DLN: 93493134024423

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2011

Open to Public Inspection

Λ Fo	rthe 2	2011 ca	alendar year, or tax year beginning 07-01-2011	and ending 06-30-201	2		
			C Name of organization	and ending 00-30-201		D Employer i	dentification number
_		pplicable	OHIO WESLÉYAN UNIVERSITY			21 4270	-0-
_	dress ch	-	Doing Business As			31-43795 E Telephone	
Na	me char	nge					
Init	ial retur	m	Number and street (or P O box if mail is not delivered to	street address) Room/su	uite	(740)368	
Tei	mınated	d	61 SOUTH SANDUSKY STREET			G Gross receip	ts \$ 110,675,664
	ended r	return	City or town, state or country, and ZIP + 4				
_			DELAWARE, OH 43015				
Apı	olication	pending			_		
			F Name and address of principal officer			s a group retu	ırn for
			DAN HITCHELL 61 SOUTH SANDUSKY STREET		affilia	tes?	┌ Yes ┌ No
			DELAWARE, OH 43015		11/1-> 4		
						l affiliates incl	
T Ta	x-exem	pt status	▼ 501(c)(3)	7(a)(1) or	1 _	· •	st (see instructions)
_		<u> </u>		(4)(1) 5. 52.	H(c) Grou	p exemption i	Tullibel F
J W	ebsite	∷ ⊨ WW	VW O WU EDU				
K Fon	n of org	janization	Corporation Trust Association Other ►		L Year of fo	rmation 1842	M State of legal domicile OH
Pa	rt I	Sum	mary				
	1 E	Briefly de	escribe the organization's mission or most signific	ant activities			
			ONE OF THE NATION'S PREMIER SMALL LIBE		S, BOASTING	STRONG RE	ELATIONSHIPS
a 1	_		EN STUDENTS & FACULTY & A HOST OF OPPOR	RTUNITIES THAT PF	REPARE STUD	ENTS FOR L	IVES OF SERVICE &
≗		EADER	SHIP				
፸	-						
Governance	-						
<u> </u>	2 0	Check th	his box 🛏 if the organization discontinued its ope	erations or disposed	of more than 2	5% of its net	assets
			of voting members of the governing body (Part VI			3	40
80						<u> </u>	
Ě			of independent voting members of the governing b		-	. 4	40
Activities &			mber of individuals employed in calendar year 201			5	2,064
đ.	6 ⊺	Γotal nu	mber of volunteers (estimate if necessary)			6	250
	7a ⊺	Γotal un	related business revenue from Part VIII, column ((C), line 12		7a	-37,050
	Ь≀	Net unre	elated business taxable income from Form 990-T,	line 34		7b	-37,050
					Prio	r Year	Current Year
	8	Contri	butions and grants (Part VIII, line 1h)			20,836,332	14,415,270
활	9		am service revenue (Part VIII, line 2g)			80,528,629	81,382,196
ē	10		tment income (Part VIII, column (A), lines 3, 4, a			7,743,508	12,056,265
Revenue				•			
	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9 revenue—add lines 8 through 11 (must equal Part		_	2,616,209	2,807,518
	12		revenue—add lines 8 through 11 (must equal Part	, , , , , , , , , , , , , , , , , , , ,		11,724,678	110,661,249
	13		s and similar amounts paid (Part IX, column (A), li			35,840,862	38,063,489
	14		its paid to or for members (Part IX, column (A), lin			0	0
			es, other compensation, employee benefits (Part I				
8	15	5-10)		.x, coluiiii (A), iiiles		38,810,314	37,007,224
Expenses	16a		, ssional fundraising fees (Part IX, column (A), line 1	11e)		0	0
÷.	ь						
Δ			indraising expenses (Part IX, column (D), line 25) •3,221,26			20 002 572	20.424.004
	17		expenses (Part IX, column (A), lines 11a-11d, 1	•		28,083,572	28,434,901
	18		expenses Add lines 13-17 (must equal Part IX, o			102,734,748	103,505,614
48	19	Reven	ue less expenses Subtract line 18 from line 12 .			8,989,930	7,155,635
Net Assets or Fund Balances						of Current ear	End of Year
製造	20	Tatal	accets (Davit V. line 16)			335,823,501	229 572 042
A H	20		assets (Part X, line 16)			<u> </u>	328,572,042
<u> 5</u> 5	21		liabilities (Part X, line 26)			68,602,499	76,400,297
	22		ssets or fund balances Subtract line 21 from line	20		267,221,002	252,171,745
	rt II		ature Block				
know			erjury, I declare that I have examined this return, incl of, it is true, correct, and complete. Declaration of prep				
		****	**			112 05 14	
c: ~ ~		I II	ature of officer			13-05-14 nte	
Sigr Her		'			2.		
	_		HITCHELL VP FOR FINANCE & ADMIN				
		F . , , pe	<u>'</u>	Т		<u> </u>	
		Preparer	13		Check If self-	Preparer's tax (see instructio	payer identification number
Paid		sıgnatur	E CHRISTOTTER D'ANDERSON	employed 🕨 🦵	(SSS IIISIIGCIIO	,	
Prep	arer's		ame (or yours MALONEY NOVOTNY LLC		-		
Use (ıf self-er	mployed),			EIN Þ	
	-	auuiess,	, and ZIP + 4 T1111 SUPERIOR AVENUE SUITE 700				

CLEVELAND, OH 44114

May the IRS discuss this return with the preparer shown above? (see instructions)

Par	Check if Schedule O conta				.
1	Briefly describe the organization	's mission			
PRIN GEN DEV WILL ACC	O WESLEYAN'S CHARTER PROVICIPLES, ACCESSIBLE TO ALL RERAL "IN THE SPIRIT OF ITS HOTED TO THE FREE PURSUIT OLES WHAT ARE USEFUL NO MATTER WHAT OMPLISHED THREE OBJECTIVE TAIN IMPORTANT CAPABILITIE	ELIGIOUS DENOMINA ERITAGE, THE UNIVER F TRUTH IT DEVELOP THEY CHOOSE TO DO S IN ITS WORK WITH S	TIONS, AND DESIGNED SITY DEFINES ITSELF A SIN ITS STUDENTS QUA IN LATER LIFE OWU JU STUDENTS TO IMPART	FOR THE BENEFIT OF OU AS A COMMUNITY OF TEA ALITIES OF INTELLECT AI DGES ITSELF SUCCESSFU KNOWLEDGE TO DEVELO	R CITIZENS IN CHERS AND STUDENTS ND CHARACTER THAT JL WHEN IT HAS
2	Did the organization undertake a the prior Form 990 or 990-EZ?				Yes ▼ No
	If "Yes," describe these new serv				
3	Did the organization cease conduservices?				Yes V No
4	If "Yes," describe these changes Describe the organization's progresses Section 501(c)(3) and grants and allocations to others,	ram service accomplishi l 501(c)(4) organization	s and section 4947(a)(1)	trusts are required to repor	
4a	(Code) (Exper	nses \$ 91,766,128	ıncludıng grants of \$	38,063,489) (Revenue \$	84,170,369)
	One of the nation's premier small libera students and faculty, and a host of exp their careers and communities				
	(Code) (Exper	nses \$	including grants of \$) (Revenue \$)
		· 			
	-				
4c	(Code) (Exper	nses \$	ıncludıng grants of \$) (Revenue \$)
4d	Other program services (Desci				
	(Expenses \$	including grants o	of \$) (Revenue \$)
40	Total program service expenses	▶ \$ 91.766.13	28		

art IV	Checklis	t of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{f 2}$	2	Yes	
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		N o
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? <i>If</i> "Yes," complete Schedule C, Part II	4		No
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		
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		No
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	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, 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		No
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	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
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	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
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, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16	Yes	
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Management	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line $2 \cdot \cdot \cdot \cdot$	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note: All Form 990 filers are required to complete Schedule O	38	Yes	

			_
Part V	Statements Regarding	Other IRS Filings and Tax Compliance	

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
а	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
u				
	1a 265			
L	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
D	ther the number of Forms w-2G included in line 1a Enter -0- if not applicable 1b 0			
_	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
Ĭ	gaming (gambling) winnings to prize winners?	1c	Yes	
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			
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	- N	V	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
	·	-		
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
а	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities			
	account)?	4a	Yes	
b				
_	If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	See managed on a lining requirements for Form FD F 20-22 1, Report of Foreign Ballk and Financial Accounts			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No No
				No No
D	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1110
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	E-		
_	Describes an analysis from the second	5c		
а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
,	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a	Yes	
	services provided to the payor?			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		N o
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No No
				
y	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h		
;	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
)	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
-	facilities			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other			
_	sources against amounts due or received from them)			
2-	Section 4047/a\/1) non-evenust charitable trusts. In the aurent films forms 000 with a films forms	12-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?			
а	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization	12-		
	allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.			
_	the states in which the organization is licensed to issue qualified health plans Enter the aggregate amount of reserves on hand			
·	13c			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Vec " has it filed a Form 730 to report these polyments? If "Me " provide an explanation in Cabadyla O			

