

Form 990

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, 2022

B Check if applicable: C Name of organization OHIO WESLEYAN UNIVERSITY D Employer identification number 31-4379585 E Telephone number 740-368-2000 G Gross receipts \$ 121,947,555. H(a) Is this a group return for subordinates? Yes No H(b) Are all subordinates included? Yes No I Tax-exempt status: 501(c)(3) J Website: WWW.OWU.EDU K Form of organization: Corporation L Year of formation: 1842 M State of legal domicile: OH

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O, 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets, 3-7 Governance metrics, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

Part II Signature Block

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

Sign Here: Signature of officer MAURA S. DONAHUE, VP FOR FINANCE & ADMIN. & TREAS. Date: Preparer: CHRISTOPHER B. ANDERSON Date: Firm's name: MALONEY + NOVOTNY LLC Firm's EIN: 34-0677006 Firm's address: 1111 SUPERIOR AVE, SUITE 700 CLEVELAND, OH 44114-2540 Phone no.: (216) 363-0100

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: SEE SCHEDULE O

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 98,894,287. including grants of \$ 47,274,180. ) (Revenue \$ 81,359,909. ) ONE OF THE NATION'S PREMIER SMALL LIBERAL ARTS COLLEGES, OHIO WESLEYAN UNIVERSITY BOASTS A RIGOROUS CURRICULUM, EXCEPTIONALLY STRONG MENTORING RELATIONSHIPS BETWEEN STUDENTS AND FACULTY, AND A HOST OF EXPERIENTIAL LEARNING OPPORTUNITIES THAT LINK THE LIBERAL ARTS TO PRACTICAL REALITIES AND PREPARE STUDENTS FOR SERVICE AND LEADERSHIP IN THEIR CAREERS AND COMMUNITIES.

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

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

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 98,894,287.

**Part IV Checklist of Required Schedules**

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Description, and Yes/No columns. Rows 22-38 cover various reporting requirements for grants, compensation, bond issues, excess benefits, and contributions.

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Description, and Yes/No columns. Rows 1a-1c cover Form 1096 reporting, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 4 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (37); 1b Enter the number of voting members included on line 1a, above, who are independent (37); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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

Table with 4 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 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? (X); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 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? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process on 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? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? (X).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed OH
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [ ] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records MAURA DONAHUE - 740-368-3351
61 SOUTH SANDUSKY STREET, DELAWARE, OH 43015

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROCKWELL JONES PRESIDENT	40.00			X			339,682.	0.	117,573.	
(2) STEFANIE NILES VP-ENROLL, & COMMUN.	40.00			X			296,345.	0.	54,212.	
(3) KARLYN CROWLEY PROVOST	40.00			X			194,625.	0.	58,732.	
(4) MAURA DONAHUE VP-FINANCE&ADMIN.	40.00			X			196,649.	0.	40,693.	
(5) NATALIE DOAN VP-UNIV.ADVANCEMENT	40.00			X			189,370.	0.	41,465.	
(6) DWAYNE TODD VP-STUDENT ENG.&SUCCESS	40.00			X			172,519.	0.	47,364.	
(7) LARRY GRIFFIN PROFESSOR OF PERFORMING ARTS	40.00					X	174,120.	0.	13,421.	
(8) ALICE SIMON PROFESSOR OF ECONOMICS	40.00					X	175,730.	0.	11,580.	
(9) LYNDA HALL PROFESSOR OF PSYCHOLOGY	40.00					X	172,075.	0.	13,179.	
(10) DAN VOGT PROFESSOR OF CHEMISTRY	40.00					X	168,189.	0.	14,104.	
(11) ROBERT OLMSTEAD PROFESSOR OF ENGLISH	40.00					X	154,835.	0.	9,182.	
(12) JOHN MILLIGAN CHAIR OF THE BOARD	1.00	X					0.	0.	0.	
(13) NICK CALIO VICE CHAIR OF THE BOARD	1.00	X					0.	0.	0.	
(14) DOREEN DELANEY CRAWLEY AT-LARGE TRUSTEE	1.00	X					0.	0.	0.	
(15) JASON DOWNEY AT-LARGE TRUSTEE	1.00	X					0.	0.	0.	
(16) AARON GRANGER AT-LARGE TRUSTEE	1.00	X					0.	0.	0.	
(17) EDWARD HADDOCK AT-LARGE TRUSTEE	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MICHELLE KILKENNEY AT-LARGE TRUSTEE	1.00	X						0.	0.	0.
(19) JACK LUIKART AT-LARGE TRUSTEE	1.00	X						0.	0.	0.
(20) RACQUEL MASON AT-LARGE TRUSTEE	1.00	X						0.	0.	0.
(21) MICHAEL MCCLUGGAGE AT-LARGE TRUSTEE	1.00	X						0.	0.	0.
(22) COLLEEN NISSL AT-LARGE TRUSTEE	1.00	X						0.	0.	0.
(23) CINDY O'NEILL AT-LARGE TRUSTEE	1.00	X						0.	0.	0.
(24) C. PAUL PALMER AT-LARGE TRUSTEE	1.00	X						0.	0.	0.
(25) THOMAS PALMER AT-LARGE TRUSTEE	1.00	X						0.	0.	0.
(26) ANAND PHILIP AT-LARGE TRUSTEE	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								2,234,139.	0.	421,505.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								2,234,139.	0.	421,505.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **11**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ADENA CORPORATION 1310 W. FOURTH ST., MANSFIELD, OH 44906	CONSTRUCTION	12,245,333.
MARKER, INC. P.O. BOX 250, BELLEFONTAINE, OH 43311	CONSTRUCTION	8,197,383.
AVI FOOD SYSTEMS, INC. 2590 ELM ROAD NE, WARREN, OH 44483	DINING SERVICES	5,449,383.
SETTERLIN BUILDING COMPANY 560 HARMON AVE., COLUMBUS, OH 43223	ENGINEERING SERVICES	3,907,521.
ABM INDUSTRIES, INC. 14141 S. W. FREEWAY, SUGAR LAND, TX 77478	CLEANING SERVICES	2,005,280.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **36**

