

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018

- B** Check if applicable
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
Wesleyan University
% WESLEYAN UNIVERSITY
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
237 HIGH STREET NORTH COLLEGE
City or town, state or province, country, and ZIP or foreign postal code
MIDDLETOWN, CT 06459

D Employer identification number
06-0646959
E Telephone number
(860) 685-2000
G Gross receipts \$ 575,859,993

F Name and address of principal officer
MICHAEL ROTH
237 HIGH STREET
MIDDLETOWN, CT 06459

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ WWW.WESLEYAN.EDU

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1831

M State of legal domicile CT

Part I Summary

1 Briefly describe the organization's mission or most significant activities
WESLEYAN UNIVERSITY IS DEDICATED TO PROVIDING AN EDUCATION IN LIBERAL ARTS BY BUILDING A DIVERSE, ENERGETIC COMMUNITY OF STUDENTS, FACULTY, AND STAFF SEE SCHEDULE O

2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	
3 Number of voting members of the governing body (Part VI, line 1a)	33
4 Number of independent voting members of the governing body (Part VI, line 1b)	31
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	3,912
6 Total number of volunteers (estimate if necessary)	796
7a Total unrelated business revenue from Part VIII, column (C), line 12	-1,005,660
7b Net unrelated business taxable income from Form 990-T, line 34	-1,387,261

	Revenue	
	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	63,726,080	41,162,724
9 Program service revenue (Part VIII, line 2g)	205,921,000	212,369,000
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	38,729,819	23,253,246
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,716,101	9,447,030
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	317,093,000	286,232,000
Expenses		
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	56,310,813	61,915,663
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	122,355,734	129,634,950
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 9,981,642		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	91,809,453	92,857,387
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	270,476,000	284,408,000
19 Revenue less expenses Subtract line 18 from line 12	46,617,000	1,824,000
Net Assets or Fund Balances		
20 Total assets (Part X, line 16)		
21 Total liabilities (Part X, line 26)		
22 Net assets or fund balances Subtract line 21 from line 20		
	Beginning of Current Year	End of Year
	1,402,849,000	1,515,172,000
	355,108,000	360,123,000
	1,047,741,000	1,155,049,000

Part II Signature Block

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

Sign Here
Signature of officer: _____ Date: 2019-05-14
ANDREW Y TANAKA READER SVP, CAO, & TREAS
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: SHY JOSEPH
Preparer's signature: SHY JOSEPH
Date: 2019-05-08
Check if self-employed
PTIN: P01085371
Firm's name: ▶ KPMG LLP
Firm's address: ▶ 60 South Street
Boston, MA 02111
Firm's EIN: ▶
Phone no: (617) 988-1000

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III **1** Briefly describe the organization's mission

WESLEYAN UNIVERSITY IS DEDICATED TO PROVIDING AN EDUCATION IN LIBERAL ARTS BY BUILDING A DIVERSE, ENERGETIC COMMUNITY OF STUDENTS, FACULTY, AND STAFF WHO VALUE INDEPENDENCE OF MIND AND GENEROSITY OF SPIRIT SEE ADDITIONAL DESCRIPTION IN 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 No

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

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

If "Yes," describe these changes on Schedule O

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

4a	(Code)	(Expenses \$	178,545,000	including grants of \$	61,870,000	(Revenue \$	164,937,000
	See Additional Data						

4b	(Code)	(Expenses \$	48,117,000	including grants of \$		(Revenue \$	47,432,000
	See Additional Data						

4c	(Code)	(Expenses \$	11,502,000	including grants of \$		(Revenue \$	
	See Additional Data						

4d	Other program services (Describe in Schedule O)						
	(Expenses \$	1,710,237	including grants of \$	45,663	(Revenue \$	9,309,730)

4e	Total program service expenses ▶	239,874,237					
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Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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 columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and organizational details.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (33), 1b (31), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 (CT), 18 (Own website, Another's website, Upon request, Other), 19, 20 (WESLEYAN UNIVERSITY).

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
See Additional Data Table											
1b Sub-Total											
1c Total from continuation sheets to Part VII, Section A											
1d Total (add lines 1b and 1c)								6,237,629	0	1,978,150	

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 **▶** 235

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

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
SMG CORPORATE SERVICES, PO BOX 53 BRATTLEBORO, VT 053020053	CUSTODIAL SERVICES	2,484,095
PAC GROUP LLC, 126 SOUTH MAIN STREET TORRINGTON, CT 06790	CONSTRUCTION SVCS	815,652
SUN SERVICES LLC, 25 CONTROLS DRIVE SHELTON, CT 06484	CUSTODIAL SERVICES	758,469
DERITA SONS CONSTRUCTION COMPANY, 7 PARTRIDGE LANE MIDDLETOWN, CT 06457	CONSTRUCTION SVCS	424,046
KPMG LLP, DEPT 0579 DALLAS, TX 753120579	ACCOUNTING SERVICES	298,050

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 **▶** 23

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	1a Federated campaigns . . .	1a					
	b Membership dues . . .	1b					
	c Fundraising events . . .	1c	6,724				
	d Related organizations	1d					
	e Government grants (contributions)	1e	8,148,000				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	33,008,000				
	g Noncash contributions included in lines 1a-1f \$ _____		7,424,835				
	h Total. Add lines 1a-1f		41,162,724				
Program Service Revenue		Business Code					
	2a TUITION AND FEES	611710	164,937,000	164,937,000			
	b AUXILIARY SERVICES	611710	47,432,000	47,432,000			
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f		212,369,000					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,083,000		-1,397,090	3,480,090	
	4 Income from investment of tax-exempt bond proceeds		0				
	5 Royalties		9,000			9,000	
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)	0	0			
		d Net rental income or (loss)			0		
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)	309,657,000	299,416			
		d Net gain or (loss)	288,730,000	56,170	21,170,246	391,430	20,778,816
	8a Gross income from fundraising events (not including \$ 6,724 of contributions reported on line 1c) See Part IV, line 18	a	18,746				
	b Less direct expenses	b	26,446				
	c Net income or (loss) from fundraising events			-7,700			-7,700
	9a Gross income from gaming activities See Part IV, line 19	a	0				
b Less direct expenses		b	0				
c Net income or (loss) from gaming activities				0			
10a Gross sales of inventory, less returns and allowances	a	951,377					
	b Less cost of goods sold	b	815,377				
	c Net income or (loss) from sales of inventory			136,000		136,000	
Miscellaneous Revenue	Business Code						
11a Other revenue	531390	9,309,730	9,309,730				
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d		9,309,730					
12 Total revenue. See Instructions		286,232,000	221,678,730	-1,005,660	24,396,206		

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	45,663	45,663		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	59,292,372	59,292,372		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	2,577,628	2,577,628		
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	7,130,804	2,067,597	3,704,391	1,358,816
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	736,867	736,867		
7 Other salaries and wages.	91,492,664	75,430,446	12,369,761	3,692,457
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	8,364,000	6,636,602	1,307,718	419,680
9 Other employee benefits.	15,078,745	12,569,320	1,818,500	690,925
10 Payroll taxes.	6,831,870	5,371,894	1,094,775	365,201
11 Fees for services (non-employees)				
a Management.	9,818,846	7,735,203	1,672,084	411,559
b Legal.	857,711	25,030	832,494	187
c Accounting.	210,220	1,110	209,079	31
d Lobbying.	1,306	1,306		
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	3,068,000		3,068,000	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	88,105	64,514	1,660	21,931
12 Advertising and promotion.	5,818,527	5,510,206	193,087	115,234
13 Office expenses.	5,656,173	4,474,793	663,142	518,238
14 Information technology.	2,314,451	1,061,408	1,218,659	34,384
15 Royalties.	0			
16 Occupancy.	10,835,276	7,285,695	2,788,596	760,985
17 Travel.	3,514,853	2,980,621	273,775	260,457
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	289,038	243,391	30,695	14,952
20 Interest.	12,625,000	11,488,750	820,625	315,625
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	10,350,000	9,418,500	672,750	258,750
23 Insurance.	832,390		832,390	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Dining.	14,971,322	14,971,322		
b Foreign Program.	5,369,516	5,369,516		
c Fellowships, Prizes, & Awards.	2,944,617	2,944,617		
d Miscellaneous.	3,292,036	1,569,866	979,940	742,230
e All other expenses.				
25 Total functional expenses. Add lines 1 through 24e.	284,408,000	239,874,237	34,552,121	9,981,642
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	14,308,000	1	16,575,000
	2 Savings and temporary cash investments	52,527,000	2	55,729,000
	3 Pledges and grants receivable, net	23,052,000	3	21,236,000
	4 Accounts receivable, net	1,036,000	4	854,000
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	5,763,000	7	4,880,000
	8 Inventories for sale or use	986,000	8	999,000
	9 Prepaid expenses and deferred charges	1,193,000	9	1,078,000
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	589,471,000		
	b Less accumulated depreciation	253,606,000		
		326,691,000	10c	335,865,000
	11 Investments—publicly traded securities	635,430,000	11	658,318,000
	12 Investments—other securities See Part IV, line 11	338,147,000	12	417,067,000
	13 Investments—program-related See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
15 Other assets See Part IV, line 11	3,716,000	15	2,571,000	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,402,849,000	16	1,515,172,000	
Liabilities	17 Accounts payable and accrued expenses	18,032,000	17	18,579,000
	18 Grants payable	0	18	0
	19 Deferred revenue	2,824,000	19	1,921,000
	20 Tax-exempt bond liabilities	20,105,000	20	20,105,000
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	250,000,000	24	250,000,000
	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	64,147,000	25	69,518,000
	26 Total liabilities. Add lines 17 through 25	355,108,000	26	360,123,000
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	348,858,000	27	381,701,000
	28 Temporarily restricted net assets	359,117,000	28	420,017,000
	29 Permanently restricted net assets	339,766,000	29	353,331,000
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	1,047,741,000	33	1,155,049,000	
34 Total liabilities and net assets/fund balances	1,402,849,000	34	1,515,172,000	