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

Check if Schedule i) contains a response to	any question in this Part VI										٠,١	_
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La Enter the number of voting members of the governing body at the end of the tax year of the property of the	Se	ection A. Governing Body and Management			
b Enter the number of voting members included in line 1a, above, who are independent. 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any or other officer, director, trustee, or key employee? 3 Did the organization of englate 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 Did the organization make any significant changes to its governing documents stince the prior Form 990 was filled? 5 Did the organization have members or stockholders? 6 Ves more members of the governing body? 6 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? 6 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? 7 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? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 9 The governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 9 The governing body? 9 Did the organization have local chapters, pranches, or affiliates? 10 Did the organization have local chapters, pranches, or affiliates? 10 Did the organization have local chapters, pranches, or affiliates? 10 Did the organization have local chapters, pranches, or affiliates? 10 Did the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 11 Did the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 12 Did the organization have a written policies and pr				Yes	No
b Enter the number of voting members included in line 1a, above, who are independent. 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any or other officer, director, trustee, or key employee? 3 Did the organization of englate 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 Did the organization make any significant changes to its governing documents stince the prior Form 990 was filled? 5 Did the organization have members or stockholders? 6 Ves more members of the governing body? 6 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? 6 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? 7 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? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 9 The governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 9 The governing body? 9 Did the organization have local chapters, pranches, or affiliates? 10 Did the organization have local chapters, pranches, or affiliates? 10 Did the organization have local chapters, pranches, or affiliates? 10 Did the organization have local chapters, pranches, or affiliates? 10 Did the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 11 Did the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 12 Did the organization have a written policies and pr					
independent to dependent of the product of the prod	1a				
2	b				
3 No	2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any	2		No
Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? No	3	Did the organization delegate control over management duties customarily performed by or under the direct			
Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 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? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? The governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the year by the following a Policies (This Section B requests information about policies not required by the Internal Revenue Code.) To a Did the organization have local chapters, branches, or affiliates? Did the organization have local chapters, branches, or affiliates? Did the organization have local chapters, branches, or affiliates? Did the organization have local chapters, branches, or affiliates? Did the organization have local chapters, branches, or affiliates? Did the organization have local chapters, branches, or affiliates? Did the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Did the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Did the organization have a written conflict of interest policy? If "Mo," go to Inne 13 Did the organization have a written conflict of interest policy? If "Mo," go to Inne 13 Did the organization have a written whistleblower policy? The policy of the organization have a written whistleblower policy? The policy of the organization have a written whistleblower policy? The p	4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	4		
Did the organization have members or stockholders? To bit the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? To be a reany governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or or persons other than the governing body? To be organization contemporaneously document the meetings held or written actions undertaken during the year by the following To be seen the governing body? To be seen the governing body before the governing body before filling the form? To be seen the governing body before filling the form? To be seen the governing body before filling the form? To be seen the governing body before filling the form? To be seen the governing body before filling the form? To be seen the governing body before filling the form? To be seen the governing body before filling the form? To be seen the governing body before filling the form? To be seen the governing body before filling the form? To be seen the governing body before filling the form? To be seen the governing body before filling the form? To be seen the governing body before filling the form? To be seen the governing body before filling the form? To be seen the governing body before filling the form? To be seen the governing body the organization requiring the governing body before filling the	5				
Table the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Table Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Table B. Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Table B. Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Table B. Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Table B. Did the organization on the properties of the governing body? Table B. Did the organization favore to behalf of the governing body? Table B. Did the organization favore to behalf of the governing body? Table B. Did the organization favore to behalf of the governing body? Table B. Did the organization have local chapters, branches, or affiliates? Table B. Did the organization have local chapters, branches, or affiliates? Table B. 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? Table B. Did the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Table B. Did the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Table B. Did the organization have a written conflict of interest policy? If "No," go to line 13. Table Organization have a written conflict of interest policy? If "No," go to line 13. Table Organization have a written whistleblower policy? Table Organization have a written whistleblower policy? Table Organization have a written whistleblower policy? Table Organization have a written				Vac	110
more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, 7b No No Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? Beach committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the granulation's mailing address? If "Yes," provide the names and addresses in Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Did the organization have local chapters, branches, or affiliates? 10b 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 12b Did the organization have a written conflict of interest policy? If "No," go to line 13 12c Yes 12d Ves b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflict? 12c Did the organization have a written whistleblower policy? 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written whistleblower policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15d Did the organization have a written bright of the organization of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15d Did the organizatio			H	103	
or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? Section By Each committee with authority to act on behalf of the governing body? Section By Policies (Trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization smalling address? If "Yes," provide the names and addresses in Schedule O Possible Policies (This Section B requests information about policies not required by the Internal Policies (This Section B requests information about policies not required by the Internal Policies (This Section B requests information about policies not required by the Internal Policies (This Section B requests information about policies not required by the Internal Policies (This Section B requests information about policies not required by the Internal Policies (This Section B requests information about policies not required by the Internal Policies (This Section B requests information about policies not required by the Internal Policies (This Section B requests information about policies not required by the Internal Policies (This Yes," did the organization have written policies and procedures governing the activities of such chapters, and file at the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Did the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Did the organization have a written conflict of interest policy? If "Wo," go to line 13 Did the organization have a written conflict of interest policy? If "Wo," go to line 13 Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe the formal policy? Did the organization have a written whistleblower policy? Did the organization have a written with the policy? If "Wo," go to line 13 Did the organizati	/ u		7a	Yes	
year by the following 1 he governing body? 2 he following 3 he foreground body? 3 he foreground body? 3 he foreground body? 4 he following 5 he fact committee with authority to act on behalf of the governing body? 5 he fact committee with authority to act on behalf of the governing body? 5 he fact committee with authority to act on behalf of the governing body?	b		7b		No
Section Sect	8				
Section B, Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Section B, Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No	а	The governing body?	8a	Yes	
organization's mailing address? If "Yes," provide the names and addresses in Schedule O. Policies (This Section B requests information about policies not required by the Internal Reverbing Code.) Section B. Policies (This Section B requests information about policies not required by the Internal Reverbing Code.) Figure 10	b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
No No No No No No No No	9				Νo
10a Did the organization have local chapters, branches, or affiliates? 10a No					
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 12b Describe in Schedule O the process, if any, used by the organization to review the Form 990				Yes	No
affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10a	Did the organization have local chapters, branches, or affiliates?	10a		No
Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? Describe in Schedule O the process, if any, used by the organization to review the Form 990	b	affiliates, and branches to ensure their operations are consistent with the organization's exempt	10b		
Did the organization have a written conflict of interest policy? If "No," go to line 13. 12a Yes b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing			No
b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
rise to conflicts?			12a	Yes	
In Schedule O how this was done		rise to conflicts?		Yes	
Did the organization have a written document retention and destruction policy?	С	ın Schedule O how this was done		Yes	
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? The organization's CEO, Executive Director, or top management official	13	Did the organization have a written whistleblower policy?	13	Yes	
Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official	14	Did the organization have a written document retention and destruction policy?	14		No
b Other officers or key employees of the organization	15			ii	1
If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?			15a	Yes	
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	b	Other officers or key employees of the organization	15b	Yes	
taxable entity during the year?		If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
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?					
100	16a		16a	Yes	
		taxable entity during the year?		Yes	N -

- 17 List the States with which a copy of this Form 990 is required to be filed▶OH
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website Vpon request

- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► DAN HITCHELL

61 SOUTH SANDUSKY STREET DELAWARE, OH 43015

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

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

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

Check this box if neither the orga	nızatıon nor any re	elated o	rgan	ızatı	ons	compe	ensat	ed any current or fo	ormer officer, direc	tor, or trustee
(A) Name and Title	(B) A verage hours per week (describe	unles an	on (d e tha	n one son er ar	e bo: is bo nd a	x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Former Highest compensated employee			MISC)	related organizations
See Additional Data Table										

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

Nar	(A) ne and Tıtle	(B) Average hours per week (describe	unles an	e thar	o no n one son er ar	e bo: is bo nd a	x, oth		com fr organ	(D) portable pensation rom the ization (W- 99-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	,	(F Estim amount comper from organiza	nated of other nsation the tion and	
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)		rela organız		
See Additional Data	a Table														
_															
												_			
												_			
												+			
												-			
1b Sub-Tota					•	•		F							
	m continuation sheets t ld lines 1b and 1c).			<u>· · · · · · · · · · · · · · · · · · · </u>	<u>.</u>			>		1,668,177		0		421,666	
2 Total num	nber of individuals (inclu	udıng but not lın	nited to	thos	e lıs		above) who	receiv	ed more tha	ın				
\$100,000	0 of reportable compens	sation from the (organiz ———	ationi	-11									T	
	rganization list any forn a? <i>If</i> "Yes," complete Sch					-		-	or highe	· · · · · · · · · · · · · · · · · · ·	ated employee	3	Yes	No No	
organızat	ndıvıdual lısted on lıne 1 ıon and related organıza											4	Yes		
	erson listed on line 1a i rendered to the organiza									_	or individual for •	5		No	
Section B.	Independent Cont	tractors													
\$100,000	this table for your five O of compensation from the organization's tax yo	the organizatio ear													
		(A) ne and business add	dress							Desc	(B) ription of services			C) ensation	
ARAMARK CORPOR 24818 NETWORK F CHICAGO, IL 6067	PLACE									HOUSEKEEP	ING			1,509,340	
CHARTWELLS 40 ROWLAND AVENUE DELAWARE, OH 430152392 FOOD SERVICE										4,956,674					
LINCOLN CONSTRU 4970 SHUSTER RO COLUMBUS, OH 43	AD									CONSTRUCT	TON			7,755,284	
PNC BANK PO BOX 747046										BANKING SERVICES			2,112,562		
PITTSBURGH, PA										_					
FIRST ENERGY SOI PO BOX 3622 AKRON, OH 44309	LUTIONS CORP									UTILITY				708,027	

Part V	4999	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
蒙蒙	1a	Federated campaigns 1a					
호호	b	Membership dues 1b					
ಎ್Ę	С	Fundraising events 1c	18,915				
±a La	d	Related organizations 1d					
ਰਾ≣			1,621,453				
2 H	е						
율급	f	All other contributions, gifts, grants, and similar amounts not included above	12,774,902				
ē€	g	Noncash contributions included in					
Contributions, gifts, grants and other similar amounts		lines 1a-1f \$					
ပ္ခ	h	Total. Add lines 1a-1f	🔭	14,415,270			
			Business Code				
Ě	2a	TUITION AND FEES	900099	66,413,416	66,413,416		
- Ae	 b	AUXILIARY SERVICES					
產			900099	14,876,806	14,876,806		
JC.	С	BOOKSTORE	900099	91,974	91,974		
Ę.	d						
É	e						
Program Serwce Revenue	f	All other program service revenue					
Š		Total Addisses 25 25	<u>.</u>	04 065 15-			
	g	Total. Add lines 2a-2f		81,382,196			
	3	Investment income (including dividen	_	1,270,400		-37,050	1,307,450
		and other similar amounts)	-	1,270,400		-37,030	1,307,430
	4	Income from investment of tax-exempt bond		0			
	5	Royalties		U U			
	_	(ı) Real	(II) Personal				
	6a	Gross rents					
	Ь	Less rental expenses					
	С	Rental income					
	d	or (loss) Net rental income or (loss)					
	_	(i) Securities	(II) Other				
	7a	Gross amount 10,785,865	(ii) o thei				
		from sales of assets other					
		than inventory					
	b	Less cost or other basis and					
		sales expenses					
	С	Gain or (loss) 10,785,865					
	d	Net gain or (loss)	▶ [10,785,865			10,785,865
Other Revenue	8a	Gross income from fundraising events (not including \$18,915 of contributions reported on line 1c)					
<u>فَ</u>		See Part IV, line 18					
-		а	33,760				
ŧ	b	Less direct expenses b	14,415				
Ò	С	Net income or (loss) from fundraising	events 🟲	19,345			19,345
	9a	Gross income from gaming activities See Part IV, line 19 a					
	ь	Less direct expenses b					
	c	Net income or (loss) from gaming acti	vities	0			
	10a	Gross sales of inventory, less returns and allowances .					
	ь	Less cost of goods sold b					
	c	Net income or (loss) from sales of inve	entory 🟲	o			
		Miscellaneous Revenue	Business Code				
	11a	OTHER INCOME	900099	2,788,173	2,788,173		
	 b						
	_						
	C	0 H - Ah - m					
	d	All other revenue					
		Total. Add lines 11a-11d		2,788,173			
	12	Total revenue. See Instructions .	•	110,661,249	84,170,369	-37,050	12,112,660