SEE PART VII, SECTION A CONTINUATION SHEETS



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) FRANK QUINN AT-LARGE TRUSTEE	1.00	X						0.	0.	0.
(28) DEAK RUSHTON AT-LARGE TRUSTEE	1.00	X						0.	0.	0.
(29) TOM SIMONS AT-LARGE TRUSTEE	1.00	X						0.	0.	0.
(30) JAN BARAN ALUMNI TRUSTEE	1.00	X						0.	0.	0.
(31) RICK DOODY ALUMNI TRUSTEE	1.00	X						0.	0.	0.
(32) GREGORY DYSON ALUMNI TRUSTEE	1.00	X						0.	0.	0.
(33) PETER EASTWOOD ALUMNI TRUSTEE	1.00	X						0.	0.	0.
(34) ANDREA HEDRICK ALUMNI TRUSTEE	1.00	X						0.	0.	0.
(35) MARTHA NUNN LEWIS ALUMNI TRUSTEE	1.00	X						0.	0.	0.
(36) VIKRAM MALHOTRA ALUMNI TRUSTEE	1.00	X						0.	0.	0.
(37) JERILYN MAPES ALUMNI TRUSTEE	1.00	X						0.	0.	0.
(38) KATHIE MILLIGAN ALUMNI TRUSTEE	1.00	X						0.	0.	0.
(39) ELLEN SIMPSON ALUMNI TRUSTEE	1.00	X						0.	0.	0.
(40) KEN STERNAD ALUMNI TRUSTEE	1.00	X						0.	0.	0.
(41) KARA J. TROTT ALUMNI TRUSTEE	1.00	X						0.	0.	0.
(42) TRACIE WINBIGLER ALUMNI TRUSTEE	1.00	X						0.	0.	0.
(43) SHADMAN ZAFAR ALUMNI TRUSTEE	1.00	X						0.	0.	0.
(44) WILL ASHBURN GRADUATING CLASS '19 TRUSTEE	1.00	X						0.	0.	0.
(45) SINCLAIRE DAVIS GRADUATING CLASS '20 TRUSTEE	1.00	X						0.	0.	0.
(46) JOSE MATUTE GRADUATING CLASS '21 TRUSTEE	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) ROBERT HICKSON EAST OHIO CONFERENCE TRUSTEE	1.00	<input checked="" type="checkbox"/>						0.	0.	0.
(48) MYRON MCCOY UNITED METHODIST TRUSTEE	1.00	<input checked="" type="checkbox"/>						0.	0.	0.
Total to Part VII, Section A, line 1c										