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	286,232,000
2	Total expenses (must equal Part IX, column (A), line 25)	2	284,408,000
3	Revenue less expenses Subtract line 2 from line 1	3	1,824,000
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,047,741,000
5	Net unrealized gains (losses) on investments	5	107,839,000
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-2,355,000
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,155,049,000

Part XII Financial Statements and Reporting

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

		Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>			
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a		No
<p>b Were the organization's financial statements audited by an independent accountant?</p> <p>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</p> <p><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes	
<p>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?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	2c	Yes	
<p>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?</p>	3a	Yes	
<p>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</p>	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 06-0646959

Name: Wesleyan University

Form 990 (2017)

Form 990, Part III, Line 4a:

INSTRUCTION AND RESEARCH WESLEYAN UNIVERSITY OFFERS INSTRUCTION IN 45 DEPARTMENTS, 45 MAJOR FIELDS OF STUDY, 17 MINOR FIELDS OF STUDY, AND 12 CERTIFICATES OF STUDY, AND AWARDS THE BACHELOR OF ARTS AND GRADUATE DEGREES THE MASTER OF ARTS DEGREE AND THE DOCTOR OF PHILOSOPHY ARE REGULARLY AWARDED IN SIX FIELDS OF STUDY STUDENTS MAY CHOOSE FROM MORE THAN 1000 COURSES EACH YEAR AND MAY BE COUNTED UPON TO DEVISE, WITH THE FACULTY, SOME 800 INDIVIDUAL TUTORIALS AND LESSONS PLEASE SEE SCHEDULE O FOR DETAIL

Form 990, Part III, Line 4b:

AUXILIARY SERVICES AND OTHER AUXILIARY SERVICES INCLUDE THE COSTS OF ROOM AND BOARD FOR APPROXIMATELY 3,000 STUDENTS RESIDING ON A 311 ACRE CAMPUS THERE ARE 8 RESIDENCE HALLS, 7 APARTMENT COMPLEXES AND OVER 25 PROGRAM HOUSES IN ADDITION TO OVER 140 HOUSE UNITS ON CAMPUS FOR UPPER-CLASS STUDENTS WORKING IN PARTNERSHIP WITH STUDENTS AND COLLABORATIVELY WITH OTHER MEMBERS OF THE WESLEYAN COMMUNITY, THE OFFICE OF RESIDENTIAL LIFE STRIVES TO PROVIDE A SAFE AND SUPPORTIVE RESIDENTIAL ENVIRONMENT WHICH COMPLEMENTS AND EXTENDS STUDENTS' EDUCATIONAL EXPERIENCE PLEASE SEE SCHEDULE O FOR DETAIL

Form 990, Part III, Line 4c:

* LIBRARIES * LIBRARY EXPENSES INCLUDE ACQUISITION OF BOOKS, PERIODICALS AND OTHER MATERIALS, COMPENSATION OF STAFF, AND OTHER EXPENDITURES IN SUPPORT OF THE LIBRARY PLEASE SEE SCHEDULE O FOR DETAIL

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL S ROTH PRESIDENT AND TRUSTEE	38 0 0 0	X		X				817,977	0	518,367
LEO Y AU TRUSTEE	10 0 0	X						0	0	0
CARLTON B BARNSWELL TRUSTEE	10 0 0	X						0	0	0
PHOEBE C BOYER TRUSTEE	10 0 0	X						0	0	0
ANDREW M BRANDON-GORDON TRUSTEE	10 0 0	X						0	0	0
MARC N CASPER TRUSTEE	10 0 0	X						0	0	0
MARCUS B CHUNG TRUSTEE	10 0 0	X						0	0	0
DAVID G DAVENPORT TRUSTEE	10 0 0	X						0	0	0
KAREN DONFRIED TRUSTEE	10 0 0	X						0	0	0
DIANA FARRELL TRUSTEE	10 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN B FRANK TRUSTEE	1 0 0 0	X						0	0	0
KAREN J FREEDMAN TRUSTEE	1 0 0 0	X						0	0	0
MICHAEL T FRIES TRUSTEE	1 0 0 0	X						0	0	0
ANNE S GOLDRACH TRUSTEE	1 0 0 0	X						0	0	0
JOHN H HALL TRUSTEE	1 0 0 0	X						0	0	0
DARRYL B HAZEL TRUSTEE	1 0 0 0	X						0	0	0
EDWARD J HEFFERMAN TRUSTEE	1 0 0 0	X						0	0	0
KATHERINE A KENNEDY TRUSTEE	1 0 0 0	X						0	0	0
DOUGLAS T LINDE TRUSTEE	1 0 0 0	X						0	0	0
DONNA S MOREA TRUSTEE	1 0 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARC O NACHMANN TRUSTEE	1 0 0 0	X						0	0	0
ROBERT A PRUZAN TRUSTEE	1 0 0 0	X						0	0	0
HONG QU TRUSTEE	1 0 0 0	X						0	0	0
PHILIP J RAUCH TRUSTEE	1 0 0 0	X						0	0	0
DAVID L RESNICK TRUSTEE	1 0 0 0	X						0	0	0
JOHN B RHEA TRUSTEE	1 0 0 0	X						0	0	0
ELIZABETH H SCHMIDT TRUSTEE	1 0 0 0	X						0	0	0
SHANA A SIMMONS TRUSTEE	1 0 0 0	X						0	0	0
FRANKLIN SIRMANS TRUSTEE	1 0 0 0	X						0	0	0
HAROLD R SOGARD TRUSTEE	1 0 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ADAM USDAN TRUSTEE	1 0 0 0	X						0	0	0
ALFORD A YOUNG JR TRUSTEE	1 0 0 0	X						0	0	0
DONNA S ZILKHA TRUSTEE	1 0 0 0	X						0	0	0
NATHAN DAVID PETERS VP FOR FINANCE & ADMIN	38 0 0 0			X				266,087	0	91,833
DAVID STUART WINAKOR GENERAL COUNSEL/SECRETARY	38 0 0 0			X				227,637	0	138,178
DAVE BAIRD VICE PRESIDENT OF IT/CIO	38 0 0 0				X			196,146	0	60,941
ANTONIO FARIAS VP FOR EQUITY AND INCLUSION	38 0 0 0				X			162,568	0	49,807
JOYCE JACOBSEN PROVOST AND VICE PRESIDENT	38 0 0 0				X			253,688	0	68,129
ANNE MARTIN CHIEF INVESTMENT OFFICER	38 0 0 0				X			737,637	0	136,187
NANCY HARGRAVE MEISLAHN DEAN OF ADMISS/FINANCIAL AID	38 0 0 0				X			204,672	0	66,139

