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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For the	e 2023 calendar year, or tax year beginning J	UL 1, 2023 and	ending J	UN 30, 2024	
В	Check if applicable	C Name of organization			D Employer ident	ification number
	Addre chang	e WESLEYAN UNIVERSITY				
	Name				06-064695	9
	Initial return Final return	Number and street (or P.O. box if mail is not de 55 HIGH STREET	livered to street address)	Room/suite	E Telephone numl	
	termin		ZIP or foreign postal code		G Gross receipts \$	937,545,000.
	Amen				H(a) Is this a group	return
	Applic	I F Name and address of principal officer: Mich.	AEL ROTH		for subordinat	
_	pendir	SAME AS C ABOVE			H(b) Are all subordinates	
L	Tax-ex	empt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527	If "No," attach	a list. See instructions
	Websi				H(c) Group exempt	tion number
	Form of art i	organization: X Corporation Trust A: Summary	ssociation Other	L Year	of formation: 1831	M State of legal domicile: CT
•	_	Briefly describe the organization's mission or most	cionificant activities, SEE SCI	HEDIII.E O		
0	3 '	briefly describe the organization's mission or most	. significant activities.	HEDOHE C		
Activities & Governance	2	Check this box if the organization disco	ntinued its operations or dispos	ed of more	than 25% of its not a	esats
Ver	3	Number of voting members of the governing body	· ·			37
ç	4	Number of independent voting members of the go		•••••		35
ο <u>ς</u>	5 5	Total number of individuals employed in calendar y				
itie	6	Total number of volunteers (estimate if necessary)				
cţi	7 a	Total unrelated business revenue from Part VIII, co	lumn (C), line 12		7	a -348,810.
_	ь	Net unrelated business taxable income from Form				b 0.
					Prior Year	Current Year
ď	8	Contributions and grants (Part VIII, line 1h)			50,718,000	. 51,437,000.
Revenue	9				264,773,000	. 278,387,000.
eve	10	Investment income (Part VIII, column (A), lines 3, 4	, and 7d)		37,868,000	. 112,802,000.
п	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c	, 9c, 10c, and 11e)		9,509,000	6,369,000.
_		Total revenue - add lines 8 through 11 (must equal			362,868,000	. 448,995,000.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		78,708,199	
		Benefits paid to or for members (Part IX, column (A			0	
S.	15	Salaries, other compensation, employee benefits (I			153,686,861	
Expenses	16a	Professional fundraising fees (Part IX, column (A), I	ine 11e)		0	. 0.
QX.	b b	Total fundraising expenses (Part IX, column (D), lin			110 000 010	100 520 005
ш	1	Other expenses (Part IX, column (A), lines 11a-11d			119,828,940	
		Total expenses. Add lines 13-17 (must equal Part II			352,224,000	
		Revenue less expenses. Subtract line 18 from line	12		10,644,000 ginning of Current Yea	
ts or	30	Total accests (Dart V. line 16)		DE	2,371,732,000	
SSE	9	Total assets (Part X, line 16) Total liabilities (Part X, line 26)			540,196,000	
Vet /	20	Net assets or fund balances. Subtract line 21 from	line 20		1,831,536,000	
P	art II	Signature Block	mie 20		, , ,	7 7 7 7
		Ities of perjury, I declare that I have examined this return,	including accompanying schedules	and stateme	nts, and to the best of i	nv knowledge and belief, it is
		t, and complete. Declaration of preparer (other than office				,
		10,61	MH		1	1
Sig	ın	Signature of officer	900		Date 5	13 2025
He	re	CHRISTOPHER OLT, CHIEF FINANCIAL OFFI	CER		ŀ	
		Type or print name and title				
X. C.		Print/Type preparer's name	Preparer's signature		Date Check	PTIN
Pai	d	KRISTIN ANDERSON	Mustin W. ander	son (05/13/2025 If self-emp	oloyed P01231300
Pre	рагег	Firm's name KPMG LLP	W 552		Firm's EIN	13-5565207
Use	Only	Firm's address 60 SOUTH STREET, TWO FINAL	NCIAL CENTER			
_		BOSTON, MA 02111			Phone no. 61	.7-988-1000
Ма	v the IF	RS discuss this return with the preparer shown abo	ve? See instructions			X Yes No

Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		Х
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	 e	
	prior Form 990 or 990-EZ?	Y	es X 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 service	es?	es X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services	s, as measured by expense	es.
	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 \$ 233,831,143. including grants of \$ 85,911,000.) (I	Revenue \$ 220,2	212,000.)
	INSTRUCTION AND RESEARCH		
	WESLEYAN UNIVERSITY OFFERS MORE THAN 900 COURSES IN 47 MAJOR FIELDS OF		
	STUDY, 32 MINOR FIELDS OF STUDY, AND 2 CERTIFICATE PROGRAMS, AND AWARDS		
	THE BACHELOR OF ARTS, A MASTER OF ARTS AND A DOCTOR OF PHILOSOPHY. THIS		
	RICH CATALOG REFLECTS WESLEYAN'S COMMITMENT TO A WELL-ROUNDED		
	EDUCATION, ALLOWING STUDENTS TO EXPLORE EVERYTHING FROM THE ARTS AND		
	HUMANITIES TO SCIENCES AND SOCIAL STUDIES. INSTRUCTION AND RESEARCH		
	INCLUDES ALL EXPENDITURES FOR COMPENSATION AND OTHER EXPENSES IN		
	SUPPORT OF INSTRUCTIONAL ACTIVITY. THE STUDENT BODY IS MADE UP OF		
	APPROXIMATELY 3,000 FULL-TIME UNDERGRADUATE STUDENTS AND 140 GRADUATE		
	STUDENTS AS WELL AS AROUND 60 STUDENTS PER YEAR IN THE GRADUATE LIBERAL		
	STUDIES PROGRAM. AN ONGOING FACULTY OF MORE THAN 400 IS JOINED EACH		
4b	(Code:) (Expenses \$ 66,096,000. including grants of \$) (I	Revenue \$ 58,1	L75,000.
	AUXILIARY SERVICES AND OTHER		
	AUXILIARY SERVICES INCLUDE THE COSTS OF ROOM AND BOARD FOR		
	APPROXIMATELY 3,000 STUDENTS RESIDING ON A 316 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		
4c	(Code:) (Expenses \$	Revenue \$)
	LIBRARIES		
	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 GLODY OVER THIS ATOMOSY THE TOTAL CONTROL OF THE TOTAL CONTROL OT THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OT THE TOTAL CONTROL OF THE		
	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		
4d	Other program services (Describe on Schedule O.)	E 727 000 :	
	(Expenses \$ 7,918,603. including grants of \$ 44,088.) (Revenue \$	5,/3/,000.)	
<u>4e</u>	Total program service expenses 321,224,746.		000 (

SEE SCHEDULE O FOR CONTINUATION(S)

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Form 990 (2023) WESLEYAN UNIVERSITY 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	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ŭ	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	ا ا		
U		ء ا		x
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		Х	
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		\vdash
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_	v	
	Schedule D, Part III	8	Х	_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14a	Did the appropriation projection of the construction of the Helicard Obstance	14a	Х	
b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
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	שדו		_
13		15		X
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
16		46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			"
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,,
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Х	

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	· (continued)			
00	Did the expenientian report more than \$5,000 of greate or other assistance to or fer demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22	х	
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22	21	
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	,	23	х	
24.2	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	25		
2 4 a	last day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete</i>			
		24a	х	
h	Schedule K. If "No," go to line 25a	24b		х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
C		24c		x
٨	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ZJa		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	, , ,	25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		x
27	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а		28a		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Х	
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
·	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
30		30	х	
31	contributions? If "Yes," complete Schedule M	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31		
32	•	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	55		
04		34	х	
35 =	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	558		
J	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	335		
50	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	"		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa		, 50	1	
	Check if Schedule O contains a response or note to any line in this Part V			
	1		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 938	3		.,,,
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	J		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	10	х	

Form 990 (2023) WESLEYAN UNIVERSITY

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 06-0646959 Page 5

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 3706			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х	
b	If "Yes," enter the name of the foreign countryFRANCE , ITALY , SPAIN			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against			
b				
120	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	ıza		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15	х	
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	Х	
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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2023.05070 WESLEYAN UNIVERSITY

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

	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management				
		_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	37			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	35			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any of	other			
	officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct sup				
	of officers, directors, trustees, or key employees to a management company or other person?		3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	d?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		Х
6	Did the organization have members or stockholders?		6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one of				
	more members of the governing body?		7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders				
	persons other than the governing body?		7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the follow				
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	,			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O		9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code	(e.)			
		_		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affil				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling	ng the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," descri	ibe			
	on Schedule O how this was done		12c	Х	
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by indepe	endent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	Х	
b	Other officers or key employees of the organization		15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
	taxable entity during the year?		16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation of the organization o	ipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filedFL , KY , MD , MA , MI , NH , NJ , NY , OK ,	OR, WA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (see	ection 501(c)(3)s	only) a	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.				
	X Own website Another's website X Upon request Other (explain on Schedu	ule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interesting the conflict of the con	erest policy, and	financ	ial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and rec	ords			
	VALERIE NYE - 860-685-3192				
	55 HIGH STREET, MIDDLETOWN, CT 06457				