132201 04-01-21

**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	5,367,531.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	18,575,517.			
	g Noncash contributions included in lines 1a-1f	1g	\$ 13,400,707.			
	<b>h Total. Add lines 1a-1f</b>		<b>23,943,048.</b>			
Program Service Revenue	2 a TUITION AND FEES	Business Code				
		900099	64,168,985.	64168985.		
	b AUXILIARY SERVICES	900099	15,651,124.	15292305.	358,819.	
	c OTHER INCOME	900099	1,535,687.	1,535,687.		
	d BOOKSTORE	900099	362,932.	362,932.		
	e					
	f All other program service revenue					
<b>g Total. Add lines 2a-2f</b>		<b>81,718,728.</b>				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,916,777.	373,836.	1542941.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties		9,967.		9,967.	
	6 a Gross rents	6a	(i) Real (ii) Personal			
		b Less: rental expenses	6b			
		c Rental income or (loss)	6c			
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities (ii) Other	14,359,035.		
		b Less: cost or other basis and sales expenses	7b	0.		
		c Gain or (loss)	7c	14,359,035.		
	d Net gain or (loss)			14,359,035.		14359035.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
	b Less: direct expenses	8b				
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	10a					
b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	Business Code				
	b					
	c					
	d All other revenue					
	<b>e Total. Add lines 11a-11d</b>					
<b>12 Total revenue. See instructions</b>		<b>121947555.</b>	<b>81359909.</b>	<b>732,655.</b>	<b>15911943.</b>	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	47,274,180.	47,274,180.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,389,190.	663,489.	536,331.	189,370.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	21,564,720.	18,201,687.	2,116,292.	1,246,741.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,520,649.	1,249,779.	175,731.	95,139.
9 Other employee benefits	6,430,153.	5,284,763.	743,088.	402,302.
10 Payroll taxes	1,558,326.	1,280,745.	180,085.	97,496.
11 Fees for services (nonemployees):				
a Management				
b Legal	355,082.		355,082.	
c Accounting	147,616.		147,616.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	2,816,494.	1,274,344.	1,395,301.	146,849.
12 Advertising and promotion	87,014.	10,238.	75,181.	1,595.
13 Office expenses	2,810,030.	1,747,453.	834,729.	227,848.
14 Information technology	1,003,903.	850,638.	146,747.	6,518.
15 Royalties				
16 Occupancy	4,449,749.	4,145,176.	268,631.	35,942.
17 Travel	1,313,540.	799,028.	346,739.	167,773.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	103,705.	89,860.	9,416.	4,429.
20 Interest	970,316.		970,316.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	7,683,769.	7,157,836.	463,869.	62,064.
23 Insurance	663,831.		663,831.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <b>RESIDENTIAL EXPENSE</b>	6,040,472.	6,040,472.		
b <b>OTHER EXPENSES</b>	2,188,903.	1,658,863.	463,504.	66,536.
c <b>MAINTENANCE&amp;REPAIRS</b>	1,463,459.	30,236.	1,386,677.	46,546.
d <b>PROGRAM/ATHLETIC</b>	1,135,500.	1,135,500.		
e All other expenses				
25 <b>Total functional expenses.</b> Add lines 1 through 24e	112,970,601.	98,894,287.	11,279,166.	2,797,148.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	5,402,055.	1	1,926,423.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	16,102,148.	3	6,653,232.
	4	Accounts receivable, net	2,393,677.	4	2,555,070.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	513,388.	8	112,097.
	9	Prepaid expenses and deferred charges	1,042,141.	9	988,027.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 290,007,563.		
	b	Less: accumulated depreciation	10b 103,927,822.	10c	186,079,741.
	11	Investments - publicly traded securities	37,011,982.	11	30,904,167.
	12	Investments - other securities. See Part IV, line 11	281,866,224.	12	257,258,302.
	13	Investments - program-related. See Part IV, line 11	3,099,629.	13	2,604,450.
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	0.	15	896,505.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	522,945,081.	16	489,978,014.	
Liabilities	17	Accounts payable and accrued expenses	15,445,228.	17	12,713,150.
	18	Grants payable		18	
	19	Deferred revenue	3,640,744.	19	3,626,854.
	20	Tax-exempt bond liabilities	51,732,318.	20	50,572,095.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	3,132,649.	24	5,461,549.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	9,171,466.	25	9,807,540.
	26	<b>Total liabilities.</b> Add lines 17 through 25	83,122,405.	26	82,181,188.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	80,992,738.	27	76,567,329.
	28	Net assets with donor restrictions	358,829,938.	28	331,229,497.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	<b>Total net assets or fund balances</b>	439,822,676.	32	407,796,826.
33	<b>Total liabilities and net assets/fund balances</b>	522,945,081.	33	489,978,014.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	121,947,555.
2	Total expenses (must equal Part IX, column (A), line 25)	2	112,970,601.
3	Revenue less expenses. Subtract line 2 from line 1	3	8,976,954.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	439,822,676.
5	Net unrealized gains (losses) on investments	5	-39,229,277.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-1,773,527.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	407,796,826.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
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? _____	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

Form 990 (2021)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Name of the organization

OHIO WESLEYAN UNIVERSITY

Employer identification number

31-4379585

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations:

**g Provide the following information about the supported organization(s).**

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	21370697.	33837391.	22427635.	25716641.	23943048.	127295412
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	21370697.	33837391.	22427635.	25716641.	23943048.	127295412
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						13405703.
6 Public support. Subtract line 5 from line 4.						113889709

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	21370697.	33837391.	22427635.	25716641.	23943048.	127295412
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	256,894.	1659843.	1753305.	1385047.	1926744.	6981833.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	4098139.	3303600.	979,956.	391,766.		8773461.
11 Total support. Add lines 7 through 10						143050706
12 Gross receipts from related activities, etc. (see instructions)					12	416,457,372.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	79.61	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	82.76	%
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		



Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; b Amounts included on lines 2 and 3 received from other than disqualified persons; c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) - 15 - %; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 - 16 - %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) - 17 - %; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 - 18 - %

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

**Part VI**

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

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

**SPECIAL EVENTS**

2017 AMOUNT: \$ 32,596.

2018 AMOUNT: \$ 32,639.

2019 AMOUNT: \$ 8,108.

2020 AMOUNT: \$ 0.

2021 AMOUNT: \$ 0.

**OTHER INCOME**

2017 AMOUNT: \$ 4,065,543.

2018 AMOUNT: \$ 3,270,961.

2019 AMOUNT: \$ 971,848.

2020 AMOUNT: \$ 391,766.

2021 AMOUNT: \$ 0.

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Table with 2 columns: Name of the organization (OHIO WESLEYAN UNIVERSITY) and Employer identification number (31-4379585)

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ: [X] 501(c)( 3 ) (enter number) organization, [ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation, [ ] 527 political organization
Form 990-PF: [ ] 501(c)(3) exempt private foundation, [ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation, [ ] 501(c)(3) taxable private foundation

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

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

General Rule

- [ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test...
[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...
[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

Employer identification number

OHIO WESLEYAN UNIVERSITY

31-4379585

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 10,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 1,209,045.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 1,028,465.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 775,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 727,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 629,564.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>OHIO WESLEYAN UNIVERSITY</b>	Employer identification number <b>31-4379585</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/> <hr/>	\$ 571,834.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>OHIO WESLEYAN UNIVERSITY</b>	Employer identification number <b>31-4379585</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ 10,000,000.	_____
6	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ 561,564.	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization <b>OHIO WESLEYAN UNIVERSITY</b>	Employer identification number <b>31-4379585</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Form with multiple choice and numerical input questions regarding conservation easements, including purpose(s), monitoring, and expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with questions 1a and 1b regarding collections of art, historical treasures, or other similar assets, including revenue and asset reporting.