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JANICE R NAEGELE CHAIR OF FACULTY	38 0 0 0				X			151,518	0	29,876
KEY L NUTTALL CHIEF COMMUNICATIONS OFFICER	38 0 0 0				X			199,972	0	116,211
ANDREW TANAKA CHIEF OF STAFF	38 0 0 0				X			172,928	0	58,247
MICHAEL J WHALEY VP FOR STUDENT AFFAIRS	38 0 0 0				X			182,804	0	53,194
BARBARA-JAN WILSON VP FOR UNIVERSITY AFFAIRS	38 0 0 0				X			288,592	0	70,287
JEANINE D BASINGER PROFESSOR	38 0 0 0					X		280,320	0	64,967
LISA C DIERKER PROFESSOR	38 0 0 0					X		247,771	0	76,511
JONATHAN DON FARRAR DIRECTOR OF INVESTMENTS	38 0 0 0					X		213,786	0	66,399
NATHANAEL GREENE PROFESSOR	38 0 0 0					X		228,635	0	47,164
ANNE F GREENE PROFESSOR	38 0 0 0					X		205,544	0	40,773

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LAURA B GRABEL FORMER CHAIR FACULTY	38 0 0 0						X	211,196	0	65,329
J DONALD MOON FORMER CHAIR FACULTY	38 0 0 0						X	198,678	0	69,645
ROB ROSENTHAL FORMER PROVOST & VP ACAD AFF	38 0 0 0						X	178,118	0	32,895
ANDREW SZEGEDY-MASZAK FORMER CHAIR FACULTY	38 0 0 0						X	184,497	0	57,071
RUTH STRIEGEL WEISSMAN FORMER PROVOST & VP ACAD AFF	0 0 0 0						X	426,858	0	0

SCHEDULE A
(Form 990 or 990-EZ)

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.

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Wesleyan University

Employer identification number

06-0646959

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 or 990-EZ))
- 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 **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 in 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		
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	48,735,692	41,805,610	55,323,000	63,726,080	41,162,724	250,753,106
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	48,735,692	41,805,610	55,323,000	63,726,080	41,162,724	250,753,106
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)						19,498,344
6 Public support. Subtract line 5 from line 4						231,254,762

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	48,735,692	41,805,610	55,323,000	63,726,080	41,162,724	250,753,106
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,632,693	1,897,534	1,972,643	2,391,770	3,489,090	11,383,730
9 Net income from unrelated business activities, whether or not the business is regularly carried on	205,020					205,020
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	981,566	1,076,854	850,654	1,031,854	951,377	4,892,305
11 Total support. Add lines 7 through 10						267,234,161

12 Gross receipts from related activities, etc (see instructions) **12** 1,035,729,588

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	86.536%
15 Public support percentage for 2016 Schedule A, Part II, line 14	15	87.430%

16a 33 1/3% support test—2017. 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

b 33 1/3% support test—2016. 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

17a 10%-facts-and-circumstances test—2017. 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

b 10%-facts-and-circumstances test—2016. 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

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

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

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is 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

15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. 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 on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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? 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.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
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? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 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>		
2	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
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <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

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	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	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
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	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> 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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:

Software Version:

EIN: 06-0646959

Name: Wesleyan University

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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2017
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If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
 ● Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
 ● Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
 ● Section 527 organizations Complete Part I-A only
If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
 ● Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
 ● Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A
If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
 ● Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization Wesleyan University	Employer identification number 06-0646959
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals
--	----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a If zero or less, enter -0-
- i** Subtract line 1f from line 1c If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Yes No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		1,306
j Total Add lines 1c through 1i			1,306
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
a Current year	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4
5 Taxable amount of lobbying and political expenditures (see instructions)	5

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
OTHER LOBBYING ACTIVITIES	PART IV, LINE 1I WESLEYAN UNIVERSITY BELONGS TO THE CONNECTICUT CONSORTIUM OF INDEPENDENT COLLEGES (CCIC), WHICH AT TIMES MAY ENGAGE IN LOBBYING ACTIVITIES OF THE \$24,958 PAID IN DUES TO CCIC, APPROXIMATELY \$1,306, OR 5 2%, WAS USED FOR LOBBYING

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

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
Wesleyan University

Employer identification number
06-0646959

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year	
a Total number of conservation easements	2a	2
b Total acreage restricted by conservation easements	2b	10 00
c Number of conservation easements on a certified historic structure included in (a)	2c	2
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____ 1

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____ 8 00

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____ 337,988

(ii) Assets included in Form 990, Part X ▶ \$ _____ 12,020,182

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes 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 | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 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 in 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	967,177,000	802,204,000	838,774,000	793,334,000	688,643,000
b Contributions	12,311,000	82,777,000	27,065,000	28,526,000	28,269,000
c Net investment earnings, gains, and losses	124,775,000	118,754,000	-29,466,000	48,532,000	106,454,000
d Grants or scholarships	8,705,207	8,142,067	7,315,000	6,638,252	6,146,143
e Other expenditures for facilities and programs	30,338,793	28,415,933	26,854,000	24,979,748	23,885,857
f Administrative expenses					
g End of year balance	1,065,219,000	967,177,000	802,204,000	838,774,000	793,334,000

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 30 000 %
 - b** Permanent endowment ▶ 32 000 %
 - c** Temporarily restricted endowment ▶ 38 000 %
- 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 | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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		35,863,000		35,863,000
b Buildings		434,494,000	158,867,000	275,627,000
c Leasehold improvements				
d Equipment		114,707,000	94,739,000	19,968,000
e Other		4,407,000		4,407,000
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				335,865,000

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) REAL ASSETS	144,002,000	F
(B) PRIVATE EQUITY	273,065,000	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)	417,067,000	

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)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.)		

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

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

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
TERM LOANS	12,920,000
LIABILITIES RELATED TO INVESTMENTS	9,950,000
CHARITABLE REMAINDER TRUSTS	9,789,000
POST-RETIREMENT BENEFITS	23,021,000
PERKINS LOAN PROGRAM	4,042,000
ASSET RETIREMENT OBLIGATION	12,217,000
BOND PREMIUM	-2,421,000
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	69,518,000

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

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	388,648,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	107,839,000
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	-2,355,000
e	Add lines 2a through 2d	2e	105,484,000
3	Subtract line 2e from line 1	3	283,164,000
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	3,068,000
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	3,068,000
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	286,232,000

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	281,340,000
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	
3	Subtract line 2e from line 1	3	281,340,000
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	3,068,000
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	3,068,000
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	284,408,000

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 06-0646959

Name: Wesleyan University

Supplemental Information

Return Reference	Explanation
CONSERVATION EASEMENTS	PART II, LINE 9 WESLEYAN UNIVERSITY DOES NOT OWN ANY PROPERTY ENCUMBERED BY A CONSERVATION EASEMENT HOWEVER, THE LONG LANE PARCEL IS CURRENTLY UNDER THE TRANSFER ACT AGREEMENT WITH CT DEP PERTAINING TO REMEDIATED SOIL PILES, EXCAVATIONS AND IMPACTED WETLANDS, WHICH ARE PROTECTED UNDER LOCAL AND STATE REGULATIONS AND HAVE A WRITTEN MANAGEMENT PLAN WHICH PROVIDES A POLICY FOR PROTECTING THE AREAS INCLUDING THE PERIODIC MONITORING, INSPECTION, AND ENFORCEMENT OF THE SITE REGARDING HISTORIC BUILDINGS, THE CITY OF MIDDLETOWN DESIGN PRESERVATION AND REVIEW BOARD (DRPB) REVIEWS PROPOSED RENOVATIONS TO ALL HISTORIC STRUCTURES IN CERTAIN DISTRICTS, WHICH INCLUDES WESLEYAN'S CAMPUS THE DRPB THEN MAKES RECOMMENDATIONS TO THE MIDDLETOWN DIRECTOR OF PLANNING FOR SUCH RENOVATIONS WESLEYAN POLICY REQUIRES OUR CONTRACTED ARCHITECTS, ENGINEERS AND CONTRACTORS TO COMPLY WITH ALL LOCAL, STATE AND FEDERAL REGULATIONS ON EVERY PROJECT CONTRACTS FOR DESIGN SERVICES IN HISTORIC BUILDINGS REQUIRE THAT THE ARCHITECT AND WESLEYAN SUBMIT PROPOSED RENOVATION PLANS TO THE CITY OF MIDDLETOWN AND THE DRPB AS REQUIRED BY ZONING LAW

