			** PUBLIC DISCLOSURE COPY				
	n	00	Return of Organization Exempt From	m In	come Tax	۲.	OMB No. 1545-0047
Forr	n Y	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code	pt private founda	tions)	2015	
Depa	rtment c	of the Treasury	Do not enter social security numbers on this form as it m	may be	made public.		Open to Public
		nue Service	Information about Form 990 and its instructions is at www				Inspection
AF	or the	e 2015 calend	lar year, or tax year beginning $ m JUL1$, 2015 and ending	ng JT	JN 30, 201	L6	
B c	heck if pplicabl	C Name o	forganization		D Employer ider	ntificat	ion number
	Addre		WESLEYAN UNIVERSITY				
	Name chang		usiness as		31	-437	79585
	Initial return	U	r and street (or P.O. box if mail is not delivered to street address) Room/	/suite	E Telephone nur		
	Final return	61 0	OUTH SANDUSKY STREET	, ouno			58-2000
	termin		own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$		106,005,885.
	Amen	ded הדידת	WARE, OH 43015	F	H(a) Is this a grou		
	Applic		nd address of principal officer: ROCKWELL F. JONES		for subordina		
	pendi		SANDUSKY STREET, DELAWARE, OH 43015		H(b) Are all subordina		
1 1	ax-ex	empt status:	X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) or	527			t. (see instructions)
			OWU.EDU		H(c) Group exem	ption n	iumber 🕨
ΚF	orm of	f organization:	X Corporation				State of legal domicile: OH
Pa	nrt I	Summary					
-	1	Briefly describ	be the organization's mission or most significant activities: SEE SCHE	EDUI	'E O		
nce							
Governance	2	Check this bo	imes igsquare if the organization discontinued its operations or disposed of r	more t	han 25% of its net	assets	
ove	3	Number of vo	ting members of the governing body (Part VI, line 1a)			3	39
			dependent voting members of the governing body (Part VI, line 1b)			4	38
ŝ			of individuals employed in calendar year 2015 (Part V, line 2a)			5	1756
viti			of volunteers (estimate if necessary)			6	1287
Activities &	7 a	Total unrelate	d business revenue from Part VIII, column (C), line 12			7a	-12,147.
_	b	Net unrelated	business taxable income from Form 990-T, line 34	<u></u>		7b	-12,147.
					Prior Year	-	Current Year
e			and grants (Part VIII, line 1h)		21,588,81		15,078,815.
Revenue			ice revenue (Part VIII, line 2g)		37,127,408 6,733,16	7	87,247,517.
Be			come (Part VIII, column (A), lines 3, 4, and 7d)		3,360,132		<u>32,906.</u> 3,064,102.
			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<u> </u>		105,423,340
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		42,854,340		43,561,006.
			milar amounts paid (Part IX, column (A), lines 1-3)).	<u>45,501,000.</u> 0.
	40		to or for members (Part IX, column (A), line 4) r compensation, employee benefits (Part IX, column (A), lines 5-10)		40,355,61	-	38,641,258.
Expenses	160		undraising fees (Part IX, column (A), line 11e)	·).	0.
en en	h loa		ing expenses (Part IX, column (D), line 25) \blacktriangleright 4,313,961.		·	·	
Ă	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		28,746,05	3.	28,225,098.
			es. Add lines 13-17 (must equal Part IX, column (A), line 25)		L1,956,01		110,427,362.
			expenses. Subtract line 18 from line 12		6,853,50		-5,004,022.
es				Bea	inning of Current Ye		End of Year
ets	20	Total assets (Part X, line 16)		90,584,37		369,322,053.
t Assets or Id Balances	21		s (Part X, line 26)	5	74,518,25		58,236,906.
Net,	22		fund balances. Subtract line 21 from line 20		L6,066,119	9. 3	311,085,147.
Pa	irt II	Signatur					
Und	er pena	alties of perjury,	I declare that I have examined this return, including accompanying schedules and st	tatemen	its, and to the best o	f my kn	owledge and belief, it is
true,	correc	ct, and complete	. Declaration of preparer (other than officer) is based on all information of which pre	eparer h	as any knowledge.		
Sig	า	-	e of officer		Date		
Her	е		WELL F. JONES, PRESIDENT				
		Type or	print name and title				-

	Print/Type preparer's name	Preparer's signature	Date	Check PTIN					
Paid	CHRISTOPHER B. ANDERSON			self-employed P00226559					
Preparer	Firm's name 🕒 MALONEY + NOVOTN	Y LLC	Firm'	's EIN ► 34-0677006					
Use Only	Firm's address 🖌 1111 SUPERIOR AV	E, SUITE 700							
	CLEVELAND, OH 44	114-2540	Phon	ne no. (216) 363-0100					
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)								
				000					

532001 12-16-15 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	090 (2015) OHIO WESLEYAN UNIVERSITY	31-4379585 Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: SEE SCHEDULE O	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes X No
	the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	? Yes X No
-	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 98,315,584. including grants of \$ 43,561,006.) (Rev. ONE OF THE NATION'S PREMIER SMALL LIBERAL ARTS COLLEGES	, OHIO WESLEYAN
	UNIVERSITY BOASTS A RIGOROUS CURRICULUM, EXCEPTIONALLY	
	RELATIONSHIPS BETWEEN STUDENTS AND FACULTY, AND A HOST (LEARNING OPPORTUNITIES THAT LINK THE LIBERAL ARTS TO PRA	
	REALITIES AND PREPARE STUDENTS FOR SERVICE AND LEADERSH	
	CAREERS AND COMMUNITIES.	IF IN INCIK
4b	(Code:) (Expenses \$ including grants of \$) (Rev	enue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Rev	enue \$)
4d	Other program services (Describe in Schedule O.)	\
40	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 98,315,584.)
40		Form 990 (2015)
53200: 12-16-		
	2	

Form	aan	(2015)	
FUIII	990	(2013)	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	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	Х	
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	Х	
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," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		_X_
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	<u> </u>
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		v	
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	<u> </u>
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	4-		v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		v	
47	or for foreign individuals? <i>If</i> "Yes," <i>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 Part IX,	47		х
10	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		- 77
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10	х	
19	1c and 8a? <i>If</i> "Yes," <i>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? <i>If</i> "Yes,"	18	- 23	<u> </u>
19		19		x
	complete Schedule G. Part III	1 3		

Form 990 (2015)

Form	990	(2015)
	330	

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete			
	Schedule J	23	Х	
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 through 24d and complete			
	Schedule K. If "No", go to line 25a	24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27	X	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			37
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	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,		v	
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		v	
~	contributions? If "Yes," complete Schedule M	30	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations?			x
20	If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	32		x
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
0-1	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	х	
350	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	X	<u> </u>
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		<u> </u>
5	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			<u> </u>
50	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			<u> </u>
	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?	<u> </u>		
-	Note. All Form 990 filers are required to complete Schedule O	38	х	

Form 990 (2015)

Form	990 (2015) OHIO WESLEYAN UNIVERSITY 31-4379	585	Р	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			0
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 268			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
	(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 1756			
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 $e-file$ (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? <i>If "No," to line 3b, provide an explanation in Schedule O</i>	3b	X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
Ĩ	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	х	
h	If "Yes," enter the name of the foreign country: \blacktriangleright SPAIN	14		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
50		5a		x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		x
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	50 50		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
u		6a		x
Ь	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
D		6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	х	
		7b	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	- 10		
U	to file Form 8282?	7c		x
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10		
		7e		x
f		76 7f		x
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
-	If the organization received a contribution of quantee intellectual property, and the organization life i officious as required in	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
0		8		
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.			
a		9a		
b	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	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	1		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note. See the instructions for additional information the organization must report on Schedule O.	100		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
5	organization is licensed to issue qualified health plans			
~	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		<u> </u>
	in ree, has three a roun rze to report these payments: IF No. provide an explanation in Schedule O		aan	1

5

Form **990** (2015)

Form 990	(2015)
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OHIO WESLEYAN UNIVERSITY

Check if Schedule O contains a response or note to any line in this Part VI

31-4379585 Page 6

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

				Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	39			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent 1b	38			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
	officer, director, trustee, or key employee?		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		X
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		X
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	
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:				
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O		9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
				Yes	N
0a	Did the organization have local chapters, branches, or affiliates?		10a		X
	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		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the for		11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	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	
3	Did the organization have a written whistleblower policy?		13	Х	
4	Did the organization have a written document retention and destruction policy?		14	Х	
5	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).				
6a	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		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
	exempt status with respect to such arrangements?		16b		
ec	tion C. Disclosure				
7	List the states with which a copy of this Form 990 is required to be filed				
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s	only) av	ailable	Э	
	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)				
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest poli	cy, and	financ	ial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and records:	•			
	LAURI J. STRIMKOVSKY - 740-368-3351				
	61 SOUTH SANDUSKY STREET, DELAWARE, OH 43015				_
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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."

(D)

• 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.

()

(D)

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

(A)	(B) (C)							(D)	(E)	(F)		
Name and Title	Average	rage Position (do not check more than one					ne	Reportable	Reportable	Estimated		
	hours per	hours per box, unless person is both an officer and a director/trustee)				s both	n an	compensation	compensation	amount of		
	week		cer an	a a a	Irecto	r/trus	tee)	from	from related	other		
	(list any	rector						the	organizations	compensation		
	hours for	or di	e			ated		organization	(W-2/1099-MISC)	from the		
	related	ustee	truste		e	pens		(W-2/1099-MISC)		organization		
	organizations below	ual tri	ional		ploye	t com				and related		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations		
(1) RICHARD ALEXANDER	1.00	L	-	0	\times	Ξē	Ē					
AT-LARGE TRUSTEE	0.00	х						0.	0.	0.		
(2) NICHOLAS CALIO	1.00											
AT-LARGE TRUSTEE	0.00	х						0.	0.	0.		
(3) DOREEN DELANEY CRAWLEY	1.00											
AT-LARGE TRUSTEE	0.00	х						0.	Ο.	0.		
(4) BELINDA BROWN FOUTS	1.00											
AT-LARGE TRUSTEE	0.00	Х						0.	0.	0.		
(5) DANIEL GLASER	1.00											
AT-LARGE TRUSTEE	0.00	Х						0.	0.	0.		
(6) EDWARD HADDOCK	1.00									_		
AT-LARGE TRUSTEE	0.00	Х						0.	0.	0.		
(7) CAROL HILKIRK LATHAM	1.00											
AT-LARGE TRUSTEE	0.00	Х						0.	0.	0.		
(8) JACK LUIKART	1.00								•	•		
AT-LARGE TRUSTEE	0.00	Х						0.	0.	0.		
(9) TODD LUTTINGER	1.00								0	0		
AT-LARGE TRUSTEE	0.00	Х						0.	0.	0.		
(10) KEVIN MCGINTY	1.00	37						0	0	0		
AT-LARGE TRUSTEE (11) GREGORY MOORE	0.00	Х						0.	0.	0.		
AT-LARGE TRUSTEE	0.00	х						0.	0.	0.		
(12) COLLEEN NISSL	1.00	Λ						0.	0.	0.		
AT-LARGE TRUSTEE	0.00	х						0.	0.	0.		
(13) C. PAUL PALMER	1.00											
AT-LARGE TRUSTEE	0.00	х						0.	0.	0.		
(14) THOMAS PALMER	1.00											
AT-LARGE TRUSTEE	0.00	х						0.	Ο.	0.		
(15) FRANK QUINN	1.00											
AT-LARGE TRUSTEE	0.00	Х						0.	0.	0.		
(16) GEORGE ROMINE	1.00											
AT-LARGE TRUSTEE	0.00	Х						0.	0.	0.		
(17) TIMOTHY SLOAN	1.00											
AT-LARGE TRUSTEE	0.00	Х						0.	0.	0.		
532007 12-16-15				_	-					Form 990 (2015)		