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organizatio	n nor any related	orga	niza	tion	con	nper	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Position of the check more than one			one	Reportable	Reportable	Estimated
	hours per	box	ox, unless persor			on is both an		· ·	compensation	amount of
	week		Cei ai	lu a u	liecto	Tri us	(66)	Trom	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or 0	trustee			satec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or director	al trus		yee	Highest compensated employee		1099-NEC)	1000 (120)	and related
	below	idual	Institutional t	l la	Key employee	est co	le.	,		organizations
	line)	Indiv	Instit	Officer	Key 6	High	Former			
(1) MICHAEL S. ROTH	38.00									
PRESIDENT AND TRUSTEE		Х		Х				2,403,635.	0.	229,218.
(2) ANNE MARTIN	38.00									
CHIEF INVESTMENT OFFICER					Х			1,335,882.	0.	120,711.
(3) JONATHAN DON FARRAR	38.00									
DIRECTOR OF INVESTMENTS						Х		625,059.	0.	119,264.
(4) MATTHEW MAGENHEIM	38.00									
DIRECTOR INVESTMENT OFFICE						Х		475,348.	0.	98,961.
(5) ANDREW TANAKA	38.00									
SVP, CHIEF ADMIN OFF. & TR				Х				388,023.	0.	104,846.
(6) NICOLE LYNN STANTON	38.00									
PROVOST, SR VP ACADEMIC AF					Х			309,640.	0.	115,256.
(7) FRANTZ WILLIAMS JR.	38.00									
VP FOR ADVANCEMENT					Х			345,428.	0.	63,853.
(8) BRETT A. SALAFIA	38.00									
DIRECTOR, OPS & INVEST						Х		339,118.	0.	46,607.
(9) DAVID STUART WINAKOR	38.00									
GENERAL COUNSEL/SECRETARY				Х				287,486.	0.	86,664.
(10) LISA C. DIERKER	38.00									
PROFESSOR						Х		261,063.	0.	108,946.
(11) ISHITA MUKERJI	38.00									
PROFESSOR						Х		267,990.	0.	94,327.
(12) MICHAEL J. WHALEY	38.00									
VP FOR STUDENT AFFAIRS					Х			261,313.	0.	69,645.
(13) AMIN ABDUL-MALIK GONZALEZ	38.00	1								
VP & DEAN OF ADMIN/FIN AID					Х			233,912.	0.	93,298.
(14) RENELL M. WYNN	38.00									
VP FOR COMMUNICATIONS					Х			267,450.	0.	53,757.
(15) DAVE BAIRD	38.00									
VICE PRESIDENT FOR IT/CIO					Х			232,597.	0.	80,505.
(16) JOSEPH M. SIRY	38.00	1								
CHAIR OF FACULTY					Х			202,484.	0.	71,189.
(17) SEAN MCCANN	38.00	-								
FMR CHAIR OF FACULTY							Х	187,373.	0.	65,507.

332007 12-21-23 Form **990** (2023)

Form 990 (2023) WESTEIAN ONLY									00 004033	Page U
Part VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos heck		າ than ເ	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week (list any				110010	1711 43		from	from related	other
	hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ndividual trustee or director	Institutional trustee		yee	Highest compensated employee		1099-NEC)	1000 (120)	and related
	below	idual	ution	-	Key employee	est co	er	,		organizations
	line)	Indiv	Instit	Officer	Key e	High	Former			
(18) GARY SHAW	38.00									
FMR CHAIR OF FACULTY							Х	194,564.	0.	47,526.
(19) ANDREA L. PATALANO	38.00									
FMR CHAIR OF FACULTY							Х	170,660.	0.	44,945.
(20) ESSEL W. BAILEY, JR.	1.00									
TRUSTEE		Х						0.	0.	0.
(21) DAVID BARR	1.00									
TRUSTEE		Х						0.	0.	0.
(22) ANDREA GRUBB BARTHWELL	1.00									
TRUSTEE		Х						0.	0.	0.
(23) ADAM C. BIRD	1.00									
TRUSTEE		Х						0.	0.	0.
(24) BILL BOULWARE	1.00									
TRUSTEE		Х						0.	0.	0.
(25) PHOEBE C. BOYER	1.00									
TRUSTEE		Х						0.	0.	0.
(26) LUZ NEREIDA BURGOS-LOPEZ	1.00									
TRUSTEE		Х						0.	0.	0.
1b Subtotal								8,789,025.	0.	1,715,025.
c Total from continuation sheets to Part VI	l, Section A							0.	0.	0.
d Total (add lines 1b and 1c)								8,789,025.	0.	1,715,025.

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

396

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

Section B. Independent Contractors

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
FIP CONSTRUCTION INC, 1536 NEW BRITAIN		
AVENUE, FARMINGTON, CT 06032	CONSTRUCTION SERVICES	20,753,910.
COMPASS GROUP USA, INC		
P.O. BOX 417632, BOSTON, MA 02241-7632	DINING SERVICES	7,517,246.
SMG CORPORATE SERVICES		
P.O. BOX 53, BRATTLEBORO, VT 05302-0053	CUSTODIAL SERVICES	4,199,355.
ACCENTURE LLP		
888 BOYLSTON ST, BOSTON, MA 02199	CONSULTANT FEES	2,888,597.
AZ CORPORATION		
P.O. BOX 370, NORTH STONINGTON, CT 06359	CONSTRUCTION SERVICES	1,620,246.
2 Total number of independent contractors (including but not limited \$100,000 of compensation from the organization	d to those listed above) who received more than	
+ · · · ; · · · · · · · · · · · · · · ·		000

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 WESLEYAN UNIVERSITY 06-0646959

Form 990 WESLEYAN U	NIVERSITY								06-06469	959
Part VII Section A. Officers, Directors,	Trustees, Key En	nplo	yee	s, ar	nd H	ligh	est (Compensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours	(cl	neck	all t	that	арр	ly)	compensation	compensation	amount of
	per week (list any hours for related organizations below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ner	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(27) MARC N. CASPER	1.00									
TRUSTEE		Х						0.	0.	0
(28) ERIC B. DACHS	1.00									
TRUSTEE		Х						0.	0.	0
(29) OLIVER D'MEZA	1.00									
TRUSTEE		Х						0.	0.	0
(30) STUART J. ELLMAN	1.00									
TRUSTEE		х						0.	0.	0
(31) ANDREW H. FAIRBANKS	1.00									
TRUSTEE		х						0.	0.	0
(32) NYASHA SHANI FOY	1.00									
TRUSTEE		х						0.	0.	0
(33) JOHN FRANK	1.00									
TRUSTEE		х						0.	0.	0
(34) JOSH GOLDIN	1.00									
TRUSTEE		х						0.	0.	0
(35) ANNE S. GOLDRACH	1.00									
TRUSTEE		х						0.	0.	0
(36) SCOTT GOTTLIEB	1.00									
TRUSTEE		х						0.	0.	0
(37) SUSANNAH GRAY	1.00									
TRUSTEE		Х						0.	0.	0
(38) JOSHUA BRUCE GUILD	1.00							-		
TRUSTEE		Х						0.	0.	0
(39) SARAH B. KENDALL	1.00							-		
TRUSTEE		х						0.	0.	0
(40) KIMBERLY KING	1.00							-		
TRUSTEE		Х						0.	0.	0
(41) ROBERT F. KING	1.00							-		
TRUSTEE		х						0.	0.	0
(42) DEGAN MERCADO LEOPOLD	1.00									
TRUSTEE		Х						0.	0.	0
(43) DANA ALIZA LEVY	1.00								- •	
TRUSTEE		х						0.	0.	0
(44) GAIL MARCUS	1.00								- •	
TRUSTEE		х						0.	0.	0
(45) MONICA G. NOETHER	1.00								- •	
TRUSTEE		х						0.	0.	0
(46) DEBORAH PEARSON-WOODHOUSE	1.00								•	
TRUSTEE		х						0.	0.	0
		<u> </u>							- •	

Form 990 WESLEYAN UNIVERSITY 06-0646959

Form 990 WESLEYAN UNIVERSITY 06-0646959									959	
Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, aı	nd H	ligh	est (Compensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	Position		Reportable	Reportable	Estimated				
	hours	(cl	neck	all t	that	app	ly)	compensation	compensation	amount of
	per week (list any hours for related organizations below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(47) DODEDE A DRUGAN	line)	Pul	lus	#0	Ke	ijH	For			
(47) ROBERT A. PRUZAN TRUSTEE	1.00	х						0.	0.	0.
(48) PHILIP J. RAUCH	1.00									
TRUSTEE		Х						0.	0.	0.
(49) MICHELE A. ROBERTS	1.00									
TRUSTEE		х						0.	0.	0.
(50) BOZOMA SAINT JOHN	1.00									
TRUSTEE		Х						0.	0.	0.
(51) JOHN M. SHAPIRO	1.00									
TRUSTEE		х						0.	0.	0.
(52) JOEL C. TILLINGHAST	1.00									
TRUSTEE		х						0.	0.	0.
(53) ANDREW E. VOGEL	1.00									
TRUSTEE		Х						0.	0.	0.
(54) ELLEN E. WEST	1.00									
TRUSTEE		Х						0.	0.	0.
(55) LUKE WOOD	1.00									
TRUSTEE		Х						0.	0.	0.
						\vdash				
		-								
		•								
		-	_	_		\vdash				
		-								
						_				
		-								
		<u> </u>	<u> </u>	<u> </u>	<u> </u>		<u> </u>			
Total to Dort VII Section A line 4-										
Total to Part VII, Section A, line 1c								<u> </u>		