Supplemental Information

Return Reference	Explanation
ORGANIZATIONS COLLECTIONS OF ARTS	<p>PART III, LINE 4 THE UNIVERSITY MAINTAINS WORKS OF ART IN THE DAVISON ART CENTER (DAC), OL IN LIBRARY, SCIENCE LIBRARY AND ARCHIVES WESLEYAN STUDENTS IN MANY DEPARTMENTS USE THE DAC COLLECTION FOR CLASS ASSIGNMENTS OR VIEWINGS, AS WELL AS FOR INDIVIDUAL RESEARCH PROJECTS WITH UNIVERSITY FACULTY, AND THE MUSEUM ALSO ENCOURAGES TEACHING AND LEARNING FROM OBJECTS IN A WIDE RANGE OF OTHER WAYS THE LIBRARY MAINTAINS SPECIAL COLLECTIONS AND ARCHIVES, WHICH INCLUDES AROUND 25,000 RARE BOOKS AND COLLECTIONS THAT SERVE TO STIMULATE UNDERGRADUATE MINDS ABOUT THE PAST, OFFER LABORATORY MATERIALS IN THE HUMANITIES, AND PROVIDE SOME PREPARATION FOR ADVANCED SCHOLARSHIP</p>

Supplemental Information

Return Reference	Explanation
ENDOWMENT FUNDS	<p>PART V, LINE 4 THE UNIVERSITY'S ENDOWMENT CONSISTS OF APPROXIMATELY 1,300 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES INCLUDING BOTH DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS THE UNIVERSITY HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY ITS ENDOWMENT WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS THE UNIVERSITY FOLLOWS A SPENDING POLICY KNOWN AS THE TOBIN SPENDING RULE, NAMED FOR JAMES TOBIN, RECIPIENT OF THE 1971 NOBEL PRIZE IN ECONOMICS THIS RULE SETS THE ANNUAL DISTRIBUTION USING A QUANTITATIVE FORMULA THAT COMBINES ELEMENTS OF STABILITY AND MARKET CONDITIONS THE UNIVERSITY'S ENDOWMENT SPENDING IS 70% BASED ON THE PRIOR YEAR'S SPENDING PLUS INFLATION (MEASURED BY THE HIGHER EDUCATION PRICE INDEX (HEPI) AS OF JUNE 30 OF THE PAST FISCAL YEAR) AND 30% FROM 4.5% OF THE MARKET VALUE OF ENDOWMENT AS OF JUNE 30 OF THE PREVIOUS FISCAL YEAR ABOUT 84% OF THE PERMANENTLY RESTRICTED NET ASSETS CONSIST OF THOSE FOR WHICH INCOME IS RESTRICTED TO FINANCIAL AID, INSTRUCTION AND RESEARCH</p>

Supplemental Information

Return Reference	Explanation
UNCERTAIN TAX POSITIONS UNDER FIN 48 (ASC 740)	PART X, LINE 2 THE UNIVERSITY IS GENERALLY EXEMPT FROM INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(A), AS AN ORGANIZATION DESCRIBED IN SECTION 50(C)(3) THE UNIVERSITY ASSESSES UNCERTAIN TAX POSITIONS AND DETERMINED THAT THERE WERE NO SUCH POSITIONS THAT HAVE A MATERIAL EFFECT ON THE FINANCIAL STATEMENTS

Supplemental Information

Return Reference	Explanation
OTHER REVENUE INCLUDED IN AFS NOT IN FORM 990	PART XI, LINE 2D CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS (763,000) POSTRETIREMENT BENEFIT OBLIGATION CHANGES (1,592,000) ----- TOTAL (2,355,000)

SCHEDULE E
(Form 990 or 990-EZ)

Schools

OMB No 1545-0047

2017

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.**

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

Department of the Treasury
Name of the organization
Wesleyan University

Employer identification number
06-0646959

Part I

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	Yes	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	Yes	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space use Part II.	Yes	
4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II.	Yes	
5 Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		No
6a Does the organization receive any financial aid or assistance from a governmental agency? b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Part II.	Yes	No
7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II.	Yes	

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

Return Reference	Explanation
SCHEDULE E, LINE 3	THE NONDISCRIMINATORY POLICY IS PROMINENTLY DISPLAYED ON ADVERTISEMENTS FOR EMPLOYMENT THAT APPEAR IN NEWSPAPERS AND THE INTERNET IT ALSO APPEARS IN ADMISSIONS CATALOGUES, EMPLOYMENT APPLICATIONS AND EMPLOYEE AND FACULTY HANDBOOKS
SCHEDULE E, LINE 6A	THE UNIVERSITY RECEIVES AWARDS FROM THE DEPARTMENT OF EDUCATION TO BE USED FOR STUDENT FINANCIAL ASSISTANCE IT ALSO RECEIVES VARIOUS RESEARCH AND DEVELOPMENT GRANTS PRIMARILY FROM THE NATIONAL SCIENCE FOUNDATION AND DEPARTMENT OF HEALTH AND HUMAN SERVICES

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Wesleyan University

Employer identification number
06-0646959

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

- 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
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total					277,182,758
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					277,182,758

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

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

3 Enter total number of other organizations or entities ▶ _____

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) See Add'l Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)* Yes 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, do not file with Form 990)* Yes No

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).

Return Reference	Explanation
MONITORING THE USE OF GRANT FUNDS	PART I, LINE 2 STUDENTS ATTEND APPROVED STUDY ABROAD PROGRAMS AND RECEIVE WESLEYAN CREDIT PROGRAMS ARE APPROVED BASED ON A REVIEW BY A FACULTY COMMITTEE ONCE THE PROGRAM IS APPROVED, THE OFFICE OF INTERNATIONAL STUDIES, IN CONJUNCTION WITH THE FINANCE OFFICE, FACILITATES PAYMENT AND FINANCIAL AID TO THE HOST SCHOOL AFTER A STUDENT COMPLETES THE PROGRAM, THEY FILL OUT AN EVALUATION OF THE PROGRAM AND AN OFFICIAL TRANSCRIPT IS PRESENTED TO THE UNIVERSITY FROM THE PROGRAM

Return Reference	Explanation
STUDY ABROAD GRANTS	PART III, COLUMN E FINANCIAL AID IS DETERMINED BASED ON A NEEDS ANALYSIS AND APPLIED TO STUDENT CHARGES THAT SUPPORT THE COST OF ATTENDANCE STUDENT CHARGES ARE USED IN SUPPORTING THE UNIVERSITY'S MISSION WESLEYAN ALTERNATES RUNNING FOREIGN PROGRAMS WITH VASSAR COLLEGE AND WELLESLEY COLLEGE IN SPAIN, ITALY, AND FRANCE DURING FISCAL YEAR 2018, WESLEYAN DID NOT RUN THE ITALY AND FRANCE PROGRAMS, SO EXPENSES IN THAT REGION WERE LOWER THAN THE PRIOR YEAR WHEN WESLEYAN RAN THE PROGRAMS

Additional Data

Software ID:

Software Version:

EIN: 06-0646959

Name: Wesleyan University

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Program Services	Stdy Abr/Rsrch/Rcrt	73,934
East Asia and the Pacific			Program Services	Stdy Abr/Rsrch/Rcrt	245,541

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)			Program Services	Stdy Abr/Rsrch/Rcrt	3,720,848
Middle East and North Africa			Program Services	Stdy Abr/Rsrch/Rcrt	39,557

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America			Program Services	Stdy Abr/Rsrch/Rcrt	43,192
Russia and the Newly Independent States			Program Services	Stdy Abr/Rsrch/Rcrt	5,027

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South America			Program Services	Stdy Abr/Rsrch/Rcrt	253,967
South Asia			Program Services	Stdy Abr/Rsrch/Rcrt	81,448

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa			Program Services	Stdy Abr/Rsrch/Rcrt	322,737
Central America and the Caribbean			Program Services	Investments	270,542,192

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)			Program Services	Investments	1,854,315

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Study Abroad/Fin Aid	Central America and the Caribbean	3	70,372				
Study Abroad/Fin Aid	East Asia and the Pacific	9	166,566				

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Study Abroad/Fin Aid	Europe (Including Iceland and Greenland)	72	1,746,267				
Study Abroad/Fin Aid	Middle East and North Africa	1	26,237				