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Form 990 (2015) OHIO WES	LEYAN UN	IIV	ΈR	SI	ΤY				31-4379	585	Pa	age 8
Part VII Section A. Officers, Directors, Trus	stees, Key Emp	oloy	ees,	and	l Hig	ghes	t Co	ompensated Employee	s (continued)			
(A)	(B)			_ (0				(D)	(E)		(F)	
Name and title	Average	(do		Posi heck i) than c	ne	Reportable	Reportable		timate	
	hours per	box	, unles	ss per	rson i	s both pr/trust	an	compensation	compensation		nount	of
	week (list any							from	from related		other	4:
	hours for	director				_		the organization	organizations (W-2/1099-MISC)		pensa om the	
	related	e or (stee			Isated		(W-2/1099-MISC)	(1127 1000 11100)		anizati	
	organizations	Individual trustee or	nstitutional trustee		yee	Highest compensated employee		(d relate	
	below	ridual	tution	er	Key employee	est co loyee	ıer			orga	anizatio	ons
	line)	Indiv	Insti	Officer	Key e	High emp	Former					
(18) KATHERINE BOLES SMITH	1.00											
AT-LARGE TRUSTEE	0.00	Х						0.	0.			0.
(19) THOMAS TRITTON	6.00											
AT-LARGE TRUSTEE&CHAIR	0.00	Х		Х				0.	0.			0.
(20) KARA TROTT	1.00											
AT-LARGE TRUSTEE	0.00	Х						0.	0.			0.
(21) JAN BARAN	1.00											
ALUMNI TRUSTEE	0.00	Х						0.	0.			0.
(22) RICK DOODY	1.00											
ALUMNI TRUSTEE	0.00	Х						0.	0.			0.
(23) JASON DOWNEY	1.00											
ALUMNI TRUSTEE	0.00	Х						0.	0.			0.
(24) EMMA DRONGOWSKI	1.00											
ALUMNI TRUSTEE	0.00	Х						0.	0.			0.
(25) PETER EASTWOOD	1.00											
ALUMNI TRUSTEE	0.00	Х						0.	0.			0.
(26) SALLY CHRISTIANSEN HARRIS	1.00											
ALUMNI TRUSTEE	0.00	Х						0.	0.			0.
1b Sub-total								0.	0.			0.
c Total from continuation sheets to Part V								1,996,385.	0.		7,64	
d Total (add lines 1b and 1c)								1,996,385.	0.	60	7,64	15.
2 Total number of individuals (including but r	not limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable			~ -
compensation from the organization												35
									1		Yes	No
3 Did the organization list any former officer												
line 1a? If "Yes," complete Schedule J for s										3		X
4 For any individual listed on line 1a, is the s	•		•					•	•			
and related organizations greater than \$15										4	X	
5 Did any person listed on line 1a receive or	•				-			•				
rendered to the organization? If "Yes." con	nplete Schedule	e J fo	or su	ich r	bers	on .				5		х

rendered to the organization? If "Yes," complete Schedule J for such person 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
CHARTWELLS	· · ·	
40 ROWLAND AVE., DELAWARE, OH 43015	FOOD SERVICE	6,163,317.
LINCOLN CONSTRUCTION		
4790 SHUSTER ROAD, COLUMBUS, OH 43214	CONSTRUCTION	3,835,214.
ARAMARK CORPORATION		
24818 NETWORK PLACE, CHICAGO, IL 60673	HOUSEKEEPING	1,898,518.
THOMAS & MARKER CONSTRUCTION		
PO BOX 250, BELLEFONTAINE, OH 43311	CONSTRUCTION	1,032,331.
PNC BANK N.A.		
PO BOX 747046, PITTSBURGH, PA 15274	BANKING SERVICES	642,289.
2 Total number of independent contractors (including but not limited to those	listed above) who received more than	
\$100,000 of compensation from the organization \$46		
SEE PART VII, SECTION A CONTINUATION	SHEETS	Form 990 (2015)
12-16-15		

Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	yee	s, ar	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average			Pos				Reportable	Reportable	Estimated
	hours	(cl	heck	all t	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	r				loyee		the	organizations	compensation
	(list any hours for	direct				d em p		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related	e or c	stee			nsated		(00-271033-10130)		and related
	organizations	truste	al tru:		yee	im per				organizations
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ner			Ū.
	line)	Indi	Insti	Officer	Key	High	Former			
27) CRAIG LUKE	1.00									
LUMNI TRUSTEE	0.00	Х						0.	0.	0
28) MICHAEL MCCLUGGAGE	1.00								•	
LUMNI TRUSTEE	0.00	Х						0.	0.	0
29) JACOB MILLER	1.00							0	0	
ALUMNI TRUSTEE	0.00	Х						0.	0.	0
30) JOHN MILLIGAN	4.00	37		77				0	0	
ALUMNI TRUSTEE&VICE CHAIR	0.00	Х		Х				0.	0.	0
31) CYNTHIA O'NEILL LUMNI TRUSTEE	1.00	х						0.	0.	0
32) ANAND PHILIP	1.00	Λ						0.	0.	0
LUMNI TRUSTEE	0.00	х						0.	0.	0
33) IBRAHIM SAEED	1.00								01	0
LUMNI TRUSTEE	0.00	х						0.	0.	0
34) KEN STERNAD	1.00									
LUMNI TRUSTEE	0.00	х						0.	0.	0
35) ROBERT HICKSON	1.00									
AST OHIO CONFERENCE TRUSTEE	0.00	х						0.	0.	0
36) JEFFREY BENTON	1.00									
EST OHIO CONFERENCE TRUSTEE	0.00	х						0.	Ο.	0
37) MYRON MCCOY	1.00									
THER CONFERENCES TRUSTEE	0.00	Х						0.	0.	0
38) TRACY MALONE	1.00									
X OFFICIO TRUSTEE	0.00	Х						0.	0.	0
39) GREGORY PALMER	1.00									
X OFFICIO TRUSTEE	0.00	Х						0.	0.	0
40) ROCKWELL JONES	40.00									
PRESIDENT	0.00	Х		Х				312,696.	0.	142,154
41) SUSAN DILENO	40.00							100.000	0	F1 000
P-ENROLLMENT/STRATEGIC COMMUN.	0.00			X				183,028.	0.	51,808
42) COLLEEN GARLAND	40.00			37				014 077	0	CO 410
P-UNIVERSITY ADVANCEMENT	0.00			X				214,277.	0.	62,413
43) DAN HITCHELL	40.00			v				105 120	0	16 000
P-FINANCE AND ADMINISTRATION	0.00			X				185,130.	0.	46,992
44) CHARLES STINEMETZ ROVOST	40.00			x				197,366.	0.	80,205
45) CRAIG ULLOM (1/1/15-7/31/15)	40.00			~				<u> </u>	0.	00,200
P-STUDENT AFFAIRS	0.00			x				159,878.	0.	41,785
46) KIMBERLIE GOLDSBERRY(8/15-12/15	40.00							±59,070•	0.	<u> </u>
INTERIM VP-STUDENT AFFAIRS	0.00	1		x				108,368.	0.	27,087
		I	L	127		1			0.	

532201 04-01-15

									31-437	79585		
Part VII Section A. Officers, Directors, Tru	istees, Key En	nplo	yee	s, a	nd Highest <u>C</u>			Compensated Employe	es (continued)			
(A)	(B)			(0	C)			(D)	(E)	(F)		
Name and title	Average	Position						Reportable	Reportable	Estimated		
	hours	(check all that apply)				app	ly)	compensation	compensation	amount of		
	per							from	from related	other		
	week	_				oyee		the	organizations	compensation		
	(list any	irecto				empl		organization	(W-2/1099-MISC)	from the		
	hours for related	e or d	tee			sated		(W-2/1099-MISC)		organization and related		
	organizations	rustee	l trus		/ee	n pen				organizations		
	below	Individual trustee or director	utiona	L_	i old m	stco	L.			organizationio		
	line)	Indivi	Institutional trustee	Officer	Key employee	Highest com pen sated em ployee	Former					
(47) LINDA EARLE	40.00											
EXEC.DIR., NY ARTS PROGRAM	0.00					X		129,748.	Ο.	30,754.		
(48) BARBARA ANDERECK	40.00											
PROFESSOR-PHYSICS&ASTRONOMY	0.00					X		128,595.	Ο.	30,900.		
(49) ALICE SIMON	40.00											
PROFESSOR-ECONOMICS	0.00					X		126,559.	Ο.	30,677.		
(50) BRIAN RELLINGER	40.00											
CHIEF INFORMATION OFFICER	0.00					X		125,687.	Ο.	30,036.		
(51) HAROLD WIEBE	40.00											
PROFESSOR-MATH&COMPUTER SCIENCE	0.00					X		125,053.	0.	32,834.		
		1										
				-						<u> </u>		
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Total to Part VII, Section A, line 1c								1,996,385.		607,645.		

532201 04-01-15

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Image: second	Par	t V	/111	Statement of Reven	lue						
arr Total Total b Ambenity dues 1a c Fundhaling events 1a c Fundhaling events 1a c Comment grants (contributions) 1a d Comment grants (contributions) 1a d Total Add lines (all signals, and the lattice and lattice and the lattice and the lattice and lattice				Check if Schedule O cont	ains a resp	onse	or note to any line	(A)	(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from tax under
Bole Membership dues 10 Be decide organizations 14 2.521,324 Colspan="2">15,073,015 A lother contributions, gits gasts, and simula anounts not included above 11, 23,555,322 Descent contributions, gits gasts, and simula anounts not included above 15,073,015 Descent contributions gits gasts, and simula anounts not included above 12,073,025,786, Descent contributions gits gasts, and simula anounts not included above 12,073,025,786, Descent contributions gits gasts, and simula anounts not included gives anount to above the simula anounts of including dividends, interest, and other similar anounts) Botometribution gives anount to above the simula anount of above the simulation and side segments Contributions generate interm from finchaled gives anount to above the simulation anount of above the simulation and side segments Contributions generate interm from finchaled gives anount to above the simulation anount of above the simulation and side segments Contributions generate interm finchaled gives the simulation anount of above the simulation and side segments Optimized the size of the siz	6 10	-	_	Ecderated compaigns					levenue	revenue	512 - 514
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g Total. Add lines 2a:21 87,247,517. 3 investment income (including dividends, interest, and other similar amounts) 602,368. 4 income from investment of tax-exempt bond proceeds -12,147. 5 Royalies	vice	2									
g Total. Add lines 2a:21 87,247,517. 3 investment income (including dividends, interest, and other similar amounts) 602,368. 4 income from investment of tax-exempt bond proceeds -12,147. 5 Royalies	Ser			BOOKSTORE			900099				
g Total. Add lines 2a:21 87,247,517. 3 investment income (including dividends, interest, and other similar amounts) 602,368. 4 income from investment of tax-exempt bond proceeds -12,147. 5 Royalies	E N		Ŭ					, -	,		
g Total. Add lines 2a:21 87,247,517. 3 investment income (including dividends, interest, and other similar amounts) 602,368. 4 income from investment of tax-exempt bond proceeds -12,147. 5 Royalies	Be										
g Total. Add lines 2a:7 ▶ 87, 247, 517. 3 investment income (including dividends, interest, and other similar amounts) ▶ 602, 366. -12,147. 614,515 4 income from investment of tax exempt bond proceeds ▶ 602,366. -12,147. 614,515 5 Royalties (i) Real (ii) Personal 602,366. -12,147. 614,515 6 a Gross rents (ii) Real (ii) Personal 0 0 0 0 7 a Gross amount from sales of assets other than inventory (ii) Securities (iii) Other assets other than inventory (iii) Other 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Pro			All other program service reve	nue						
3 Investment income (including dividends, interest, and other similar amounts). 602,368. -12,147. 614,515 4 Income from investment of tax-exempt bond proceeds 602,368. -12,147. 614,515 5 Royalties (i) Real (ii) Personal 602,368. -12,147. 614,515 6 a Gross rents (ii) Real (ii) Personal 602,368. -12,147. 614,515 6 a Gross rents (iii) Personal (iii) Personal 602,368. -12,147. 614,515 6 a Gross rents (iii) Personal (iii) Personal 602,368. -12,147. 614,515 6 a Gross rents (iii) Personal (iii) Personal 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 <td></td> <td></td> <td>a</td> <td></td> <td></td> <td></td> <td></td> <td>87,247,517.</td> <td></td> <td></td> <td></td>			a					87,247,517.			
other similar amounts) 602,368. -12,147. 614,515 4 income from investment of tax-exempt bond proceeds 5 Royatties 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) d Net rental income or (loss) d Net rental income or (loss) b Less: cost or other basis and sales expenses d Net gain or (loss) 569,462. -569,462. -569,462. 6 a Gross income from tundraising events (not including \$ 20,560. of contributions reported on line 1c). See Part IV, line 18 a a b Less: direct expenses b a Gross income from gaming activities. See Part IV, line 19 a a		3	3								
4 Income from investment of fax-exempt bond proceeds Image: Control of the contr								602,368.		-12,147.	614,515
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6 a Gross rents (i) Real (ii) Personal b Less: rental expenses (iii) Other c Rental income or (loss) (iii) Securities 7 a Gross amount from sales of assets other than inventory (i) Securities b Less: cost or other basis and sales expenses (ii) Other a Gross income from fundraising events (not including \$2,560. of contributions reported on line 1c). See Part IV, line 18 -569,462. b Less: circet expenses b Less: circet expenses b Less: direct expenses b Less: direct expenses a Gross income from gaming activities a 16,416. 16,416. a Gross income or (loss) from gaming activities a b 16,416. a Cross alse of inventory, less returns and allowances b a 16,416. b Less: cost of goods sold b b a 16,416. a Cross lineome or (loss) from gaming activities a a b b Less: cost of goods sold b a a a a b Less: cost of goods sold b b a a a c Net income or (loss) from gastes of inventory a a a a <td></td> <td></td> <td></td> <td></td> <td>•</td> <td></td> <td>- F</td> <td></td> <td></td> <td></td> <td></td>					•		- F				
6 a Gross rents				,							
b Less: rental expenses		6	а	Gross rents							
c Rental income or (loss)			b								
d Net rental income or (loss)											
7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other b Less: cost or other basis and sales expenses 569,462. -569,462. c Gain or (loss) -569,462. -569,462. d Net gain or (loss) -569,462. -569,462. a Gross income from fundraising events (not including \$0,560. of contributions reported on line 1c). See Part IV, line 18 a 29,499. b Less: direct expenses b c Net income or (loss) from fundraising events 16,416. 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a a dallowances a a dallowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Image: Code Miscellaneous Revenue Business Code b Less: cost of goods sold Image: Code c - - c - - c - - c - - d Allowances 900099 3,047,686.							►				
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c Net income or (loss) from sales of inventory Image: Construction of the constructio											
Miscellaneous Revenue Business Code Image: Code Image											
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c		11		OTHER INCOME			900099	3,047,686.	3,047,686.		
d All other revenue 3,047,686. e Total. Add lines 11a-11d > 3,047,686. 12 Total revenue. See instructions. > 105,423,340. 90,295,203. -12,147. 61,469			b								
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									0.0.005 0.00	10 145	C1 4C2
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OHIO WESLEYAN UNIVERSITY