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Form 990 (2023) WESLEYAN UI
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any line	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					lunction revenue	business revenue	sections 512 - 514
တ္ တ	1 2	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
جَ ۾		Fundraising events 1c					
fts, r A		I Related organizations 1d					
ig ig		Government grants (contributions)	8,310,000.				
Sin		All other contributions, gifts, grants, and	7 1 2 7 1 1 1 2				
e ți	'	similar amounts not included above	43,127,000.				
흕		Noncash contributions included in lines 1a-1f 1g \$	11,456,000.				
i d				51,437,000.			
Oa		Total. Add lines 1a-1f	Business Code	31,137,000.			
_	•	TUITION AND FEES	611710	220,212,000.	220,212,000.		
ice	2 8	AUXILIARY SERVICES	611710	58,175,000.	58,175,000.		
er ne			011710	30,173,000.	30,173,000.		
n S	(
gra Re	(
Program Service Revenue	•						
ъ.		All other program service revenue		270 207 000			
-+		Total. Add lines 2a-2f		278,387,000.			
	3	Investment income (including dividends, interes		E 666 000		1 271 702	6 027 702
		other similar amounts)		5,666,000.		-1,271,783.	6,937,783.
	4	Income from investment of tax-exempt bond pr	roceeds	7.000			7.000
	5	Royalties	(*) D	7,000.			7,000.
		(i) Real	(ii) Personal				
		Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a ⁵⁹³ ,832,000.					
	k	Less: cost or other basis					
ne		and sales expenses 7b 486,696,000.					
ther Revenue	(Gain or (loss) 7c 107,136,000.					
æ		Net gain or (loss)		107,136,000.		922,973.	106,213,027.
her	8 8	Gross income from fundraising events (not					
₽		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
		Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
			2,479,000.				
	k	Less: cost of goods sold 10b	1,854,000.				
		Net income or (loss) from sales of inventory		625,000.			625,000.
S			Business Code				
Miscellaneous Revenue	11 a	OTHER REVENUE	531390	5,737,000.	5,737,000.		
ane	k						
eve	(
Mis	(All other revenue					
	•	Total. Add lines 11a-11d		5,737,000.			
	12	Total revenue. See instructions		448,995,000.	284,124,000.	-348,810.	113,782,810.

332009 12-21-23

06 - 0646959

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).

Dr	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	3				
	and domestic governments. See Part IV, line 21	44,088.	44,088.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	85,911,000.	85,911,000.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	7,370,665.	1,716,367.	4,274,663.	1,379,63
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	619,013.	619,013.		
7	Other salaries and wages	115,697,559.	104,724,483.	6,146,534.	4,826,542
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	10,908,000.	7,421,258.	2,807,642.	679,100
9	Other employee benefits	17,764,594.	12,558,466.	4,236,576.	969,552
0	Payroll taxes	8,893,084.	6,347,173.	2,092,931.	452,980
1	Fees for services (nonemployees):				
а	Management	16,344,870.	8,758,634.	6,717,288.	868,948
b	Legal	737,467.	153,821.	574,972.	8,674
С	Accounting	449,058.		449,058.	
d	Lobbying	703.		703.	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	7,075,608.		7,075,608.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	104,458.	89,802.	9,179.	5,47
2	Advertising and promotion	6,175,138.	5,606,621.	237,910.	330,60
3	Office expenses	7,438,496.	6,867,730.	213,084.	357,682
4	Information technology	4,787,271.	2,388,841.	2,344,442.	53,988
5	Royalties	11 001 000	10 514 516	226 224	0.40.05
6	Occupancy	11,091,202.	10,514,516.	336,331.	240,355
7	Travel	5,333,802.	4,090,192.	809,629.	433,981
8	Payments of travel or entertainment expenses				
_	for any federal, state, or local public officials	250 072	260 200	02 020	15 521
9	Conferences, conventions, and meetings	359,872.	260,399.	83,938.	15,535
20	Interest	16,272,109.	15,803,462.	468,647.	
21	Payments to affiliates	13 539 000	13 126 001	410 002	196
2	Depreciation, depletion, and amortization	13,538,000.	13,126,901.	410,903. 1,249,359.	196
3	Insurance	1,249,339.		1,249,339.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	DINING	22,105,998.	22,101,498.	4,500.	
b	FOREIGN PROGRAM	9,454,160.	9,454,160.		
С	FELLOWSHIPS & AWARDS	2,666,321.	2,666,321.		
d	MISCELLANEOUS	1,355,105.		1,355,105.	
е	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	373,747,000.	321,224,746.	41,899,002.	10,623,25
:6	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 if following SOP 98-2 (ASC 958-720)				

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Form 990 (2023) Part X Balance Sheet

		Check if Schedule O contains a response or note	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			14,259,000.	1	39,671,000.
	2	Savings and temporary cash investments			267,026,000.	2	189,709,000.
	3	Pledges and grants receivable, net			23,751,000.	3	21,114,000.
	4	Accounts receivable, net			381,277.	4	501,000.
	5	Loans and other receivables from any current or	former	officer, director,			
		trustee, key employee, creator or founder, subst	antial co	ontributor, or 35%			
		controlled entity or family member of any of thes	e perso	ns	66,723.	5	
	6	Loans and other receivables from other disqualif	ied pers	sons (as defined			
		under section 4958(f)(1)), and persons described	in sect	ion 4958(c)(3)(B)		6	
υ	7	Notes and loans receivable, net			1,906,000.	7	1,667,000.
Assets	8	Inventories for sale or use			1,028,000.	8	1,056,000.
Ä	9	Door and discovering a second defended also are a			4,193,000.	9	4,392,000.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	881,727,000.			
	b	Less: accumulated depreciation	10b	325,121,000.	470,481,000.	10c	556,606,000.
	11	Investments - publicly traded securities		740,358,000.	11	792,970,000.	
	12	Investments - other securities. See Part IV, line 1		844,005,000.	12	818,575,000.	
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	4,277,000.	15	3,502,000.		
	16	Total assets. Add lines 1 through 15 (must equa			2,371,732,000.	16	2,429,763,000.
	17	Accounts payable and accrued expenses			31,445,000.	17	41,435,000.
	18	Grants payable		18			
	19	Deferred revenue			14,843,000.	19	12,466,000.
	20	Tax-exempt bond liabilities			55,495,000.	20	55,495,000.
	21	Escrow or custodial account liability. Complete F	ı		21		
w	22	Loans and other payables to any current or form	er office	er, director,			
Liabilities		trustee, key employee, creator or founder, subst					
ig		controlled entity or family member of any of thes				22	
Ë	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated			380,520,000.	24	380,520,000.
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines					
		of Schedule D	-	· · ·	57,893,000.	25	44,773,000.
	26	Total liabilities. Add lines 17 through 25			540,196,000.	26	534,689,000.
		Organizations that follow FASB ASC 958, che	ck here	X			
ės		and complete lines 27, 28, 32, and 33.					
auc	27	Net assets without donor restrictions			604,997,000.	27	647,904,000.
Bala	28	Net assets with donor restrictions			1,226,539,000.	28	1,247,170,000.
힏		Organizations that do not follow FASB ASC 9					
Fu		and complete lines 29 through 33.	,				
þ	29	Capital stock or trust principal, or current funds			29		
ets	30	Paid-in or capital surplus, or land, building, or eq				30	
Ass	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			1,831,536,000.	32	1,895,074,000.
Z	33	Total liabilities and net assets/fund balances			2,371,732,000.	33	2,429,763,000.
					, , ,		Form 990 (2023)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		448,	995,	000.
2	Total expenses (must equal Part IX, column (A), line 25)	2		373,	747,	000.
3	Revenue less expenses. Subtract line 2 from line 1	3		75,248,000		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,	831,	536,	000.
5	Net unrealized gains (losses) on investments	5		-13,	459,	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 on Schedule O)	9		1,	749,	000.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	1,	895,	074,	000.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b	Х	
	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:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.					
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?					
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	Х	
				Form	990	(2023)

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SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

OMB No. 1545-0047

Open to Public

Name of the organization WESTEVAN HINTWEDSTOV Employer identification number

			AN UNIVERSITY						06-0646959
Pa	rt I	Reason for Public C	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instruction	S.	
The	organ	ization is not a private found							
1		A church, convention of chu	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2	X	A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	า 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).		
4		A medical research organiza	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	l or operate	ed by a go	vernmental ur	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6	Щ	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
7	Ш	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). (Co							
8	\sqsubseteq	A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)				
9	Ш	An agricultural research org				-		-	-
		or university or a non-land-g	grant college of agrice	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or
		university:							
10	Ш	An organization that normal							
		activities related to its exem		•					-
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.
	$\overline{}$	See section 509(a)(2). (Cor	•				201 1141		
11	H	An organization organized a	· ·	*	•				
12		An organization organized a	•	•	•		•	•	• •
		more publicly supported org	-						Sheck the box on
_		lines 12a through 12d that o	* *					-	aivina
а			· · · · · · · · · · · · · · · · · · ·	•	•	_			
		the supported organization organization. You must o			majority o	n the direc	iors or trustee	55 OI IIIE SI	аррогинд
b		Type II. A supporting organization.	· · · · · · · · · · · · · · · ·		tion with its	e eunnorte	ad organization	n(e) by bay	inα.
D		control or management of	· ·				-		-
		organization(s). You mus			arric perso	iis triat coi	introl of manaç	je trie supi	Jorted
С		Type III functionally inte	-		in connect	tion with a	and functional	v integrate	ed with
_		its supported organization	-					,eg. a	,
d		Type III non-functionally	` ' ' '	·	•	•	•	ted organiz	zation(s)
		that is not functionally into						-	
		requirement (see instructi	-		•		-		
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type I	I, Type III	
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.			
f	Ente	er the number of supported o	organizations						
g		vide the following information			L C A la tha ann	- C C E-1- I			T
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	nization listed ng document?	(v) Amount of	,	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see in	Structions)	support (see instructions)