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

Schedule D (Form 990) 2021

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	307,932,457.	236,259,743.	243,081,345.	239,621,876.	221,302,091.
b Contributions	7,788,830.	4,048,563.	8,518,616.	6,119,931.	14,517,007.
c Net investment earnings, gains, and losses	-22,039,715.	83,247,994.	-317,205.	9,402,256.	18,295,069.
d Grants or scholarships					
e Other expenditures for facilities and programs	16,002,256.	15,623,843.	15,023,013.	12,062,718.	14,492,291.
f Administrative expenses					
g End of year balance	277,679,316.	307,932,457.	236,259,743.	243,081,345.	239,621,876.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  2.9910 %
  - b Permanent endowment  69.1280 %
  - c Term endowment  27.8810 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes                      | No                                  |
|--|--------------------------|-------------------------------------|
| (i) Unrelated organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/>            |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,807,416.		3,807,416.
b Buildings		230,393,087.	75,748,298.	154,644,789.
c Leasehold improvements				
d Equipment		33,491,189.	24,206,364.	9,284,825.
e Other		22,315,871.	3,973,160.	18,342,711.

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 186,079,741.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) INTEREST IN TRUSTS	1,746,747.	END-OF-YEAR MARKET VALUE
(B) OTHER INVESTMENTS	3,349,900.	END-OF-YEAR MARKET VALUE
(C) MULTI-ASSET CLASS	94,299,170.	END-OF-YEAR MARKET VALUE
(D) INVESTMENT IN OWU FUND	154,553,683.	END-OF-YEAR MARKET VALUE
(E) CASH SURRENDER VALUE-LIFE		
(F) INS.	651,983.	END-OF-YEAR MARKET VALUE
(G) INVESTMENTS HELD IN		
(H) TRUSTS & ANNUITIES	2,656,819.	END-OF-YEAR MARKET VALUE
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	257,258,302.	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) POSTRETIREMENT BENEFITS OBLIGATION	7,062,997.
(3) ADVANCES FROM FEDERAL GOVERNMENT	1,744,080.
(4) FINANCING LEASE LIABILITY	1,000,463.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	9,807,540.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	37,463,625.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-39,229,277.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	-39,229,277.	
3	Subtract line 2e from line 1	3	76,692,902.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	45,254,653.	
c	Add lines 4a and 4b	4c	45,254,653.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	121,947,555.	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	67,715,948.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	0.	
3	Subtract line 2e from line 1	3	67,715,948.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	45,254,653.	
c	Add lines 4a and 4b	4c	45,254,653.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	112,970,601.	

**Part XIII Supplemental Information.**

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

**PART II, LINE 9:**

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

**PART III, LINE 1A:**

FINANCIAL STATEMENT FOOTNOTE FOR ART COLLECTION - THE UNIVERSITY MAINTAINS A COLLECTION OF ARTWORK IN ITS ROSS ART MUSEUM. DUE TO THE DIFFICULTY IN ESTABLISHING A VALUE FOR COLLECTION PIECES DONATED TO THE UNIVERSITY, THESE ASSETS ARE NOT RECORDED IN THE CONSOLIDATED FINANCIAL STATEMENTS. COLLECTION PURCHASES ARE EXPENSED AS PURCHASED. THE UNIVERSITY PROVIDES A

**Part XIII** Supplemental Information (continued)

CLEAN, SECURE AND STABLE ENVIRONMENT FOR ITS PERMANENT COLLECTIONS. THE ARTWORK IS GIVEN REASONABLE CARE TOWARD ITS PRESERVATION.

PART III, LINE 4:

MUSEUM'S PERMANENT COLLECTION:

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

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

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

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

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



**Part XIII** Supplemental Information (continued)

FINE ARTS FACULTY TO COMMENCE THE BUILDING OF A PERMANENT COLLECTION OF THE ORIGINAL WORKS OF ART THAT WOULD BE COMPOSED PRIMARILY OF WORKS ON PAPER.

PART V, LINE 4:

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

PART X, LINE 2:

FIN 48 (ASC 740) FOOTNOTE - FEDERAL INCOME TAX: THE UNIVERSITY IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, EXCEPT ON NET INCOME DERIVED FROM UNRELATED BUSINESS ACTIVITIES. THE UNIVERSITY RECOGNIZES THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAX AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. EXAMPLES OF TAX POSITIONS INCLUDE THE TAX-EXEMPT STATUS OF THE UNIVERSITY, THE CONTINUED TAX-EXEMPT STATUS OF BONDS ISSUED BY THE UNIVERSITY AND VARIOUS POSITIONS RELATED TO POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE INCOME. THE UNIVERSITY BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN AND, AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE CONSOLIDATED FINANCIAL STATEMENTS.

AS OF JUNE 30, 2022, THE UNIVERSITY'S INCOME TAX YEARS FROM 2017 AND

**Part XIII** Supplemental Information *(continued)*

THEREAFTER REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE,  
AS WELL AS VARIOUS STATE AND LOCAL TAXING AUTHORITIES.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

STUDENT FINANCIAL AID, WHICH WAS SHOWN AS A REDUCTION OF REVENUE ON  
FINANCIAL STATEMENTS BUT AS AN EXPENSE IN PART IX OF FORM

990 45,254,653.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

STUDENT FINANCIAL AID, WHICH WAS SHOWN AS A REDUCTION OF REVENUE ON  
FINANCIAL STATEMENTS BUT AS AN EXPENSE IN PART IX OF FORM

990 45,254,653.

SCHEDULE E

(Form 990)

Schools

OMB No. 1545-0047

2021

Open to Public Inspection

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization

OHIO WESLEYAN UNIVERSITY

Employer identification number

31-4379585

Part I

Table with 3 columns: Question, YES, NO. Rows include questions about nondiscriminatory policy, records maintenance, discrimination by race, and financial aid.