11

Page **9**

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OHIO WESLEYAN UNIVERSITY Part IX Statement of Functional Expenses

<u>Secti</u>	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respor		-	nplete column (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and general expenses	(D) Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22	43.187.042.	43,187,042.		
3	Grants and other assistance to foreign				
•	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	373,964.	373,964.		
4	Benefits paid to or for members		,		
5	Compensation of current officers, directors,				
-	trustees, and key employees	2,604,032.	1,484,646.	842,695.	276,691.
6	Compensation not included above, to disqualified				•
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	24,944,377.	20,849,771.	2,144,918.	1,949,688.
8	Pension plan accruals and contributions (include	-	-	-	•
	section 401(k) and 403(b) employer contributions)	2,712,043.		294,120.	219,179.
9	Other employee benefits	6,400,480.	5,106,939.	694,129.	599,412.
10	Payroll taxes	1,980,326.	1,605,517.	214,765.	160,044.
11	Fees for services (non-employees):				
а	Management				
		26,445.		25,715.	730.
	Accounting	83,650.		83,650.	
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	4,820,319.		1,102,567.	226,066.
12	Advertising and promotion	53,695.		24,540.	1,290.
13	Office expenses	554,365.		188,909.	134,158.
14	Information technology	811,397.	768,758.	34,365.	8,274.
15	Royalties		0.445.600	0.5.4. 5.4.6	
16	Occupancy	2,739,495.	2,415,609.	254,746.	69,140.
17	Travel	2,553,133.	2,044,115.	127,038.	381,980.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	1.0.0	110 400	04 471	21 010
19	Conferences, conventions, and meetings	166,188.	<u>110,499.</u> 21,599.	<u>24,471.</u> 619,449.	31,218.
20	Interest	641,048.	21,399.	619,449.	
21	Payments to affiliates	4,264,009.	3,922,664.	307,682.	33,663.
22	Depreciation, depletion, and amortization	289,538.	288,105.	963.	470.
23	Insurance Other expenses, Itemize expenses not covered	209,550.	200,105.	905.	4/0•
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
~	amount, list line 24e expenses on Schedule 0.) RESIDENTIAL EXPENSE	6,130,218.	6,130,218.		
a b	OPERATING SUPPLIES	2,162,704.	1,695,470.	269,115.	198,119.
с С	PROGRAM/ATHLETIC	1,140,816.		13,546.	4,050
d	OTHER AUX ENT	286,576.	286,576.		1,050
	All other expenses	1,501,502.	951,279.	530,434.	19,789.
25 25		110,427,362.	98,315,584.	7,797,817.	4,313,961
26	Joint costs . Complete this line only if the organization	,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here				
		•			Earren 990 (001E

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Form 990 (2015)

31-4379585 Page 11

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	14,339,035.	1	9,518,908.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net			8,088,157.
	4	Accounts receivable, net	4		1,226,572.
	5	Loans and other receivables from current and former officers, directors,		-	, , , , ,
	-	trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
s		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	5,431,262.
As	8	Inventories for sale or use	115,788.	8	146,390.
	9	Prepaid expenses and deferred charges		9	988,509.
	10a				
		basis. Complete Part VI of Schedule D 10a 187,065,867	•		
	b	Less: accumulated depreciation 10b 67,311,818	<u>. 116,755,299.</u>		119,754,049.
	11	Investments - publicly traded securities			10,307,820.
	12	Investments - other securities. See Part IV, line 11			
	13	Investments - program-related. See Part IV, line 11	4,796,072.	13	4,450,121.
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	369,322,053.
	17	Accounts payable and accrued expenses	13,799,379.	17	12,392,305.
	18	Grants payable	3,802,252.	18	3,936,153.
	19 00	Deferred revenue		19	27,678,185.
	20 21	Tax-exempt bond liabilities		20 21	27,070,105.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees,		21	
Liabilities	22	key employees, highest compensated employees, and disqualified persons.			
bili		Complete Part II of Schedule L		22	
Lia	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	·	24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	26,610,205.	25	14,230,263.
	26	Total liabilities. Add lines 17 through 25	74,518,257.	26	58,236,906.
		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🔀 and			
S		complete lines 27 through 29, and lines 33 and 34.			
nce	27	Unrestricted net assets	73,244,555.	27	84,494,882.
3ala	28	Temporarily restricted net assets	80,916,149.	28	58,936,322.
Ыd Е	29	Permanently restricted net assets	161,905,415.	29	167,653,943.
Fur		Organizations that do not follow SFAS 117 (ASC 958), check here			
o		and complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Vet	32	Retained earnings, endowment, accumulated income, or other funds		32	211 005 147
~	33	Total net assets or fund balances	<u>316,066,119.</u> 390,584,376.	33	311,085,147.
	34	Total liabilities and net assets/fund balances	390,304,3/0.	34	369,322,053.

Form 990 (2015)

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Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI	<u>X</u>
Check if Schedule O contains a response or note to any line in this Part XI	
	3,340,
	3.340.
1 Total revenue (must equal Part VIII, column (A), line 12) 1 105,42	
2 Total expenses (must equal Part IX, column (A), line 25) 2 110, 42	
	<u>4,022</u> .
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 316,06	
5 Net unrealized gains (losses) on investments	<u>7,065</u> .
6 Donated services and use of facilities 6	
7 Investment expenses 7	
8 Prior period adjustments 8	
9 Other changes in net assets or fund balances (explain in Schedule O) 9 11,86	0,115.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	
column (B)) 10 311,08	<u>5,147.</u>
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," explain in Schedule O.	
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a	
separate basis, consolidated basis, or both:	
Separate basis Consolidated basis Both consolidated and separate basis	
b Were the organization's financial statements audited by an independent accountant? 2b	X
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,	
consolidated basis, or both:	
Separate basis X Consolidated basis Both consolidated and separate basis	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	
review, or compilation of its financial statements and selection of an independent accountant?	X
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	
Act and OMB Circular A-133?3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	
or audits, explain why in Schedule O and describe any steps taken to undergo such audits	

Form **990** (2015)

SCHEDULE A

(Form 990	or	990-E	Z)
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Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

•	Attach	to	Form	990	or	Form	990-	-EZ

2015	
Open to Public Inspection	

OMB No. 1545-0047

Department of the Treasury

mem	arnev	Informati	ion about Schedule A	(Form 990 or 990-EZ) and i	its instructi	onsisat <i>w</i>	ww.irs.gov/foi	rm990.	Inspection
Nan	ne of	the organization						Employer	identification numbe
		OHIO	WESLEYAN	UNIVERSITY				3	1-4379585
Pa	irt I	Reason for Public (Charity Status (All organizations must co	omplete th	is part.) Se	e instructions		
The	orga	nization is not a private found							
1		A church, convention of ch)(A)(i).		
2	X	A school described in sect							
3		A hospital or a cooperative					i).		
4		A medical research organiz						(iii). Enter	the hospital's name.
•		city, and state:						(,.	
5		An organization operated for	or the benefit of a co	llege or university owned	d or operat	ed by a do	vernmental ur	uit describe	ed in
Ŭ		section 170(b)(1)(A)(iv). (0			a or operat				
6		A federal, state, or local go		nontal unit described in	contion 1	70/6//1//4/	(v)		
7			•				. ,	o gonoral r	while described in
'		An organization that norma	•	initial part of its support if	rom a gove	ennentari		e general p	
•		section 170(b)(1)(A)(vi). (C			± 11 \				
8		A community trust describe				antributio	na mambarah	in face on	d areas respired from
9		An organization that norma	•		-				•
		activities related to its exen							-
		income and unrelated busir		(less section 511 tax) fro	om busines	sses acquir	red by the org	anization a	πer June 30, 1975.
		See section 509(a)(2). (Co							
10		An organization organized a	-	•	•				
11		An organization organized a	-	-	-			•	
		more publicly supported or	-						check the box in
	_	lines 11a through 11d that						-	
а		Type I. A supporting orga	-	-	•	-			
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority c	of the direc	tors or trustee	es of the su	pporting
	_	organization. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	d or controlled in connect	tion with it	s supporte	d organizatior	ı(s), by hav	ing
		control or management o	of the supporting org	anization vested in the sa	ame perso	ns that cor	ntrol or manag	je the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally inte	grated. A supportin	g organization operated	in connec	tion with, a	and functionall	y integrate	d with,
		its supported organization	n(s) (see instructions	s). You must complete l	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	integrated. A supp	porting organization oper	rated in co	nnection w	ith its suppor	ted organiz	ation(s)
		that is not functionally int	egrated. The organiz	zation generally must sat	isfy a distr	ibution req	uirement and	an attentiv	reness
		requirement (see instruct	ions). You must cor	mplete Part IV, Sections	s A and D,	and Part	v .		
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type I	I, Type III	
		functionally integrated, or	r Type III non-functio	nally integrated supporti	ng organiz	ation.			
f	Ent	ter the number of supported o	organizations						
g	Pro	ovide the following information	n about the supporte	ed organization(s).					
		(i) Name of supported	(ii) EIN	(iii) Type of organization		rganization	(v) Amount of	monetary	(vi) Amount of
		organization		(described on lines 1-9 above (see instructions))	governing	in your document?	support		other support (see
				above (see instructions))	Yes	No	instructi	ons)	instructions)

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

15 2015.05070 OHIO WESLEYAN UNIVERSITY 5527AD_1

Schedule A (Form 990 or 990-EZ) 2015 OHIO WESLEYAN UNIVERSITY Part II Support Schedule for Organizations Described in Section

31-4379585 Page 2

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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	14415270.	22755487.	27497533.	21588810.	<u>15078815.</u>	101335915
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge			0 - 10 00			101005015
	J	14415270.	22755487.	27497533.	21588810.	15078815.	101335915
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,						1 4 3 5 4 3 4 3
-	column (f)						14354243. 86981672.
	Public support. Subtract line 5 from line 4.						009010/2.
		(-) 0011	(1-) 0010	(-) 0010	(-1) 001 ((-) 0015	(0) Tatal
	ndar year (or fiscal year beginning in)	(a)2011 14415270.	(b) 2012 2 2 7 5 5 4 8 7	(c) 2013	(d) 2014 21588810	(e) 2015	(f) Total
	Amounts from line 4 Gross income from interest.	14415270.	22/3340/.	274973330	21300010.	13070013.	
8							
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources	1270400.	1909082.	625,377.	637,186.	602,368.	5044413.
9	Net income from unrelated business	12/04000	1909002.	025,577.	057,100.	002,500.	50444150
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	2821933.	4292360.	5351890.	3374111.	3077185.	18917479.
11	Total support. Add lines 7 through 10						125297807
12		etc. (see instruction	ons)			12 429	,910,089.
	First five years. If the Form 990 is for		,			· · · ·	· ·
	organization, check this box and stop	0	, ,	, ,		()()	
Sec	ction C. Computation of Publi	ic Support Per	centage				
14	Public support percentage for 2015 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	69 . 42 %
15	Public support percentage from 2014	Schedule A, Part	II, line 14			15	71.06 %
16a	33 1/3% support test - 2015. If the o	organization did nc	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				► 🛛
b	33 1/3% support test - 2014. If the o	organization did no	ot check a box on	line 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	lifies as a publicly s	supported organiz	ation			▶□]
17a	10% -facts-and-circumstances test	: - 2015. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac			-	-	-	
	meets the "facts-and-circumstances"	-	-	• • • • •			
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets the						e
	organization meets the "facts-and-circ		-				
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b			
					Sche	edule A (Form 990	or 990-EZ) 2015

532022 09-23-15

Schedule A (Form 990 or 990-EZ) 2015 OHIO WESLEYAN UNIVERSITY

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support		-	•			
Calendar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support		1		-		
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
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 fo	r the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a section	n 501(c)(3) org	janization,
check this box and stop here						
· · · · · · · · · · · · · · · · · · ·			olumn (f)		15	07
15 Public support percentage for 2015 (<u>%</u>
16 Public support percentage from 2014 Section D. Computation of Invest					16	%
17 Investment income percentage for 20			ne 13, column (f))		17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2015. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and I	ine 17 is not
more than 33 1/3%, check this box a	nd stop here. The	e organization qual	ifies as a publicly	supported organization	ation	▶□
b 33 1/3% support tests - 2014. If the	organization did r	not check a box or	line 14 or line 19	a, and line 16 is mo	ore than 33 1/3	3%, and
line 18 is not more than 33 1/3%, che	ck this box and s	top here. The orga	anization qualifies	as a publicly supp	orted organiza	ation ►
20 Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check tl			
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		1 L /				

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Schedule A (Form 990 or 990-EZ) 2015 OHIO WESLEYAN UNIVERSITY

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on 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")? // "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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 or 990-EZ).
- 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 9a) 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 disgualified person (as defined in line 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b 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.)