Part IX Statement of Functional Expenses

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

	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	37,547,555	37,547,555		
3	Grants and other assistance to governments, organizations, and individuals outside the United				
4	States See Part IV, lines 15 and 16 Benefits paid to or for members	515,934	515,934		
5	Compensation of current officers, directors, trustees, and	0			
3	key employees	1,167,706	562,482	492,885	112,339
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			_
7	Other salaries and wages	24,278,940	20,022,506	2,824,122	1,432,312
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,705,672	2,153,602	385,727	166,343
9	Other employee benefits	6,905,811	5,496,738	984,508	424,565
10	Payroll taxes	1,949,095	1,551,398	277,868	119,829
11	Fees for services (non-employees)				_
а	Management	0			
b	Legal	104,024	150	103,549	325
С	Accounting	123,460		123,460	
d	Lobbying	0			
е	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	3,525,564	3,028,437	392,209	104,918
12	Advertising and promotion	60,263	38,497	21,516	250
13	Office expenses	876,746	541,882	194,731	140,133
14	Information technology	838,116	772,251	47,977	17,888
15	Royalties	0			
16	Occupancy	4,562,871	4,130,893	343,279	88,699
17	Travel	2,392,977	1,711,586	372,180	309,211
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	137,353	96,089	18,872	22,392
20	Interest	1,051,461	987,342	50,585	13,534
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	3,334,647	3,076,975	230,962	26,710
23	Insurance	305,650	305,419	231	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	RESIDENTIAL EXPENSE	5,596,643	5,595,280		1,363
b	OPERATING SUPPLIES	1,974,214	1,680,245	112,342	181,627
c	PROGRAM/ATHLETIC	1,646,358	1,220,108	371,081	55,169
d	OTHER AUX ENT	1,169,560	301,807	867,753	
е					
f	All other expenses	734,994	428,952	302,384	3,658
25	Total functional expenses. Add lines 1 through 24f	103,505,614	91,766,128	8,518,221	3,221,265
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				rm 990 (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 619,403 726,585 1 2 642.220 2 3 14,713,377 3 13,057,162 1.469.903 1.794.124 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 0 0 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of ol 0 6 0 6,562,015 7 71.773 8 128.041 9 568,005 705.270 Prepaid expenses and deferred charges 10a 159.436.819 Land, buildings, and equipment cost or other basis *Complete* Part VI of Schedule D 10a 10b 52,201,449 b Less accumulated depreciation 108,861,283 **10c** 107,235,370 83,250,343 11 15,672,890 11 120,111,249 176,134,417 12 12 Investments—other securities See Part IV, line 11 13 6,158,165 13 5,913,948 Investments—program-related See Part IV, line 11 . . 14 Intangible assets 14 0 15 0 15 335,823,501 328,572,042 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 11,881,451 17 12,432,213 17 Accounts payable and accrued expenses . 18 18 0 19 3,407,315 19 3,797,107 20 26.583.759 20 31.759.762 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 21 0 Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 0 0 22 2.728.926 23 Secured mortgages and notes payable to unrelated third parties . . . 23 600.647 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 24,001,048 25 27,810,568 D 26 68,602,499 26 76,400,297 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 60,616,901 27 57,505,588 Unrestricted net assets 73,022,099 28 57,155,548 28 Temporarily restricted net assets Fund 29 133,582,002 29 137,510,609 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ž 33 267.221.002 33 252,171,745 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 335.823.501 328.572.042

Pal	Check if Schedule O contains a response to any question in this Part XI			. [고			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		110,6	561,24		
2	2 Total expenses (must equal Part IX, column (A), line 25)						
3	Revenue less expenses Subtract line 2 from line 1	3		7,1	155,63		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		267,2	221,00		
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-22,2	204,89		
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		252,1	171,74		
Par	TEXII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII						
1	Accounting method used to prepare the Form 990			Yes	No		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No		
b	Were the organization's financial statements audited by an independent accountant?	[2b	Yes			
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2 c	Yes			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis	ssued					
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?	e	3a	Yes			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes			

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As Filed Data -

DLN: 93493134024423

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization OHIO WESLEYAN UNIVERSITY

Department of the Treasury Internal Revenue Service

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

Public Charity Status and Public Support

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

Employer identification number

									31-43795		
	rt I			blic Charity Sta		_				nstructions	
	rganı			te foundation becaus			= -				
1	<u>_</u>			ion of churches, or a)(1)(A)(i).			
2	고			d in section 170(b)(1							
3		A hosp	ital or a coo	perative hospital se	rvice organiz	ation descr	ıbed ın sectio	n 170(b)(1)(A)(iii).		
4	Γ			h organızatıon opera ity, and state	ted in conjun	ction with a	hospital des	cribed in se	ction 170(b)(1)(A)(iii). E	Enter the
5	Γ	An orga	anızatıon op	erated for the benefi	t of a college	or universi	ty owned or o	perated by	a governmen	tal unit desc	rıbed ın
		sect ion	170(b)(1)((A)(iv). (Complete P	art II)						
6	Γ	A feder	al, state, or	· local government o	r government	al unit desc	rıbed ın secti	ion 170(b)(1)(A)(v).		
7	Γ	describ	oed in	at normally receives (A)(vi) (Complete P		al part of its	support from	a governm	ental unit or f	rom the gen	eral public
8	\sqcap	A com	munity trust	described in section	170(b)(1)(A)(vi) (Cor	nplete Part II	I)			
9	\sqcap	An orga	anization th	at normally receives	(1) more th	an 331/3%	of its support	from contr	ıbutıons, mem	bership fee	s, and gross
				rities related to its e							
				oss investment inco							
				ganızatıon after June						•	
10	Г			ganized and operated							
11	Ė			ganized and operated						o carry out	the purposes of
	•	one or the box	more public	ly supported organiz ibes the type of supp b Type I	ations descr oorting organ	ibed in sect ization and (ion 509(a)(1) or section s 11e throu	509(a)(2) S ugh 11h	ee section 5	
е	Γ	other t	_	ox, I certify that the ion managers and ot	-				•	•	•
f		If the o		received a written d	etermination	from the IR	S that it is a	Type I, Typ	e II or Type	III supportı	ng organization,
g				2006, has the organ	ızatıon accep	oted any gift	or contributi	on from any	of the		•
			ng persons?								
				rectly or indirectly c			_	persons de	scribed in (ii)		Yes No
				governing body of th			ation?			11g	
			•	er of a person descri	• •					11g	
		(iii) a 3	35% contro	lled entity of a perso	n described i	ın (ı) or (ıı) a	ibove?			11g	(iii)
h		Provide	e the followi	ng information about	the supporte	ed organizat	ıon(s)				
				1			,				
S	(i) Name Juppo ganiz	organization organization in organization in organization in col (i) listed in col (i) red EIN lines 1- 9 above your governing		(v) Did you not organizati col (i) of suppor	ion in 'your	(vi) Is th organizat col (i) org in the U	e ıon ın anızed	(vii) A mount of support?			
				instructions))	Yes	No	Yes	No	Yes	No	
				,,,					1		
									1		
-							1		1		
Total									+		
· Juli			l		l	1		1		1	

instructions

Sch	edule A (Form 990 or 99	90-EZ)2011						Page 2
	(Complet	e only if you	checked the	box on line 5,	7, or 8 of Part	(b)(1)(A)(iv) I or if the orgar	nızatıon faıle	d to qualify
			<u>organızatıon f</u>	fails to qualify ι	<u>under the tests</u>	listed below, pl	<u>lease comple</u>	ete Part III.)
	ection A. Public Su					Т	1	
Cal	endar year (or fiscal ye in)	ar beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contribut	ions, and						
	membership fees recei							
	ınclude any "unusual							
_	grants ") Tax revenues levied fo	rtho						
2	organization's benefit a							
	paid to or expended on							
	behalf							
3	The value of services of							
	furnished by a governme the organization withou							
4	Total. Add lines 1 thro	_						
5	The portion of total cor	-						
-	by each person (other	than a						
	governmental unit or p	•						
	supported organization line 1 that exceeds 2%							
	amount shown on line 1							
	(f)	21,0014						
6	Public Support. Subtractine 4	ct line 5 from						
S	ection B. Total Sup	port						
Cal	endar year (or fiscal yea	r beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
_	ın)	_	(4) 2007	(2) 2000	(4) 2005	(4) 2020	(0) 2022	(1) 1 3 4 4
7 8	A mounts from line 4 Gross income from inte	rost –						
0	dividends, payments re							
	securities loans, rents							
	and income from simila	ır						
_	sources							
9	Net income from unrela business activities, wh							
	not the business is reg							
	carried on							
10	Other income (Explain							
	IV) Do not include gai from the sale of capital							
11	Total support (Add line							
	through 10)							
12	Gross receipts from re	lated activities	s, etc (See inst	ructions)			12	
13	First Five Years If the		r the organizati	on's first, second	l, thırd, fourth, or	fıfth tax year as a	501(c)(3) or	
	check this box and sto	p here						▶ □
S	ection C. Computat	ion of Publ	ic Support F	Percentage				
14	Public Support Percen	tage for 2011	(line 6 column	(f) dıvıded by lıne	11 column (f))		14	
15	Public Support Percen	tage for 2010	Schedule A , Pa	rt II, line 14			15	
16a	33 1/3% support test-					line 14 is 33 1/3%	% or more, che	
h	and stop here. The org 33 1/3% support test					6a and line 15 is	33 1/20% or m	ore check this
D	box and stop here. The					oa, and inte 15 IS	1/3%0 UI M	ore, check this
17a	10%-facts-and-circum	-	•		-	ne 13, 16a, or 16	b and line 14	٠,
	ıs 10% or more, and ıf							
	in Part IV how the orga	anızatıon meet	s the "facts and	d circumstances"	test The organiz	zatıon qualıfıes as	a publicly su	
b	organization 10%-facts-and-circum	stances test—	2010. If the ora	anization did not	check a hov on li	ne 13, 16a 16b	or 17a and lin	▶ □
,	15 is 10% or more, an							-
	Explain in Part IV how	the organizati						
10	supported organization Private Foundation If t		n did not chools	a hov on line 12	16a 16h 17a a	or 17h chack this	hov and coc	► □