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06-0646959 WESLEYAN UNIVERSITY Schedule A (Form 990) 2023 Page 2

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

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

Se	ction A. Public Support	,, p.o		,			
	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	(=)	(,	(=, ===:	(-,	(5) = 5 = 5	(-)
	membership fees received. (Do not						
	include any "unusual grants.")	56,283,000.	74,932,000.	87,411,000.	50,718,000.	51,437,000.	320,781,000.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	56,283,000.	74,932,000.	87,411,000.	50,718,000.	51,437,000.	320,781,000.
	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)						34,846,998.
6	Public support. Subtract line 5 from line 4.						285,934,002.
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	56,283,000.	74,932,000.	87,411,000.	50,718,000.	51,437,000.	320,781,000.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	4,223,502.	215,258.	649,499.	271,725.	6,944,783.	12,304,767.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on		188,742.		981,967.		1,170,709.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	1,869,429.	1,704,000.	2,371,000.	2,370,000.	2,479,000.	10,793,429.
11	Total support. Add lines 7 through 10						345,049,905.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12 1	,281,518,000.
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
	organization, check this box and stop						
Se	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2023 (I	ine 6, column (f), di	vided by line 11, c	olumn (f))		14	82.87 %
15	Public support percentage from 2022	Schedule A, Part I	I, line 14			15	82.65 %
16a	a 33 1/3% support test - 2023. If the o	organization did no	t check the box or	line 13, and line 1	4 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
k	o 33 1/3% support test - 2022. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	a 10% -facts-and-circumstances test	- 2023. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organization	n qualifies as a pul	blicly supported or	ganization		
k	10% -facts-and-circumstances test	- 2022. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	stances test, chec	k this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	s
						Schedule A	(Form 990) 2023

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.)

Se	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
_	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
<u>8</u>	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	() 0040	41.0000	() 0004		() 0000	(n.T.)
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6 Gross income from interest,						
102	dividends, payments received on						
	securities loans, rents, royalties,						
L	and income from similar sources Unrelated business taxable income						
L	(less section 511 taxes) from businesses						
	, , , , , , , , , , , , , , , , , , ,						
,	acquired after June 30, 1975 Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	ne organization's fi	rst. second. third.	fourth, or fifth tax	vear as a section 5	i01(c)(3) organizatio	on.
	check this box and stop here	-					
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2023 (I	ine 8, column (f), d	livided by line 13, o	olumn (f))		15	%
	Public support percentage from 2022					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
198	33 1/3% support tests - 2023. If the	organization did n	not check the box of	on line 14, and line	e 15 is more than 3	3 1/3%, and line 17	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	upported organiza	tion	
k	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	nization qualifies a	as a publicly suppo	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	tructions	

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Schedule A (Form 990) 2023 WESLEYAN UNIVERSITY 06-0646959 Page 4

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
Ţŭ.		
4b		
4c		
5a		
5b		
5c		
6		
7		
c		
8		
9a		
9b		
9с		
10a		
10b		

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· u	Continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		•	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion 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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	· · · · · · · · · · · · · · · · · · ·	3		
Sec	supported organizations played in this regard. tion 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).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instr	uction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? 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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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? If "Yes" or "No" provide details in Part VI.	3a		
b				
	of its supported organizations? If "Ves " describe in Part VI the role played by the organization in this regard	3b		

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Schedule A (Form 990) 2023 WESLEYAN UNIVERSITY 06-0646959 Page 6

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 Incor	ne		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gair		1		
2 Recoveries of prior-year di	stributions	2		
3 Other gross income (see in	nstructions)	3		
4 Add lines 1 through 3.		4		
5 Depreciation and depletion	า	5		
6 Portion of operating exper	nses paid or incurred for production or			
collection of gross income	or for management, conservation, or			
maintenance of property h	eld for production of income (see instructions)	6		
7 Other expenses (see instru	uctions)	7		
8 Adjusted Net Income (su	btract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset An	nount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market valu	e of all non-exempt-use assets (see			
instructions for short tax y	ear or assets held for part of year):			
a Average monthly value of	securities	1a		
b Average monthly cash ball	ances	1b		
c Fair market value of other	non-exempt-use assets	1c		
d Total (add lines 1a, 1b, an	d 1c)	1d		
e Discount claimed for bloc	kage 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 1	d.	3		
4 Cash deemed held for exe	mpt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).		4		
5 Net value of non-exempt-u	se assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.		6		
7 Recoveries of prior-year di	stributions	7		
8 Minimum Asset Amount	(add line 7 to line 6)	8		
Section C - Distributable Amo	unt			Current Year
1 Adjusted net income for p	rior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.		2		
3 Minimum asset amount fo	r prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line		4		
5 Income tax imposed in pri	or year	5		
	ubtract line 5 from line 4, unless subject to			
emergency temporary red	·	6		
	rrent year is the organization's first as a non-function	ally integrate	d Type III supporting orga	nization (see

Schedule A (Form 990) 2023

instructions).

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)									
Secti	on D - Distributions			Current Year						
1	Amounts paid to supported organizations to accomplish exer	mpt purposes	1							
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported								
	organizations, in excess of income from activity		2							
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3							
4	Amounts paid to acquire exempt-use assets	4								
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5							
6	Other distributions (describe in Part VI). See instructions.		6							
7	Total annual distributions. Add lines 1 through 6.		7							
8	Distributions to attentive supported organizations to which the	ne organization is responsive								
	(provide details in Part VI). See instructions.		8							
9	Distributable amount for 2023 from Section C, line 6		9							
10	Line 8 amount divided by line 9 amount		10							
		(i)	(ii)	(iii)						
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2023	Distributable Amount for 2023						
1	Distributable amount for 2023 from Section C, line 6									
2	Underdistributions, if any, for years prior to 2023 (reason-									
	able cause required - explain in Part VI). See instructions.									
3	Excess distributions carryover, if any, to 2023									
а	From 2018									
b	From 2019									
С	From 2020									
d	From 2021									
е	From 2022									
f	Total of lines 3a through 3e									
g	Applied to underdistributions of prior years									
h	Applied to 2023 distributable amount									
i	Carryover from 2018 not applied (see instructions)									
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.									
4	Distributions for 2023 from Section D,									
	line 7: \$									
a	Applied to underdistributions of prior years									
b	Applied to 2023 distributable amount									
c	Remainder. Subtract lines 4a and 4b from line 4.									
5	Remaining underdistributions for years prior to 2023, if									
	any. Subtract lines 3g and 4a from line 2. For result greater									
	than zero, explain in Part VI. See instructions.									
6	Remaining underdistributions for 2023. Subtract lines 3h									
	and 4b from line 1. For result greater than zero, explain in									
	Part VI. See instructions.									
7	Excess distributions carryover to 2024. Add lines 3j									
	and 4c.									
8	Breakdown of line 7:									
a	Excess from 2019									
b	Excess from 2020									
c	Excess from 2021									
d	Excess from 2022									
е	Excess from 2023									

Schedule A	(Form 990) 2023	WESLEYAN	UNIVERSITY			06-0646959	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	, 2, 3b, 3c, 4b lines 2 and 3:	o, 4c, 5a, 6, 9a, Part IV, Section	nations required by Part II, line 9b, 9c, 11a, 11b, and 11c; Pa n E, lines 1c, 2a, 2b, 3a, and 3 s 2, 5, and 6. Also complete t	rt IV, Section B, lines 1 a Bb; Part V, line 1; Part V,	and 2; Part IV, Section Section B, line 1e; Pa	n C,
							_

Schedule A (Form 990) 2023

332028 12-21-23

SCHEDULE C

Department of the Treasury

(Form 990)

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Insp

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.

Nan	ne of orga	nization WESLEYAN U	TTVEDGTMV		Empl	loyer identification	number
Pa	art I-A		anization is exempt und	der section 501(c)	or is a section 527 or		
1 2	Provide a	a description of the organiz campaign activity expendit	ation's direct and indirect politi ures gn activities	cal campaign activities i	in Part IV.		
Pa	art I-B	Complete if the org	anization is exempt und	der section 501(c)(3).		
			incurred by the organization un				
			incurred by organization manag				
			n 4955 tax, did it file Form 4720				No
		describe in Part IV.				Yes	No
	art I-C	Complete if the org	anization is exempt und	der section 501(c),	except section 501(c)(3).	
1	Enter the		by the filing organization for se				
			ization's funds contributed to o				
	exempt 1	unction activities			\$		
3	Total exe	empt function expenditures	. Add lines 1 and 2. Enter here	and on Form 1120-POL			
4			1120-POL for this year?				No
5	made pa	yments. For each organizations received that were pro	nployer identification number (I tion listed, enter the amount pa omptly and directly delivered to additional space is needed, pro	id from the filing organize a separate political organize	zation's funds. Also enter the anization, such as a separate	e amount of political	
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of portion of positive promptly and discontinuous delivered to a sepolitical organiz If none, enter	ved and rectly parate ation.