532024 09-23-15

8 9a 9b 9c 10a 10b Schedule A (Form 990 or 990-EZ) 2015

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

Yes No

Schedule A (Form 990 or 990 EZ) 2015 OHIO WESLEYAN UNIVERSITY Part IV Supporting Organizations (continued)

11 Has the argumentation accepted a gift or contribution from any of the following persons? 1 1 2 A person with detectly or indicative controls, either a date or or together with persons described in (b) and (c) below, the governing body of a supported organization? 11a 1 0 A starty member of a person described in (b) and (c) baow? 11c 1 Section B. Type II Supporting Organizations if and the supported organization? 1 1 2 Did the directors, trustees, or membership of one or more supported organization, and the supported organization? if a supported organization? 1 1 2 Did the directors in trustees at all times during the supported organization? if a supported organization? 1 1 3 Did the directors or the supported organization? if a supported organization? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 <th></th> <th></th> <th></th> <th>Yes</th> <th>No</th>				Yes	No
bit with the proveming body of a supported organization? 11a 11a 11a b A namy member of a person described in (a) or (b) above? // *Yes' to a. b. or c. provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 1 Did the directors, trustees, or membership of one or more supported organization share the power to regularity apporting. If the organization directors or trustees at all times during the tax year? // *No.' describe in Part VI how the supported organization directors or trustees we allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees we allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization and what controlled the supported organization of the support of organization and with controlled the support organization of the support of organization and support of organization and with controlled the support organization and support of organization and more support of organization of the support organization or support of the organization or support of organization and support of organization organizatis organizatis organization organization organizatis organization	11	Has the organization accepted a gift or contribution from any of the following persons?			
b A family member of a period described in (a) above? c. A 39% centrelide entity of a period described in a (b) above? c. A 39% centrelide entity of a period described in a (b) above? c. A 39% centrelide entity of a period described in a (b) above? c. A 39% centrelide entity of a period described in a (b) above? c. A 39% centrelide entity of a period described in a (b) above? c. A 39% centrelide entity of a period described description of the set of the set of the organization's directors or trustees at all times during the tax year? the organization's activities. If the organization's directors or trustees were allocated asopervised, or controlled the organization centre for the benefit of any apported organization? the organization period is directors or trustees were allocated atomore the supported organization, describe how providing such bearders or trustees during the tax year? the organization operated sequences on trustees during the tax year also a majority of the organization is directors or trustees during the tax year also a majority of the organization is directors or trustees during the tax year also a majority of the directors, or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees of each of the supporting Organization is supported organization (a) the supported organization (b) that operated the supporting Organization is supported organization (b) the supported organization (c) the supported organization (c) the supported organization (c) the supported organization (c) the supported organization is supported organization (c) the supported organization is the supported organization (c) the supported organization (c) the	а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
C A 33% controlled entity of a person described in fail or this above? If "Yes" to a, b, are, provide detail in Part V. If c Section B. Type I Supporting Organizations Yes No Ded the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization of directors or trustees at all times during the tax year? If "No," describe in Part V. how the supported organization plant factively operated, supervised, or controlled the organization supported organization plant factively operated, supervised, or controlled the organization and/or remove directors or trustees were allocated among the supported organization operate for the benefit or any supported organization of the trust the supported organization operate for the benefit or any supported organization factors or trustees of each of the organization is directors or trustees were allocated among the supported organization operate for the purposes of the supported organization (b) that operated, supporting organization were a majority of the organization is directors or trustees during the tax year also a majority of the directors or trustees of each of the organization is supported organization(b). Yes No Trustees of each of the organization is supported organizations, by the last day of the fifth month of the organization is directors, or trustees either (b) apported organization(b) Yes No Trustees of each of the organization is directors, or trustees either (b) apported organization(b) Yes No Yes No Trustees (c) apporting Organizations Yes No Trustees at all times during the tax year also a majority of the organization Yes No Yes N		below, the governing body of a supported organization?	11a		
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a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or Image: Comparization of the support of the su	3	-			
trustees of each of the supported organizations? Provide details in Part VI. 3a b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each Image: Comparison of the support of the sup					
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			3a		
of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3b	b				
		of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

19

532025 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

Part V	Type III Non-Function	onally In	tegrated 509(a	a)(3) Supporting	Organizations
	(Form 990 or 990-EZ) 2015				

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater 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-functional	lv-integrat	ed Type III supporting orga	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2015

532026 09-23-15

1

Schedule A (Form 990 or 990-EZ) 2015 OHIO WESLEYAN UNIVERSITY

	t V Type III Non-Functionally Integrated 509			
ect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
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	he organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
0	Line 8 amount divided by Line 9 amount	1		
		(i)	(ii)	(iii)
ect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
	Excess from 2013			
	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2015

532027 09-23-15

Schedule A (Form 990 or 990 EZ) 2015 OHIO WESLEYAN UNIVERSITY

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

33,760.
32,260.
26,486.
29,932.
29,499.
2,788,173.
4,260,100.
5,325,404.
3,344,179.
3,047,686.

532028 09-23-15

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury

Internal Revenue Service
Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

 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 . OMB No. 1545-0047

2015

Employer identification number

<u>31-437958</u>5

Organization type (check o	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.

OHIO WESLEYAN UNIVERSITY

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

X 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 for 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 exclusively religious.

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).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Employer identification number

31-4379585

OHIO WESLEYAN UNIVERSITY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>2,050,000.</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		\$ <u>1,250,000.</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
3		\$1,061,750.	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
4		\$869,850.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>700,000.</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
6		\$671,025.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

25

08140512 138919 5527AD

Employer identification number

31-4379585

OHIO WESLEYAN UNIVERSITY

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$500,500.	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
8		\$500,000.	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

523452 10-26-15

2015.05070 OHIO WESLEYAN UNIVERSITY 5527AD_1

26

Page 3

Employer identification number

31-4379585

OHIO WESLEYAN UNIVERSITY

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	ICLY TRADED SECURITIES		
		\$ 680,717.	06/30/16
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>6</u>	JICLY TRADED SECURITIES		
		\$630,712.	06/30/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

27

08140512 138919 5527AD

Name of org	janization		Employer identification number
			21 4270595
Part III	VESLEYAN UNIVERSITY Exclusively religious, charitable, etc., con	tributions to organizations described in	<u>31-4379585</u> section 501(c)(7), (8), or (10) that total more than \$1,000 for
	the year from any one contributor. Complete completing Part III, enter the total of exclusively religion	columns (a) through (e) and the follow	ving line entry. For organizations
	Use duplicate copies of Part III if addition	al space is needed.	ss for the year. (Enter this into, once.)
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(b) Fulpose of gift		
F		(e) Transfer of gift	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from		I	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
F			
		(e) Transfer of gift	
	Transferee's name, address, a	and $\mathbf{7IP} + 4$	Relationship of transferor to transferee
F	mansieree s name, address, i		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
		(e) Transfer of gift	
F	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(a) Line of gift	(d) Description of how gift is held
Part I	(b) Purpose of gift	(c) Use of gift	(a) Description of now gift is neid
		<u> </u>	
F		(e) Transfer of gift	1
		(-)	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
Γ			
5094E4 10 00	15		Schedule B (Form 990, 990-EZ, or 990-PF) (2015)
523454 10-26-	- 10		Juneaule D (FUIII 330, 330-EZ, UI 330-FF) (2013)

28 2015.05070 OHIO WESLEYAN UNIVERSITY 5527AD_1

60		Sunnlement	al Financia	I Statements		OMB No. 1545-0047
	n 990)	Complete if the org	anization answere	d "Yes" on Form 990.		2015
Depart	ment of the Treasury	Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11 Attach to Form 99	d, 11e, 11f, 12a, or 12b.		Open to Public
	I Revenue Service	Information about Schedule D (For	m 990) and its ins	tructions is at www.irs.go		Inspection
Nam	e of the organization	on OHIO WESLEYAN UNIV	PDCTMV			r identification number 1-4379585
Pa	rt I Organiza	tions Maintaining Donor Advise		er Similar Funds or A		
ľ		answered "Yes" on Form 990, Part IV, lin			100001110.	
	organization			advised funds	(b) Funds an	d other accounts
1	Total number at en	d of year				
2		contributions to (during year)				
3		grants from (during year)				
4	Aggregate value at	end of year				
5	-	n inform all donors and donor advisors in v	-			
		n's property, subject to the organization's				Yes No
6		n inform all grantees, donors, and donor a	0	•	-	
		oses and not for the benefit of the donor o	,	· · ·	0	
Pa	impermissible priva	ate benefit? ation Easements. Complete if the org	nonization anawara	d "Vaa" op Earm 000. Dart I		Yes No
1		ervation easements held by the organization			v, line 7.	
•		of land for public use (e.g., recreation or e	`	Preservation of a historica	llv important la	and area
		i natural habitat	· ·	Preservation of a certified	• •	
		of open space				
2	Complete lines 2a	through 2d if the organization held a qualif	ied conservation co	ontribution in the form of a d	con <u>servation e</u>	asement on the last
	day of the tax year				Held	at the End of the Tax Year
а	Total number of co	nservation easements			2a	1
b	v					
С		vation easements on a certified historic stru			2c	1
d		vation easements included in (c) acquired a				1
•		al Register			2d	1
3	vear	ration easements modified, transferred, rel	eased, extinguisne	d, or terminated by the orga	inization during	g the tax
4		 where property subject to conservation eas	sement is located	• 1		
5		ion have a written policy regarding the per				
	0	prcement of the conservation easements it		, , ,		Yes X No
6	Staff and volunteer	hours devoted to monitoring, inspecting,				s during the year
	► <u> </u>	20				
7	Amount of expense	es incurred in monitoring, inspecting, hanc	lling of violations, a	nd enforcing conservation e	easements dur	ing the year
	▶\$					
8		vation easement reported on line 2(d) abov	e satisfy the require	ements of section 170(h)(4)(B)(i)	
•	and section 170(h)					X Yes No
9		e how the organization reports conservation				
	conservation easer	le, the text of the footnote to the organizat ments	ION S III ANCIAI STATE	ements that describes the o	ryanization 5 a	
Pa		tions Maintaining Collections of	Art, Historica	Treasures, or Other	Similar As	sets.
		the organization answered "Yes" on Form				
1a	If the organization	elected, as permitted under SFAS 116 (AS	C 958), not to repo	ort in its revenue statement a	and balance sl	neet works of art,
	historical treasures	, or other similar assets held for public ext	hibition, education,	or research in furtherance of	of public servic	e, provide, in Part XIII,
	the text of the foot	note to its financial statements that descri	bes these items.			
b	If the organization	elected, as permitted under SFAS 116 (AS	C 958), to report in	its revenue statement and	balance sheet	works of art, historical
	treasures, or other	similar assets held for public exhibition, ed	ducation, or researc	ch in furtherance of public s	ervice, provide	the following amounts
	relating to these ite				•	
		ded on Form 990, Part VIII, line 1				
0				ailar accate for financial gair		
2		received or held works of art, historical tre ints required to be reported under SFAS 1			i, provide	
а	-	on Form 990, Part VIII, line 1		-	► \$	
		Form 990, Part X				
		eduction Act Notice, see the Instructions				dule D (Form 990) 2015
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Pa	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or	Other	Similar	Asset	s _{(contir}	ued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the t	following that	are a sig	nificant use	e of its	collection	items	
	(check all that apply):									
а	X Public exhibition	d	X Loan or exc	hange progra	ms					
b	X Scholarly research	е	Other							
с	X Preservation for future generations									
4	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
5	During the year, did the organization solicit o	r receive donations o	f art, historical treas	sures, or other	r similar :	assets				_
	to be sold to raise funds rather than to be maintained as part of the organization's collection?									
Pa	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		te if the organizatio	n answered "	Yes" on	Form 990,	Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contribution	s or other asse	ets not ir	ncluded				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII									_
		·	C C					Amount	t	
с	Beginning balance					1c				
d	Additions during the year									
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line :	21, for escrow or cu	ustodial accou	int liabilit	ty?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Pa	t V Endowment Funds. Complete i							-		
		(a) Current year	(b) Prior year	(c) Two years		(d) Three yea			-	
1a	Beginning of year balance	216,062,747.	211,649,630.			176,03			632,	
b	Contributions	7,816,385.	8,634,930.				2,507.		874,	
С	Net investment earnings, gains, and losses	-11,810,685.	5,677,678.	24,877	,286.	15,90	2,880.	5,	965,	991.
d	Grants or scholarships									
е	Other expenditures for facilities	10 450 310	0 000 401	0 700	0.00	0 60	0 0 2 4		- 0 0	0.2.4
_	and programs	10,458,312.	9,899,491.	9,708	,800.	9,60	9,934.	. 9,	509,	934.
t	Administrative expenses	201 610 125	216,062,747.	211 640	620	100 12	6 260	176	020	016
g	End of year balance				,030.	109,13	0,209.	. 176	030,	010.
2	Provide the estimated percentage of the curr	ent year end balance 4.67)) held as:						
a L	Board designated or quasi-endowment ► Permanent endowment ► 77.14		_%							
b	Temporarily restricted endowment \blacktriangleright 1	<u>%</u>								
С	-									
20	The percentages on lines 2a, 2b, and 2c show		tion that are hold ar	d administors	d for the	o organizati	ion			
Ja	Are there endowment funds not in the posses	ssion of the organiza		iu aurimistere		e organizati		ſ	Yes	No
	by: (i) unrelated organizations							3a(i)	165	X
										X
h	If "Yes" on line 3a(ii), are the related organiza									
4	Describe in Part XIII the intended uses of the									
Pa	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	see Form 990,	Part X, I	line 10.				
	Description of property	(a) Cost or of		or other		cumulated	1	(d) Bool	k value	e
		basis (investm	ient) basis	(other)	• •	preciation		. ,		
1a	Land		3,43	2,158.				3,432	2,1	58.
b	Buildings		149,53		47,1	.05,69	7.10			
	Leasehold improvements									
d	Equipment		21,94	2,336.	16,1	.71,19	8.	5,77		
e	Other		12,15	6,305.		34,92	3.	8,12		
Tota	. Add lines 1a through 1e. (Column (d) must e	aual Form 990. Part >	K. column (B). line 1	0c.)			▶ 11	L9,754	1,04	49.
		-	· · · ·				chedul	e D (Form	n 990)	2015