▶□

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

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

Schedule A (Form 990 or 990-EZ) 2011

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493134024423

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Open to Public

ema	Revenue Service	Form 990. ► See separate instructions.			Inspec	tion
	me of the organization O WESLEYAN UNIVERSITY		Emp	loyer identificati	on numb	er
OH	A MERICIAN CHIACKRILL	31-4	1379585			
Pa	rt I Organizations Maintaining Donor				Comple	te ıf the
	organization answered "Yes" to Form 9			b) Funds and oth		
	Total number at end of year	(a) Donor advised funds		p) runds and otr	ier accou	ints
	Aggregate contributions to (during year)					
;	Aggregate grants from (during year)					
ļ	Aggregate value at end of year					
;	Did the organization inform all donors and donor ad	visors in writing that the assets held in don	or advi	sed		
	funds are the organization's property, subject to the		or auvi	seu	┌ Yes	┌ No
;	Did the organization inform all grantees, donors, an	d donor advisors in writing that grant funds	may be	2		
	used only for charitable purposes and not for the be	enefit of the donor or donor advisor, or for an	y othe	r purpose	┌ Yes	□ No
2a	conferring impermissible private benefit rt II Conservation Easements. Complete	e if the organization answered "Yes" to	n Form	990 Part IV	<u>'</u>	1 140
	Purpose(s) of conservation easements held by the		<u> </u>	1 990, Fait 1 v ,	iiie 7.	
	Preservation of land for public use (e.g., recrea		hıstorı	cally importantly	/ land are	·a
	Protection of natural habitat	✓ Preservation of a c				
	Preservation of open space					
:	Complete lines 2a-2d if the organization held a qua	alified conservation contribution in the form	ofaco	nservation		
	easement on the last day of the tax year	_				
				Held at the E	nd of the	Year
а	Total number of conservation easements		2a			1
b	Total acreage restricted by conservation easement	ts	2b			0 00
C	Number of conservation easements on a certified h	` '	2c			1
d	Number of conservation easements included in (c)	acquired after 8/17/06	2d			1
3	Number of conservation easements modified, trans	ferred, released, extinguished, or terminate	d by th	e organızatıon dı	uring	
	the taxable year 🗠					
Ļ	Number of states where property subject to conser	vation easement is located 🕨 1				
;	Does the organization have a written policy regardi		— Ilina of	violations, and		
	enforcement of the conservation easements it hold			,	┌ Yes	▼ No
;	Staff and volunteer hours devoted to monitoring, in:	specting and enforcing conservation easem	ents di	uring the vear ►	20	00
,	A mount of expenses incurred in monitoring, inspec			_		
′	► \$	ting, and emoreing conservation casements	, auring	, the year		
3	Does each conservation easement reported on line	2(d) above satisfy the requirements of sec	tion			
	170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?	. Z(d) above satisfy the requirements of sec	CIOII		√ Yes	┌ No
)	In Part XIV, describe how the organization reports	conservation easements in its revenue and	expen	se statement, an	ıd	
	balance sheet, and include, if applicable, the text o		staten	nents that descri	bes	
)ali:	the organization's accounting for conservation ease TITE Organizations Maintaining Collecti		or Otl	ner Similar A	ssets	
G.	Complete if the organization answered	l "Yes" to Form 990, Part IV, line 8.	J. J.	ici olilliai A	33013.	
la	If the organization elected, as permitted under SFA	S 116, not to report in its revenue stateme				
	art, historical treasures, or other similar assets hel provide, in Part XIV, the text of the footnote to its f			rtherance of publ	ic servic	e,
ь	If the organization elected, as permitted under SFA			ance sheet works	ofart	
D	historical treasures, or other similar assets held fo					
	provide the following amounts relating to these item	ms				
	(i) Revenues included in Form 990, Part VIII, line	1		► \$		
	(ii) Assets included in Form 990, Part X			► \$		
<u>.</u>	If the organization received or held works of art, his	storical treasures, or other similar assets fo	r finan			
-	following amounts required to be reported under SF			_ ,		
а	Revenues included in Form 990, Part VIII, line 1			► \$		
ь	Assets included in Form 990, Part X			► \$		
	included in Form 550, Fall A			· · ·		

Par	TIPE Organizations Maintaining Colle	ections of Art, H	ISTOI	<u>icai ireas</u>	sures, or Otne	er Similar Ass	ets (co	<u> intinued)</u>
3	Using the organization's accession and other relatens (check all that apply)	ecords, check any of	the fo	ollowing that	are a significant i	use of its collection	on	
а	Public exhibition	d	ı F	Loan or e	xchange programs	S		
ь	Scholarly research	e	· _	- Other				
С	Preservation for future generations							
4	Provide a description of the organization's colle	ections and explain h	ow th	ey further th	e organızatıon's e	xempt purpose ın		
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to						Yes	√ No
Par	t IV Escrow and Custodial Arranger Part IV, line 9, or reported an amo	ments. Complete	ıf the	organizat				110
1a	Is the organization an agent, trustee, custodial included on Form 990, Part X?	n or other intermedia	ry for	contribution	s or other assets		Yes	
b	If "Yes," explain the arrangement in Part XIV a	and complete the follo	owing	table		Amo	nt	
С	Beginning balance				1c	Alik	Juill	
d	Additions during the year				1d			
e	Distributions during the year				1u 1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Forn	n 000 Part V line 2	1 2			Γ	Yes	
	If "Yes," explain the arrangement in Part XIV	1990, Part A, lille 2.	1,			'	165	1 140
	rt V Endowment Funds. Complete if t	he organization a	nswe	red "Yes" t	o Form 990 Pa	rt IV line 10		
	Ziradin ette i diradi edin piete ii i		(b) Prio				(e) Four `	Years Back
1a	Beginning of year balance	186,632,438	15	59,948,275	142,658,013	185,580,263		
b	Contributions	4,874,303		3,158,883	2,649,733	3,362,732		
C	Investment earnings or losses	-5,965,991	3	32,902,702	23,140,529	-37,692,665		
d	Grants or scholarships							
е	Other expenditures for facilities and programs	9,509,934		9,377,422	8,500,000	8,592,317		
f	Administrative expenses							
g	End of year balance	176,030,816	18	36,632,438	159,948,275	142,658,013		
2	Provide the estimated percentage of the year e							
а	Board designated or quasi-endowment 🕨	5 346 %						
b	Permanent endowment ► 71 000 %							
C	Term endowment ► 23 654 %							
3a	Are there endowment funds not in the possess	on of the organizatio	n that	are held and	d administered for	rthe		T
	organization by (i) unrelated organizations		_			3a(i)	Yes	No No
	(ii) related organizations					3a(ii		No
b	If "Yes" to 3a(II), are the related organizations					3b		
4	Describe in Part XIV the intended uses of the o	organization's endow	ment	funds			•	
Par	t VI Land, Buildings, and Equipmen	t. See Form 990,	Part :	X, line 10.				
	Description of property			a) Cost or other sıs (ınvestment		(c) Accumulated depreciation	(d) Bo	ok value
1a	Land				3,432,158			3,432,158
b	Buildings				126,813,669	34,908,474	9	1,905,195
c	Leasehold improvements							
d	Equipment				18,102,002	13,176,053		4,925,949
	Other				11,088,990	4,116,922		6,972,068
Tota	I. Add lines 1a-1e (Column (d) should equal Form	1 990, Part X, column ((B), Iır	ne 10(c).) .			10	7,235,370

Part VII Investments—Other Securities. See F	orm 990, Part X, line 12		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of value Cost or end-of-year ma	
1)Financial derivatives		, , , , , , , , , , , , , , , , , , , ,	
2)Closely-held equity interests			
3)Other A)INTERNATIONAL EQUITIES	4,124,562		
B) HEDGE/ABSOLUTE RETURN	8,051,901		
:)INTEREST IN TRUST	3,488,024		
)) FIXED INCOME	1,417,718		
OTHER INVESTMENTS	11,103		
) MULTI-ASSET CLASS	49,965,389		
S) INVESTMENT IN STUYVESANT HALL	4,038,970		
H) INVESTMENT IN OWU FUND	105,036,750		
otal. (Column (b) should equal Form 990, Part X, col (B) line 12)	176,134,417		
art VIII Investments—Program Related. See		L3. (c) Method of value	ation
(a) Description of investment type	(b) Book value	Cost or end-of-year ma	rket value
otal. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, line			
(a) Descript	cion	(b)	Book value
otal. (Column (b) should equal Form 990, Part X, col.(B) line 15			
Part X Other Liabilities. See Form 990, Part X, (a) Description of Liability			
ederal Income Taxes	(b) A mount		
OSTRETIREMENT BENEFITS OBLIG	23,010,959		
DVANCES FROM FEDERAL GOVT	3,569,024		
AIR VALUE OF INTEREST RATE SWAP	1,230,585		
otal. (Column (b) should equal Form 990, Part X, col (B) line 25)	27,810,568		

