to Form 9	90, Part IV, line	17.
b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (ii) Name and address of individual or entity (fundraiser) (iii) Activity (iii) Did fundraiser have custody or control of trom activity (v) Amount paid to (or retained by) organization 1 Yes No 2 Image: Solicitation of government grants (v) Amount paid to (or retained by) organization 1 Yes No 2 Image: Solicitation of government grants (v) Amount paid to (or retained by) organization (v) Amount paid to (or retained by) organization 1 Yes No Image: Solicitation of government grants (v) Amount paid to (or entity (fundraiser) 2 Image: Solicitation of government grants Image: Solicitation of government grants Image: Solicitation of government grants (v) Amount paid to (or entity or government gran	1 Indicate	whether	the organization rais	sed funds through a	any of the	following	activities. Check a	all that apply.	
c Phone solicitations g Special fundraising events d In-person solicitations g Special fundraising events 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Ves No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (ii) Activity (iii) Did fundraiser have output of control of control of control of or entity (fundraiser) (v) Amount paid to (or retained by) fundraiser listed in control of control control of control control control control of control of control	a Mai	l solicitat	ions	е	Solic	itation of	non-government g	Irants	
d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (ii) Activity (iii) Did fundraiser have custody or control of control of con	b Inte	rnet and	email solicitations	f	Solic	itation of	government grants	S	
2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the ten highest paid individuals or entities (fundraiser) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual or entity (fundraiser have custody or control of control of correctined by) fundraiser listed in col. (i) (ii) Activity (iii) Did fundraiser have custody or control of correctined by) fundraiser listed in col. (i) (ii) Amount paid to (or retained by) fundraiser listed in col. (i) 1 Yes No 2 Yes No 3 Yes No 4 Image: Second se	c Pho	ne solici [,]	tations	g	Spec	cial fundra	ising events		
or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (ii) Name and address of individual or entity (fundraiser have custody or control of contributions? (iv) Gross receipts from activity (v) Amount paid to (or retained by) fundraiser listed in coll. (i) (vi) Amount paid to (or retained by) fundraiser listed in coll. (ii) (vi) Amount paid to (or retained by) fundraiser listed in coll. (iii) (vi) Amount paid to (or retained by) fundraiser listed in coll. (ii) (vi) Amount paid to (or retained by) fundraiser listed in coll. (iii) 1 Yes No Yes No 2 Yes No Image: Solution of coll. (iii) Image: Solution of coll. (iiii) Image: S	d 🔄 In-p	erson so	licitations						
b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual or entities (fundraiser) (ii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity (iv) Amount paid to (or retained by) fundraiser listed in col. (i) (vi) Amount paid to (or retained by) fundraiser listed in col. (ii) (vi) Amount paid to (or retained by) fundraiser listed in col. (iii) (vi) Amount paid to (or retained by) fundraiser listed in col. (iii) (vi) Amount paid to (or retained by) fundraiser listed in col. (iii) (vi) Amount paid to (or retained by) fundraiser listed in col. (iii) (vi) Amount paid to (or retained by) fundraiser listed in col. (iii) 1 Yes No Image: Solid State S									
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(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity (v) Amount paid to (or retained by) fundraiser listed in col. (i) 1 Yes No Image: Contribution in the contributine contrinet in the contributinet in the contribution i					(fundraise	rs) pursua	ant to agreements	under which the	fundraiser is to be
(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Activity (iv) Gross receipts from activity '(or retained by) fundraiser listed in col. (i) (iv) Amount paid of contributions? 1 Yes No Image: Contribution of the contris of the contribution of the contribution of the contri	00p.0			e.gaa.o					
1 1 1 1 1 1 2 3 1 1 1 1 3 1 1 1 1 1 4 1 1 1 1 1 5 1 1 1 1 1 6 1 1 1 1 1 7 1 1 1 1 1 8 1 1 1 1 1				(ii) Activity	custody o	r control of		(or retained by) fundraiser listed in	(or retained by)
2					Yes	No			
3 4 5 6 6 7 6 8 6	1								
3 4 5 6 6 7 6 8 6									
4	2								
5 6 1 1 7 1 1 1 8 1 1 1	3								
5 6 1 1 7 1 1 1 8 1 1 1									
6	4								
6									
7 8 1 <th1< th=""> <th1< th=""> <th1< th=""> <th1< th=""></th1<></th1<></th1<></th1<>	5								
7 8 1 <th1< th=""> <th1< th=""> <th1< th=""> <th1< th=""></th1<></th1<></th1<></th1<>									
8	0								
8	7								
	•								
9	8								
	9								+
	J								
10	10								
									+