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Study Abroad/Fin Aid	North America	1	26,752				
Study Abroad/Fin Aid	South America	6	169,675				

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Study Abroad/Fin Aid	South Asia	3	71,537				
Study Abroad/Fin Aid	Sub-Saharan Africa	12	300,222				

**SCHEDULE G
(Form 990 or 990-EZ)**

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2017

**Open to Public
Inspection**

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

▶ Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Wesleyan University

Employer identification number

06-0646959

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				▶		

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

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		GOLF OUTING (event type)	Skating Party (event type)	0 (total number)	Total events (add col (a) through col (c))
1	Gross receipts	16,650	8,820		25,470
2	Less Contributions	5,494	1,230		6,724
3	Gross income (line 1 minus line 2)	11,156	7,590		18,746
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	5,916	8,000		13,916
	7 Food and beverages	4,891	6,262		11,153
	8 Entertainment				
	9 Other direct expenses	90	1,287		1,377
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
11	Net income summary Subtract line 10 from line 3, column (d) ▶				-7,700

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

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

a	The organization's facility	%
b	An outside facility	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶
 Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party

Name ▶
 Address ▶

16 Gaming manager information

Name ▶
 Gaming manager compensation ▶ \$
 Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

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

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

Return Reference	Explanation
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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.

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization Wesleyan University

Employer identification number 06-0646959

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to 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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Row 1: (1) CITY OF MIDDLETOWN, 06-6001872, 170(B)(1)(A)(V), 45,663, UNRESTRICTED.

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

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SEOG	225	715,000			
(2) CT STATE GRANTS	3	152,500			
(3) TUITION REMISSION	136	3,816,000			
(4) UNIVERSITY SCHOLARSHIP	1193	54,608,872			
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
MONITORING THE USE OF GRANT FUNDS	PART I, LINE 2 GRANTS TO ORGANIZATIONS IN THE U S THE UNIVERSITY MAY MAKE DONATIONS TO SUPPORT ITS TOWN OR NON-PROFIT ORGANIZATIONS IN THESE INSTANCES, THE UNIVERSITY GENERALLY DOES NOT MONITOR THE ULTIMATE USE OF THE FUNDS AS THESE AMOUNTS ARE UNRESTRICTED GRANTS TO MUNICIPALITIES OR ORGANIZATIONS THAT ARE RECOGNIZED AS BEING DESCRIBED IN INTERNAL REVENUE CODE SECTION 501(C)
GRANTS TO INDIVIDUALS IN THE U S	FINANCIAL AID IS DETERMINED BASED ON A NEEDS ANALYSIS AND APPLIED TO STUDENT CHARGES THAT SUPPORT COST OF ATTENDANCE STUDENT CHARGES ARE USED IN SUPPORT OF THE UNIVERSITY'S MISSION

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Wesleyan University

Employer identification number
06-0646959

Part I Questions Regarding Compensation

	Yes	No
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		
<input checked="" type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account		
<input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes in 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	1b Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2 Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III		
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations		
<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> 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?	4a Yes	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
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	4c	No
Only 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?	5a	No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III	5b	No
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?	6a	No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III	6b	No
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7 Yes	
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	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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.

Return Reference	Explanation
BENEFITS	PART I, LINE 1A Under the University's travel policy, employees may travel in coach class only. In circumstances where scheduling or a medical condition necessitates other arrangements, business class travel is authorized. On infrequent occasions where business class options have not been available, the President has travelled First Class with the specific approval of the Finance Office. The president and vice president for student affairs must live on campus as a requirement of their employment and the fair market value of the housing has been included as a non-taxable fringe benefit on Schedule J.
SEVERANCE PAYMENTS	PART I, LINE 4A THE FORMER PROVOST & VP OF ACADEMIC AFFAIRS RECEIVED \$426,858 IN SEVERANCE PURSUANT TO THE UNIVERSITY'S EARLY RETIREMENT POLICY. THIS AMOUNT IS REPORTED IN PART II, COLUMN (B)(III).
NON-FIXED BONUSES	PART I, LINE 7 50% of Investment Office bonuses are based on quantitative metrics and 50% are based on a qualitative assessment of staff performance by the CIO and Board of Trustees. The President has an incentive bonus based on fundraising targets set by the Board of Trustees every year.
HOUSING ALLOWANCES	PART II, COLUMN D THE FAIR MARKET VALUE OF HOUSING PROVIDED TO THE FOLLOWING INDIVIDUALS, AS A REQUIREMENT OF THEIR EMPLOYMENT, THAT IS REPORTED IN THEIR NONTAXABLE BENEFITS IS AS FOLLOWS: PRESIDENT \$55,046; VICE PRESIDENT FOR STUDENT AFFAIRS \$11,875. THE FAIR MARKET VALUE OF HOUSING PROVIDED TO THE FOLLOWING INDIVIDUAL THAT IS REPORTED IN HIS TAXABLE BENEFITS IS AS FOLLOWS: VP FOR FINANCE AND ADMINISTRATION \$12,096. THE CALCULATION OF THE FAIR MARKET VALUES HAVE BEEN UPDATED FOR SQUARE FOOTAGE AND OPERATING COSTS OF THE RESIDENCES.

Additional Data

Software ID:
Software Version:
EIN: 06-0646959
Name: Wesleyan University

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MICHAEL S ROTH PRESIDENT AND TRUSTEE	(i)	609,677	200,000	8,300	392,293	126,074	1,336,344	0
	(ii)	0	0	0	0	0	0	0
1 DAVE BAIRD VICE PRESIDENT OF IT/CIO	(i)	196,046	0	100	34,077	26,864	257,087	0
	(ii)	0	0	0	0	0	0	0
2 ANTONIO FARIAS VP FOR EQUITY AND INCLUSION	(i)	162,318	0	250	14,609	35,198	212,375	0
	(ii)	0	0	0	0	0	0	0
3 JOYCE JACOBSEN PROVOST AND VICE PRESIDENT	(i)	253,388	0	300	23,721	44,408	321,817	0
	(ii)	0	0	0	0	0	0	0
4 ANNE MARTIN CHIEF INVESTMENT OFFICER	(i)	442,211	295,126	300	41,890	94,297	873,824	0
	(ii)	0	0	0	0	0	0	0
5 NANCY HARGRAVE MEISLAHN DEAN OF ADMISSIONS/FINANCIAL AID	(i)	204,572	0	100	35,158	30,981	270,811	0
	(ii)	0	0	0	0	0	0	0
6 JANICE R NAEGELE CHAIR OF FACULTY	(i)	150,983	0	535	12,789	17,087	181,394	0
	(ii)	0	0	0	0	0	0	0
7 KEY L NUTTALL CHIEF COMMUNICATIONS OFFICER	(i)	199,972	0	0	18,494	97,717	316,183	0
	(ii)	0	0	0	0	0	0	0
8 NATHAN DAVID PETERS VP FOR FINANCE & ADMIN	(i)	253,666	0	12,421	40,639	51,194	357,920	0
	(ii)	0	0	0	0	0	0	0
9 ANDREW TANAKA CHIEF OF STAFF	(i)	172,728	0	200	25,466	32,781	231,175	0
	(ii)	0	0	0	0	0	0	0
10 MICHAEL J WHALEY VP FOR STUDENT AFFAIRS	(i)	182,404	0	400	16,107	37,087	235,998	0
	(ii)	0	0	0	0	0	0	0
11 BARBARA-JAN WILSON VP FOR UNIVERSITY AFFAIRS	(i)	287,942	0	650	24,786	45,501	358,879	0
	(ii)	0	0	0	0	0	0	0
12 DAVID STUART WINAKOR GENERAL COUNSEL/SECRETARY	(i)	227,252	0	385	25,608	112,570	365,815	0
	(ii)	0	0	0	0	0	0	0
13 JEANINE D BASINGER PROFESSOR	(i)	280,095	0	225	24,585	40,382	345,287	0
	(ii)	0	0	0	0	0	0	0
14 LISA C DIERKER PROFESSOR	(i)	247,571	0	200	35,736	40,775	324,282	0
	(ii)	0	0	0	0	0	0	0
15 JONATHAN DON FARRAR DIRECTOR OF INVESTMENTS	(i)	156,929	56,807	50	14,835	51,564	280,185	0
	(ii)	0	0	0	0	0	0	0
16 NATHANAEL GREENE PROFESSOR	(i)	228,535	0	100	19,982	27,182	275,799	0
	(ii)	0	0	0	0	0	0	0
17 ANNE F GREENE PROFESSOR	(i)	205,544	0	0	15,277	25,496	246,317	0
	(ii)	0	0	0	0	0	0	0
18 LAURA B GRABEL FORMER CHAIR FACULTY	(i)	211,196	0	0	19,591	45,738	276,525	0
	(ii)	0	0	0	0	0	0	0
19 J DONALD MOON FORMER CHAIR FACULTY	(i)	198,228	0	450	34,538	35,107	268,323	0
	(ii)	0	0	0	0	0	0	0