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

Schedule E (Form 990) 2021

**Part II**

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

**LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:**

THE UNIVERSITY PARTICIPATES IN THE GOVERNMENT'S VARIOUS TITLE IV STUDENT FINANCIAL AID PROGRAMS AND RECEIVED HIGHER EDUCATION EMERGENCY RELIEF FUNDS.

Lined area for providing additional explanation of government financial aid.

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

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

**2021**

▶ Attach to Form 990.

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization <b>OHIO WESLEYAN UNIVERSITY</b>	Employer identification number <b>31-4379585</b>
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**Part I** General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	INVESTMENTS		16,349,240.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	INTERNATIONAL RECRUITING	300.
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	0	0	PROGRAM SERVICES	INTERNATIONAL RECRUITING	1,200.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	PROGRAM SERVICES	INTERNATIONAL RECRUITING	3,102.
SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES,	0	0	PROGRAM SERVICES	INTERNATIONAL RECRUITING	1,045.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	GRANTMAKING	THEORY TO PRACTICE GRANTS	14,982.
SOUTH AMERICA	0	0	GRANTMAKING	THEORY TO PRACTICE GRANTS	2,853.
<b>3 a Subtotal</b> .....	0	0			16,372,722.
<b>b Total from continuation sheets to Part I</b> .....	0	0			0.
<b>c Totals (add lines 3a and 3b)</b> .....	0	0			16,372,722.

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

Schedule F (Form 990) 2021

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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

3 Enter total number of other organizations or entities

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

Schedule F (Form 990) 2021



**Part V** Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

MONITORING USE OF GRANT FUNDS - THE UNIVERSITY PROVIDED THEORY TO PRACTICE GRANTS WHICH REQUIRED RECIPIENTS TO PROVIDE REPORTS REGARDING THE USE OF GRANT FUNDS.

Multiple horizontal lines for supplemental information.

**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" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

**OHIO WESLEYAN UNIVERSITY**

Employer identification number

**31-4379585**

**Part I 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 grants or assistance, and the selection criteria used to award the grants or assistance?  
 Yes  No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance

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

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

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

Schedule I (Form 990) 2021

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	1453	45,254,653.	0.		
HIGHER EDUCATION EMERGENCY RELIEF FUND GRANTS TO STUDENTS	1008	2,019,527.	0.		

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

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

**Part IV** Supplemental Information

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. HIGHER EDUCATION EMERGENCY RELIEF FUND (HEERF) GRANTS TO STUDENTS WERE PAID DIRECTLY TO THEM, APPLIED TO THEIR ACCOUNT, OR A COMBINATION OF BOTH, BASED ON EACH STUDENT'S ELECTION. STUDENTS WHO RECEIVED A HEERF GRANT WERE PROVIDED AN EXPLANATION OF HOW THE FUNDS COULD BE SPENT. WHEN THE STUDENTS ACCEPTED THE GRANT AND OUTLINED HOW THEY WANTED IT ISSUED, THEY ALSO CONFIRMED THEIR UNDERSTANDING OF THE TERMS OF THE GRANT.

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**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

**OHIO WESLEYAN UNIVERSITY**

Employer identification number

**31-4379585**

**Part I Questions Regarding Compensation**

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

- First-class or charter travel
- Travel for companions
- Tax indemnification and gross-up payments
- Discretionary spending account
- Housing allowance or residence for personal use
- Payments for business use of personal residence
- Health or social club dues or initiation fees
- Personal services (such as maid, chauffeur, chef)

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

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

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- Compensation committee
- Independent compensation consultant
- Form 990 of other organizations
- Written employment contract
- Compensation survey or study
- Approval by the board or compensation committee

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

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

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

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

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

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

- a The organization?
  - b Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

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

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

Schedule J (Form 990) 2021

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ROCKWELL JONES PRESIDENT	(i) 339,682. (ii) 0. (iii) 0.	0.	0.	77,000.	40,573.	457,255.	0.
(2) STEFANIE NILES VP-ENROLL.&COMMUN.	(i) 210,053. (ii) 0. (iii) 0.	0.	86,292.	25,000.	29,212.	350,557.	0.
(3) KARLYN CROWLEY PROVOST	(i) 194,625. (ii) 0. (iii) 0.	0.	0.	25,000.	33,732.	253,357.	0.
(4) MAURA DONAHUE VP-FINANCE&ADMIN.	(i) 196,649. (ii) 0. (iii) 0.	0.	0.	25,000.	15,693.	237,342.	0.
(5) NATALIE DOAN VP-UNIV.ADVANCEMENT	(i) 189,370. (ii) 0. (iii) 0.	0.	0.	25,000.	16,465.	230,835.	0.
(6) DWAYNE TODD VP-STUDENT ENG.&SUCCESS	(i) 172,519. (ii) 0. (iii) 0.	0.	0.	25,000.	22,364.	219,883.	0.
(7) LARRY GRIFFIN PROFESSOR OF PERFORMING ARTS	(i) 174,120. (ii) 0. (iii) 0.	0.	0.	0.	13,421.	187,541.	0.
(8) ALICE SIMON PROFESSOR OF ECONOMICS	(i) 175,730. (ii) 0. (iii) 0.	0.	0.	0.	11,580.	187,310.	0.
(9) LYNDA HALL PROFESSOR OF PSYCHOLOGY	(i) 172,075. (ii) 0. (iii) 0.	0.	0.	0.	13,179.	185,254.	0.
(10) DAN VOGT PROFESSOR OF CHEMISTRY	(i) 168,189. (ii) 0. (iii) 0.	0.	0.	0.	14,104.	182,293.	0.
(11) ROBERT OLMSTEAD PROFESSOR OF ENGLISH	(i) 154,835. (ii) 0. (iii) 0.	0.	0.	0.	9,182.	164,017.	0.
	(i) 0. (ii) 0. (iii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0. (ii) 0. (iii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0. (ii) 0. (iii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0. (ii) 0. (iii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0. (ii) 0. (iii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0. (ii) 0. (iii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0. (ii) 0. (iii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0. (ii) 0. (iii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0. (ii) 0. (iii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0. (ii) 0. (iii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0. (ii) 0. (iii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0. (ii) 0. (iii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0. (ii) 0. (iii) 0.	0.	0.	0.	0.	0.	0.