Total

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

 registration or licensing.

Schedule G (Form 990 or 990-EZ) 2014

		(a) Event #1 GOLF EVENT	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
1		(event type)	(event type)	(total number)	col. (c))
1	Gross receipts	59,872.			59,87
	2 Less: Contributions	29,940.			29,94
3	Gross income (line 1 minus line 2).	29,932.			29,93
4	Cash prizes				
5	Noncash prizes	2,168.			2,16
6	8 Rent/facility costs	5,124.			5,12
6 7 8	7 Food and beverages	3,180.			3,18
ε ε	B Entertainment				
g	Other direct expenses	3,507.			3,50
	Direct expense summary. Add lines	4 through 9 in column (d)			13,95
11 Part	,	anization answered "Y			15,95 rted more
		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c
	1 Gross revenue				
	2 Cash prizes				
g 2					
	3 Noncash prizes				
	3 Noncash prizes 4 Rent/facility costs				
	4 Rent/facility costs		Yes%	Yes% No	
	 4 Rent/facility costs 5 Other direct expenses 	Yes%	No	No	
	 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 	Yes% No 2 through 5 in column (d)	No	<u>No</u>	
	 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 	Yes% No% 2 through 5 in column (d) act line 7 from line 1, column tion conducts gaming ac	No umn (d) tivities:	No►	Yes
	 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 	Yes%	No	No	

Schedule G (Form 990 or 990-EZ) 2014

OHIO	WESLEYAN	UNIVERSITY

	OHIO WESLEIAN UNIVERSIII	21-42	19505	
Sched	lule G (Form 990 or 990-EZ) 2014			Page 3
11	Does the organization conduct 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 ent			
	formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
a	The organization's facility	13a		%
b	An outside facility			<u> </u>
14	Enter the name and address of the person who prepares the organization's gaming/special events boo			/0
17	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 \blacktriangleright	and the		
	amount of gaming revenue retained by the third party \blacktriangleright			
С	If "Yes," enter name and address of the third party:			
	Name ►			
	Address ►			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ► \$			
	Description of services provided ►			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а				
	retain the state gaming license?			No
b	Enter the amount of distributions required under state law to be distributed to other exempt org	ganization	3	
	or spent in the organization's own exempt activities during the tax year 🕨 \$			
Par				
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional statement of the second statemen	onal infor	mation	
	(see instructions).			
				_

Schedule G (Form 990 or 990-EZ) 2014

SCHEDULE I (Form 990)	Go	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.							омв №. 1545-0047	
Department of the Treasury	► Informat	ian ahaut Ca	,	tach to Form 990.	wations is at www			Open to F Inspec		
Internal Revenue Service		ion about Sc	chequie I (Form	990) and its instr	uctions is at www	v.irs.gov/torm990.	Franksvan island			
Name of the organization								ification number		
OHIO WESLEYAN U							31-4379	585		
Part I General I	nformation on Grants and	Assistance	9							
the selection crit	zation maintain records to su eria used to award the grants IV the organization's proced	or assistanc	e?					X Yes	No	
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.										
	address of organization 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 non-cash assista		ose of grant sistance	
(1)										
(2)										

(3)							
(4)							
(5)							
(6)							
_(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section3 Enter total number of other or	501(c)(3) and government ganizations listed in the lin	l organizations I le 1 table	isted in the line 1 t	able	L	·	

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

Schedule I (Form 990) (2014)

Schedule I (Form 990) (2014)

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	1,653.	42,416,909.			
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

PROCESS. THE UNIVERSITY ENSURES THAT ITS GRANT FUNDS ARE USED FOR

Schedule I (Form 990) (2014)

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
4					
i					
7					

information.