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds
 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
 ▶ Attach to Form 990.
 ▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public Inspection

Department of the Treasury
 Internal Revenue Service
 Name of the organization
 Wesleyan University

Employer identification number
 06-0646959

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A CHEFA 2010 SERIES H	06-0806186	20774U3A1	05-18-2010	20,105,000	REFUND 2005 BOND ISSUE		X		X		X

Part II Proceeds

	A	B	C	D
1 Amount of bonds retired	0			
2 Amount of bonds legally defeased	0			
3 Total proceeds of issue	20,105,000			
4 Gross proceeds in reserve funds	0			
5 Capitalized interest from proceeds	0			
6 Proceeds in refunding escrows	0			
7 Issuance costs from proceeds	105,000			
8 Credit enhancement from proceeds	0			
9 Working capital expenditures from proceeds	0			
10 Capital expenditures from proceeds	0			
11 Other spent proceeds	20,000,000			
12 Other unspent proceeds	0			
13 Year of substantial completion	2008			
	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X			
15 Were the bonds issued as part of 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			

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						

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X							
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 ▶	0 040 %							
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 040 %							
6 Total of lines 4 and 5	0 040 %							
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 nongovernmental 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?		X						
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							
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider	0							
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider	0							
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

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

Return Reference	Explanation
PART I, CHEFA 2010 SERIES G	DESFEASEMENT OF SERIES G ON MAY 31, 2016, THE UNIVERSITY ISSUED \$250 MILLION OF CENTURY BONDS AT AN INTEREST RATE OF 4.781%. THE UNIVERSITY USED \$203 MILLION TO CREATE A "REFUNDING TRUST", WITH BANK OF NEW YORK MELLON AS A TRUSTEE, TO LEGALLY DEFEASE ALL OF WESLEYAN'S OUTSTANDING TAX-EXEMPT SERIES G BONDS REDEEMABLE ON JULY 1, 2020.

Return Reference	Explanation
PART III, LINE 4	CERTAIN UNRELATED BUSINESS ACTIVITIES ARE CARRIED ON IN THE TAX-EXEMPT BOND-FINANCED PROPERTIES, GIVING RISE TO PRIVATE BENEFIT USE HOWEVER, THESE UNRELATED BUSINESS ACTIVITIES HAVE CONSISTENTLY GENERATED LOSSES AND ARE NOT REPORTED ON THE UNIVERSITY'S FORM 990-T

Return Reference	Explanation
PART IV, LINE 2A	No rebate calculation was completed since the 2010 bond issue was strictly a refunding of prior bond issues and there were no construction fund or additional proceeds expended

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 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.**
 ▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization Wesleyan University	Employer identification number 06-0646959
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 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 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

Total ▶ \$ _____

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

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
(1) ANNE GREENE	FAMILY OF J FRANK-TRUSTEE	242,230	EMPLOYEE COMPENSATION		No
(2) NATHANAEL GREENE	FAMILY OF J FRANK-TRUSTEE	279,396	EMPLOYEE COMPENSATION		No
(3) KARI WEIL	SPOUSE OF M ROTH-OFFICER	163,741	EMPLOYEE COMPENSATION		No
(4) MORGAN FRANK	FAMILY OF J FRANK-TRUSTEE	51,500	EMPLOYEE COMPENSATION		No

Part V Supplemental Information

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

Return Reference	Explanation

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No 1545-0047

2017

Open to Public Inspection

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990**

Name of the organization
Wesleyan University

Employer identification number
06-0646959

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	3	330,900	FMV
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				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous	X	164	7,086,847	FMV
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 ▶ (AUCTION ITEMS)	X	3	578	FMV
26 Other ▶ (GOLF OUTING ITEMS)	X	5	1,476	FMV
27 Other ▶ (WINE)	X	1	3,272	FMV
28 Other ▶ (VARIOUS)	X	4	1,762	FMV

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

29 4

	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 is not required to be used for exempt purposes for the entire holding period?		No
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?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

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.

Return Reference	Explanation
PART I, COLUMN (B)	THE UNIVERSITY REPORTS THE NUMBER OF CONTRIBUTORS IN PART I, COLUMN (B)

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

▶ Attach to Form 990 or 990-EZ.