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

	· · · · · · · · · · · · · · · · · · ·	UNIVERSITY		0646959	Page 2
Part II-	 Complete if the organizatio section 501(h)). 	n is exempt under section 501(c)(3) and file	d Form 5768 (el	ection und	ler
A Chec	expenses, and share of exces	,	group member's nam	ie, address, E	EIN,
B Chec	k if the filing organization check	ed box A and "limited control" provisions apply.		T	
		oying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliate tota	• .
1a Tot	al lobbying expenditures to influence publ	ic opinion (grassroots lobbying)			
b Tot	al lobbying expenditures to influence a leg	islative body (direct lobbying)			
c Tot	al lobbying expenditures (add lines 1a and	l 1b)			
d Oth	er exempt purpose expenditures				
e Tot	al exempt purpose expenditures (add lines	s 1c and 1d)			
f_Lob	bying nontaxable amount. Enter the amou	unt from the following table in both columns.			
If th	e 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.			
ove	r \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.			
ove	r \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.			
ove	r \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.			
ove	r \$17,000,000,	\$1,000,000.			
g Gra	ssroots nontaxable amount (enter 25% of	line 1f)			
h Subtract line 1g from line 1a. If zero or less, enter -0-		nter -0-			
i Suk	i Subtract line 1f from line 1c. If zero or less, enter -0-				
j lfth	ere is an amount other than zero on eithe	r line 1h or line 1i, did the organization file Form 4720			
rep	orting 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) 2020	(b) 2021	(c) 2022	(d) 2023	(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							

Page 3

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)).

Eor e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	a)	(k	p)
	e lobbying activity.	Yes	No	Amo	
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:				
а	Volunteers?		Х		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х		
	Media advertisements?		Х		
d	Mailings to members, legislators, or the public?		Х		
	Publications, or published or broadcast statements?		Х		
f	Grants to other organizations for lobbying purposes?		Х		
g	, , , , , , , , , , , , , , , , , , , ,		Х		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		
i	Other activities?	Х			703.
	Total. Add lines 1c through 1i				703.
	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		Х		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
Do	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? † III-A Complete if the organization is exempt under section 501(c)(4), section	n F01/a\//	<u> </u>	tion	
Pai		11 50 1 (0)(o), or sec	uon	
	501(c)(6).			Yes	Na
				res	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	, , , , , , , , , , , , , , , , , , , ,				
3 Par	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section			tion	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				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 expenditures)				
_	expenses for which the section 527(f) tax was paid).	ou.			
а	Current year		2a		
	Carryover from last year				
С					
3	A		ا ما		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
-	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
	expenditures next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par					
Prov	ide 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 a	nd 2 (see	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				
PART	II-B, LINE 1, LOBBYING ACTIVITIES:				
ОТНЕ	ER LOBBYING ACTIVITIES				
WESI	EYAN UNIVERSITY BELONGS TO THE CONNECTICUT CONSORTIUM OF				
INDE	SPENDENT COLLEGES (CCIC), WHICH AT TIMES MAY ENGAGE IN LOBBYING				
ACT	VITIES. \$703 REPRESENTS THE PORTION OF DUES PAID ALLOCABLE TO				
	BYING ACTIVITIES.				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Inspection

Name of the organization

WESLEYAN UNIVERSITY

Employer identification number 06 - 0646959

Pai	Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		er Similar Funds	or Accoun	ts. Complete if the	
	organización anomoros 100 ori orin 000, i artiv, inic		dvised funds	(b) Fund	ds and other account	s
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 w	riting that the asse	ts held in donor advis	ed funds		
	are the organization's property, subject to the organization's e	xclusive legal cont	rol?		Yes	No
6	Did the organization inform all grantees, donors, and donor ad					
	for charitable purposes and not for the benefit of the donor or	-	-	-		
	impermissible private benefit?				Yes	No
Pai		anization answered	l "Yes" on Form 990, F	Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization					
	Preservation of land for public use (for example, recreati			a historically i	mportant land area	
	Protection of natural habitat	·	X Preservation of	a certified his	toric structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation co	ntribution in the form	of a conservat	ion easement on the	last
	day of the tax year.				Held at the End of the	Tax Year
а	Total number of conservation easements			2a		2
					10	.00
С	Number of conservation easements on a certified historic structure.	cture included on li	ne 2a	2c		2
	Number of conservation easements included on line 2c acquir					
	on a historic structure listed in the National Register	•		2d		
3	Number of conservation easements modified, transferred, rele				during the tax	
	year					
4	Number of states where property subject to conservation ease	ement is located	1			
5	Does the organization have a written policy regarding the period		spection, handling of			
	violations, and enforcement of the conservation easements it l	holds?			X Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violation	s, and enforcing cons	ervation easer	ments during the year	r
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, ar	d enforcing conservat	ion easements	s during the year	
8	Does each conservation easement reported on line 2d above s	satisfy the requiren	nents 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					
	balance sheet, and include, if applicable, the text of the footnot	ote to the organizat	ion's financial stateme	ents that descr	ribes the	
	organization's accounting for conservation easements.					
Pai	t III Organizations Maintaining Collections of	Art, Historical	Treasures, or Ot	her Similar	Assets.	
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 958	s, not to report in its	s revenue statement a	nd balance sh	eet works	
	of art, historical treasures, or other similar assets held for publ	ic exhibition, educa	ation, or research in fu	rtherance of p	ublic	
	service, provide in Part XIII the text of the footnote to its finance	cial statements that	t describes these item	S.		
b	If the organization elected, as permitted under FASB ASC 958	s, to report in its rev	enue statement and b	alance sheet	works of	
	art, historical treasures, or other similar assets held for public	exhibition, education	on, or research in furth	erance of pub	lic service,	
	provide the following amounts relating to these items.					
	(i) Revenue included on Form 990, Part VIII, line 1			\$	S	
	(m) 4				8	
2	If the organization received or held works of art, historical trea-	sures, or other sim	ilar assets for financial	gain, provide		
	the following amounts required to be reported under FASB AS	C 958 relating to t	nese items:			
а	Revenue included on Form 990, Part VIII, line 1	-		\$	S	
	Assets included in Form 990, Part X				3	
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.			Schedule D (Form 99	90) 2023

332051 09-28-23

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		38,476,000.		38,476,000.
b Buildings		576,932,000.	217,571,000.	359,361,000.
c Leasehold improvements				
d Equipment		146,054,000.	107,550,000.	38,504,000.
e Other		120,265,000.		120,265,000.
Total. Add lines 1a through 1e. (Column (d) must equal	556,606,000.			

Schedule D (Form 990) 2023 WESLEYAN UNIVERSI	ΥTY	06-0646959	Page 3					
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	t value					
(A) F:								

(1) Financial derivatives (2) Closely held equity interests (3) Other REAL ASSETS 124,240,000. END-OF-YEAR MARKET VALUE PRIVATE EQUITY 694,335,000. END-OF-YEAR MARKET VALUE (B) (C) (D) (E) (F) (G) (H) 818,575,000. Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))

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

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, line 15, col. (B))

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CHARITABLE REMAINDER TRUSTS	9,847,000.
(3) POST-RETIREMENT BENEFITS	18,979,000.
(4) PERKINS LOAN PROGRAM	2,232,000.
(5) ASSET RETIREMENT OBLIGATION	9,827,000.
(6) BOND PREMIUM	3,449,000.
(7) LIABILITIES RELATED TO INVESTMENTS	439,000.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	44,773,000.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII X

Sche	adic B (1 61111 666) 2626	LEYAN UNIVERSITY				06-064	16959	Page 4
Par	t XI Reconciliation of Rev	enue per Audited Financial	Statements W	ith Reve	nue per Re	turn		
`	Complete if the organization	answered "Yes" on Form 990, Part	IV, line 12a.					
1	Total revenue, gains, and other sup	port per audited financial statements	S			1	430,	209,000.
2	Amounts included on line 1 but not	on Form 990, Part VIII, line 12:						
а	Net unrealized gains (losses) on inv	estments	2a	-1	L3,459,000.			
b		es						
С								
					1,749,000.			
е	Add lines 2a through 2d					2e	-11,	710,000.
3						3	441,	919,000.
	Amounts included on Form 990, Pa							
а	Investment expenses not included	on Form 990, Part VIII, line 7b	4a		7,076,000.			
				•		4c	7,	076,000.
	***************************************	(This must equal Form 990. Part I. line				5		995,000.
Par	t XII Reconciliation of Exp	enses per Audited Financial	Statements V	Vith Exp	enses per F	eturn		
	Complete if the organization	answered "Yes" on Form 990, Part	IV, line 12a.					
1	Total expenses and losses per aud		,			1	366,	671,000.
2	Amounts included on line 1 but not							
		es	2a					
				1				
				<u> </u>				
d								
				•		2e		0.
	•					3	366	671,000.
		urt IV line OF but not on line 1.				3	300,	
	Amounts included on Form 990, Pa	·	1.4-	1	7 076 000			
		on Form 990, Part VIII, line 7b			7,076,000.			
							7	076 000
						4c		076,000.
Dar	t XIII Supplemental Inform	- (This must equal Form 990, Part I, li	ine 18.)			5	3/3,	747,000.
	·	II, lines 3, 5, and 9; Part III, lines 1a				; Part X, li	ne 2; Part	XI,
lines :	2d and 4b; and Part XII, lines 2d and	4b. Also complete this part to provi	de any additional i	nformation.				
D. D. D. W.								
PART	II, LINE 9:							
g017g								
CONS	ERVATION EASEMENTS							
WESL	EYAN UNIVERSITY DOES NOT O	WN ANY PROPERTY ENCUMBERED	BY A CONSERVAT	ION				
EASE	MENT. HOWEVER, THE LONG LA	NE PARCEL IS CURRENTLY UNDE	R THE TRANSFER					
ACT	AGREEMENT WITH CT DEP PERT	AINING TO REMEDIATED SOIL P	ILES, EXCAVATI	ONS				
AND	IMPACTED WETLANDS, WHICH A	RE PROTECTED UNDER LOCAL AN	D STATE					
REGU	LATIONS AND HAVE A WRITTEN	MANAGEMENT PLAN WHICH PROV	IDES A POLICY	FOR				
PROT	ECTING THE AREAS INCLUDING	THE PERIODIC MONITORING, I	NSPECTION, AND)				
ENFO	RCEMENT OF THE SITE. REGAR	DING HISTORIC BUILDINGS, THE	E CITY OF					
MIDD	LETOWN DESIGN PRESERVATION	AND REVIEW BOARD (DRPB) RE	VIEWS PROPOSED	1				
RENO	VATIONS TO ALL HISTORIC ST	RUCTURES IN CERTAIN DISTRIC	TS, WHICH					
INCL	UDES WESLEYAN'S CAMPUS. TH	E DRPB THEN MAKES RECOMMEND.	ATIONS TO THE					