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Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

e empiete n'ane ergamiation anemerea i ree		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) INTEREST IN TRUSTS	2,781,516.	END-OF-YEAR MARKET VALUE
(B) FIXED INCOME	2,917,718.	END-OF-YEAR MARKET VALUE
(C) OTHER INVESTMENTS	11,096.	END-OF-YEAR MARKET VALUE
(D) MULTI-ASSET CLASS	63,618,673.	END-OF-YEAR MARKET VALUE
(E) INVESTMENT IN STUYVESANT		
(F) HALL	4,235,991.	END-OF-YEAR MARKET VALUE
(G) INVESTMENT IN OWU FUND	135,845,271.	END-OF-YEAR MARKET VALUE
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	209,410,265.	
Part VIII Investments - Program Pelated		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on 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

(u) becomption of integration	(c) method of valuation. Cool of ond of your market value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total (Col (b) must equal Form 990 Part X col (B) line 13)	

Part IX Other Assets.

Complete if the organization answered "Yes" on 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" on 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 OBLIGATION	10,336,000.
(3)	ADVANCES FROM FEDERAL GOVERNMENT	3,894,263.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990. Part X. col. (B) line 25.)	14,230,263.

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

Schedule D (Form 990) 2015

	Schedule D (Form 990) 2015 OHIO WESLEYAN UNIVERSITY 31-4379585 Page 4							
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.								
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a							
1	1 Total revenue, gains, and other support per audited financial statements					50,63	1,778.	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
а	Net unrealized gains (losses) on investments		-11,837,0	065.				
b	Donated services and use of facilities	2b						
с	Recoveries of prior year grants	2c						
d	Other (Describe in Part XIII.)	2d	232,5	546.				
е	Add lines 2a through 2d					-11,60	<u>4,519.</u>	
3	Subtract line 2e from line 1				3	62,23	6,297.	
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							
b	Other (Describe in Part XIII.)	4b	43,187,0	043.				
c Add lines 4a and 4b					4c		7,043.	
с		5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)						
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>)				5	105,42	3,340.	
5		ents W	ith Expenses	s per R	5 eturi	105,42 n.	3,340.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents W	ith Expenses	per R	5 eturi	n.		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)	ents W	ith Expenses	per R	5 eturi 1	n.	<u>3,340.</u> 5,098.	
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents W	ith Expenses	per R	eturi	n.		
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	ents W	ith Expenses	per R	eturi	n.		
5 Pai 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents W	ith Expenses	per R	eturi	n.		
5 Pai 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ents W 	ith Expenses	; per R	eturi	n.		
5 Pai 1 2	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) T XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	ents W 2a 2b 2c	ith Expenses	; per R	eturi 1	n. 55,59	5,098.	
5 Par 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	ith Expenses	222.	eturi 1	n. 55,59 -11,64	<u>5,098.</u> 5,222.	
5 Par 1 2 a b c d	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) TXII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	ith Expenses	222.	eturi 1	n. 55,59 -11,64	5,098.	
5 Par 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) T XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Other (Describe in Part XIII.)	2a 2b 2c 2d	ith Expenses	222.	eturi 1	n. 55,59 -11,64	<u>5,098.</u> 5,222.	
5 Par 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) T XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	ith Expenses	222.	eturi 1	n. 55,59 -11,64	<u>5,098.</u> 5,222.	
5 Pai 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	ith Expenses	222.	eturi 1	n. 55,59 - <u>11,64</u> 67,24	5,098. 5,222. 0,320.	
5 Pai 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) t XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part IV, line 7b	ents W 2a 2b 2c 2d 4a 4b	ith Expenses	222. 042.	eturi 1 2e 3 4c	n. 55,59 - <u>11,64</u> 67,24 43,18	5,098. 5,222. 0,320. 7,042.	
5 Pai 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) TXII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part IX, line 7b Other (Describe in Part XIII.)	ents W 2a 2b 2c 2d 4a 4b	ith Expenses	222. 042.	eturi 1 2e 3 4c	n. 55,59 - <u>11,64</u> 67,24	5,098. 5,222. 0,320. 7,042.	

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

PART II, LINE 9:

CONSERVATION EASEMENT REPORTING - 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.

PART III, LINE 1A:

FINANCIAL STATEMENT FOOTNOTE FOR ART COLLECTION - 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 ⁵³²⁰⁵⁴ ⁰⁹⁻²¹⁻¹⁵ Schedule D (Form 990) 2015 32

2015.05070 OHIO WESLEYAN UNIVERSITY 5527AD_1

Part XIII Supplemental Information (continued)

CLEAN, SECURE AND STABLE ENVIRONMENT FOR ITS PERMANENT COLLECTIONS. THE

ARTWORK IS GIVEN REASONABLE CARE TOWARD ITS PRESERVATION.

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 THESE 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.

- THE COLLECTION IS COMPOSED PRIMARILY OF ORIGINAL WORKS ON PAPER. WHILE THE COLLECTION INCLUDES DRAWINGS AND PAINTINGS ON PAPER, BY FAR THE LARGEST NUMBER OF WORKS ON PAPER ARE PRINTS (LITHOGRAPHS, ETCHINGS, INTAGLIO, AND SCREEN PRINTS) AND PHOTOGRAPHS. THERE ARE A FEW PIECES OF CERAMICS, SCULPTURE, AND JEWELRY IN THE COLLECTION, AND AT LEAST ONE PAINTING ON CANVAS. DUE TO LIMITED STORAGE SPACE AND COST OF ACQUIRING "ONE-OF-A-KIND" OBJECTS, IN 1972 IT WAS THE DECISION OF THE MEMBERS OF THE Schedule D (Form 990) 2015

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FINE ARTS FACULTY TO COMMENCE THE BUILDING OF A PERMANENT COLLECTION OF

THE ORIGINAL WORKS OF ART THAT WOULD BE COMPOSED PRIMARILY OF WORKS ON PAPER.

PART V, LINE 4:

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

PART X, LINE 2:

FIN 48 (ASC 740) FOOTNOTE - 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 TAX AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. EXAMPLES OF TAX POSITIONS INCLUDE THE TAX-EXEMPT STATUS OF THE UNIVERSITY, THE CONTINUED TAX-EXEMPT STATUS OF BONDS ISSUED BY THE UNIVERSITY AND VARIOUS POSITIONS RELATED TO POTENTIAL SOURCES OF UNRELATED BUSINESS 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 CONSOLIDATED FINANCIAL STATEMENTS.

AS OF JUNE 30, 2016, THE UNIVERSITY'S INCOME TAX YEARS FROM 2012 AND 532055 09-21-15
Schedule D (Form 990) 2015

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34

Schedule D (Form 990) 2015 OHIO WESLEYAN UNIVERSITY Part XIII Supplemental Information (continued)	31-4379585 Page 5
THEREAFTER REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL R	EVENUE SERVICE,
AS WELL AS VARIOUS STATE AND LOCAL TAXING AUTHORITIES.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
ACTUARIAL ADJUSTMENT OF SPLIT-INTEREST AGREEMENTS	-138,502.
REVENUE OF AFFILIATES INCLUDED IN CONSOLIDATED FINANCIAL	
STATEMENTS	371,048.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	232,546.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
STUDENT FINANCIAL AID, WHICH WAS SHOWN AS A REDUCTION OF R	EVENUE ON
FINANCIAL STATEMENTS BUT AS AN EXPENSE IN PART IX OF FORM	
990	43,187,042.
ROUNDING ERROR	1.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	43,187,043.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
POSTRETIREMENT BENEFIT OBLIGATION	-12,453,000.
PENSION-RELATED CHARGES OTHER THAN NET PERIODIC PENSION	
COST	454,190.
EXPENSES OF AFFILIATES INCLUDED IN CONSOLIDATED	
FIN.STATEMENTS	353,588.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	-11,645,222.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
STUDENT FINANCIAL AID, WHICH WAS SHOWN AS A REDUCTION OF R	EVENUE ON
FINANCIAL STATEMENTS BUT AS AN EXPENSE IN PART IX OF FORM	
990	43,187,042. Schedule D (Form 990) 2015
532055 09-21-15	

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(Form 990 or 990-EZ) Pomplete if the organization answered "Yes" on Form 990. 20 answere To answere "Yes" on Form 990. 20 answere To an	SC		Schools	Ļ	OMB No.	1545-004	47
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f Use of facilities? g Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	d	Scholarships or oth	er financial assistance?		<u>5d</u>		
g Athletic programs? 5g X 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. 5h X 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a X b Has the organization's right to such aid ever been revoked or suspended? 6b X if you answered "Yes" on either line 6a or line 6b, explain on Part II. 7							
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.							
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Image: Construction of the above, please explain. If you need more space, use Part II. 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a X b Has the organization's right to such aid ever been revoked or suspended? 6b X if you answered "Yes" on either line 6a or line 6b, explain on Part II. To be the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Image: Construction of the above, please explain. If you need more space, use Part II.							
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 b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" on 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 		If you answered "Y	es" to any of the above, please explain. If you need more space, use Part II.				
 b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" on 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 					-		
 b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" on 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 					-		
 b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" on 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 					-		
 b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" on 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 	62	Does the organizat	on receive any financial aid or assistance from a governmental agency?		- 63	x	
If you answered "Yes" on 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							x
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of	5						
	7)5 of			
, ,	-	•				Х	

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

Schedule E (Form 990 or 990-EZ) (2015)

532061 10-02-15 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.

LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

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

FINANCIAL AID PROGRAMS.