1 Total revenue (Form 990, P	art VIII, column (A), line 12) Part IX, column (A), line 25)	i Form 990 to Financial Stateme	1 2	110,661,249			
3 Excess or (deficit) for the year	ear Subtract line 2 from line 1		3	7,155,635			
5 Donated services and use of	Donated services and use of facilities						
7 Prior period adjustments			7				
8 Other (Describe in Part XIV9 Total adjustments (net) Ad	,		9	-4,223,566 -22,204,892			
Part XIII Reconciliation o	-	ncial Statements With Revenue p					
2 A mounts included on line 1	other support per audited financial s L but not on Form 990, Part VIII, lir	ne 12	1	54,444,389			
b Donated services and use	vestments	2b					
c Recoveries of prior year gr d Other (Describe in Part XI)		2c -687,979		40.440.00-			
			2e 3	-18,669,305 73,113,694			
a Investment expenses not i	990, Part VIII, line 12, but not on included on Form 990, Part VIII, lin	e 7b . 4a					
c Add lines 4a and 4b	V)	4b 37,547,555 	4c	37,547,555			
	f Expenses per Audited Fina	ancial Statements With Expenses	_	110,661,249 Return 69,534,264			
statements	but not on Form 990, Part IX, line	25	1				
a Donated services and useb Prior year adjustments .	of facilities	2a 2b					
c Other losses d Other (Describe in Part XI)		2c					
e Add lines 2a through 2d .3 Subtract line 2e from line 1			2e 3	3,576,205 65,958,059			
a Investment expenses not i	990, Part IX, line 25, but not on lin ncluded on Form 990, Part VIII, lin	e 7b 4a					
b Other (Describe in Part XI)c Add lines 4a and 4b	·	4b 37,547,555	4c	37,547,555			
Part XIV Supplemental			5	103,505,614			
		nes 3, 5, and 9, Part III, lines 1a and 4, Part XIII, lines 2d and 4b Also complete t					
Identifier FINANCIAL STATEMENT	Return Reference PART III, ITEM 1A	ART COLLECTIONS - THE UNIVE	RSITY				
FOOTNOTE FOR ART COLLECTION,		COLLECTION OF ARTWORK IN IT DUE TO THE DIFFICULTY IN EST. COLLECTION PIECES DONATED	ABLIS	HING A VALUE FOR			
		THESE ASSETS ARE NOT RECORI CONSOLIDATED FINANCIAL STA PURCHASES ARE EXPENSED AS F	TEME	NTS COLLECTION			
		UNIVERSITY PROVIDES A CLEAN ENVIRONMENT FOR ITS PERMAN ARTWORK IS GIVEN REASONABL	N, SEC	URE AND STABLE COLLECTIONS THE			
DESCRIPTION OF ART	PART III, LINE 4	PRESERVATION Museum's permanent collection - A	All of c	our exhibitions are open			
COLLECTION,		to the public Those are mounted in Gallery 2001 in Beeghly Library or Alumni Center - Students regularly	the Al	umnı Gallery ın Mowry he ıtems on dısplay ın			
		feature exhibitions and/or items froi collection for research projects ass history instructor Other art instruc	ıgned tors fr	to them by our art equently bring their			
		classes to the museum or to one of galleries to view and discuss items exhibitions mounted at either or bot	on dıs	play in feature			
		have a large permanent collection w museum's second floor archive area are secured in a locked and tempera	The	items in the collection			
		storage area All items are stored in safekeeping and preservation for fut loaned items from the museum's pe	n a way ture ge	y that assures their enerations - We have			
		public and private museums on several collection is composed primarily of	eral od origina	ccasions - The al works on paper			
		While the collection includes drawin by far the largest number of works o (lithographs, etchings, intaglio, and	n pape scree	er are prints n prints) and			
		photographs There are a few pieces jewelry in the collection, and at leas Due to limited storage space and co	t one ost of a	painting on canvas acquiring "one-of-a-			
		kind" objects, in 1972 it was the de fine arts faculty to commence the b collection of original works of art the	uıldıng	of a permanent			
INTENDED USES OF ENDOWMEN ASSETS,	NT PART V, LINE 4	primarily of works on paper PERMANENTLY RESTRICTED END REPRESENT FUNDS WHICH ARE R					
,		PERPETUITY DISTRIBUTIONS FF ARE SPENT IN COMPLIANCE WIT RESTRICTION APPLICABLE TO T	ROM E	NDOWMENT FUNDS E DONOR'S			
		DISTRIBUTED EXPENDITURES F FUNDS ARE APPROVED BY THE B ARE SPENT ON ACTIVITIES WHI	ROM (OTHER ENDOWMENT O OF TRUSTEES AND			
OTHER CHANGES IN NET ASSET	rs, part XI, line 8	EDUCATIONAL PURPOSES OF TH POSTRETIREMENT OBLIGATION	IE UNI ADJU	IVERSITY STMENT			
		\$(3,241,539), PENSION-RELATED NET PERIODIC PENSION COST : ADJUSTMENT OF SPLIT-INTERES	\$(334	,666), ACTUARIAL			
		(\$935,934), MATURED SPLIT-INT \$719,235, CHANGE IN FAIR VAL SWAP (\$503,780), NET CAPITAL	UEOF	INTEREST RATE			
OTHER CHANGES IN REVENUE,	PART XII, LINE 2D	EARNINGS FROM SUBSIDIARIES ADJUSTMENT = \$(4,223,566) ACTUARIAL ADJUSTMENT OF SP					
OTHER CHANGES IN REVENUE,	TAKT AIT, LINE 20	AGREEMENTS (\$935,934), MATU AGREEMENTS \$719,235, CHANG	JRED : SE IN	SPLIT-INTEREST FAIR VALUE OF			
		INTEREST RATE SWAP (\$503,78 CONTRIBUTIONS FROM NON-CO IN RELATED ENTITIES \$32,500,	NTRO	LLING INTERESTS			
OTHER CHANGES IN REVENUE,	PART XII, LINE 4B	(\$687,979) STUDENT FINANCIAL AID, WHIC REDUCTION OF REVENUE ON FIR					
OTHER CHANGES IN EXPENSES	, PART XIII, LINE 4B	BUT AS AN EXPENSE IN PART IX \$37,547,555 STUDENT FINANCIAL AID, WHIC					
OTHER CHANGES IN EATENSES	, , , , , , , , , , , , , , , , , , , ,	REDUCTION OF REVENUE ON FIN BUT AS AN EXPENSE IN PART IX \$37,547,555	NANC	IAL STATEMENTS			
OTHER CHANGES IN EXPENSES	, PART XIII, LINE 2D	POSTRETIREMENT OBLIGATION \$3,241,539, PENSION-RELATED	CHAR	GES OTHER THAN			
FIN 48 FOOTNOTE,	PART X, LINE 2	NET PERIODIC PENSION COST : ADJUSTMENT \$3,576,205 FEDERAL INCOME TAX - THE UNI					
,		FROM FEDERAL INCOME TAXES UDEN THE INTERNAL REVENUE COLINCOME DERIVED FROM UNRELA	JNDEI DE, EX	R SECTION 501(c)(3) (CEPT ON NET			
		ACTIVITIES THE UNIVERSITY R BENEFIT FROM AN UNCERTAIN T IS MORE LIKELY THAN NOT THA	ECOG AX PO	NIZES THE TAX DSITION ONLY IF IT			
		BE SUSTAINED ON EXAMINATIO AUTHORITIES, BASED ON THE T	N BY [·] ECHN	TAXING ICAL MERITS OF THE			
		POSITION EXAMPLES OF TAX PO TAX-EXEMPT STATUS OF THE UN CONTINUED TAX-EXEMPT STATU	IIVER JS OF	SITY, THE BONDS ISSUED BY			
		THE UNIVERSITY AND VARIOUS POTENTIAL SOURCES OF UNREL THE UNIVERSITY BELIEVES THA	ATED T IT F	TAXABLE INCOME IAS APPROPRIATE			
		SUPPORT FOR ANY TAX POSITIO DOES NOT HAVE ANY UNCERTAI ARE MATERIAL TO THE FINANCI	N TAX	X POSITIONS THAT ATEMENTS AS OF			
		JUNE 30, 2012, THE UNIVERSITY FROM 2008 AND THEREAFTER REEXAMINATION BY THE INTERNA	MAIN	I SUBJECT TO			
CONSERVATION FACEMENT	PART II LINE O	WELL AS VARIOUS STATE AND L	OCAL	TAXING			
CONSERVATION EASEMENT REPORTING,	PART II, LINE 9	THE UNIVERSITY DOES NOT REF CONSERVATION EASEMENT IN I REVENUE AND EXPENSES THE V	TS BA	LANCE SHEET OR OF THE EASEMENT			
		IS IMMATERIAL TO THE UNIVERS	SITY'S	5 FINANCIAL			

Additional Data

Software ID: Software Version:

EIN: 31-4379585

Name: OHIO WESLEYAN UNIVERSITY

Form 990, Schedule D, Part VII - Investments— Other Securities

(a) Description of security or cateory(including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
INTERNATIONAL EQUITIES	4,124,562	F
HEDGE/ABSOLUTE RETURN	8,051,901	F
INTEREST IN TRUST	3,488,024	F
FIXED INCOME	1,417,718	F
OTHER INVESTMENTS	11,103	F
MULTI-ASSET CLASS	49,965,389	F
INVESTMENT IN STUYVESANT HALL	4,038,970	F
INVESTMENT IN OWU FUND	105,036,750	

Employer identification number

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Schools

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

OMB No 1545-0047

OHIO	WESLEYAN UNIVERSITY	,			
		31-4379585		l	
Pa	rtI		_	YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in in other governing instrument, or in a resolution of its governing body?	ts charter, bylaws,	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward student brochures, catalogues, and other written communications with the public dealing with student address, and scholarships?		2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broads the period of solicitation for students, or during the registration period if it has no solicitation pro that makes the policy known to all parts of the general community it serves? If "Yes," please des	gram, ın a way		162	
	please explain If you need more space use Part II		3_		No
4	Does the organization maintain the following?				
	Records indicating the racial composition of the student body, faculty, and administrative staff?		4a	Yes	
t	Records documenting that scholarships and other financial assistance are awarded on a racially basis?	nondiscriminatory	4b	Yes	
(Copies of all catalogues, brochures, announcements, and other written communications to the puwith student admissions, programs, and scholarships?	iblic dealing	4c	Yes	
c	Copies of all material used by the organization or on its behalf to solicit contributions?		4d	Yes	
5	If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to Students' rights or privileges?				No
•	students lights of privileges?		<u>5a</u>	<u> </u>	INO
ŀ	Admissions policies?		5b		No
•	Employment of faculty or administrative staff?		5c		No
C	Scholarships or other financial assistance?		5d		No
•	Educational policies?		5e		No
f	Use of facilities?		5f		No
ç	Athletic programs?		5g		No
ŀ	Other extracurricular activities?		5h		No
	If you answered "Yes" to any of the above, please explain If you need more space, use Part II				
_			_ ا		
	n Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?		6a 6b	Yes	No
•	If you answered "Yes" to either line 6a or line 6b, explain on Part II				

7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05

of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

Part II Supplemental Information

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

ldentifier	Return Reference	Explanation
PUBLICATION OF RACIALLY NONDISCRIMINATORY POLICY,	LINE 3	THE UNIVERSITY IS EXEMPT FROM THIS REQUIREMENT UNDER SECTION 4(03)2(B) OF REVENUE PROCEDURE 75-50 THE UNIVERSITY PUBLISHES ITS RACIAL NONDISCRIMINATION POLICY IN ALL MAJOR FINANCIAL AID AND ADMISSIONS PUBLICATIONS
AID FROM A GOVERNMENTAL AGENCY,	LINE 6A	THE UNIVERSITY PARTICIPATES IN THE GOVERNMENT'S VARIOUS TITLE IV STUDENT FINANCIAL AID PROGRAMS

Schedule E (Form 990 or 990-EZ) 2011

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As Filed Data -

DLN: 93493134024423

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury

Statement of Activities Outside the United States

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

Open to Public **Inspection**

Internal Revenue Service Name of the organization OHIO WESLEYAN UNIVERSITY

Employer identification number

31-4379585

Part I	General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.
1 Fo	r grantmakers. Does the organization maintain records to substantiate the amount of the grants or

T	For grantinakers. Does the organization maintain records to substantiate the amount of the grants of			
	assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award			
	the grants or assistance?	Yes	Γ	No

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

Activites per Region (Use Part	v ii addicionai s	pace 13 necaca	<u> </u>		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	region (by type) (e.g.,	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
Central America and the Caribbean	0	0	Program Services	EDUCATION	45,900
East Asia and the Pacific	0	0	Program Services	EDUCATION	94,765
Europe (Including Iceland and Greenland)	0	1	Program Services	EDUCATION	232,630
North America	0	0	Program Services	EDUCATION	1,450
South America	0	0	Program Services	EDUCATION	5,735
South Asia	0	0	Program Services	EDUCATION	36,292
Sub-Saharan Africa	0	0	Program Services	EDUCATION	99,162
Central America and the Caribbean			Investments		33,117,481
Sub-total	0	1			33,633,415
Total from continuation sheets to Part I					
Totals (add lines 3a and 3b)	0	1			33,633,415

Pa	Part IV,	line 15, for any					plete if the organiza received more thai		
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	Faton Latel			tod above thete		the buthe force			
2	Enter total nu tax-exempt b	mber of recipie y the IRS, or fo	ent organizations lis or which the grante	ted above that are e or counsel has pro	recognized as chari ovided a section 50	ties by the foreign of 1(c)(3) equivalency	country, recognized letter	as . ►	
3	Enter total nu	mber of other o	organizations or en	tities					(Form 000) 2011

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

USE FAIL V II A	T	:u. ' '		T	T		т — —
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
UNIVERSITY GRANTS	Cent A merica/Caribbean	25	45,900	CHECK			
UNIVERSITY GRANTS	East Asıa/Pacıfıc	21	94,765	CHECK			
UNIVERSITY GRANTS	Europe/Iceland/Greenland	79	232,630	СНЕСК			
UNIVERSITY GRANTS	North America	1	1,450	СНЕСК			
UNIVERSITY GRANTS	South America	8	5,735	СНЕСК			
UNIVERSITY GRANTS	South Asia	13	36,292	СНЕСК			
UNIVERSITY GRANTS	Sub-Saharan Africa	29	99,162	СНЕСК			
_		· '			-		-l- F (F 000) 2011