EDUCATIONAL PURPOSES BY CREDITING THE SCHOLARSHIPS AND OTHER FINANCIAL

AID DIRECTLY TO THE STUDENTS' ACCOUNTS RATHER THAN ISSUING CHECKS.

SCH	EDULE J	Comper	isa	tion Information	L	OMB No.	1545-0	047
(For	m 990)	For certain Officers, Dire	ectors	, Trustees, Key Employees, and Highest		എ	1/	
				isated Employees swered "Yes" on Form 990, Part IV, line 2	3	ZU	14	
Departn	nent of the Treasury	► · · · · · · · · · · · · · · · · · · ·	Attac	h to Form 990.		Open to		
	Revenue Service	Information about Schedule J (Formation about Schedule J)	orm 9	90) and its instructions is at www.irs.gov/			ectio	n
	of the organization				Employer identificat		er	
		UNIVERSITY			31-43795	585		
Part	Question	s Regarding Compensation					Yes	No
1a	Check the an	propriate box(es) if the organization pro	ovide	ed any of the following to or for a per	son listed in For	m	Tes	NO
iu		Section A, line 1a. Complete Part III to						
		ss or charter travel	X	Housing allowance or residence for	-			
		or companions		Payments for business use of perso	•			
		emnification and gross-up payments		Health or social club dues or initiation				
		onary spending account		Personal services (e.g., maid, chauff				
b	or reimburse	boxes on line 1a are checked, did the exercise of all of the exercise of a second secon	ne ol	ganization follow a written policy fease described above? If "No." com	egarding payme	nt		
						1b		X
2	-	anization require substantiation prior			-			
		stees, and officers, including the CEC			s checked in lir			
	1a?					. 2	X	
3		n, if any, of the following the filing organ						
		CEO/Executive Director. Check all the ization to establish compensation of the						
		isation committee	X	•	art m.			
	<u> </u>	dent compensation consultant	X	Compensation survey or study				
		00 of other organizations	X	Approval by the board or compensation	ation committee			
4		ar, did any person listed in Form 990,						
4		or a related organization:	Pan	VII, Section A, line Ta, with respect to	o the ming			
а	•	verance payment or change-of-control p	ayme	ent?		4a		х
b	Participate in	, or receive payment from, a suppleme	ental	nonqualified retirement plan?		4b	X	
С	Participate in	, or receive payment from, an equity-ba	ased	compensation arrangement?		. 4c		X
	If "Yes" to an	y of lines 4a-c, list the persons and p	rovid	e the applicable amounts for each it	tem in Part III.			
_	-	501(c)(3), 501(c)(4), and 501(c)(29) or	-					
5	•	isted in Form 990, Part VII, Section A,	line	1a, did the organization pay or accrue a	any			
2		n contingent on the revenues of: ion?				. 5a		X
a b	-	rganization?						X
, N	-	e 5a or 5b, describe in Part III.						
6		isted in Form 990, Part VII, Section A,	line	1a, did the organization pay or accrue	any			
		n contingent on the net earnings of:			,			
а		ion?				6a		Х
b	Any related o	rganization?				6b		X
	If "Yes" to line	e 6a or 6b, describe in Part III.						
7	-	listed in Form 990, Part VII, Section			-			
		described in lines 5 and 6? If "Yes," de				. 7		X
8		ounts reported in Form 990, Part VII,						
		I contract exception described in	-					37
~		ing 9 did the ergenization also fal						X
9		ine 8, did the organization also fol						
	regulations s	ection 53.4958-6(c)?				. 9		

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

Schedule J (Form 990) 2014

Page 2

Schedule J (Form 990) 2014

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.