WESLEYAN UNIVERSITY 06-0646959 Schedule D (Form 990) 2023 Page 5 Part XIII Supplemental Information (continued) 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. PART III, LINE 4: ORGANIZATIONS COLLECTIONS OF ARTS THE DAVIDSON ART COLLECTION HOLDS MORE THAN 25,000 WORKS OF ART ON PAPER INCLUDING PRINTS, PHOTOGRAPHS, AND DRAWINGS. THE DAVIDSON ART COLLECTION SUPPORTS TEACHING, LEARNING, AND RESEARCH IN ITS STUDY ROOM, AND PRESENTS PUBLIC EXHIBITIONS IN THE PRUZAN ART CENTER AND GOLDRACH GALLERY. WESLEYAN STUDENTS IN MANY DEPARTMENTS USE THE COLLECTIONS FOR CLASS ASSIGNMENTS OR VIEWINGS. AS WELL AS FOR INDIVIDUAL RESEARCH PROJECTS WITH UNIVERSITY FACULTY. PART V, LINE 4: ENDOWMENT FUNDS 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.

332055 09-28-23

332055 09-28-23

Schedule D (Form 990) 2023	WESLEYAN UNIVERSITY		06-0646959	Page 5
Schedule D (Form 990) 2023 Part XIII Supplemental Inform	mation (continued)			
TOTAL TO SCHEDULE D, PART XI,	IINE 2D	1 749 000		
TOTAL TO SCHEDULE D, PART XI,	TIME SD	1,749,000.		

SCHEDULE E (Form 990)

Department of the Treasury

Schools

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

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Employer identification number WESLEYAN UNIVERSITY 06-0646959

Pa	rt I		VEO	NO
_			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,	١.,	х	
^	bylaws, other governing instrument, or in a resolution of its governing body?	1	Λ	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	х	
3	Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet			
,	homepage at all times during its tax year in a manner reasonably expected to be noticed by visitors to the			
	homepage, or 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	3	х	
	UNDER THE PROVISIONS OF REV. PROC. 2019-22, THE INSTITUTION			
	MAKES ITS RACIALLY NONDISCRIMINATORY POLICY AVAILABLE ON ITS			
	WEBSITE HOMEPAGE (WWW.WESLEYAN.EDU).			
1	Does the organization maintain the following?		_	
а	7, 7,	4a	Х	
b	, , , , , , , , , , , , , , , , , , , ,	4b	Х	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	4c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II.	4d	Х	
5	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	5a		Х
b	Admissions policies?	5b		Х
С	Employment of faculty or administrative staff?	5c		Х
	Scholarships or other financial assistance?	5d		Х
е	Educational policies?	5e		Х
f	Use of facilities?	5f		Х
g	Athletic programs?	5g		X
h	Other extracurricular activities?	5h		Х
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Х	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		Х
	If you answered "Yes" on either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through			
	4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering			
	racial nondiscrimination? If "No," explain on Part II	7	Х	

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

332062 10-25-23 Schedule E (Form 990) 2023

SCHEDULE F (Form 990)

Internal Revenue Service

Statement of Activities Outside the United States

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

Open to Public

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Inspection

OMB No. 1545-0047

Name of the organization **Employer identification number** WESLEYAN UNIVERSITY 06-0646959 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (a) Region (b) Number of (c) Number of (d) Activities conducted in the region (f) Total employees, expenditures offices (by type) (such as, fundraising, prois a program service, agents, and for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region CENTRAL AMERICA AND THE CARIBBEAN 0 0 PROGRAM SERVICES STUDY ABROAD/RESEARCH 1,424. EAST ASIA AND THE PACIFIC 0 0 PROGRAM SERVICES STUDY ABROAD/RESEARCH 70,783. 0 0 EUROPE PROGRAM SERVICES STUDY ABROAD/RESEARCH 1,938,629. 0 PROGRAM SERVICES STUDY ABROAD/RESEARCH NORTH AMERICA 0 16,468. STUDY ABROAD/RESEARCH SOUTH AMERICA 0 0 PROGRAM SERVICES 20,716. SOUTH ASIA 0 0 PROGRAM SERVICES STUDY ABROAD/RESEARCH 41,191. 5,955. SUB-SAHARAN AFRICA 0 0 PROGRAM SERVICES STUDY ABROAD/RESEARCH CENTRAL AMERICA AND THE CARIBBEAN 0 0 TNVESTMENTS 04,625,921. 0 0 106,721,087. 3 a Subtotal **b** Total from continuation 0 62,962,552. 0 sheets to Part I c Totals (add lines 3a 469,683,639**.** and 3b)

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

Schedule F (Form 990) WESLEYAN UNIVERSITY 06-0646959 Page

Schedule F (Form 990)	WESLEYAN UNI			06-0646959	Page 1
Part I Continuati	on of Activities	s per Region	• (Schedule F (Form 990), Part I, line 3)		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE		0	TANKERGENATIVE		44 242 451
PACIFIC	0	0	INVESTMENTS		44,243,451.
SUB-SAHARAN AFRICA	0	0	INVESTMENTS		18,719,101.
Totals	•				62,962,552.

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

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

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

•					
₹ .	Enter total	numbar	at athar	organizations	or antitiae

Part III	art III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.								
(a) ⊺	ype of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)	

Sched	dule F	(Form 990) 2023 WESLEYAN UNIVERSITY	06-0646939	Page 4
Par	t IV	Foreign Forms		
1	the	s the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign rporation (see the Instructions for Form 926)	X Yes	□ No
2	be l Red	the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and ceipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X 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 X Yes No Fund (see the Instructions for Form 8621)

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 X Yes Foreign Partnerships (see the Instructions for Form 8865)

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 the Instructions for Form 5713; don't file with Form 990)

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 the Instructions for Form 5471)

Schedule F (Form 990) 2023

Yes X No

X Yes

3

6

Part V Supplemental Information
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)
(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
PART I, LINE 2:
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS OUTSIDE THE UNITED
STATES
STUDENT FINANCIAL AID:
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.
STUDY ABROAD GRANTS:
WESLEYAN ALTERNATES RUNNING FOREIGN PROGRAMS WITH VASSAR COLLEGE AND
WELLESLEY COLLEGE IN SPAIN, ITALY, AND FRANCE.
IN FISCAL YEAR 2024, WESLEYAN RAN THE PROGRAM IN SPAIN. 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.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

2023
Open to Public

Inspection

Name of the organization WESLEYAN UNIV	TP C TTV						Employer identification number 06-0646959
Part I General Information on Grants a							00-0040333
Does the organization maintain records criteria used to award the grants or assis Describe in Part IV the organization's pro	to substantiate the						
Part II Grants and Other Assistance to recipient that received more than	Domestic Organia \$5,000, Part II can	zations and Domestic	Governments. C	Complete if the orga	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CITY OF MIDDLETOWN 245 DEKOVEN DRIVE MIDDLETOWN, CT 06457	06-6001872	170(B)(1)(A)(V)	0.	44,088.			UNRESTRICTED
and the second s	00 0001072	270(2)(1)(11)		11,000.			
2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization	-		e line 1 table	<u> </u>	<u> </u>	1	1.

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

Schedule I (Form 990) 2023

WESLEYAN UNIVERSITY 06-0646959 Schedule I (Form 990) 2023 Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FINANCIAL AID, SCHOLARSHIPS, GRADUATE TUITION					
REMISSION, SEOG	1655	85,911,000.	0.		
Part IV Supplemental Information. Provide the information rec	uired in Part I, line	e 2; Part III, column	(b); and any other ad	Iditional information.	
PART I, LINE 2:					
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS					
GRANTS TO ORGANIZATIONS IN THE U.S.					
MAID VINTAGE OF THE WAY WAY DONATIONS TO SUPPORT THE	OURS OR MON DR	0.77.77			
THE UNIVERSITY MAY MAKE DONATIONS TO SUPPORT ITS T	OWN OR NON-PR	OFIT			
ORGANIZATIONS. IN THESE INSTANCES, THE UNIVERSITY	GENERALLY DOE	S NOT			
MONITOR THE ULTIMATE USE OF THE FUNDS AS THESE AMO	וואיים אסט וואוסט	CMD T CMPD			
MONITOR THE OBITMALE OSE OF THE FUNDS AS THESE AMU	ONIS AKE UNKE	PIKICIED			
GRANTS TO MUNICIPALITIES OR ORGANIZATIONS THAT ARE	RECOGNIZED A	S BEING			

Schedule I (Form 990)

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

WESLEYAN UNIVERSITY

Employer identification number 06-0646959

Pa	art 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.			
	First-class or charter travel X Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant Independent compensation consultant Independent compensation consultant			
	Form 990 of other organizations X 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:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
	The organization?	_5a		X
b	Any related organization?	5b		
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:	0-		v
	The organization?	6a		X
D	Any related organization?	6b		
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	_	Х	
	not described on lines 5 and 6? If "Yes," describe in Part III	7	Λ	\vdash
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			x
•	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	a		
	Bennauous secuou 53 4958-bic)7			i

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

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023 WESLEYAN UNIVERSITY 06-0646959 Page 2