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	[Yes	Γ	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	F	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	<u> </u>	Yes	Γ	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	্য	Νo
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)	<u> </u>	Yes	Γ	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	굣	No

Schedule F (Form 990) 2011

Part V Supplemental Information
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

ldentifier	Return Reference	Explanation
MONITORING USE OF GRANT FUNDS,	PART I, LINE 2	GRANTS ARE AWARDED TO ADMITTED STUDENTS BASED ON AN EVALUATION OF THEIR ACADEMIC PROFILE AND A CAREFUL ANALYSIS OF THEIR DEMONSTRATED FINANCIAL NEED STUDENTS AWARDED GRANT FUNDS MUST MAINTAIN SATISFACTORY ACADEMIC PROGRESS AND REMAIN ENROLLED AT THE UNIVERSITY ON A FULL TIME ACADEMIC BASIS AT THE END OF EVERY TERM, EACH STUDENT'S ACADEMIC STATUS (IE, GPA) IS MONITORED TO DETERMINE CONTINUED ELIGIBILITY FOR ALL GRANT FUNDS RECEIVED FOR MONITORING PURPOSES, ELECTRONIC REPORTS GENERATED FROM OUR DATABASE ARE UTILIZED FOR THE AWARD DETERMINATION AND STATUS REVIEW PROCESS THE UNIVERSITY ENSURES THAT ITS GRANT FUNDS ARE USED FOR EDUCATIONAL PURPOSES BY CREDITING THE SCHOLARSHIPS AND OTHER FINANCIAL AID DIRECTLY TO THE STUDENTS' ACCOUNTS RATHER THAN ISSUING CHECKS

Schedule F (Form 990) 2010

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As Filed Data -

DLN: 93493134024423

OMB No 1545-0047

2044

2011

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

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

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

Supplemental Information Regarding

Fundraising or Gaming Activities

Open to Public Inspection

Name of the organization OHIO WESLEYAN UNIVERSIT	.,			E	mployer iden	tification number
ONIO WESLETAN UNIVERSIT	T			3	1-4379585	
Part I Fundraising Ac	tivities. Complete	e ıf the organı	zation answered "Yes'	' to Form 9	90, Part IV,	, line 17.
 Indicate whether the organ Mail solicitations Internet and e-mail so Phone solicitations In-person solicitations Did the organization have or key employees listed in If "Yes," list the ten higher to be compensated at lease 	ilicitations s a written or oral agre Form 990, Part VII st paid individuals or	ement with any) or entity in cor	e Solicitation of not for Solicitation of go g Special fundrais individual (including officinection with professional isers) pursuant to agreer	on-governme overnment gr ing events ers, directors I fundraising ments under	ent grants rants s, trustees services? which the fun	
(i) Name and address of Individual or entity (fundraiser) Total	(ii) Activity	(iii) Did fundraiser have custody or control of contributions Yes No		(or reta fundraise	int paid to ined by) er listed in (i)	(vi) A mount paid to (or retained by) organization
3 List all states in which the licensing	organization is regis	tered or license	d to solicit funds or has l	peen notified	ıt ıs exempt	from registration or

Pai	rt II	Fundraising Events. Commore than \$15,000 on Form				
			(a) Event #1 GOLF OUTING (event type)	(b) Event #2 (event type)	(c) Other Events 0 (total number)	(d) Total Events (Add col (a) through col (c))
ξ	1	Gross receipts	52,67!	5		52,675
ēvē.	2	Less Charitable contributions	18,91	5		18,915
	3	Gross income (line 1 minus line 2)	33,760			33,760
	4	Cash prizes	5,328	3		5,328
ம	5	Non-cash prizes	5,18	5		5,185
nse	6	Rent/facility costs	3,902	2		3,902
ă	7	Food and beverages				
	8	Entertainment				
₫	9	Other direct expenses .				
	10	Direct expense summary Add lin	es 4 through 9 in column	n (d)		(14,415)
	11	Net income summary Combine li	nes 3 and 10 ın column ((d)		19,345
Par	t III	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	art IV, line 19, or repo	
Revenue		420,000 011 101111 020 22, 111	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1	Gross revenue				
s Seg	2	Cash prizes				
(bens	3	Non-cash prizes				
	4	Rent/facility costs				
<u>D</u>	5	Other direct expenses				
	6	Volunteer labor	Γ Yes Γ Nο	┌ Yes	Γ Yes Γ No	_
	7	Direct expense summary Add line	s 2 through 5 ın column ((d)	🕨	()
	8	Net gaming income summary Com	bine lines 1 and 7 in coli	ımn (d)		
9 a b	Ente Is th	er the state(s) in which the organization licensed to operate	ation operates gaming ac gaming activities in eac	tivitiesh of these states?		
Part Direct Expenses Reveilue 9 a b						
_		e any of the organization's gaming 'es," Explain	licenses revoked, suspei	nded or terminated during	g the tax year?	

Sche	dule G (Form 990 or 990-EZ) 20	11				Page 3
11	Does the organization operate ga	aming activities with nonmembers? $oldsymbol{\cdot}$			es [No No
12		neficiary or trustee of a trust or a mem				
	formed to administer charitable of	gaming?		Г ү	es 「	No
13	Indicate the percentage of gamir	ng activity operated in		1 1		
а				13a		
b	An outside facility			13b		
14	Provide the name and address of records	the person who prepares the organiza	tion's gaming/special events book	s and		
	Name 🟲					
	Address ►					
15a	Does the organization have a co	ntract with a third party from whom the	organization receives gaming			
	revenue?			Гү	es F	- No
b		ning revenue received by the organizat				.,,
	amount of gaming revenue retain	ed by the thırd party 🟲 \$				
c	If "Yes," enter name and address	5				
	Name 🟲					
	Address ►					
16	Gaming manager information					
	Name 🟲					
	Gaming manager compensation I	\$ \$				
	Description of services provided	>				
	Director/officer	Employee	Independent contractor			
17	Mandatory distributions					
а	Is the organization required unde	er state law to make charitable distribu	tions from the gaming proceeds to			
	= =				es [No
b		required under state law distributed tactivities during the tax year > \$	o other exempt organizations or sp	ent		
Par		provide additional information for	responses to quuestion on Sc	hedule G (see		
	Identifier	ReturnReference	Explana	tıon		
<u></u>						

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DLN: 93493134024423

OMB No 1545-0047

Schedule I (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

Inspection

Name of the organization	General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grant the selection criteria used to award the grants or assistance?							
OHIO WESLEYAN UNIVERSITY						31-4379585		
Part I General Information	on on Grants and	l Assistance						
the selection criteria used to a	ward the grants or as	sistance?					∀ Yes	
Form 990, Part IV, lir	ne 21 for any recip	ient that received r	nore than \$5,000. Ch	eck this box if no one	recipient receive	d more than \$5,000.	Use	
	(b) EIN	section		cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grader or assistance	
2 Enter total number of section 5 3 Enter total number of other org		_						
		<u> </u>						

Part III	Grants and Other Assistance to Individuals in the United States	. Complete if the organization	answered "Yes	s" to Form 990,	Part IV, line 2	22.
	Use Schedule I-1 (Form 990) if additional space is needed.					

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) SCHOLARSHIPS	1751	37,547,555			

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

Identifier	Return Reference	Explanation
MONITORING USE OF GRANT FUNDS,	PART I, LINE 2	GRANTS ARE AWARDED TO ADMITTED STUDENTS BASED ON AN EVALUATION OF THEIR ACADEMIC PROFILE AND A CAREFUL ANALYSIS OF THEIR DEMONSTRATED FINANCIAL NEED STUDENTS AWARDED GRANT FUNDS MUST MAINTAIN SATISFACTORY ACADEMIC PROGRESS AND REMAIN ENROLLED AT THE UNIVERSITY ON A FULL TIME
		ACADEMIC BASIS AT THE END OF EVERY TERM, EACH STUDENT'S ACADEMIC STATUS (I E , GPA) IS MONITORED TO DETERMINE CONTINUED ELIGIBILITY FOR ALL GRANT FUNDS RECEIVED FOR MONITORING PURPOSES, ELECTRONIC REPORTS GENERATED FROM OUR DATABASE ARE UTILIZED FOR THE AWARD DETERMINATION AND STATUS REVIEW PROCESS THE UNIVERSITY ENSURES THAT ITS GRANT FUNDS ARE USED FOR EDUCATIONAL
		PURPOSES BY CREDITING THE SCHOLARSHIPS AND OTHER FINANCIAL AID DIRECTLY TO THE STUDENTS' ACCOUNTS RATHER THAN ISSUING CHECKS

DLN: 93493134024423

OMB No 1545-0047

Schedule J

(Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

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

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization OHIO WESLEYAN UNIVERSITY

Employer identification number

31-4379585

Pa	tt I Questions Regarding Compensatio	n				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II.					
	First-class or charter travel	굣	Housing allowance or residence for personal use			
	▼ Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the o reimbursement orprovision of all the expenses desc			1b		No
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executive			2	Yes	
3	Indicate which, if any, of the following the organizationganization's CEO/Executive Director Check all t					
	Compensation committee	ᅜ	Written employment contract			
	✓ Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations	굣	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	, Section A , line 1a with respect to the filing organization			
а	a Receive a severance payment or change-of-control payment?				Yes	
b	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?				Yes	
C	c Participate in, or receive payment from, an equity-based compensation arrangement?					No
	If "Yes" to any of lines 4a-c, list the persons and pr	rovide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only me	ust com	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of					
а	The organization?			5a		No
b	Any related organization?			5b		No
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	, lıne 1a,	did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7						No
8	Were any amounts reported in Form 990, Part VII,	paid or a	ccured pursuant to a contract that was			
	subject to the initial contract exception described i					
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow th section $53 \ 4958-6(c)$?	e rebutta	able presumption procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base (ii) Bonus & (iii) Other constable		(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior	
		compensation	incentive compensation	reportable compensation	compensation	_		Form 990 or Form 990-EZ
(1) Rockwell F Jones	(I) (II)	269,708 0	0	0	81,481 0	88,213 0	439,402 0	0
(2) Eric S Algoe	(I) (II)	171,455 0	0	0	20,240 0	26,286 0	217,981 0	0
(3) David O Robbins	(I) (II)	190,721 0	0	0	22,080 0	28,575 0	241,376 0	0
(4) Craig E Ullom	(1) (11)	157,147 0	0 0	0	19,033 0	27,724 0	203,904 0	0 0
(5) William D Preble	(1) (11)	156,173 0	0 0	0	17,328 0	25,888 0	199,389 0	0 0
	_	•		•	•	•		-1- 1 (5 000) 2011