	Ļ	(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred in prior Form 990
ROCKWELL F JONES	(i)	362,815.	O	C	94,900.	78,188.	535,903.	
1 PRESIDENT	(ii)	0	Q	C	0	0	C	
COLLEEN GARLAND	(i)	210,636.	O	C	24,366.	12,559.	247,561.	
2 VP-UNIVERSITY ADVANCEMENT	(ii)	0	O	C	0	0	C	
DAN HITCHELL	(i)	183,921.	Q	C	21,800.	27,974.	233,695.	
3 VP-FINANCE&ADMINISTRATION	(ii)	0	Q	C	0	0	C	
CHARLES STINEMETZ	(i)	194,880.	Q	C	22,379.	55,908.	273,167.	
4 PROVOST	(ii)	0	Q	C	0	0	C	
CRAIG ULLOM	(i)	169,021.	Q	C	20,103.	27,639.	216,763.	
5 VP-STUDENT AFFAIRS	(ii)	0	Q	C	0	0	C	
BARBARA ANDERECK	(i)	134,444.	Q	0	15,112.	15,759.	165,315.	
6 PROFESSOR OF PHYSICS&ASTRONOMY	(ii)	0	Q	C	0	0	C	
LINDA EARLE	(i)	128,670.	Q	0	14,839.	16,979.	160,488.	
7 EXEC.DIRECTOR, NY ARTS PROG.	(ii)	0	Q	C	0	0	C	
BRIAN RELLINGER	(i)	124,830.	Q	C	14,220.	15,538.	154,588.	
8 CHIEF INFORMATION OFFICER	(ii)	0	Q	C	0	0	C	
ALICE SIMON	(i)	123,484.	Q	C	14,036.	19,373.	156,893.	
9 PROFESSOR OF ECONOMICS	(ii)	0	Q	C	0	0	C	
HAROLD WIEBE	(i)	120,133.	Q	C	12,327.	20,733.	153,193.	
10 ^{PROFESSOR-MATH&COMPUTER SCI.}	(ii)	0	Q	C	0	0	C	
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2014

Schedule J (Form 990) 2014

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 38 UNIVERSITY FUNCTIONS WITH OVER 3,467 GUESTS IN ATTENDANCE DURING THIS FISCAL YEAR. THE VALUE OF THE HOUSE HAS BEEN DETERMINED TO BE \$24,000 PER 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.

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 \$18,500 TO THE SECTION 457(B) PLAN AND \$46,500 TO THE SECTION

Page 3

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.

457(F) PLAN.

ADDITIONAL INFORMATION REGARDING BENEFITS FOR PRESIDENT - PART II, COL.D:

THE COMPONENTS OF THE NONTAXABLE BENEFITS PROVIDED BY THE UNIVERSITY IN

COLUMN D FOR ROCKWELL F. JONES ARE AS FOLLOWS: WELFARE BENEFITS: \$18,667;

PAYROLL TAXES: \$16,046; TUITION BENEFITS FOR ONE CHILD: \$43,475; TOTAL:

\$78,188.

Page 3

EDUCATIONAL FACILITIES

SCHEDULE K

(Form 990)