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization
Wesleyan University

Employer identification number

06-0646959

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1 & PART III, LINE 1	<p>ORGANIZATION'S MISSION I WESLEYAN UNIVERSITY IS DEDICATED TO PROVIDING AN EDUCATION IN THE LIBERAL ARTS THAT IS CHARACTERIZED BY BOLDNESS, RIGOR, AND PRACTICAL IDEALISM AT WESLEYAN, DISTINGUISHED SCHOLAR-TEACHERS WORK CLOSELY WITH STUDENTS, TAKING ADVANTAGE OF FLUIDITY AMONG DISCIPLINES TO EXPLORE THE WORLD WITH A VARIETY OF TOOLS THE UNIVERSITY SEEKS TO BUILD A DIVERSE, ENERGETIC COMMUNITY OF STUDENTS, FACULTY, AND STAFF WHO THINK CRITICALLY AND CREATIVELY AND WHO VALUE INDEPENDENCE OF MIND AND GENEROSITY OF SPIRIT II VALUES AND CULTURE *AS A LEARNING COMMUNITY* WESLEYAN EDUCATES STUDENTS TO BECOME INDEPENDENT THINKERS CAPABLE OF CONTINUING TO LEARN AND ABLE TO TRANSLATE INTELLECTUAL RIGOR INTO REAL-WORLD ACTION AT WESLEYAN, STUDENTS ARE DRIVEN TO MAKE KNOWLEDGE MORE AVAILABLE AND MORE MEANINGFUL, TO PUSH INSIGHTS ACROSS BORDERS INTO NEW DOMAINS, AND TO ENGAGE WITH NEW OR NEGLECTED AUDIENCES THEY DISCOVER WHAT THEY LOVE TO DO AND GET BETTER AT IT WHILE CONSTANTLY BEING CHALLENGED TO MAKE WHAT THEY LEARN RELEVANT TO OTHERS WESLEYAN CREATES AN ENVIRONMENT IN WHICH STUDENTS CAN STRIVE FOR EXCELLENCE THROUGH HARD WORK THAT IS JOYFUL AND SATISFYING ALUMNI OF THE INSTITUTION CONTINUE TO DRAW ON THEIR LEARNING EXPERIENCES FOR THE REST OF THEIR LIVES AND REMAIN DEVOTED TO THE INSTITUTION *AS A CENTER FOR CREATIVE PRACTICE* WESLEYAN ATTRACTS FACULTY AND STUDENTS WHO FIND ENORMOUS VALUE IN INDEPENDENT RESEARCH, SCHOLARSHIP, AND CREATIVE PRACTICE PROFESSORS EMBRACE THEIR ROLE AS SCHOLARS-TEACHERS AND ARE ENERGIZED BY THEIR STUDENTS DEEP INQUISITIVENESS, UNGUARDED CURIOSITY, AND EAGERNESS TO EXPLORE BEYOND THE SYLLABUS THE UNIVERSITY'S SMALL GRADUATE PROGRAMS IN THE SCIENCES AND MUSIC FACILITATE COLLABORATIVE RESEARCH UNDERGRADUATES ARE GIVEN OPPORTUNITIES FOR ADVANCED INDEPENDENT WORK THROUGH WHICH THEY INCREASE THEIR INTELLECTUAL CAPACITIES AND DISCOVER ASPECTS OF THEMSELVES AND THE WORLD THAT WILL REMAIN MEANINGFUL TO THEM LONG AFTER GRADUATION MEMBERS OF THE WESLEYAN COMMUNITY ADDRESS SCHOLARLY ISSUES OF IMPORTANCE TO THEIR RESPECTIVE FIELDS AND REGULARLY PRODUCE WORK THAT GOES BEYOND ACADEMIC REALMS TO HAVE A POSITIVE IMPACT ON PUBLIC LIFE *AS AN INSTITUTIONAL CITIZEN AND LEADER IN EDUCATION* WESLEYAN INSPIRES FACULTY, STAFF AND STUDENTS TO PLAY ACTIVE ROLES AS NEIGHBORS AND CITIZENS THE UNIVERSITY CONTRIBUTES ECONOMICALLY AND CULTURALLY TO MIDDLETOWN, AND IT INSTILLS IN ITS GRADUATES A SENSE OF CIVIC POSSIBILITY AND PURPOSE WESLEYAN ALUMNI CREATE OPPORTUNITIES TO INTEGRATE SERVICE INTO THEIR PROFESSIONAL AND PERSONAL LIVES AND GENEROUSLY SUPPORT THE EDUCATIONAL ENTERPRISE ON CAMPUS THE UNIVERSITY SUPPORTS THE CONTINUED EVOLUTION OF A LIBERAL ARTS EDUCATION AND MAKES A CASE FOR ITS IMPORTANCE IN THE PUBLIC SPHERE MEMBERS OF THE WESLEYAN COMMUNITY REGULARLY GO ON TO DISTINGUISHED CAREERS IN PUBLIC SERVICE, AND THE UNIVERSITY PROVIDES SUPPORT FOR DISSEMINATING SCHOLARSHIP THAT CAN HAVE POSITIVE PUBLIC IMPACT</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	INSTRUCTION AND RESEARCH INCLUDES ALL EXPENDITURES FOR COMPENSATION AND OTHER EXPENSES IN SUPPORT OF INSTRUCTIONAL ACTIVITY - 745 BACHELOR OF ARTS AND 82 GRADUATE DEGREES WERE AWARDED IN 2018 - TODAY WESLEYAN OFFERS INSTRUCTION IN 45 DEPARTMENTS, 45 MAJOR FIELDS OF STUDY, 17 MINOR FIELDS OF STUDY, AND 12 CERTIFICATES OF STUDY AND AWARDS THE BACHELOR OF ARTS AND GRADUATE DEGREES THE MASTER OF ARTS DEGREE AND THE DOCTOR OF PHILOSOPHY ARE REGULARLY AWARDED IN SIX FIELDS OF STUDY STUDENTS MAY CHOOSE FROM MORE THAN 1000 COURSES EACH YEAR AND MAY BE COUNTED UPON TO DEVISE, WITH THE FACULTY, SOME 800 INDIVIDUAL TUTORIALS AND LESSONS - THE STUDENT BODY IS MADE UP OF APPROXIMATELY 3,000 STUDENTS FULL-TIME UNDERGRADUATES AND 150 GRADUATE STUDENTS, AS WELL AS AROUND 140 PART-TIME STUDENTS PER YEAR IN THE GRADUATE LIBERAL STUDIES PROGRAM AN ONGOING FACULTY OF MORE THAN 440 IS JOINED EACH SEMESTER BY A DISTINGUISHED GROUP OF VISITING ARTISTS AND PROFESSORS TODAY'S STUDENT/INSTRUCTOR RATIO IS 8 TO 1, AND ABOUT TWO THIRDS OF ALL COURSES ENROLL FEWER THAN 20 STUDENTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4B	AUXILIARY SERVICES INCLUDE THE COSTS OF ROOM AND BOARD FOR APPROXIMATELY 3,000 STUDENTS RESIDING ON A 311 ACRE CAMPUS THERE ARE 8 RESIDENCE HALLS, 7 APARTMENT COMPLEXES AND OVER 25 PROGRAM HOUSES IN ADDITION TO OVER 140 HOUSE UNITS ON CAMPUS FOR UPPER-CLASS STUDENTS WORKING IN PARTNERSHIP WITH STUDENTS AND COLLABORATIVELY WITH OTHER MEMBERS OF THE WESLEYAN COMMUNITY, THE OFFICE OF RESIDENTIAL LIFE STRIVES TO PROVIDE A SAFE AND SUPPORTIVE RESIDENTIAL ENVIRONMENT THAT COMPLEMENTS AND EXTENDS STUDENTS EDUCATIONAL EXPERIENCE STUDENT-CENTERED PROGRAMS AND SERVICES ARE DEVELOPED AND IMPLEMENTED WITH AN EMPHASIS ON HOLISTIC INDIVIDUAL AND COMMUNITY DEVELOPMENT, STUDENT LEADERSHIP, INDIVIDUAL RESPONSIBILITY, ADVOCACY OF ACADEMIC INQUIRY, AND FREEDOM OF THOUGHT, OPINION AND EXPRESSION IN THE SPIRIT OF MUTUAL RESPECT THESE ARE THE HALLMARKS OF THE WESLEYAN RESIDENTIAL EXPERIENCE, AND THEY PROVIDE THE ESSENTIAL FOUNDATION FOR A QUALITY LIBERAL ARTS EDUCATION WITHIN A DIVERSE AND DYNAMIC COMMUNITY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C	LIBRARY EXPENSES INCLUDE ACQUISITION OF BOOKS, PERIODICALS AND OTHER MATERIALS, COMPENSATION OF STAFF, AND OTHER EXPENDITURES IN SUPPORT OF THE LIBRARY THE MISSION OF THE LIBRARY IS TO PROVIDE THE INFORMATION SERVICES AND RESOURCES REQUIRED TO SUPPORT THE LEARNING, TEACHING, AND RESEARCH OF THE WESLEYAN COMMUNITY TO CARRY OUT THIS MISSION THE LIBRARY WILL - ORGANIZE AND PROVIDE INTELLECTUAL AND PHYSICAL ACCESS TO COLLECTIONS AND INFORMATION RESOURCES LOCALLY AND WORLD-WIDE - DEVELOP AND PRESERVE LOCAL COLLECTIONS - TEACH AND GUIDE USERS IN THE LIBRARY RESEARCH PROCESS - PROVIDE AN ATMOSPHERE CONDUCIVE TO STUDY, RESEARCH, AND LEARNING - CONTRIBUTING TO THE LARGER SCHOLARLY WORLD THE WESLEYAN LIBRARY WILL PROVIDE UNEXCELLED SERVICES IT IS A DYNAMIC PLACE WHERE LIBRARY STAFF PROVIDE USERS WITH THE INFORMATION THEY NEED, AS WELL AS A KEEN SENSE THAT THERE ARE MANY PATHS, AND A WIDE RANGE OF SKILLS NECESSARY FOR THE EFFECTIVE USE AND EVALUATION OF INFORMATION RESOURCES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4D	STUDENT SERVICES INCLUDES THE COSTS ASSOCIATED WITH ADMINISTERING THE OFFICE OF ADMISSIONS , REGISTRAR, FINANCIAL AID, CAREER PLANNING, HEALTH SERVICES, INSTITUTIONAL RESEARCH AND DEAN'S OFFICE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, QUESTION 11A	FORM 990 REVIEW PROCESS THE UNIVERSITY'S FISCAL YEAR END IS JUNE 30 THE AUDITED FINANCIAL STATEMENTS ARE FINALIZED IN LATE OCTOBER DUE TO THE TIME IT TAKES TO VALUE ENDOWMENT ASSETS DURING NOVEMBER AND DECEMBER, A TAX COMMITTEE CONSISTING OF UNIVERSITY GENERAL COUNSEL, VP FOR FINANCE AND ADMINISTRATION, AND DIRECTOR OF FINANCIAL SERVICES MEET TO DISCUSS ANY SIGNIFICANT CHANGES IN POLICIES, GOVERNANCE, MANAGEMENT AND OTHER ACTIVITY IN ADDITION, THE FINANCE OFFICE REACHES OUT TO OTHER DEPARTMENTS SUCH AS ACADEMIC AFFAIRS, UNIVERSITY RELATIONS, AND ADMISSIONS TO DETERMINE POTENTIAL FILING ACTIVITY DURING JANUARY AND FEBRUARY THE FINANCE OFFICE WORKS WITH THE EXTERNAL AUDITORS TO COMPLETE A DRAFT DOCUMENT FOR THE ANNUAL AUDIT COMMITTEE MEETING THE DOCUMENT IS PROVIDED TO EACH MEMBER OF THE AUDIT COMMITTEE AND DISCUSSED DURING THE MEETING THE CHAIR OF THE AUDIT COMMITTEE WILL SUMMARIZE THE REVIEW TO THE FULL BOARD OF TRUSTEES THE FOLLOWING DAY THE FINAL RETURN IS FILED IN MAY WITH A COPY OF THE FINAL RETURN MADE AVAILABLE THROUGH THE TRUSTEE SECURE PORTAL A COUPLE OF WEEKS PRIOR TO THE FINAL FILING TO EACH VOTING MEMBER OF THE GOVERNING BOARD