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

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

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

		(B) Breakdown of W	I-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MICHAEL S. ROTH	(i)	714,813.	110,000.	1,578,822.	53,085.	176,133.	2,632,853.	1,100,000.
PRESIDENT AND TRUSTEE	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ANNE MARTIN	(i)	641,897.	693,985.	0.	52,145.	68,566.	1,456,593.	0.
CHIEF INVESTMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JONATHAN DON FARRAR	(i)	323,979.	301,080.	0.	53,085.	66,179.	744,323.	0.
DIRECTOR OF INVESTMENTS	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MATTHEW MAGENHEIM	(i)	286,304.	189,044.	0.	49,722.	49,239.	574,309.	0.
DIRECTOR INVESTMENT OFFICE	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ANDREW TANAKA	(i)	353,023.	35,000.	0.	53,085.	51,761.	492,869.	0.
SVP, CHIEF ADMIN OFF. & TR	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) NICOLE LYNN STANTON	(i)	306,640.	3,000.	0.	29,324.	85,932.	424,896.	0.
PROVOST, SR VP ACADEMIC AF	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) FRANTZ WILLIAMS JR.	(i)	342,428.	3,000.	0.	30,585.	33,268.	409,281.	0.
VP FOR ADVANCEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) BRETT A. SALAFIA	(i)	205,713.	133,405.	0.	25,653.	20,954.	385,725.	0.
DIRECTOR, OPS & INVEST	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) DAVID STUART WINAKOR	(i)	284,486.	3,000.	0.	34,879.	51,785.	374,150.	0.
GENERAL COUNSEL/SECRETARY	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) LISA C. DIERKER	(i)	258,063.	3,000.	0.	43,135.	65,811.	370,009.	0.
PROFESSOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) ISHITA MUKERJI	(i)	264,990.	3,000.	0.	38,371.	55,956.	362,317.	0.
PROFESSOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) MICHAEL J. WHALEY	(i)	258,313.	3,000.	0.	24,018.	45,627.	330,958.	0.
VP FOR STUDENT AFFAIRS	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) AMIN ABDUL-MALIK GONZALEZ	(i)	230,912.	3,000.	0.	21,345.	71,953.	327,210.	0.
VP & DEAN OF ADMIN/FIN AID	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) RENELL M. WYNN	(i)	264,450.	3,000.	0.	24,912.	28,845.	321,207.	0.
VP FOR COMMUNICATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) DAVE BAIRD	(i)	229,597.	3,000.	0.	44,012.	36,493.	313,102.	0.
VICE PRESIDENT FOR IT/CIO	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) JOSEPH M. SIRY	(i)	199,484.	3,000.	0.	40,710.	30,479.	273,673.	0.
CHAIR OF FACULTY	(ii)	0.	0.	0.	0.	0.	0.	0.

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

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

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

(A) Name and Title		(B) Breakdown of W	V-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(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	compensation			
(17) SEAN MCCANN	(i)	184,373.	3,000.	0.	17,197.	48,310.	252,880.	0.
FMR CHAIR OF FACULTY	(ii)	0.	0.	0.	0.	0.	0,	0,
(18) GARY SHAW	(i)	184,064.	10,500.	0.	16,849.	30,677.	242,090.	0,
FMR CHAIR OF FACULTY	(ii)	0.	0.	0.	0.	0.	0,	0,
(19) ANDREA L. PATALANO	(i)	167,660.	3,000.	0.	15,001.	29,944.	215,605.	0,
FMR CHAIR OF FACULTY	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

BENEFITS

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.

PART I, LINE 7:

NON-FIXED PAYMENTS:

PRESIDENT: THE PRESIDENT HAS AN INCENTIVE BONUS BASED ON FUNDRAISING

TARGETS SET BY THE BOARD OF TRUSTEES EVERY YEAR.

INVESTMENT OFFICE: 50% OF BONUSES ARE BASED ON QUANTITATIVE METRICS AND

50% ARE BASED ON A QUALITATIVE ASSESSMENT OF STAFF PERFORMANCE BY THE CIO

AND BOARD OF TRUSTEES.

OTHER: IN RECOGNITION OF EXTRAORDINARY EFFORTS IN THE FY23 FISCAL YEAR.

ELIGIBLE EMPLOYEES RECEIVED A ONE-TIME \$3,000 BONUS IN CALENDAR YEAR 2023.

PART II, COLUMN D

HOUSING ALLOWANCES

THE FAIR MARKET VALUE OF HOUSING PROVIDED TO THE FOLLOWING INDIVIDUALS,

Schedule J (Form 990) 2023

WESLEYAN UNIVERSITY

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.
AS A REQUIREMENT OF THEIR EMPLOYMENT, THAT IS REPORTED IN THEIR
NONTAXABLE BENEFITS IS AS FOLLOWS:
PRESIDENT: \$84,741
VICE PRESIDENT FOR STUDENT AFFAIRS: \$11,875
PART II, COLUMN B(III)
INCLUDED IN THE AMOUNT REPORTED AS REPORTABLE COMPENSATION FOR MICHAEL
ROTH, \$1,110,000 REPRESENTS AMOUNTS PREVIOUSLY REPORTED AS DEFERRED
COMPENSATION ON PRIOR YEARS' 990S AND IS THEREFORE REPORTED IN PART II,
COLUMN (F). THIS COMPENSATION WAS ACCRUED IN FISCAL YEARS ENDING IN
2020 - 2023, AND WAS PAID IN FISCAL YEAR ENDING 2024.

SCHEDULE K (Form 990)

Part I

Department of the Treasury Internal Revenue Service

Bond Issues

Supplemental Information on Tax-Exempt Bonds

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

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

2023
Open to Public Inspection

Name of the organization

WESLEYAN UNIVERSITY

Employer identification number
06-0646959

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Issu	ie price	(f) Description	on of purpose	(g) De	feased	(h) On of is		half (i) Pool financi	
									Yes	No	Yes	No	Yes	No
• ~	uppa 2010 cepted u	06-0806186	20774U3A1	05/18/10	20.1	05 000	REFUND 2005	DOND ICCHE		x		х		x
_A C	HEFA 2010 SERIES H	06-0000100	20774U3A1	05/16/10	20,1		FINANCE CAPI			^	-	Λ		
ВС	HEFA 2021 SERIES I	06-0806186	20775D M T6	07/22/21	45,3		EXPENDITURE	TAL		х		Х		х
С														
D														
Part	II Proceeds	•	•	1	L.									
				А			В	С				D		
1	Amount of bonds retired													
2	Amount of bonds legally defeased													
3	Total proceeds of issue			20,	105,000.		45,336,006.							
4	Gross proceeds in reserve funds													
5	Capitalized interest from proceeds													
6	Proceeds in refunding escrows													
7	Issuance costs from proceeds				105,000.		336,006.							
8	•													
9	Working capital expenditures from proceeds													
10	Capital expenditures from proceeds													
<u>11</u>	Other spent proceeds				000,000.		45,000,000.			_				
12	Other unspent proceeds													
13	Year of substantial completion				2008		2023	1						
	Manager than the second of a s		h l - /	Yes	No	Yes	No	Yes	No	-	Yes	+	No	
14	Were the bonds issued as part of a refunding		` '	x			x							
 15	if issued prior to 2018, a current refunding iss Were the bonds issued as part of a refunding											+		
15	issued prior to 2018, an advance refunding is		•		х		x							
16	Has the final allocation of proceeds been made					х	-					+		
17	Does the organization maintain adequate boo													
••			• •	х		х								
	aperwork Reduction Act Notice see the Inc					l	1			Caba	dula K	<u> </u>	- 000	

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

Schedule K (Form 990) 2023

Schedule K (Form 990) 2023 WESLEYAN UNIVERSITY 06-0646959 Page 2

Part III Private Pusiness Use

Par	t III Private Business Use										
			Ą		E	3		(;)
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No		Yes	No		Yes	No	Yes	No
	which owned property financed by tax-exempt bonds?		Х			Х					
2	Are there any lease arrangements that may result in private business use of										
	bond-financed property?		Х			X					
За	Are there any management or service contracts that may result in private										
	business use of bond-financed property?	Х				Х					
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside										
	counsel to review any management or service contracts relating to the financed property?	Х		_							
С	Are there any research agreements that may result in private business use of										
	bond-financed property?		Х			Х					
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other										
	outside counsel to review any research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities										
	other than a section 501(c)(3) organization or a state or local government		.04	%		.00	%		%		%
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		Ç	%		.00	%		%		%
6	Total of lines 4 and 5			%		.00	%		%		%
7	Does the bond issue meet the private security or payment test?		Х			Х					
8a	Has there been a sale or disposition of any of the bond-financed property to a non-										
	governmental person other than a 501(c)(3) organization since the bonds were issued?		Х			Х					
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or										
	disposed of			%			%		%		<u>%</u>
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations										
	sections 1.141-12 and 1.145-2?										
9	Has the organization established written procedures to ensure that all										
	nonqualified bonds of the issue are remediated in accordance with the										
	requirements under Regulations sections 1.141-12 and 1.145-2?	Х			Х						
Par	t IV Arbitrage										
			Α		E	3		(;)
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No		Yes	No		Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		Х			Х					
2	If "No" to line 1, did the following apply?										
а	Rebate not due yet?		Х		Х						
b	Exception to rebate?	Х				Х					
С	No rebate due?	Х				Х					
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was										
	performed										
3	Is the bond issue a variable rate issue?	Х				Х					