Supplemental Information on Tax-Exempt Bonds

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

21 4280505

Employer identification number

name of	the orga	inization	
			 ~

OHIO W	ESLEYAN UNIVERSITY									1 3	51-43	3/9585	כ		
Part I	Bond Issues														
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Is	sue price	(f) De	escription of pu	rpose	(g) De	efeased	(h) Or behalf issue	of	(i) Poo financ	
										Yes	No	Yes	No	Yes	No
A OHIO H	IGHER EDUCATIONAL FACILITY COMMISSION	34-6849674	67756ANLO	09/30/2004	6	,000,000.	REFUND 1994	BONDS		x		x			x
B OHIO H	IGHER EDUCATIONAL FACILITY COMMISSION	34-6849674		12/16/2011	15	5,000,000.	EDUCATIONAL FACILITIES				x		x		х
C OHIO H	IGHER EDUCATIONAL FACILITY COMMISSION	34-6849674		05/06/2015	17	,339,201.	REFINANCE 20	09 BONDS			x		x		х
D												1			
Part II	Proceeds			•											
						Α		В	C	;			D		
1 Amo	ount of bonds retired			[
2 Am	ount of bonds legally defeased														
	al proceeds of issue				6,0	000,000	. 15,0	00,000.	17,3	39,20)1.				
4 Gro	ss proceeds in reserve funds				2	290,423									
5 Cap	italized interest from proceeds														
6 Pro	ceeds in refunding escrows														
7 Issu	ance costs from proceeds					18,755		33,904.	1	47,54	18.				
8 Cre	dit enhancement from proceeds														
9 Wo	rking capital expenditures from proceeds														
10 Cap	ital expenditures from proceeds														
11 Oth	er spent proceeds														
12 Oth	er unspent proceeds														
13 Yea	r of substantial completion				200)4	201	2	201	5					
					Yes	No	Yes	No	Yes	No)	Yes		No	,
14 We	re the bonds issued as part of a current refundi	ng issue?			Х		X		Х						
15 We	re the bonds issued as part of an advance refur	iding issue?				Х		Х		Х					
	the final allocation of proceeds been made?				Х			X		Х					

Х

Yes

Α

No

Х

Х

Part III Private Business Use

17 Does the organization maintain adequate books and records to support the final allocation of proceeds?

1 Was the organization a partner in a partnership, or a member of an LLC,

which owned property financed by tax-exempt bonds?

2 Are there any lease arrangements that may result in private business use of

D

No

Yes

С

No

Х

Х

Yes

В

No

Х

Х

Yes



OHIO WESLEYAN UNIVERSITY

31-4379585

Page **2**

Pa	t III Private Business Use (Continued) ED	UCATION	AL FACIL	ITIES					
			A		В	(C	0)
3a	Are there any management or service contracts that may result in private	Yes	No	Yes	No	Yes	No	Yes	No
	business use of bond-financed property?		Х		Х		Х		
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
	counsel to review any management or service contracts relating to the financed property?								
с	Are there any research agreements that may result in private business use of								
	bond-financed property?		Х		Х		Х		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
	outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities								
	other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5	Enter the percentage of financed property used in a private business use as a								
	result of unrelated trade or business activity carried on by your organization,								
	another section 501(c)(3) organization, or a state or local government		%		%		%		%
6	Total of lines 4 and 5		%		%		%		%
7	Does the bond issue meet the private security or payment test?		Х		Х		Х		
8a	Has there been a sale or disposition of any of the bond-financed property to a non-								
	governmental person other than a 501(c)(3) organization since the bonds were issued? .		Х		Х		Х		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
	disposed of		%		%		%		%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
	sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all								
	nonqualified bonds of the issue are remediated in accordance with the								
	requirements under Regulations sections 1.141-12 and 1.145-2?		Х		Х		Х		
Pa	t IV Arbitrage	1					1		
			A		В		C)
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		Х		Х		X		
2	If "No" to line 1, did the following apply?								
	Rebate not due yet?		Х	Х		Х			
	Exception to rebate?	X			X		X		
C	No rebate due?		Х		Х		X		
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
	performed								
3	Is the bond issue a variable rate issue?		Х	Х		Х			
4a	Has the organization or the governmental issuer entered into a qualified								
	hedge with respect to the bond issue?		Х		Х		X		
	Name of provider								
	Term of hedge.								
	Was the hedge superintegrated?								
е	Was the hedge terminated?							ļ	