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, QUESTION 12C	<p>CONFLICT OF INTEREST POLICY THE UNIVERSITY POSTS ITS CONFLICT OF INTEREST POLICY ON ITS WEBSITE AND REQUIRES QUESTIONNAIRE COMPLETION FROM UNIVERSITY FACULTY, STAFF AND TRUSTEES ON AN ANNUAL BASIS FACULTY AND STAFF ARE COLLECTED ELECTRONICALLY THROUGH NETWORK SIGN ON CONFLICT OF INTEREST QUESTIONNAIRES FROM BOARD MEMBERS ARE COLLECTED BY THE SECRETARY OF THE UNIVERSITY AND REVIEWED BY LEGAL COUNSEL RESPONSES ARE MONITORED BY THE UNIVERSITY GENERAL COUNSEL IN CONJUNCTION WITH THE PRESIDENT'S OFFICE ANY SUPERVISOR RECEIVING NOTICE OF A POTENTIAL CONFLICT OF INTEREST SHALL DETERMINE WHETHER THE SITUATION PRESENTS A POTENTIAL CONFLICT OF INTEREST UNDER THIS POLICY AND DOCUMENT THEIR DETERMINATION IN WRITING UNLESS THE SUPERVISOR IS ABLE TO CLEARLY DETERMINE THAT NO SUCH CONFLICT EXISTS OR IN THE CASE THAT THE INDIVIDUAL DISAGREES WITH THE SUPERVISOR'S DECISIONS, THE SUPERVISOR SHALL REQUIRE THE INDIVIDUAL TO DISCLOSE THE SITUATION IN WRITING AND THE SUPERVISOR AND/OR INDIVIDUAL SHALL FORWARD THAT DESCRIPTION TO AN APPROPRIATE VICE PRESIDENT OR SENIOR OFFICER OF THE UNIVERSITY THE SUPERVISOR SHALL NOT PERMIT ANY INDIVIDUAL TO PARTICIPATE IN THE QUESTIONABLE ACTIVITY UNLESS AND UNTIL A VICE PRESIDENT OR SENIOR OFFICER OF THE UNIVERSITY HAS REVIEWED THE ACTIVITY AND CONFIRMED IN WRITING THAT THE ACTIVITY MAY CONTINUE AND/OR THAT THERE ARE RELEVANT SAFEGUARDS IN PLACE TO PROTECT THE UNIVERSITY ANY INDIVIDUAL WHO DISAGREES WITH A CONFLICT-RELATED DECISION OF ANY VICE PRESIDENT OR SENIOR OFFICER MAY SEEK REVIEW BY THE PRESIDENT OF THE UNIVERSITY WHOSE DECISION SHALL BE FINAL ON AN ANNUAL BASIS THE UNIVERSITY DISTRIBUTES AND REQUIRES INDIVIDUALS TO COMPLETE A STATEMENT A) CONFIRMING THAT THEY HAVE READ AND UNDERSTOOD THE CONFLICT OF INTEREST POLICY AND B) THAT THEY HAVE NO KNOWLEDGE OF ANY CONFLICT OF INTEREST EXCEPT FOR THOSE APPROPRIATELY DISCLOSED UNDER THE POLICY</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, QUESTIONS 15A AND 15B	COMPENSATION POLICY WESLEYAN UNIVERSITY'S SALARY ADMINISTRATION IS DESIGNED TO ACCOMPLISH THREE MAJOR OBJECTIVES - ATTRACT AND RETAIN HIGHLY QUALIFIED STAFF MEMBERS, - LINK COMPENSATION TO PERFORMANCE, AND - PROMOTE CONSISTENCY AND AN INTERNALLY EQUITABLE RELATIONSHIP BETWEEN SALARY AND A COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES, COMPOSED OF THREE MEMBERS AND CHAIRED BY THE CHAIR OF THE BOARD OF TRUSTEES, IS RESPONSIBLE FOR EVALUATING THE COMPENSATION REASONABLENESS FOR ALL OFFICERS AND KEY EMPLOYEES AS DETERMINED FROM TIME TO TIME THE COMMITTEE REVIEWS THE PERFORMANCE APPRAISAL OF THE PRESIDENT BY THE BOARD, DETERMINES THE COMPENSATION OF THE PRESIDENT, AND SETS GOALS AND PERFORMANCE MEASURES FOR THE FOLLOWING YEAR THE COMMITTEE BEGINS DISCUSSION IN THE SECOND HALF OF THE ACADEMIC YEAR WESLEYAN PARTICIPATES IN AN ANNUAL SURVEY OF ITS PEERS CONDUCTED BY A PRIVATE CONSULTANT THIS PROCESS ENSURES THAT THE UNIVERSITY REMAINS CONSISTENT WITH THE REGULATORY AND LEGAL REQUIREMENTS OF COMPENSATION IN A 501(C)(3) NON-PROFIT ORGANIZATION THE PROCESS FOR DETERMINING THE COMPENSATION OF THE PRESIDENT MEETS THE THREE REQUIREMENTS OF THE REBUTTABLE PRESUMPTION STANDARD THE COMPENSATION ARRANGMENT IS APPROVED IN ADVANCE BY THE ORGANIZATION'S COMPENSATION COMMITTEE THE COMMITTEE IS APPOINTED BY THE BOARD OF TRUSTEES FOR THE PURPOSE OF ASSISTING THE BOARD TO FULFILL ITS RESPONSIBILITY TO THE ORGANIZATION AND THE COMMUNITY TO ENSURE THE COMPENSATION IS IN ACCORDANCE WITH THE ORGANIZATION'S POLICIES PRIOR TO MAKING ANY COMPENSATION DECISIONS, THE EXECUTIVE COMPENSATION COMMITTEE OBTAINS AND RELIES UPON APPROPRIATE DATA AS TO COMPARABILITY THE COMMITTEE UTILIZES LOCAL AND NATIONAL COMPENSATION SURVEYS TO SET COMPENSATION LEVELS FINALLY, THE EXECUTIVE COMPENSATION COMMITTEE ADEQUATELY AND TIMELY DOCUMENTS THE BASIS FOR SETTING COMPENSATION CONCURRENTLY WITH THE MAKING OF THE DETERMINATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, QUESTION 19 - PUBLIC DISCLOSURE	THE UNIVERSITY POSTS ITS GOVERNING DOCUMENTS ON ITS WEBSITE AT WWW WESLEYAN EDU/GENERALCOU NSEL IN ADDITION, THE UNIVERSITY'S AUDITED FINANCIAL STATEMENTS ARE ON ITS WEBSITE AT WWW WESLEYAN EDU/FINANCE THE UNIVERSITY'S FORM 990 IS POSTED ON WWW GUIDESTAR ORG THE FORM 990, AUDITED FINANCIAL STATEMENTS AND GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER REVENUE NOT INCLUDED IN AFS NOT IN FORM 990 POSTRETIREMENT BENEFIT OBLIGATIONS CHANGES (1,592,000) CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS (763,000) ----- (2,355,000)

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

**Open to Public
Inspection**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
Wesleyan University

Employer identification number

06-0646959

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

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	

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
(1) Charitable Remainder Trust (2) 237 High Street Middletown, CT 06459	Investing	CT	NA	Trust				Yes	
(2) Charitable Remainder UniTrust (13) 237 High Street Middletown, CT 06459	Investing	CT	NA	Trust				Yes	
(3) Pooled Income Fund (2) 237 High Street Middletown, CT 06459	Investing	CT	NA	Trust				Yes	
(4) Life Income Agreements (2) 237 High Street Middletown, CT 06459	Investing	CT	NA	Trust				Yes	

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

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

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) Charitable Remainder Trust	s	326,875	FMV

Part VII **Supplemental Information**

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