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
BENEFITS PROVIDED,	PART I, LINE 1A	THE PRESIDENT OF THE UNIVERSITY IS REQUIRED TO LIVE IN RESIDENCE AS PART OF HIS CONTRACT THE RESIDENCE WAS USED FOR 71 UNIVERSITY FUNCTIONS WITH OVER 2,800 GUESTS IN ATTENDANCE DURING THIS FISCAL YEAR THE UNIVERSITY DOES NOT TREAT THIS BENEFIT AS TAXABLE INCOME TO THE PRESIDENT SPOUSAL TRAVEL IS PERMITTED ONLY FOR THE PRESIDENT'S WIFE AND ONLY WHEN AN APPROPRIATE BUSINESS PURPOSE FOR THE TRIP HAS BEEN ESTABLISHED THIS SPOUSAL TRAVEL BENEFIT IS ADMINISTERED IN ACCORDANCE WITH IRS GUIDELINES
WRITTEN REIMBURSEMENT POLICY,		THE BENEFITS LISTED ABOVE WERE ENUMERATED IN THE PRESIDENT'S EMPLOYMENT CONTRACT THIS CONTRACT WAS DELIBERATED ON AND REVIEWED BY THE BOARD OF TRUSTEES AND LEGAL COUNSEL
NONQUALIFIED DEFERRED COMPENSATION PLANS,	PART I, LINE 4B	THE UNIVERSITY SPONSORS A SECTION 457(B) AND SECTION 457(F) PLAN FOR CERTAIN EXECUTIVES THE UNIVERSITY MADE A CONTRIBUTION OF \$50,000 FOR ROCKWELL F JONES INTO THE SECTION 457(F) PLAN
ADDITIONAL INFORMATION REGARDING BENEFITS FOR PRESIDENT.	PART II, COLUMN D	THE COMPONENTS OF THE NONTAXABLE BENEFITS PROVIDED BY THE UNIVERSITY IN COLUMN D FOR ROCKWELL F JONES ARE AS FOLLOWS WELFARE BENEFITS \$15,275, PAYROLL TAXES \$13,458, VALUE OF UNIVERSITY-PROVIDED HOUSING \$21,900, TUITION BENEFITS FOR ONE CHILD \$37,580, TOTAL \$88,213

Schedule J (Form 990) 2011

Supplemental Information on Tax Exempt Bonds ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions,

explanations, and any additional information in Schedule O (Form 990).

► Attach to Form 990. ► See separate instructions.

DLN: 93493134024423 OMB No 1545-0047

> Open to Public **Inspection**

Department of the Treasury Internal Revenue Service Name of the organization

Schedule K

(Form 990)

OHIO WESLEYAN UNIVERSITY

Employer identification number

31-4379585

D	art I Bond Issues														
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue F	rice	(f)	(f) Description of Purpose			(g) Defeased Beha		h) On half of ssuer (i) Po financi		
										Yes	No	Yes	No	Yes	No
A	OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674	67756ANL0	09-30-2004	6,000	000,0	EDUC	DUCATIONAL FACILITIES			Х		Х		х
В	OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674		11-12-2009	24,000	000,0	EDUC	UCATIONAL FACILITIES			Х		х		х
С	OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674		12-16-2011	15,000	000,0	EDUC	DUCATIONAL FACILITIES			Х		Х		Х
Pa	rt III Proceeds													1	•
'					A	В		С		D					
1					5,690,822 0		0			<u> </u>					
						0 0		0			1				
3					6,000,000 24,000,000		15,000,000								
4					290,423 0				C						
5					0 0				C						
6	Proceeds in refunding escrow					0 0		0			 				
7	Issuance costs from proceeds					18,755 170,500				33,904	<u> </u>				
8	Credit enhancement from proc					0 0		0							
9	Working capital expenditures					0 0		0	0						
10	Capital expenditures from pro-	ceeds				0 0		0	0						
11	O ther spent proceeds						0		0						
12	Other unspent proceeds					0		724,335			C				
13	Year of substantial completion			04		20					1				
	Were the hands recrued as part of a current refunding recrue?		Yes	No	<u> </u>	Yes	No	Yes		No	Yes	5	No		
14				X			Х		X			1			
15					X			Х			Х				
16	6 Has the final allocation of proceeds been made?			Х				Х			Χ				
17	7 Does the organization maintain adequate books and records to support the final allocation of proceeds?				X										
Pa	rt IIII Private Business U	lse			1										
					<u> </u>	<u> </u>		E	3		C		<u> </u>	D	

property financed by tax-exempt bonds?

financed property?

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

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

No

Χ

Yes

No

Χ

Χ

Yes

Yes

Yes

No

No

Χ

Χ

Part III Private Business Use (Continued)

Par	t III Private Business Use (Continued)								
			Α	1	В	С		Ī	D
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		Х		×		х		
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
С	Are there any research agreements that may result in private business use of bond-financed property?		х		х		х		
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 %		0 %	0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0 %		0 %	0 %		0 %	
6	Total of lines 4 and 5	0 %		0 %	0 %				
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	х		Х		Х			
100	Aubitus as								

Part IV Arbitrage

		Α		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and								
	Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?								
	bolid issue,		×		X		X		
2	Is the bond issue a variable rate issue?		Х	Х		Х			
3a	Has the organization or the governmental issuer entered								
	into a hedge with respect to the bond issue?								
			×	X			X		
				DNG DANK		0			
b	Name of provider	ľ		PNC BANK		U			
С	Term of hedge				16				
	Was the hedge superintegrated?								
u					X				
е	Was a hedge terminated?				.,				
					Х				
4a	Were gross proceeds invested in a GIC?		Х		Х		Х		
		0	^			0			
b	Name of provider	ľ				O			
С	Term of GIC								
	Was the regulatory safe harbor for establishing the fair market								
-	value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary								
	period?		X		Х		Х		
6	Did the bond issue qualify for an exception to rebate?								
•		X		×		Х			

Part V Procedures To Undertake Corrective Action

Part VI Supplemental Information

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

Identifier Return Reference Explanation

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DLN: 93493134024423

OMB No 1545-0047

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Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

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

NonCash Contributions

Name of the organization OHIO WESLEYAN UNIVERSITY

Employer identification number

					31-4379585			
Pa	rt I Types of Property							
		(a) Check If applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	Method of d contributio	letermı		
1	Art—Works of art	Х	10	0	N/A			
2	Art—Historical treasures .							
3	Art—Fractional interests							
	Books and publications							
	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	Х	97	1,726,338	FMV			
LO	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
L2	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
.4	Qualified conservation contribution—Other							
.5	Real estate—Residential .							
.6	Real estate—Commercial							
17	Real estate—O ther							
. 8	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxıdermy	Х	1	0	N/A			
	Historical artifacts							
	Scientific specimens							
24	Archeological artifacts							
	O ther ► ()							
26	O ther ▶()							
	O ther ►()							
28	O ther ▶ ()							
29	Number of Forms 8283 received for which the organization compl				29			11
20-	D	.	- h.,hhh	Dank T. I	1 20 11-11		Yes	No
ova	During the year, did the organiza							
	must hold for at least three year				d to be used			
	for exempt purposes for the enti					30a		No
Ь	If "Yes," describe the arrangeme	ent in Part 1	II					
31	Does the organization have a gif					31	Yes	
32a	Does the organization hire or us contributions?	e third part • • •	ies or related organizations	to solicit, process, or sell	non-cash	32a	Yes	
b	If "Yes," describe in Part II							
	If the organization did not report describe in Part II	revenues i	n column (c) for a type of p	roperty for which column (a) is checked,			

Part II

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

Identifier	Return Reference	Explanation
USE OF THIRD PARTIES,	PART I, LINE 32A	THE UNIVERSITY USES THE SERVICES OF STOCK BROKERS TO SELL THE DONATED SECURITIES THAT IT RECEIVES THE BROKERAGE FIRMS ARE INDEPENDENT OF THE UNIVERSITY, AND THE FEES CHARGED ARE IN ACCORDANCE WITH FAIR MARKET VALUE
GIFTS FOR WHICH REVENUE IS NOT RECORDED,	,	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) 2011

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DLN: 93493134024423

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public

Inspection

Name of the organizati OHIO WESLEYAN UNIVERSI	Employer ident if i	cation number
	31-4379585	

ldentifier	Return Reference	Explanation
MEMBERS OF THE ORGANIZATION,	FORM 990, PART VI, LINE 6	THE MEMBERS OF THE ORGANIZATION ARE THE TRUSTEES THE BOARD OF TRUSTEES IS COMPRISED OF THE FOLLOWING MEMBERS THE PRESIDENT OF OHIO WESLEYAN UNIVERSITY, THE PRESIDING BISHOPS OF THE WEST OHIO AREA AND EAST OHIO AREA OF THE UNITED METHODIST CHURCH, NOT MORE THAN EIGHT MEMBERS REPRESENTING THE WEST OHIO AND EAST OHIO CONFERENCE OF THE UNITED METHODIST CHURCH, NOT MORE THAN FIFTEEN MEMBERS OF THE OHIO WESLEYAN ALUMNI ASSOCIATION, AND NOT MORE THAN TWENTY TRUSTEES-AT-LARGE ELECTED BY THE BOARD OF TRUSTEES

Identifier	Return Reference	Explanation
MEMBERS' POWER OF ELECTION,	FORM 990, PART VI, LINE 7A	THE BOARD OF TRUSTEES (NOT INCLUDING THE TRUSTEES-AT-LARGE) ELECTS NOT MORE THAN TWENTY TRUSTEES-AT-LARGE THESE TRUSTEES-AT-LARGE HAVE THE SAME VOTING RIGHTS AS THE OTHER MEMBERS OF THE BOARD

ldentifier	Return Reference	Explanation
FORM 990 REVIEW,	FORM 990, PART VI, LINE 11B	THE BOARD OF TRUSTEES HAS DELEGATED THE AUTHORITY TO REVIEW FORM 990 TO THE BOARD'S AUDIT COMMITTEE. THE AUDIT COMMITTEE REVIEWS FORM 990 WITH THE ASSISTANCE OF THE VICE PRESIDENT FOR FINANCE AND THE INDEPENDENT PUBLIC ACCOUNTING FIRM

ldentifier	Return Reference	Explanation
MONITORING AND ENFORCEMENT OF CONFLICT POLICY,	FORM 990, PART VI, LINE 12C	THE CONFLICT POLICY IS MONITORED BY THE UNIVERSITY'S ADMINISTRATIVE OFFICERS, AS NEEDED WHEN A CONFLICT ARISES, THE PERSON WITH THE CONFLICT IS NOT PERMITTED TO PARTICIPATE IN THE DISCUSSION OF THE TRANSACTION OR TO VOTE. THE DECISION ABOUT THE TRANSACTION IS MADE BY PERSONS WHO ARE INDEPENDENT OF THE INDIVIDUAL WITH THE CONFLICT.

ldentifier	Return Reference	Explanation
COMPENSATION REVIEW AND APPROVAL,	FORM 990, PART VI, LINE 15	COMPENSATION COMPARABILITY DATA FROM THE GREAT LAKES COLLEGE ASSOCATION IS USED TO DETERMINE THE COMPENSATION OF ALL OFFICERS COMPENSATION PROVIDED TO SENIOR ADMINISTRATORS IS, IN PART, DETERMINED FROM NATIONAL CUPA DATA BOARD MEMBERS ARE INDEPENDENT OF THE PERSONS FOR WHICH COMPENSATION IS BEING DETERMINED THE BOARD AND/OR ITS COMMITTEES DOCUMENT THEIR DELIBERATIONS AND DECISIONS IN THE MINUTES THE BOARD OF TRUSTEES VOTES ON THE APPOINTMENT OF AND COMPENSATION FOR THE UNIVERSITY PRESIDENT UPON RECOMMENDATION OF THE PRESIDENTIAL SEARCH COMMITTEE, AIDED BY A PROFESSIONAL CONSULTING FIRM