Schedule K (Form 990) 2014

Schedule K (Form 990) 2014

Schedule K (Form 990) 2014

		A	1	3	0	C		D
	Yes	No	Yes	No	Yes	No	Yes	N
Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		Х		Х		
Name of provider								
Term of GIC								
Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
Were any gross proceeds invested beyond an available temporary period?		X		X		X		
Has the organization established written procedures to monitor the								
	Х		x		x			
requirements of section 148?	Δ		Δ		Δ			
rt V Procedures To Undertake Corrective Action		•		_		<u> </u>	1	
Here the ergenization established written precedures to ensure that violations		A 		3	-			D
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the	Yes	No	Yes	No	Yes	No	Yes	N
voluntary closing agreement program if self-remediation is not available								
under applicable regulations? t VI Supplemental Information. Provide additional information for responses to		Х		Х		Х		

Schedule K (Form 990) 2014

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) (Continued)

SCHEDULE M (Form 990)

Noncash Contributions Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 900

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990.			
Information about Schedule M	(Form 990) and	d its instructions is at	www.irs.gov/form99

2014 **Open To Public** Inspection

Name of	the	organization	
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formation	about	Schedule	M (Form	990) a	and its	instructions	is at	www.irs.gov/form990.
nonnation	about	ooncaulo		, .	ina ito	1130 000013	15 ut	in the time of go the office of the

Employer identification number

OHI	O WESLEYAN UNIVERSITY				3	31-4379585		
Par	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contributio amounts reported o Form 990, Part VIII, lin	n	(d) Method of dete noncash contributi		
1	Art - Works of art	Х	50.		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	Х	159.	10,473,90	05.	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	Х	1.	1,400,00	00.	APPRAISAL		
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 \blacktriangleright ()							
27 20	Other \blacktriangleright ()							
28	Other ►() Number of Forms 8283 received	by the ere	prization during the tax of	or for contributions	for			
29	which the organization completed F					29		4.
	which the organization completed i	0111 0200,	r art iv, Donee Acknowledg		•• (Yes	No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I	, lines	s 1 through		-
	28, that it must hold for at least th					-		
	to be used for exempt purposes for	•						Х
b	If "Yes," describe the arrangement ir		01					
31	Does the organization have a		ance policy that require	s the review of a	ny n	on-standard		
	contributions?						X	
32a	Does the organization hire or use							
	contributions?	•	•	· · ·			Х	
b	If "Yes," describe in Part II.							
33	If the organization did not report an	amount in	column (c) for a type of pro	perty for which colun	nn (a)	is checked,		
	describe in Part II.							
For P	aperwork Reduction Act Notice, see the Instr	uctions for Fo	rm 990.			Schedule M (Fo	rm 990)	(2014)

JSA

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

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.



Internal Revenue Service 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.

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: DURING JULY, THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES REVIEWS ALL OFFICER COMPENSATION. COMPENSATION COMPARABILITY DATA FROM THE GREAT LAKES COLLEGE ASSOCIATION AND NATIONAL CUPA DATA ARE USED TO DETERMINE THE COMPENSATION OF ALL OFFICERS. BOARD MEMBERS ARE INDEPENDENT OF THE PERSONS FOR WHICH COMPENSATION IS BEING DETERMINED. THE COMMITTEE DOCUMENTS ITS 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.

OTHER CHANGES IN NET ASSETS - FORM 990, PART XI, LINE 9: POSTRETIREMENT OBLIGATION ADJUSTMENT: (\$286,000); PENSION-RELATED CHARGES OTHER THAN NET PERIODIC PENSION COST: \$267,528; ACTUARIAL ADJUSTMENT OF SPLIT-INTEREST AGREEMENTS: (\$208,032); CHANGE IN FAIR VALUE OF INTEREST RATE SWAP: \$201,721; DEBT EXTINGUISHMENT: \$113,667; EARLY RETIREMENT CHARGES: \$126,232; ROUNDING ERROR: (\$1); TOTAL ADJUSTMENT: (\$215,117)

Schedule O (Form 990 or 990-EZ) 2014	
Name of the organization	Employer identification number
OHIO WESLEYAN UNIVERSITY	31-4379585