Schedule E (Form 990 or 990-EZ) (2015)

08140512 138919 5527AD

(Form 990)	Complete if	 Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990. 						
Department of the Treasury				2015 Open to Public				
Internal Revenue Service		out Schedule F	(Form 990) and its instructions is at	www.irs.gov/fo		Inspection		
Name of the organization					Employer ide	entification number		
	UNIVERSIT				31-4379			
		ctivities Out	side the United States. Compl	ete if the orgar	ization answere	ed "Yes" on		
	Part IV, line 14b.							
-	-		ds to substantiate the amount of its gra the selection criteria used to award the			X Yes No		
2 For grantmakers. United States.	Describe in Part V the	e organization's	procedures for monitoring the use of it	s grants and ot	her assistance	outside the		
3 Activities per Regio	n. (The following Part	I, line 3 table ca	an be duplicated if additional space is r	needed.)				
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d) gram service, e specific type ce(s) in region	(f) Total expenditures for and investments in region		
CENTRAL AMERICA AND								
THE CARIBBEAN	0	0	PROGRAM SERVICES	EDUCATION		61,617.		
EAST ASIA AND THE								
PACIFIC	0	0	PROGRAM SERVICES	EDUCATION		7,400.		
EUROPE (INCLUDING								
ICELAND & GREENLAND) 0	0	PROGRAM SERVICES	EDUCATION		155,704.		
NORTH AMERICA	0	0	PROGRAM SERVICES	EDUCATION		17,747.		
SOUTH AMERICA	0	0	PROGRAM SERVICES	EDUCATION		62,047.		
SOUTH ASIA	0	0	PROGRAM SERVICES	EDUCATION		11,750.		
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	EDUCATION		57 699		
SUB-SANARAN AFRICA	0	0	FROGRAM SERVICES	EDUCATION		57,699.		
CENTRAL AMERICA AND								
THE CARIBBEAN	0	0	INVESTMENTS			25,772,216.		
3 a Sub-total	0	0				26,146,180.		
b Total from continua	ation							
sheets to Part I		0				13,022,349.		
c Totals (add lines 3 and 3b)	a 0	0				39,168,529.		

Statement of Activities Outside the United States

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

Schedule F (Form 990) 2015

OMB No. 1545-0047

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532071 10-01-15

SCHEDULE F

Schedule F (Form 990)	OHIO WES	LEYAN UN	IVERSITY	31-43	79585 Page 1
			• (Schedule F (Form 990), Part I, line 3)		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		7,871,101.
NORTH AMERICA	0	0	INVESTMENTS		5,151,248.
Totals					13,022,349.

532181 04-01-15

Schedule F (Form 990) 2015

OHIO WESLEYAN UNIVERSITY

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.

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)
2 Enter total number of	recipient organizatior	ns listed above that are r	ecognized as charities by the f	foreign country,	recognized as tax-exe	ı empt by		I
the IRS, or for which t	he grantee or counse	el has provided a section			-	•		
3 Enter total number of	other organizations o	r entities				🕨		

OHIO WESLEYAN UNIVERSITY

31-4379585

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

Part III can be duplicated if additional space is needed. **(h)** Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement non-cash non-cash assistance assistance CENTRAL AMERICA UNIVERSITY GRANTS AND THE CARIBBEAN 24 61,617.CHECK Ο. EAST ASIA AND THE UNIVERSITY GRANTS PACIFIC 2 7,400.CHECK 0 EUROPE (INCLUDING ICELAND & UNIVERSITY GRANTS GREENLAND) 48 155,704. CHECK Ο. UNIVERSITY GRANTS NORTH AMERICA 16 17,747.CHECK 0. 62,047.CHECK Ο. UNIVERSITY GRANTS SOUTH AMERICA 22 UNIVERSITY GRANTS SOUTH ASIA 5 11,750.CHECK 0. SUB-SAHARAN AFRICA 0. UNIVERSITY GRANTS 16 57,699.CHECK

Schedule F (Form 990) 2015

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	No No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately 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
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	X Yes	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <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 (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	X Yes	No No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2015

Part V Supplemental Information

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.

PART I, LINE 2:

MONITORING USE OF GRANT FUNDS - 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.

08140512 138919 5527AD

SCHEDULE G	Sunnleme	ntal Information Regarding	Fund	Iraiei	ng or Gaming A	ctiv		OMB No. 1545-0047
(Form 990 or 990-EZ)		organization answered "Yes" on						2015
Department of the Treasury	C	organization entered more than \$1 Attach to Form 990						Open to Public
Internal Revenue Service		bout Schedule G (Form 990 or 990-EZ)				nov/fc	111990.	Inspection
Name of the organization		SLEYAN UNIVERSITY					Employer id $31 - 4379$	entification number
Part I Fundrais required to		Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 17		
1 Indicate whether the	e organization rais	ed funds through any of the followir	ng activ	rities. (Check all that apply.			
a Mail solicitat	ions email solicitations			•	overnment grants nment grants			
c X Phone solicit		g Special						
d In-person so								
		or oral agreement with any individual art VII) or entity in connection with p				tees o	or XYe	s 🗌 No
	n highest paid indi	viduals or entities (fundraisers) pursi			e e	he fu		
			(iii)	Did			Amount paid	(vi) Amount paid
(i) Name and address or entity (fund		(ii) Activity	fùndr have c or con contribi	aiser ustody itrol of	(iv) Gross receipts from activity	Ì.	r retained by) fundraiser ed in col. (i)	to (or retained by) organization
RUFFALO NOEL LEVITZ		PHONATHON	Yes	No X	106 529		E2 2E0	52 079
KIRKWOOD PKWY SW, C	EDAR	PHONATHON		^	106,528.		53,250	. 53,278.
					106 500		52.050	52.050
		n is registered or licensed to solicit (contrib	 utions	106,528. or has been notified	it is e	53 , 250 exempt from r	,
or licensing.	5	5						
ОН								
HA For Paperwork Re	eduction Act Noti	ce, see the Instructions for Form	990 or	990-F	7. 4	Scher	dule G (Form	990 or 990-EZ) 2015
SEE		FOR CONTINUATIONS			. <u></u> `````			220 0. 000 LE , 2010
532081 09-14-15		44	L					

Schedule G (Form 990 or 990 EZ) 2015 OHIO WESLEYAN UNIVERSITY

31-4379585 Page 2

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

	of fundraising event contributions and g	(a) Event #1	(b) Event #2	(c) Other events	T
		TEAM OWU	(2)	NONE	(d) Total events
				NONE	(add col. (a) throug
		GOLF EVENT	(avant tuna)	(total number)	col. (c))
		(event type)	(event type)	(total number)	
1	Gross receipts	50,059.			50,059
2	Less: Contributions	20,560.			20,560
3	Gross income (line 1 minus line 2)	29,499.			29,499
4	Cash prizes				
5	Noncash prizes	2,410.			2,410
6	Rent/facility costs	4,823.			4,823
7	Food and beverages	2,636.			2,636
6 7 8	Entertainment				
9	Other direct expenses				3,214
10				·	13,083
11	, , ,	()			16,416
rt	III Gaming. Complete if the organization				
	\$15,000 on Form 990-EZ, line 6a.				
			(b) Pull tabs/instant	(a) Other coming	(d) Total gaming (ad
		(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col.
1	Gross revenue				
2	Cash prizes				
3	Noncash prizes				
4	Rent/facility costs				
5	Other direct expenses				
		Yes %	Yes %	Yes %	
6	Volunteer labor	No	No	Νο	
7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		►	
	Net gaming income summary. Subtract line	7 from line 1, column (d)		>	
8	Net gaming meene summary. Subtract me				
En	ter the state(s) in which the organization cond				
En a Is	ter the state(s) in which the organization cond the organization licensed to conduct gaming a	ctivities in each of these	states?		Yes I
En a Is	ter the state(s) in which the organization cond	ctivities in each of these	states?		Yes I
En a Is	ter the state(s) in which the organization cond the organization licensed to conduct gaming a	ctivities in each of these	states?		Yes I
En I Is If '	ter the state(s) in which the organization cond the organization licensed to conduct gaming a 'No," explain:	ctivities in each of these s	states?		
En als olf' aWe	ter the state(s) in which the organization cond the organization licensed to conduct gaming a 'No," explain: ere any of the organization's gaming licenses r	evoked, suspended or ter	states? minated during the tax y		
	ter the state(s) in which the organization cond the organization licensed to conduct gaming a 'No," explain:	evoked, suspended or ter	states? minated during the tax y		