Identifier	Return Reference	Explanation
AVAILABILITY OF DOCUMENTS,	FORM 990, PART VI, LINE 19	THE UNIVERSITY MAKES ITS FINANCIAL STATEMENTS AVAILABLE ON ITS WEB SITE. IT MAKES ITS GOVERNING DOCUMENTS AND CONFLICT POLICY AVAILABLE UPON REQUEST

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

ldentifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS,	FORM 990, PART XI, LINE 5	UNREALIZED LOSS ON INVESTMENTS (\$17,981,326), POSTRETIREMENT OBLIGATION ADJUSTMENT (\$3,241,539), PENSION-RELATED CHARGES OTHER THAN NET PERIODIC PENSION COST (\$334,666), ACTUARIAL ADJUSTMENT OF SPLIT-INTEREST AGREEMENTS (\$935,934), MATURED SPLIT-INTEREST AGREEMENTS \$719,235, CHANGE IN FAIR VALUE OF INTEREST RATE SWAP (\$503,780), NET CAPITAL CONTRIBUTION AND EARNINGS FROM SUBSIDIARIES \$73,118, TOTAL ADJUSTMENT (\$22,204,892)

ldentifier	Return Reference	Explanation
JOINT VENTURE POLICY,	FORM 990, PART VI, LINE 16B	ALTHOUGH THE UNIVERSITY DOES NOT HAVE A WRITTEN JOINT VENTURE POLICY THAT HAS BEEN APPROVED BY THE BOARD OF TRUSTEES, THE UNIVERSITY HAS REVIEWED ITS PARTICIPATION IN SUCH VENTURES TO ENSURE THAT THE UNIVERSITY'S TAX-EXEMPT STATUS HAS NOT BEEN COMPROMISED THE 3 FOR-PROFIT ENTITIES THAT ARE CURRENTLY TREATED AS "JOINT VENTURES" ARE OWNED 100% (STUYVESANT HALL HOLDINGS, INC AND 0 W U PROPERTIES) AND 60% (STUYVESANT HALL, LLC) BY THE UNIVERSITY, AND AS SUCH, THE UNIVERSITY HAS SUFFICIENT CONTROL TO ENSURE THAT THE FOR-PROFIT ENTITIES OPERATE IN A MANNER THAT FURTHERS THE EXEMPT PURPOSES OF THE UNIVERSITY THE 2 STUYVESANT HALL FOR-PROFIT ENTITIES WERE FORMED TO FACILITATE THE QUALIFICATION FOR AND USE OF HISTORIC AND OTHER TAX CREDITS FOR THE UNIVERSITY'S STUYVESANT HALL RENOVATION OW U PROPERTIES WAS FORMED TO BE THE GENERAL PARTNER IN A LIMITED PARTNERSHIP WHICH OPERATES A RESIDENCE HALL/APARTMENT COMPLEX

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493134024423 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** (Form 990) ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** OHIO WESLEYAN UNIVERSITY 31-4379585 Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) (b) (c) (d) Name, address, and EIN of disregarded entity Legal domicile (state Total income End-of-year assets Direct controlling Primary activity or foreign country) entity Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) (g) Section 512(b)(13) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling controlled or foreign country) (if section 501(c)(3)) entity organization Yes

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50135Y Schedule R (Form 990) 2011 Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total Income	(g) Share of end-of- year assets	(h Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana	j) eral or aging tner?	(k) Percentage ownership
							Yes	No		Yes	No	
(1) STUYVESANT HALL LLC 61 S SANDUSKY STREET DELAWARE, OH 43015 36-4713349	REAL ESTATE	ОН	owu	EXCLUDED	-224,095	10,474,985		No	0		No	60 000 %
(2) OWU FUND LP 61 S SANDUSKY STREET DELAWARE, OH 43015 45-4089884	INVESTMENTS	ОН	owu	EXCLUDED	-1,206,805	103,986,383		No			No	99 900 %
								<u> </u>				

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) OWU PROPERTIES INC 61 SOUTH SANDUSKY STREET DELAWARE, OH 43015 31-1183503	REAL ESTATE	ОН	owu	C CORP	-4,650	1,214,151	100 000 %
(2) STUYVESANT HALL HOLDINGS INC 61 S SANDUSKY STREET DELAWARE, OH 43015 45-3743299	REAL ESTATE	ОН	owu	C CORP	-224,095	10,600,837	100 000 %
						011101	F 000\ 2011

	Note. Complete line 1 if any entity is listed in Parts II, III or IV					Yes	No				
1 [During the tax year, did the orgranization engage in any of the following transactions with one or more related orga	anızatıons lısted ın Part	s II-IV?								
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity				1a		No				
b	Gift, grant, or capital contribution to related organization(s)				1b	Yes					
C	Gift, grant, or capital contribution from related organization(s)				1c		No				
d	Loans or loan guarantees to or for related organization(s)				1d	Yes					
е	Loans or loan guarantees by related organization(s)				1e		No				
f	Sale of assets to related organization(s)				1f		No				
g	Purchase of assets from related organization(s)				1 g		No				
h	Exchange of assets with related organization(s)				1h		No				
i	Lease of facilities, equipment, or other assets to related organization(s)				1i		No				
j	Lease of facilities, equipment, or other assets from related organization(s)				1j		No				
k	Performance of services or membership or fundraising solicitations for related organization(s)				1k		No				
- 1	l Performance of services or membership or fundraising solicitations by related organization(s)										
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1m		No				
n	Sharing of paid employees with related organization(s)				1n		No				
0	Reimbursement paid to related organization(s) for expenses				10		No				
р	Reimbursement paid by related organization(s) for expenses				1 p		No				
q	O ther transfer of cash or property to related organization(s)				1q	Yes					
r	O ther transfer of cash or property from related organization(s)				1r		No				
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line,	ıncludıng covered relat	ionships and transacti	on thresholds							
	(a)	(b)	(c)	(0	1)						
	Name of other organization	Transaction type(a-r)	Amount involved	Method of dete	rmınır İved	ng amo	unt				
(1)	OWU FUND LP	В	54,032,146	FMV							
(2)	OWU FUND LP	Q	59,910,425	FMV							
31 °	2) STILVIESANT HALL HOLDTINGS INC										
		D	6,562,015	FMV							
(4) 9	TUYVESANT HALL HOLDINGS INC	В	4,038,970	FMV							
5)											
6)				1							

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)		(e) Are all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	j) eral or aging :ner?	(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier Return Reference Explanation

Schedule R (Form 990) 2011

Software ID: Software Version:

EIN: 31-4379585

Name: OHIO WESLEYAN UNIVERSITY

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors													
(A) Name and Title	(B) Average hours	Average Position (check all hours that apply)						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation			
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations			
Mıchael Long Board Chaır	6 0	х		х				0	0	0			
Thomas Tritton Board Vice Chair	4 0	Х		Х				0	0	0			
Christopher Anderson	1 0	X						0	0	0			
Alumnı Trustee Cathleen Butt	1 0	X						0	0	0			
Alumnı Trustee Orlando Chaffee													
Alumnı Trustee	1 0	Х						0	0	0			
Aaron Granger Alumnı Trustee	1 0	Х						0	0	0			
Edward Haddock Alumnı Trustee	1 0	х						0	0	0			
Gregory Lewis Alumni Trustee	1 0	Х						0	0	0			
Kevin McGinty At-Large Trustee	1 0	Х						0	0	0			
John Milligan Alumni Trustee	1 0	Х						0	0	0			
C Paul Palmer Alumnı Trustee	1 0	Х						0	0	0			
Anand Philip Alumni Trustee	1 0	Х						0	0	0			
Chloe Hamrick Williams Alumni Trustee	1 0	Х						0	0	0			
Rıchard Alexander At-Large Trustee	1 0	Х						0	0	0			
Kathy Wenzlau Comer At-Large Trustee	1 0	Х						0	0	0			
Patricia Conrades At-Large Trustee	1 0	Х						0	0	0			
Adrian Corbiere At-Large Trustee	1 0	Х						0	0	0			
Lisa Schweitzer Courtice At-Large Trustee	1 0	Х						0	0	0			
Belinda Fouts At-Large Trustee	1 0	Х						0	0	0			
Robert Gillespie At-Large Trustee	1 0	Х						0	0	0			
Daniel Glaser At-Large Trustee	1 0	Х						0	0	0			
Carol Latham At-Large Trustee	1 0	Х						0	0	0			
Margaret McDowell Lloyd At-Large Trustee	1 0	Х						0	0	0			
Todd Luttinger At-Large Trustee	1 0	Х						0	0	0			
Myron McCoy At-Large Trustee	1 0	Х						0	0	0			

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

(A) Name and Title	(B) A verage hours		(ition that					(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	per week	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Cynthia Mitchell At-Large Trustee	1 0	х						0	0	0
Byron Pitts At-Large Trustee	1 0	Х						0	0	0
Katherine Boles Smith At-Large Trustee	1 0	Х						0	0	0
William McFadden East Ohio Conference Trustee	1 0	Х						0	0	0
David Papoi West Ohio Conference Trustee	1 0	Х						0	0	0
Robert Roach West Ohio Conference Trustee	1 0	Х						0	0	0
Jeffrey Benton West Ohio Conference Trustee	1 0	Х						0	0	0
Rockwell F Jones President	40 0	Х		х				269,708	0	169,694
Sally Christiansen Harris Alumni Trustee	1 0	Х						0	0	0
Mıke McCluggage Alumnı Trustee	1 0	Х						0	0	0
Nick Peranzi Alumni Trustee	1 0	Х						0	0	0
Nicholas Calio At-Large Trustee	1 0	Х						0	0	0
Kara Trott At-Large Trustee	1 0	Х						0	0	0
Eric S Algoe VP for Finance & Admin	40 0			х				171,455	0	46,526
David O Robbins Provost	40 0			х				190,721	0	50,655
Craig E Ullom VP for Student Affairs	40 0			х				157,147	0	46,757
Charles E Powell VP for Univ Relations	40 0			х				108,741	0	3,599
William D Preble VP for Enroll &Str Comm	40 0			х				156,173	0	43,216
Mark H Shipps Special Assistant to the Pres	40 0					х		121,661	0	14,677
Linda A Earle Director of NY Arts Program	40 0					Х		121,136	0	3,045
Charles L Stinemetz Dean of Academic Affairs	40 0					Х		125,396	0	15,237
Barbara S Andereck Prof &Assoc Dean-Acad Aff	40 0					Х		121,122	0	13,918
James A Kenny Director of Gift Planning	40 0					х		124,917	0	14,342