**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**PART I, LINE 1A:**

BENEFITS PROVIDED - THE PRESIDENT OF THE UNIVERSITY IS REQUIRED TO LIVE IN RESIDENCE AS PART OF HIS CONTRACT. BECAUSE OF THE COVID-19 PANDEMIC, THE NUMBER OF UNIVERSITY EVENTS HOSTED AT THE PRESIDENT'S HOUSE WAS LIMITED. THE PRESIDENT HOSTED OVER 44 EVENTS AT HIS RESIDENCE THIS YEAR. THE VALUE OF THE HOUSE HAS BEEN DETERMINED TO BE \$50,000 PER YEAR. THE UNIVERSITY DOES NOT TREAT THIS BENEFIT AS TAXABLE INCOME TO THE PRESIDENT. CLEANING SERVICE FOR THE RESIDENCE IS PROVIDED ONCE PER WEEK AND AFTER HOSTED OWU EVENTS.

SPOUSAL TRAVEL IS PERMITTED ONLY FOR THE PRESIDENT'S WIFE AND ONLY WHEN AN APPROPRIATE BUSINESS PURPOSE FOR THE TRIP HAS BEEN ESTABLISHED. THE PRESIDENT'S WIFE OCCASIONALLY ACCOMPANIES HIM FOR MEETINGS WITH TRUSTEES AND DONORS AS REQUESTED BY THE BOARD OF TRUSTEES AND OUTLINED IN THE PRESIDENT'S EMPLOYMENT CONTRACT. THIS SPOUSAL TRAVEL BENEFIT IS ADMINISTERED IN ACCORDANCE WITH ITS GUIDELINES. ON OCCASION, THE PRESIDENT RECEIVES A FREE UPGRADE TO FIRST CLASS TRAVEL DUE TO HIS STATUS WITH THE AIRLINE.

**PART I, LINE 1B:**

**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

WRITTEN REIMBURSEMENT POLICY - THE BENEFITS LISTED ABOVE WERE ENUMERATED IN THE PRESIDENT'S EMPLOYMENT CONTRACT. THIS CONTRACT WAS DELIBERATED ON AND REVIEWED BY THE BOARD OF TRUSTEES AND LEGAL COUNSEL.

## PART I, LINES 4A-B:

UNDER THE UNIVERSITY'S SEVERANCE AGREEMENTS (LEGACY AGREEMENTS, VOLUNTARY SEPARATION OR RETIREMENT PROGRAM, AND UNIQUE ARRANGEMENTS), THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS: LARRY GRIFFIN (\$107,673); LYNDA HALL (\$103,896); ALICE SIMON (\$81,762); ROBERT OLMSTEAD (\$192,650); AND DAN VOGT (\$182,859).

NONQUALIFIED DEFERRED COMPENSATION PLANS - THE UNIVERSITY SPONSORS A SECTION 457(B) AND SECTION 457(F) PLAN FOR CERTAIN EXECUTIVES. THE UNIVERSITY MADE CONTRIBUTIONS FOR ROCKWELL F. JONES OF \$20,500 TO THE SECTION 457(B) PLAN AND \$57,500 TO THE SECTION 457(F) PLAN. THE TOTAL CONTRIBUTIONS OF \$77,500 ARE INCLUDED IN PART II, COLUMN C FOR PRESIDENT JONES. ADDITIONALLY, THE UNIVERSITY MADE A CONTRIBUTION OF \$25,000 EACH TO THE SECTION 457(F) PLAN FOR STEFANIE NILES, KARLYN CROWLEY, NATALIE DOAN, MAURA DONAHUE, AND DWAYNE TODD. THE CONTRIBUTION AMOUNT HAS BEEN INCLUDED IN PART II, COLUMN C FOR EACH INDIVIDUAL.



**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
▶ Attach to Form 990. ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2021**  
Open to Public Inspection

Name of the organization

**OHIO WESLEYAN UNIVERSITY**

Employer identification number  
**31-4379585**

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeated		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674	67756DUG9	08/14/19	53640191.	REFUNDING AND NEW CONSTRUCTION		X				X
B											
C											
D											

**Part II Proceeds**

	A		B	C		D
	Yes	No		Yes	No	
1 Amount of bonds retired						
2 Amount of bonds legally defeased						
3 Total proceeds of issue		53,640,191.				
4 Gross proceeds in reserve funds						
5 Capitalized interest from proceeds		448,582.				
6 Proceeds in refunding escrows						
7 Issuance costs from proceeds						
8 Credit enhancement from proceeds						
9 Working capital expenditures from proceeds						
10 Capital expenditures from proceeds		32,808,470.				
11 Other spent proceeds		20,383,139.				
12 Other unspent proceeds						
13 Year of substantial completion		2021				
	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X					
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X				
16 Has the final allocation of proceeds been made?		X				
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X					

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

Schedule K (Form 990) 2021

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X							
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		.92	%			%		%
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		1.20	%			%		%
6 Total of lines 4 and 5		2.12	%			%		%
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of			%			%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X							
b Exception to rebate?		X						
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X						

Part IV Arbitrage (continued)

Table with columns A, B, C, D and rows 4a-7. Row 4a: Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? (Yes/No). Row 5a: Were gross proceeds invested in a guaranteed investment contract (GIC)? (Yes/No).