532082 09-14-15

Schedule G (Form 990 or 990-EZ) 2015

<u>Sch</u>	edule G (Form 990 or 990-EZ) 2015 OHIO WESLEYAN UNIVERSITY	31-437	<u>9585</u>	Page 3
-	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:		-	
	The organization's facility			%
	An outside facility		b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	s:		
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amo	unt		
	of gaming revenue retained by the third party \blacktriangleright \$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Name			
	Gaming manager compensation 🕨 💲			
	Description of services provided B			
	Director/officer Employee Independent contractor			
	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	No No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent ir			
De	organization's own exempt activities during the tax year > \$			
Ра	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	art III, lines 9	, 9b, 10	b, 15b,
~~~		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
<u>sc</u>	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAI	SERS:		
<u>(I</u>	) NAME OF FUNDRAISER: RUFFALO NOEL LEVITZ			
(I	) ADDRESS OF FUNDRAISER: 1025 KIRKWOOD PKWY SW, CEDAR RAPID	S TA	524	04
<u>\</u>		<u>0, 111</u>	521	<u> </u>
5320	33 09-14-15 Schedule	G (Form 990	) or aan	-F7) 2015
00200		S (1 0 11 0 3)		

raitiv	continued)	
		Schedule G (Form 990 or 990-EZ)

SCHEDULE I		G	arants and Oth	ner Assistan	ce to Organ	izations.		OMB No. 1545-0047	
(Form 990)		Go	vernments, an ete if the organizatio	nd Individual	ls in the Ŭni	ted States		2015	
Department of the Treasury Internal Revenue Service		Informati	on about Schedule I	► Attach to For (Form 990) and its		www.irs.gov/form99	0.	Open to Public Inspection	
Name of the organizati	on OHIO WESL	EYAN UNIV	ERSITY			·		Employer identification number 31-4379585	
Part I General Ir	formation on Grants a	nd Assistance							
criteria used to a	ation maintain records t ward the grants or assis	stance?		· · · · · · · · · · · · · · · · · · ·		•			o
2 Describe in Part	IV the organization's pro	ocedures for monit	oring the use of grant	funds in the United	d States.				
	d Other Assistance to					anization answered "Y	'es" on Form 990, Par	t IV, line 21, for any	
	nat received more than S Idress of organization		be duplicated if addition (c) IRC section	onal space is need (d) Amount of	ed. (e) Amount of	(f) Method of	(a) Description of	(b) Durpage of grant	_
	vernment	(b) EIN	if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
									_
									_
									_
									_
	er of section 501(c)(3) a						I	<b>&gt;</b>	_
	er of other organizations								

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

Schedule I (Form 990) (2015)

31-4379585

Page 2

Part III Grants and Other Assistance to Domestic Individuals. 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	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	1625	43,187,042.	0.		
Part IV Supplemental Information. Provide the information	required in Part I. lir	ne 2. Part III. column	(b), and any other ad	ditional information.	1

PART I, LINE 2:

MONITORING USE OF GRANT FUNDS - 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

Schedule I (Form 990) OHIO WESLEYAN UNIVERSITY	31-4379585 Page 2
Part IV Supplemental Information	
DETERMINATION AND STATUS REVIEW PROCESS. THE UNIVERSITY ENS	SURES 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.	
	Out-state t/m cool
532291 04-01-15	Schedule I (Form 990)

SC	HEDULE J	Compens	ation Information		OMB No. 1	545-004	47
(Fo	rm 990)	•	s, Trustees, Key Employees, and Highest		20	16	
		Comp	ensated Employees iswered "Yes" on Form 990, Part IV, line 23.		20	IJ	)
Dena	tment of the Treasury		ach to Form 990.		Open to	Publ	ic
	al Revenue Service		990) and its instructions is at www.irs.gov/for		Inspe		
Nam	e of the organizatio			Employer ic			nber
		OHIO WESLEYAN UNIVE	ERSITY	31-4	37958	5	
Ра	rt I Question	s Regarding Compensation					
						Yes	No
1a			f the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relev					
	First-class or o		X Housing allowance or residence for perso				
	X Travel for com		Payments for business use of personal re-				
		ation and gross-up payments	Health or social club dues or initiation fee: Personal services (e.g., maid, chauffeur, c				
		pending account		nei)			
h	If any of the bayes	on line 1a are checked, did the organization f	allow a written policy regarding payment or				
D		rovision of all of the expenses described abo			1b		x
2		•	or allowing expenses incurred by all directors,		10		
2	-	rs, including the CEO/Executive Director, reg			2	х	
	trustees, and onlee						
3	Indicate which if a	v of the following the filing organization use	d to establish the compensation of the organiza	tion's			
-			boxes for methods used by a related organization				
		ation of the CEO/Executive Director, but expla					
	X Compensation		X Written employment contract				
		ompensation consultant	X Compensation survey or study				
	X Form 990 of o		X Approval by the board or compensation c	ommittee			
		5					
4	During the year, did	any person listed on Form 990, Part VII, Sec	tion A, line 1a, with respect to the filing				
	organization or a re						
а	Receive a severand	e payment or change-of-control payment?					X
b	Participate in, or re	ceive payment from, a supplemental nonqual	ified retirement plan?		4b	Х	
с	Participate in, or re	ceive payment from, an equity-based comper	sation arrangement?		4c		X
	If "Yes" to any of lin	es 4a-c, list the persons and provide the app	licable amounts for each item in Part III.				
		)(3), 501(c)(4), and 501(c)(29) organizations					
5	For persons listed of	n Form 990, Part VII, Section A, line 1a, did t	he organization pay or accrue any compensatio	n			
	contingent on the r						
							X
b					<b>5</b> b		X
		r 5b, describe in Part III.					
6			he organization pay or accrue any compensatio	n			
	contingent on the r	-					37
							X
b					6b		X
_		r 6b, describe in Part III.					
7			he organization provide any non-fixed payments		_		v
~					7		X
8			ed pursuant to a contract that was subject to th				v
~		ption described in Regulations section 53.49			8		X
9		d the organization also follow the rebuttable p					
	Regulations section				9		0045
LHA	For Paperwork R	eduction Act Notice, see the Instructions for	or Form 990.	Schedu	ule J (Forn	1 990)	2015

#### 31-4379585

Page **2** 

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990		
(1) ROCKWELL JONES	(i)	312,696.	0.	0.	88,225.	53,929.	454,850.	0.		
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.		
(2) SUSAN DILENO	(i)	183,028.	0.	0.	31,275.	20,533.	234,836.	0.		
VP-ENROLLMENT/STRATEGIC COMMUN.	(ii)	0.	0.	0.	0.	0.	0.	0.		
(3) COLLEEN GARLAND	(i)	214,277.	0.	0.	49,647.	12,766.	276,690.	0.		
VP-UNIVERSITY ADVANCEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.		
(4) DAN HITCHELL	(i)	185,130.	0.	0.	22,051.	24,941.	232,122.	0.		
VP-FINANCE AND ADMINISTRATION	(ii)	0.	0.	0.	0.	0.	0.	0.		
(5) CHARLES STINEMETZ	(i)	197,366.	0.	0.	22,638.	57,567.	277,571.	0.		
PROVOST	(ii)	0.	0.	0.	0.	0.	0.	0.		
(6) CRAIG ULLOM (1/1/15-7/31/15)	(i)	159,878.	0.	0.	15,857.	25,928.	201,663.	0.		
VP-STUDENT AFFAIRS	(ii)	0.	0.	0.	0.	0.	0.	0.		
(7) LINDA EARLE	(i)	129,748.	0.	0.	15,010.	15,744.	160,502.	0.		
EXEC.DIR., NY ARTS PROGRAM	(ii)	0.	0.	0.	0.	0.	0.	0.		
(8) BARBARA ANDERECK	(i)	128,595.	0.	0.	14,630.	16,270.	159,495.	0.		
PROFESSOR-PHYSICS&ASTRONOMY	(ii)	0.	0.	0.	0.	0.	0.	0.		
(9) ALICE SIMON	(i)	126,559.	0.	0.	14,454.	16,223.	157,236.	0.		
PROFESSOR-ECONOMICS	(ii)	0.	0.	0.	0.	0.	0.	0.		
(10) BRIAN RELLINGER	(i)	125,687.	0.	0.	14,385.	15,651.	155,723.	0.		
CHIEF INFORMATION OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.		
(11) HAROLD WIEBE	(i)	125,053.	0.	0.	12,808.	20,026.	157,887.	0.		
PROFESSOR-MATH&COMPUTER SCIENCE	(ii)	0.	0.	0.	0.	0.	0.	0.		
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									

Schedule J (Form 990) 2015

#### Part III Supplemental Information

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.

#### PART I, LINE 1A:

BENEFITS PROVIDED - THE PRESIDENT OF THE UNIVERSITY IS REQUIRED TO LIVE IN

RESIDENCE AS PART OF HIS CONTRACT. THE RESIDENCE WAS USED FOR OVER 51

UNIVERSITY FUNCTIONS WITH OVER 3,075 GUESTS IN ATTENDANCE DURING THE 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.

PART I, LINE 1B:

WRITTEN REIMBURSEMENT POLICY - THE BENEFITS LISTED ABOVE WERE ENUMERATED IN

THE PRESIDENT'S EMPLOYMENT CONTRACT. THIS CONTRACT WAS DELIBERATED ON AND

REVIEWED BY THE BOARD OF TRUSTEES AND LEGAL COUNSEL.

PART I, LINE 4B:

NONQUALIFIED DEFERRED COMPENSATION PLANS - THE UNIVERSITY SPONSORS A

SECTION 457(B) AND SECTION 457(F) PLAN FOR CERTAIN EXECUTIVES. THE

Schedule J (Form 990) 2015

Part III Supplemental Information

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.

#### UNIVERSITY MADE CONTRIBUTIONS FOR ROCKWELL F. JONES OF \$18,500 TO THE

SECTION 457(B) PLAN AND \$39,000 TO THE SECTION 457(F) PLAN.

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

THE COMPONENTS OF THE NONTAXABLE BENEFITS PROVIDED BY THE UNIVERSITY IN

COLUMN D FOR ROCKWELL F. JONES ARE AS FOLLOWS: WELFARE BENEFITS:

\$15,379; PAYROLL TAXES: \$14,695; TUITION BENEFITS FOR ONE CHILD:

\$23,855; TOTAL: \$53,929.

SCHEDULE K (Form 990)		Sup Complete if the orgar		ormation on Ta d "Yes" on Form 9				riptions,					20	<u>1545-00</u>	
Department of the Treasury Internal Revenue Service	explanations, and any additional information in Part VI. Attach to Form 990. Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990											en to pectio	Public	;	
Name of the organizatio	· · · · · ·								011110000.			identif		n num	ber
	OHIO WESLEY	AN UNIVERSI	ΓTY							3	1-4	379	585		
Part I Bond Issues	6	1 1								-					
<b>(a)</b> Is	suer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issu	ie price	(f) Descr	iption of p	ourpose	<b>(g)</b> De	feased	(h) On			
												of is:		finan	
OHTO HIGHE	R EDUCATIONAL									Yes	No	Yes	No	Yes	NO
A FACILITY C		34-6849674	67756ANLO	09/30/04	6.000	.000.	REFUND	1994	BONDS	x		x			x
	R EDUCATIONAL					,	EDUCAT								
B FACILITY C	OMMISSION	34-6849674	NONE	12/16/11	1500	0000.	FACILI	TIES			x		х		х
OHIO HIGHE	R EDUCATIONAL														
c FACILITY C	OMMISSION	34-6849674	NONE	05/06/15	1733	9201.	REFUND	2009	BONDS		X		Х		Х
D															
Part II Proceeds															
				Α			В		С				D		
1 Amount of bonds			<u></u>					_			—				
2 Amount of bonds						15	000,000		7,339,	201	_				
3 Total proceeds of					),000. ),423.	15,	000,000	)• <u> </u>	1,339,	201	•				
	n reserve funds				J,42J•						_				
5 Capitalized interes											_				
<ul><li>6 Proceeds in refun</li><li>7 Issuance costs from</li></ul>	0				3,755.		33,904	1	147,	548					
					5,755.		55,50			540	•				
	xpenditures from proceeds														
<u>0                                </u>															
11 Other spent proce											_				
12 Other unspent pro	oceeds														
13 Year of substantia	al completion				004		2012		201	5					
				Yes	No	Yes	No	<u> </u>	'es	No		Yes		No	
14 Were the bonds is	ssued as part of a current ref	funding issue?		X		X			X						
15 Were the bonds is	ssued as part of an advance	refunding issue?			X		X	_		<u>X</u>					
16 Has the final alloc	ation of proceeds been mad	le?		X			<u>X</u>			<u>X</u>	_		_		
	naintain adequate books and records to	o support the final allocation of	of proceeds?	X			X			Х					
Part III Private Busi	ness Use														
				A			B		C		_	<u> </u>	<u>P</u>		
•	tion a partner in a partnershi	• •	LLU,	Yes	No X	Yes	No X	- <b>  Y</b>	'es	No X	+	Yes	+	No	
	perty financed by tax-exemp se arrangements that may re		s uso of		Δ					<u> </u>	+-		+		
Z Are there any lease bond-financed pro		Suit in private pusifies	5 450 01		x		x			х					
	rwork Reduction Act Notic	o oco the Instruction				I			I		Saha	ماريا مالا	/ <b>Г</b> они	- 000	0015

⁵³²¹²¹ LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

# Schedule K (Form 990) 2015 OHIO WESLEYAN UNIVERSITY Part III Private Business Use (Continued) Image: Continued (Continued) Image: Continued (Continued)

31-4379585

Page **2** 

Part III Private Business Ose (Continued)	1	_				_		
	A			B		C		D
<b>3a</b> 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?		X		X		X		
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside								
counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by								
entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of								
unrelated trade or business activity carried on by your organization, another								
section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		X		X		X		
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		X		X		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed								
of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections								
1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified								
bonds of the issue are remediated in accordance with the requirements under								
Regulations sections 1.141-12 and 1.145-2?		x		x		x		
Part IV Arbitrage		•						<u>.</u>
		A		в		С	1	D
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?		X		X		X		
2 If "No" to line 1, did the following apply?		-				1		1
a Rebate not due yet?		X	Х		X			
b Exception to rebate?	X			X		X		
c No rebate due?		X		X		X		
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								L
performed								
3 Is the bond issue a variable rate issue?		X	Х		X			
<ul><li>4a Has the organization or the governmental issuer entered into a qualified</li></ul>								1
		x		x		x		
hedge with respect to the bond issue?		- 27		47		- 47		L
b Name of provider								
c Term of hedge								T
d Was the hedge superintegrated?						<u> </u>		+
e Was the hedge terminated?	1			1		1		1

# Schedule K (Form 990) 2015 OHIO WESLEYAN UNIVERSITY

31-4379585

Part IV Arbitrage (Continued)								
	Α		В		С		0	)
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		Х		
<b>b</b> Name of provider								
c Term of GIC								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		Х		
7 Has the organization established written procedures to monitor the requirements of								