JOINT VENTURE POLICY - FORM 990, PART VI, LINE 16B: ALTHOUGH THE UNIVERSITY DOES NOT HAVE A WRITTEN JOINT VENTURE POLICY THAT HAS BEEN APPROVED BY THE BOARD OF TRUSTEES, THE UNIVERSITY HAS REVIEWED ITS PARTICIPATION IN SUCH VENTURES TO ENSURE THAT THE UNIVERSITY'S TAX-EXEMPT STATUS HAS NOT BEEN COMPROMISED. THE 3 FOR-PROFIT ENTITIES THAT ARE CURRENTLY TREATED AS "JOINT VENTURES" ARE OWNED 100% (STUYVESANT HALL HOLDINGS, INC. AND O.W.U. PROPERTIES) AND 60% (STUYVESANT HALL, LLC) BY THE UNIVERSITY, AND AS SUCH, THE UNIVERSITY HAS SUFFICIENT CONTROL TO ENSURE THAT THE FOR-PROFIT ENTITIES OPERATE IN A MANNER THAT FURTHERS THE EXEMPT PURPOSES OF THE UNIVERSITY. THE 2 STUYVESANT HALL FOR-PROFIT ENTITIES WERE FORMED TO FACILITATE THE QUALIFICATION FOR AND USE OF HISTORIC AND OTHER TAX CREDITS FOR THE UNIVERSITY'S STUYVESANT HALL RENOVATION. O.W.U. PROPERTIES WAS FORMED TO BE THE GENERAL PARTNER IN A LIMITED PARTNERSHIP WHICH OPERATES A RESIDENCE HALL/APARTMENT COMPLEX.

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

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 Page 2

ATTACHMENT 1

Name of the organization	Employer identification number
OHIO WESLEYAN UNIVERSITY	31-4379585
	ATTACHMENT 1 (CONT'D)
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION	
IN GENERAL." IN THE SPIRIT OF ITS HERITAGE, THE UNIVERSITY DE	FINES
ITSELF AS A COMMUNITY OF TEACHERS AND STUDENTS DEVOTED TO THE	FREE
PURSUIT OF TRUTH. IT DEVELOPS IN ITS STUDENTS QUALITIES OF IN	TELLECT
AND CHARACTER THAT WILL BE USEFUL NO MATTER WHAT THEY CHOOSE	TO DO IN
LATER LIFE. OWU JUDGES ITSELF SUCCESSFUL WHEN IT HAS ACCOMPLI	SHED
THREE OBJECTIVES IN ITS WORK WITH STUDENTS:	
TO IMPART KNOWLEDGE.	
TO DEVELOP AND ENHANCE CERTAIN IMPORTANT CAPABILITIES OF	
STUDENTS.	
TO PLACE EDUCATION IN THE CONTEXT OF VALUES.	
	ATTACHMENT 2

990, PART VII- COMPENSATION OF THE FIVE HIGHEST	PAID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
ARAMARK CORPORATION 24818 NETWORK PLACE CHICAGO, IL 60673-1248	HOUSEKEEPING	1,918,389.
CHARTWELLS 40 ROWLAND AVENUE DELAWARE, OH 43015-2392	FOOD SERVICE	6,050,636.
LINCOLN CONSTRUCTION, INC. 4790 SHUSTER ROAD COLUMBUS, OH 43214	CONSTRUCTION	9,370,952.
PNC BANK PO BOX 747046 PITTSBURGH, PA 15274-7046	BANKING SERVICES	2,050,391.
WELLS FARGO INSURANCE SERVICES P.O. BOX 203417 DALLAS, TX 75320	INSURANCE	785,696.