Part V Procedures To Undertake Corrective Action

Table with columns A, B, C, D and rows for corrective action procedures. Row 1: Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? (Yes/No).

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.

Series of horizontal lines for providing supplemental information.

**SCHEDULE L**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**Open To Public Inspection**

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

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... ▶ \$ \_\_\_\_\_
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
<b>Total</b> .....						▶	\$					

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
<b>OFFICER ' S DEPENDENTS</b>		<b>33,743.</b>	<b>SEE PART V</b>	<b>SEE PART V</b>

SEE PART V FOR CONTINUATIONS

**Part IV** Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

**Part V** Supplemental Information.

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

SCH L, PART III, GRANTS OR ASSISTANCE BENEFITTING INTERESTED PERSONS:

(A) NAME OF PERSON: OFFICER'S DEPENDENTS

(C) AMOUNT OF GRANT \$ 33,743.

(D) TYPE OF ASSISTANCE: TUITION/BOARD GRANTS

(E) PURPOSE OF ASSISTANCE: EDUC.ASSISTANCE

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

Part I		Types of Property			
	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts	
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	52	13,400,707. FMV-STOCK QUOTE	
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ( )				
26	Other ( )				
27	Other ( )				
28	Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** **0**

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

**Part II**

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

SCHEDULE M, LINE 32B:

USE OF THIRD PARTIES - THE UNIVERSITY USES THE SERVICES OF STOCK  
BROKERS TO SELL THE DONATED SECURITIES THAT IT RECEIVES. THE BROKERAGE  
FIRMS ARE INDEPENDENT OF THE UNIVERSITY, AND THE FEES CHARGED ARE IN  
ACCORDANCE WITH FAIR MARKET VALUE.

SCHEDULE M, LINE 33:

GIFTS FOR WHICH REVENUE IS NOT RECORDED - AS MORE FULLY EXPLAINED IN  
SCHEDULE D, PART III, THE UNIVERSITY DOES NOT RECORD A VALUE FOR  
DONATED ARTWORK, AS PERMITTED UNDER STATEMENT OF FINANCIAL ACCOUNTING  
STANDARDS 116.

SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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2021

Open to Public  
Inspection

Name of the organization

OHIO WESLEYAN UNIVERSITY

Employer identification number  
31-4379585

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

OWU IS ONE OF THE NATION'S PREMIER SMALL LIBERAL ARTS COLLEGES,  
BOASTING STRONG RELATIONSHIPS BETWEEN STUDENTS AND FACULTY AND  
OPPORTUNITIES THAT PREPARE STUDENTS FOR SERVICE AND LEADERSHIP.

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

OHIO WESLEYAN'S CHARTER PROVIDES THAT "THE UNIVERSITY IS FOREVER TO BE  
CONDUCTED ON THE MOST LIBERAL PRINCIPLES, ACCESSIBLE TO ALL RELIGIOUS  
DENOMINATIONS, AND DESIGNED FOR THE BENEFIT OF OUR CITIZENS IN  
GENERAL." IN THE SPIRIT OF ITS HERITAGE, THE UNIVERSITY DEFINES ITSELF  
AS A COMMUNITY OF TEACHERS AND STUDENTS DEVOTED TO THE FREE PURSUIT OF  
TRUTH. IT DEVELOPS IN ITS STUDENTS QUALITIES OF INTELLECT AND CHARACTER  
THAT WILL BE USEFUL NO MATTER WHAT THEY CHOOSE TO DO IN LATER LIFE. OWU  
JUDGES ITSELF SUCCESSFUL WHEN IT HAS ACCOMPLISHED THREE OBJECTIVES IN  
ITS WORK WITH STUDENTS:  
TO IMPART KNOWLEDGE.  
TO DEVELOP AND ENHANCE CERTAIN IMPORTANT CAPABILITIES OF STUDENTS.  
TO PLACE EDUCATION IN THE CONTEXT OF VALUES.

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

REPORTABLE RELATIONSHIPS - THE FOLLOWING INDIVIDUALS HAVE A FAMILY  
RELATIONSHIP:

C. PAUL PALMER AND TOM PALMER; AND  
JOHN MILLIGAN AND KATHIE BRADFORD MILLIGAN

THE FOLLOWING INDIVIDUALS HAVE A BUSINESS RELATIONSHIP:

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

Schedule O (Form 990) 2021



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

C. PAUL PALMER AND TOM PALMER

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

MEMBERS OF THE ORGANIZATION - 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.

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

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

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

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

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

PROVIDING FORM 990 TO GOVERNING BODY - THE UNIVERSITY HAS PROVIDED A COPY OF FORM 990 TO ALL MEMBERS OF THE GOVERNING BODY BEFORE FILING BUT HAS REDACTED THE NAMES AND ADDRESSES OF DONORS ON SCHEDULE B. THE UNIVERSITY

Name of the organization

OHIO WESLEYAN UNIVERSITY

Employer identification number

31-4379585

BELIEVES THAT THIS DONOR INFORMATION IS CONFIDENTIAL. AS SUCH, WE ARE  
 REQUIRED TO ANSWER "NO" TO QUESTION 11A IN PART VI EVEN THOUGH FORM 990  
 (EXCEPT FOR DONORS' NAMES AND ADDRESSES) HAS BEEN PROVIDED TO THE BOARD OF  
 TRUSTEES.