section 148?	Х		Х		Х			
Part V Procedures To Undertake Corrective Action								
		4	l	3	(	;	C	)
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of								
federal tax requirements are timely identified and corrected through the voluntary								
closing agreement program if self-remediation is not available under applicable								
regulations?		X		X		Х		
Part VI Supplemental Information. Provide additional information for responses to questions	on Schedule	e K (see instru	ictions).					
			,					

SCHEDULE L		Transact										IB No.	1545-0	047
(Form 990 or 990-EZ) Department of the Treasury	-	28b, or 2	28c, or For Attach to	rm 990 Form	-EZ, P 990 ol	art V, line 38a r Form 990-E2	or Z.				-	<b>20</b> Den T		-
Internal Revenue Service		about Schedule L	. (Form 990	or 990-	EZ) an	d its instructions	s is a	t www.irs.gov/fo	orm99	0.	In	spect	ion	
Name of the organization				~							er identi		on nı	umber
Part I Excess B		SLEYAN (				1(a)(4) and 50	1(0)	(29) organizations			3795	85		
								Form 990-EZ, Pa			0h			
1		(b) Relationship					<u>, or</u>	<u>FOIII 990-EZ, Fa</u>	art v, i		00.	(4)	Corr	ected?
(a) Name of disqualifi	ied person		nd organiz		inica	(0	<b>c)</b> D	escription of tran	sactic	n			es	No
												_		
2 Enter the amount of	tax incurred by t	he organization	managers	or disc	qualifie	d persons dur	ing	the year under						
								-		•	\$			
3 Enter the amount of	tax, if any, on lin	e 2, above, rein	nbursed by	the or	ganiza	tion					§			
Part II Loans to	and/or From	Interested	Persons											
					Part	V line 38a or F	orm	n 990, Part IV, lin	o 26∙ i	or if tl	he oraș	nizatio	n	
	amount on Form				, r arc		0111	1000, 1 art 17, m	0 20, 1		no orga	inzacia		
(a) Name of	(b) Relation	ship (c) Purp	ose (d) L	oan to or	1 6	e) Original	(1	) Balance due		<b>)</b> In	(h) Ap by bo		יעידי	Nritten
interested person	with organiz	ation of loai		nization?	prin	cipal amount				ault?	comm		agre	ement?
			To	From					Yes	No	Yes	No	Yes	<u>No</u>
				-										
Total					I	► \$								
	Assistance	Benefiting I	ntereste	d Per	sons									
Complete if t	the organization	answered "Yes	on Form	990, Pa	art IV,	line 27.								
(a) Name of interest	ted person		nship betw I person ar ganization			<b>c)</b> Amount of assistance		<b>(d)</b> Type assistan						
			- 			69.16	5.	FIN.AID			EDUC	AS	STS	<u>зт.</u>
										ſ				
										-+				
		1								$\neg$				
LHA For Paperwork Re	duction Act Not	tice, see the Ins	structions	for For	rm 99	) or 990-EZ.		Sch	edule	L (Fo	orm 990	or 99	90-EZ	Z) 2015

ESLEYAN UNIVERSITY	31-4379585					
ing Interested Persons.						
"Yes" on Form 990, Part IV, line 28a, 2	8b, or 28c.					
(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	e) Sharing of rganization's revenues?		
			Yes	No		
RELATED TO SUBSTANT	397,283.	INVESTMENT		X		
	(b) Relationship between interested person and the organization	ing Interested Persons.         "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.         (b) Relationship between interested person and the organization       (c) Amount of transaction	Ing Interested Persons.         "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.         (b) Relationship between interested person and the organization       (c) Amount of transaction       (d) Description of transaction	ing Interested Persons.         "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.         (b) Relationship between interested person and the organization       (c) Amount of transaction       (d) Description of transaction       (e) Sha organization         Yes       Yes       Yes       Yes       Yes		

# Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

#### SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

#### (A) NAME OF PERSON: RELATED TO SUBSTANTIAL CONTRIBUTOR

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

## RELATED TO SUBSTANTIAL CONTRIBUTOR

(D) DESCRIPTION OF TRANSACTION: INVESTMENT ADVISORY SERVICES

Schedule L (Form 990 or 990-EZ) 2015

08140512 138919 5527AD

SCHEDULE	Μ
(Form 990)	

# **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury	
Internal Revenue Service	

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

2015 Open To Public Inspection

Name of the or	ganization
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►

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

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$\sim$				7
- 01	JTO.	WESLEIAN	UNIVERSIT	ĭ
-	-			

Employer identification number
31-4379585

Pa	rt I   Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of d noncash contrib	leterminir		3
1	Art Works of art	X	58		N/A			
-	Art - Works of art		50					
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	. X	152	3,471,391.	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	37	1	90,000.	CASH SALES	PRIC	E	
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21								
22	Taxidermy							
	Historical artifacts							
23	Scientific specimens							
24 05	Archeological artifacts							
25	Other (	?						
26	Other (	<u>}</u>						
27	Other (	)						
28	Other  (	)						
29	Number of Forms 8283 received by the orga						17	
	for which the organization completed Form	8283, Part IV, I	Jonee Acknowledg	gement 29			<u> </u>	
							Yes	No
30a	During the year, did the organization receive							
	must hold for at least three years from the d	late of the initia	l contribution, and	which is not required to be	used for			
	exempt purposes for the entire holding period	?bc				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	e policy that re	equires the review of	of any non-standard contribu	tions?	31	X	
32a	Does the organization hire or use third partie	es or related or	ganizations to soli	cit, process, or sell noncash				
	contributions?					32a	х	
b	If "Yes," describe in Part II.							
33	If the organization did not report an amount	in column (c) f	or a type of proper	ty for which column (a) is ch	ecked,			
	describe in Part II.							
	For Demonstrate Devices View Act Notice -	a a Alba dina Anna			Calcadula N			0045

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

Schedule M (Form 990) (2015)

Part II Supplemental Information. 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.

SCHEDULE M, LINE 32B:

USE OF THIRD PARTIES - 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.

SCHEDULE M, LINE 33:

GIFTS FOR WHICH REVENUE IS NOT RECORDED - 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 M (Form 990) (2015)

532142 08-21-15

SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at <u>www.irs.gov/form990</u>



31-4379585

Department of the Treasury Internal Revenue Service Name of the organization

OHIO WESLEYAN UNIVERSITY

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OWU IS ONE OF THE NATION'S PREMIER SMALL LIBERAL ARTS COLLEGES,

BOASTING STRONG RELATIONSHIPS BETWEEN STUDENTS AND FACULTY AND

OPPORTUNITIES THAT PREPARE STUDENTS FOR SERVICE AND LEADERSHIP.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OHIO WESLEYAN'S CHARTER PROVIDES THAT "THE UNIVERSITY IS FOREVER TO BE

CONDUCTED ON THE MOST LIBERAL PRINCIPLES, ACCESSIBLE TO ALL RELIGIOUS

DENOMINATIONS, AND DESIGNED FOR THE BENEFIT OF OUR CITIZENS IN

GENERAL." IN THE SPIRIT OF ITS HERITAGE, THE UNIVERSITY DEFINES ITSELF

AS A COMMUNITY OF TEACHERS AND STUDENTS DEVOTED TO THE FREE PURSUIT OF

TRUTH. IT DEVELOPS IN ITS STUDENTS QUALITIES OF INTELLECT AND CHARACTER

THAT WILL BE USEFUL NO MATTER WHAT THEY CHOOSE TO DO IN LATER LIFE. OWU

JUDGES ITSELF SUCCESSFUL WHEN IT HAS ACCOMPLISHED THREE OBJECTIVES IN

ITS WORK WITH STUDENTS:

TO IMPART KNOWLEDGE.

TO DEVELOP AND ENHANCE CERTAIN IMPORTANT CAPABILITIES OF STUDENTS.

TO PLACE EDUCATION IN THE CONTEXT OF VALUES.

FORM 990, PART VI, SECTION A, LINE 2:

REPORTABLE RELATIONSHIPS - C. PAUL PALMER AND TOM PALMER HAVE A BUSINESS

RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 6:

MEMBERS OF THE ORGANIZATION - THE MEMBERS OF THE ORGANIZATION ARE THE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2015) 532211 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)	Page <b>2</b>							
ame of the organization OHIO WESLEYAN UNIVERSITY Burger identification number 31-4379585								
TRUSTEES. THE BOARD OF TRUSTEES IS COMPRISED OF THE FOLLOW	ING MEMBERS: THE							
PRESIDENT OF OHIO WESLEYAN UNIVERSITY, THE PRESIDING BISHO	PS OF THE WEST							
OHIO AREA AND EAST OHIO AREA OF THE UNITED METHODIST CHURC	H, NOT MORE THAN							
EIGHT MEMBERS REPRESENTING THE WEST OHIO AND EAST OHIO CON	FERENCE OF THE							
UNITED METHODIST CHURCH, NOT MORE THAN FIFTEEN MEMBERS OF	THE OHIO WESLEYAN							
ALUMNI ASSOCIATION, AND NOT MORE THAN TWENTY TRUSTEES-AT-L	ARGE ELECTED BY							
THE BOARD OF TRUSTEES.								

FORM 990, PART VI, SECTION A, LINE 7A:

MEMBERS' POWER OF ELECTION - 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, PART VI, SECTION B, LINE 11:

FORM 990 REVIEW - 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.

FORM 990, PART VI, SECTION B, LINE 11:

PROVIDING FORM 990 TO GOVERNING BODY - 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.

63

532212 09-02-15

OHIO WESLEYAN UNIVERSITY

31-4379585

FORM 990, PART VI, SECTION B, LINE 12C:

MONITORING AND ENFORCEMENT OF CONFLICT POLICY - 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.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION REVIEW AND APPROVAL - 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 AND COMPENSATION FOR THE UNIVERSITY PRESIDENT UPON RECOMMENDATION OF THE PRESIDENTIAL SEARCH COMMITTEE, AIDED BY A PROFESSIONAL CONSULTING FIRM.

FORM 990, PART VI, SECTION C, LINE 19:

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

FORM 990, PART VI, LINE 16B - JOINT VENTURE POLICY:

ALTHOUGH THE UNIVERSITY DOES NOT HAVE A WRITTEN JOINT VENTURE POLICY

THAT HAS BEEN APPROVED BY THE BOARD OF TRUSTEES, THE UNIVERSITY HAS

64

532212 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

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2015.05070 OHIO WESLEYAN UNIVERSITY

Schedule O (Form 990 or 990-EZ) (2015) Name of the organization OHIO WESLEYAN UNIVERSITY	Page 2 Employer identification number 31-4379585
REVIEWED ITS PARTICIPATION IN SUCH VENTURES TO ENSURE THAT	THE
UNIVERSITY'S TAX-EXEMPT STATUS HAS NOT BEEN COMPROMISED. T	HE 3
FOR-PROFIT ENTITIES THAT ARE CURRENTLY TREATED AS "JOINT VI	ENTURES" ARE
OWNED 100% (STUYVESANT HALL HOLDINGS, INC. AND O.W.U. PROP.	ERTIES) AND
60% (STUYVESANT HALL, LLC) BY THE UNIVERSITY, AND AS SUCH,	THE
UNIVERSITY HAS SUFFICIENT CONTROL TO ENSURE THAT THE FOR-PR	ROFIT
ENTITIES OPERATE IN A MANNER THAT FURTHERS THE EXEMPT PURP	OSES OF THE
UNIVERSITY. THE 2 STUYVESANT HALL FOR-PROFIT ENTITIES WERE	FORMED TO
FACILITATE THE QUALIFICATION FOR AND USE OF HISTORIC AND O	THER TAX
CREDITS FOR THE UNIVERSITY'S STUYVESANT HALL RENOVATION.	D.W.U.
PROPERTIES WAS FORMED TO BE THE GENERAL PARTNER IN A LIMIT	ED
PARTNERSHIP WHICH OPERATES A RESIDENCE HALL/APARTMENT COMP	LEX.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
POSTRETIREMENT BENEFIT OBLIGATION	12,453,000.
PENSION-RELATED CHARGES OTHER THAN NET PERIODIC PENSION	
COST	-454,190.
ACTUARIAL ADJUSTMENT OF SPLIT-INTEREST AGREEMENTS	-138,502.
ROUNDING ADJUSTMENT	-193.
TOTAL TO FORM 990, PART XI, LINE 9	11,860,115.

532212 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

For Paperwork Reduction Act Notice, see the Instructions for 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.

Department of the Treasury Internal Revenue Service

SCHEDULE R

(Form 990)

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

#### Name of the organization

### OHIO WESLEYAN UNIVERSITY

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

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity

#### 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 Part II

organizations during the tax year.							
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controlling entity		<b>g)</b> 512(b)(13) rolled ity?
				501(c)(3))		Yes	No

Schedule R (Form 990) 2015

OMB No. 1545-0047

2015 Open to Public Inspection

Employer identification number 31-4379585

# Schedule R (Form 990) 2015 OHIO WESLEYAN UNIVERSITY

31-4379585 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)	(b)	(c)	(d)	(e)	(f)	(g)	l) (ł	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under				ortionate tions?	Code V-UBI amount in box 20 of Schedule	Genera manag partne	or Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	o
STUYVESANT HALL, LLC – 36-4713349, 61 S. SANDUSKY	-										
ST., DELAWARE, OH 43015	REAL ESTATE	ОН	OWU	EXCLUDED	-114,914.	10,994,529.		x	N/A	x	60.00%
OWU FUND, LP - 45-4089884 61 S. SANDUSKY ST. DELAWARE, OH 43015		ОН	οωα	EXCLUDED	2,331,792.	136,475,055.		x	16,293.	x	99.99%
	-										

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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	512(l contr	i) b)(13) rolled ity?
OWU PROPERTIES, INC 31-1183503 61 S. SANDUSKY ST. DELAWARE, OH 43015	REAL ESTATE	ОН	оwu	C CORP	-16.684.	1,049,899.	100%		
STUYVESANT HALL HOLDINGS, INC 45-3743299 61 S. SANDUSKY ST. DELAWARE, OH 43015	REAL ESTATE		owu	C CORP	-119,504.				
	-								
	4								

# Schedule R (Form 990) 2015 OHIO WESLEYAN UNIVERSITY

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

Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d	X	
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
	Sharing of paid employees with related organization(s)	10		X
р	Reimbursement paid to related organization(s) for expenses	1p		X
q	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s	X	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) STUYVESANT HALL HOLDINGS, INC.	D	5,535,646.	FMV
(2) OWU FUND, LP	S	12,183,384.	FMV
(3)			
(4)			
(5)			
<u>(6)</u>			

# Schedule R (Form 990) 2015 OHIO WESLEYAN UNIVERSITY

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.

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are al partners 501(c)( orgs.2 Yes N	sec. (3) ?	<b>(f)</b> Share of total income	Disn	n) opor- iate tions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General managin partner Yes N	(k) Percentage ownership

Schedule R (Form 990) 2015