31-4379585

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

OHIO WESLEYAN UNIVERSITY

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

(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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

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

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

Schedule R (Form 990) 2014

JSA 4E1307 1.000



Inspection Employer identification number

31-4379585

Schedule R (Form 990) 2014

Page **2**

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(† Disprop alloca		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	j) eral or aging ner?	(k) Percentage ownership
		oouniy)		,			Yes	No		Yes	No	
(1) STUYVESANT HALL, LLC 36-471334												
61 S. SANDUSKY, DELAWARE, OH	REAL ESTATE	ОН	OWU	EXCLUDED	-135,521.	11,587,448.		x	0		x	60.0000
(2) OWU FUND, LP 45-4089884												
61 S. SANDUSKY, DELAWARE, OH	INVESTMENTS	ОН	OWU	EXCLUDED	1,416,760.	145,513,491.		x	-34,641.		х	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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(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	512(t	(i) ction b)(13) trolled tity?
								Yes	No
(1) OWU PROPERTIES, INC. 31-1183503									l
61 S. SANDUSKY STREET DELAWARE, OH 43015	REAL ESTATE	OH	OWU	C CORP	-13,769.	1,177,662.	100.0000	x	
(2) STUYVESANT HALL HOLDINGS INC. 45-3743299									l
61 S. SANDUSKY STREET DELAWARE, OH 43015	REAL ESTATE	OH	OWU	C CORP	-133,053.	9,220,539.	100.0000	x	
_(3)	_								
(4)	_								
(5)	_								
(6)	_								
(7)	_								

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Part \	Transactions With Related Organizations Complete if the organization answered "Ye	es" on Form 990, Par	t 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
	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations lis	sted in Parts II-IV?				
a F	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			[1a		Х
b	Gift, grant, or capital contribution to related organization(s)			[1b		Х
c (Gift, grant, or capital contribution from related organization(s)			[1c		Х
dL	_oans or loan guarantees to or for related organization(s)			[1d	Х	
e L	_oans or loan guarantees by related organization(s)			[1e		Х
f D	Dividends from related organization(s)			[1f		
	Sale of assets to related organization(s)				1g		Х
	Purchase of assets from related organization(s)				1h		Х
iΕ	Exchange of assets with related organization(s)				1i		Х
jL	ease of facilities, equipment, or other assets to related organization(s)				1j		Х
-							
k L	ease of facilities, equipment, or other assets from related organization(s)				1k		Х
ΙF	Performance of services or membership or fundraising solicitations for related organization(s)				11		Х
m F	Performance of services or membership or fundraising solicitations by related organization(s)			1	1 m		Х
n S	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		Х
o S	Sharing of paid employees with related organization(s)				10		Х
	o , , , , , , , , , , , , , , , , , , ,						
рF	Reimbursement paid to related organization(s) for expenses				1p		Х
	Reimbursement paid by related organization(s) for expenses				1q		Х
•							
r C	Other transfer of cash or property to related organization(s)				1r		Х
s C	Other transfer of cash or property from related organization(s)				1s	Х	
2 Ii	f the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including cove	ered relationships and trans	action thresh	nolds	i. '	
	(a)	(b)	(c)		(d)		
	Name of related organization	Transaction type (a-s)	Amount involved	Method of amount			g
		iype (a-s)		amoun		veu	
<u>(1)</u>	STUYVESANT HALL HOLDINGS, INC.	D	5,736,714.	FMV			
(-)							
(2) (OWU FUND, LP	S	14,753,925.	FMV			
(2)							
(3)							
(4)							
<u>. </u>							
(5)							
(6)							
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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.

Primary activity	(c) Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under	sec 501 organiz	ations?	(f) Share of total income	Share of end-of-year assets	Disprop alloca	h) ortionate ations?	Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	man par	(j) eral or aging tner?	(k) Percentag ownership
		sections 512-514)	Yes	No			Yes	No	No	Yes	No	
_												
											<u> </u>	
											<u> </u>	
											<u> </u>	
			from tax under	from tax under organiz	from tax under organizations?	from tax under organizations?	from tax under organizations?	from tax under organizations?	from tax under organizations?	from tax under organizations?	from tax under organizations?	from tax under organizations?

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