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

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

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

COMPENSATION REVIEW AND APPROVAL - DURING JUNE, THE COMPENSATION COMMITTEE  
 OF THE BOARD OF TRUSTEES REVIEWS COMPENSATION FOR SENIOR EXECUTIVES. THE  
 COMPENSATION COMMITTEE IS COMPRISED OF THE CHAIR, IMMEDIATE PAST CHAIR,  
 VICE CHAIR, FINANCE CHAIR, AND ONE BOARD MEMBER APPOINTED BY THE CHAIR.  
 COMPENSATION COMPARABILITY DATA FROM THE GREAT LAKES COLLEGE ASSOCIATION  
 AND NATIONAL CUPA DATA ARE USED TO DETERMINE THE COMPENSATION OF SENIOR  
 EXECUTIVES. THE COMPENSATION COMMITTEE'S MEMBERS ARE INDEPENDENT OF THE  
 PERSONS FOR WHOM COMPENSATION IS BEING DETERMINED. THE COMMITTEE DOCUMENTS  
 ITS DELIBERATIONS AND DECISIONS IN THE MINUTES AND REPORTS ITS DECISIONS TO  
 THE FULL BOARD IN EXECUTIVE SESSION. THE BOARD OF TRUSTEES VOTES ON THE  
 APPOINTMENT AND COMPENSATION FOR THE UNIVERSITY PRESIDENT UPON  
 RECOMMENDATION OF THE PRESIDENTIAL SEARCH COMMITTEE, AIDED BY A  
 PROFESSIONAL CONSULTING FIRM.

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

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

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

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

POSTRETIREMENT BENEFIT OBLIGATION ADJUSTMENT	-491,599.
PENSION-RELATED CHARGES OTHER THAN NET PERIODIC PENSION COST	116,403.
ACTUARIAL ADJUSTMENT OF SPLIT-INTEREST AGREEMENTS	-1,503,378.
CAPITAL CONTRIBUTION FROM NON-CONTROLLING INTEREST	105,047.
TOTAL TO FORM 990, PART XI, LINE 9	-1,773,527.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Name of the organization

**OHIO WESLEYAN UNIVERSITY**

Employer identification number  
**31-4379585**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
STRAND THEATRE AND CULTURAL ARTS ASSOCIATION - 20-3948576, 28 E. WINTER ST., DELAWARE, OH 43015	THEATER	OHIO	501(C)(3)	LINE 10	OWU		<input checked="" type="checkbox"/>

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

Schedule R (Form 990) 2021

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
OWU FUND, LP - 45-4089884												
61 S. SANDUSKY ST.		OH	OWU	EXCLUDED	24,809,328.	182,697,067.		<input checked="" type="checkbox"/>	43,652.		<input checked="" type="checkbox"/>	99.99%
DELAWARE, OH 43015	INVESTMENTS											

**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	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		<input checked="" type="checkbox"/>
<b>b</b> Gift, grant, or capital contribution to related organization(s)	<input checked="" type="checkbox"/>	
<b>c</b> Gift, grant, or capital contribution from related organization(s)		<input checked="" type="checkbox"/>
<b>d</b> Loans or loan guarantees to or for related organization(s)		<input checked="" type="checkbox"/>
<b>e</b> Loans or loan guarantees by related organization(s)		<input checked="" type="checkbox"/>
<b>f</b> Dividends from related organization(s)		<input checked="" type="checkbox"/>
<b>g</b> Sale of assets to related organization(s)		<input checked="" type="checkbox"/>
<b>h</b> Purchase of assets from related organization(s)		<input checked="" type="checkbox"/>
<b>i</b> Exchange of assets with related organization(s)		<input checked="" type="checkbox"/>
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)		<input checked="" type="checkbox"/>
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)		<input checked="" type="checkbox"/>
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)		<input checked="" type="checkbox"/>
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)		<input checked="" type="checkbox"/>
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		<input checked="" type="checkbox"/>
<b>o</b> Sharing of paid employees with related organization(s)		<input checked="" type="checkbox"/>
<b>p</b> Reimbursement paid to related organization(s) for expenses		<input checked="" type="checkbox"/>
<b>q</b> Reimbursement paid by related organization(s) for expenses		<input checked="" type="checkbox"/>
<b>r</b> Other transfer of cash or property to related organization(s)		<input checked="" type="checkbox"/>
<b>s</b> Other transfer of cash or property from related organization(s)		<input checked="" type="checkbox"/>

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	OWU FUND, LP	B	5,365,569.FMV	
(2)	OWU FUND, LP	S	9,157,417.FMV	
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) <small>All all- partners, 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Lined area for supplemental information.



# Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>OHIO WESLEYAN UNIVERSITY</b>	Taxpayer identification number (TIN) <b>31-4379585</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>61 SOUTH SANDUSKY STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>DELAWARE, OH 43015</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

**MAURA DONAHUE**

• The books are in the care of ▶ **61 SOUTH SANDUSKY STREET - DELAWARE, OH 43015**

Telephone No. ▶ **740-368-3351**

Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year \_\_\_\_\_ or  
▶  tax year beginning **JUL 1, 2021**, and ending **JUN 30, 2022**.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2022)