Schedule K (Form 990) 2023 WESLEYAN UNIVERSITY 06-0646959 Page **3**

Part IV Arbitrage (continued)								
		A	I	В		С)
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		Х		Х				
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		Х				
b Name of provider								
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?		Х		Х				
7 Has the organization established written procedures to monitor the								
requirements of section 148?	X		Х					
Part V Procedures To Undertake Corrective Action					_			
		Ą	l l	В		Ç		
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under								
applicable regulations?	X		Х					
Part VI Supplemental Information. Provide additional information for responses to questions	s on Schedule	e K. See instr	uctions.					
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.								
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

Department of the Treasury

Internal Revenue Service

(Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization						Emplo	yer iden	tificati	on nu	ımber
WESLEYAN U							0646959			
Part I Excess Benefit Trans										
Complete if the organization					; or Form 990-EZ, Pa	art V, line	40b.	1, ,		
1 (a) Name of disqualified person	(b) Relationship be person and			ified (c	(c) Description of transaction					ected?
(1)	P	9						 '	es	No
(2)								+	\neg	
(3)										
(4)										
(5)										
(6)										
2 Enter the amount of tax incurred by	the organization ma	anagers	or disq	ualified persons duri	ng the year under					
3 Enter the amount of tax, if any, on lin	ne 2, above, reimbu	rsed by	the org	ganization			\$			
Part II Loans to and/or From	Interested De	reone								
Complete if the organization			000 EZ	Dort V line 20e er l	Torm 000 Dort IV lin	06.00	if the eve	oni-oti		
reported an amount on Form			,	Part v, line soa, or r	-om 990, Part IV, iin	ie ∠o, or	ii trie org	anızatı	OH	
(a) Name of (b) Relation			oan to or	(e) Original	(f) Balance due	(g) ln		proved	(i) V	Vritten
interested person with organiz		fror	m the ization?	principal amount	(i) Balarioc dae	default	יט עטן ה	oard or mittee?		ement?
			From			Yes N	lo Yes	1	Yes	No
(1)										
(2)										
(3)										
(4)										
(5)										
(6)								-		+
_(7)								<u> </u>		-
(8)								<u> </u>		+
(9)								<u> </u>		+
(10)				Φ.						
Part III Grants or Assistance	Benefiting Inte	ereste	d Per	\$ sons						
Complete if the organization	•									
(a) Name of interested person	(b) Relationshi			(c) Amount of	(d) Type	of	1 (e) Purp	ose o	of
(2)	interested pe	rson an		assistance	assistan			assista		
(4)	-						+			
(1) (2)							+			
(3)	1						+			
(4)							1			
(5)							1			
(6)							_			
	<u> </u>									

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

Schedule L (Form 990) 2023

(8) (9) (10)

Schedule L (Form 990) 2023 WESLEYAN	UNIVERSITY		06-06469	59	Page 2								
Part IV Business Transactions Involved	ring Interested Persons												
Complete if the organization answered	d "Yes" on Form 990, Part IV, line 28a, 28	b, or 28c.											
(a) Name of interested person	(b) Relationship between interested	(c) Amount of	(d) Description of		aring of								
	person and the organization	transaction	transaction		zation's nues?								
				Yes	No								
(1)KARI WEIL	SPOUSE OF M ROTH-OF	185,108.	EMPLOYMENT		х								
(2)FRANCESCA BAIRD	SPOUSE OF D BAIRD-K	94,100.	EMPLOYMENT		х								
(3)NATHANIEL GREENE	FAMILY MEMBER OF J	307,964.	EMPLOYMENT		х								
(4)		•											
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Part V Supplemental Information				-									
	onses to questions on Schedule L. See ir	nstructions.											
SCH L, PART IV, BUSINESS TRANSACTIONS	INVOLVING INTERESTED PERSONS:												
(A) NAME OF PERSON: KARI WEIL													
(B) RELATIONSHIP BETWEEN INTERESTED PR	PRSON AND ORGANIZATION.												
(2) REMITTENENT BETWEEN INTERESTED IT	MEDIT IND CHAINTEINTON.												
SPOUSE OF M ROTH-OFFICER													
SPOUSE OF M ROIN-OFFICER													
(A) NAME OF PERSON: FRANCESCA BAIRD													
(II) Ham of Flaton. Hamoloon billing													
(B) RELATIONSHIP BETWEEN INTERESTED PR	ERSON AND ORGANIZATION:												
SPOUSE OF D BAIRD-KEY EMPLOYEE													
(A) NAME OF DEDGON, NAMEZANTEL OPERAGE													
(A) NAME OF PERSON: NATHANIEL GREENE													
(B) RELATIONSHIP BETWEEN INTERESTED PR	ERSON AND ORGANIZATION:												
FAMILY MEMBER OF J FRANK-TRUSTEE													

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Employer identification number

	WESLEYAN UNIVERSITY 06-0646959										
Par	rt I Types of Property										
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	r	(d) Method of dete noncash contributi		•	s		
1	Art - Works of art	Х	2	1,074,000.	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	Х	204	10,273,179.	FMV						
10	Securities - Closely held stock										
11	Securities - Partnership, LLC, or										
	trust interests										
12	Securities - Miscellaneous										
13	Qualified conservation contribution -										
	Historic structures										
14	Qualified conservation contribution - Other										
15	Real estate - Residential										
16	Real estate - Commercial										
17	Real estate - Other										
18	Collectibles	Х	1	1,071.	FMV						
19	Food inventory										
20	Drugs and medical supplies										
21	Taxidermy										
22	Historical artifacts										
23	Scientific specimens										
24	Archeological artifacts										
25	Other (MISCELLANEOUS)	Х	14	107,750.	FMV						
26	Other ()										
27	Other ()										
28	Other (
29	Number of Forms 8283 received by the organia	zation durino	the tax year for co	ontributions							
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29			-	5			
						_		Yes	No		
30a	During the year, did the organization receive b					that it					
	must hold for at least 3 years from the date of										
	exempt purposes for the entire holding period	?					30a		X		
b	,										
31	Does the organization have a gift acceptance	policy that re	equires the review of	of any nonstandard contribut	tions?		31	Х			
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash							
	contributions?						32a		Х		
b	If "Yes," describe in Part II.										
33	If the organization didn't report an amount in o	column (c) fo	r a type of property	for which column (a) is chec	cked,						
	describe in Part II.										

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

Schedule M (Form 990) 2023

332142 09-11-23 Schedule M (Form 990) 2023

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

WESLEYAN UNIVERSITY

Employer identification number

06-0646959 FORM 990, PART I, LINE 1 & PART III, LINE 1 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

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page **2**

Name of the organization WESLEYAN UNIVERSITY	Employer identification number 06-0646959
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.	

<u>Schedule O (Form 990) 2023</u> Page **2**

Employer identification number Name of the organization WESLEYAN UNIVERSITY 06-0646959 FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: 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. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: 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. FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: PROVIDE AN ATMOSPHERE CONDUCIVE TO STUDY, RESEARCH, AND LEARNING CONTRIBUTE 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. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: 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. EXPENSES \$ 7,918,603. INCLUDING GRANTS OF \$ 44,088. REVENUE \$ 5,737,000.

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

Schedule O (Form 990) 2023 Page **2**

Employer identification number Name of the organization WESLEYAN UNIVERSITY 06-0646959 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, CHIEF FINANCIAL OFFICER, AND CONTROLLER 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, OFFICER OF ADVANCEMENT, AND ADMISSIONS TO DETERMINE POTENTIAL FILING ACTIVITY. DURING JANUARY AND FEBRUARY THE CONTROLLER'S 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 AT THE NEXT MEETING. 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. FORM 990, PART VI, SECTION B, LINE 12C: 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.

<u>Schedule O (Form 990) 2023</u> Page **2**

Name of the organization WESLEYAN UNIVERSITY	Employer identification number 06-0646959
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,	
FORM 990, PART VI, SECTION B, LINE 15:	
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
332212 11-14-23 Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page **2**

Employer identification number Name of the organization WESLEYAN UNIVERSITY 06-0646959 PROMOTE CONSISTENCY AND AN INTERNALLY EQUITABLE RELATIONSHIP BETWEEN SALARY AND RESPONSIBILITY 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. 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 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.

Schedule O (Form 990) 2023 Page 2 Name of the organization **Employer identification number** WESLEYAN UNIVERSITY 06-0646959 FORM 990, PART VI, SECTION C, LINE 19: PUBLIC DISCLOSURE THE UNIVERSITY POSTS ITS GOVERNING DOCUMENTS ON ITS WEBSITE AT WWW.WESLEYAN.EDU/GENERALCOUNSEL. IN ADDITION, THE UNIVERSITY'S AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE ON ITS WEBSITE AT WWW.WESLEYAN.EDU/FINANCE. OTHER GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 3,146,000. POSTRETIREMENT BENEFIT OBLIGATION CHANGES -1,397,000. TOTAL TO FORM 990, PART XI, LINE 9 1,749,000.

SCHEDULE R (Form 990)

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

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

Name of	the organization WESLEYAN UNIVERSITY					Er	mployer identific 06-0646959	cation nu	ımber
Part I	Identification of Disregarded Entities. Comple	ete if the organization answered "Yes	s" on Form 990, Part IV, line 33	3.					
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) Total inco	(e) End-of-year	assets	Direct c	(f) ontrolling atity	9
Part II	Identification of Related Tax-Exempt Organiz	ations. Complete if the organization	n answered "Yes" on Form 990), Part IV, line 34,	because it had one o	or more	e related tax-exer	npt	
raitii	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	Dire	(f) ect controlling entity		g) 512(b)(13) rolled ity?
		_			501(c)(3))			Yes	No

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

Schedule R (Form 990) 2023

Schedule R (Form 990) 2023 WESLEYAN UNIVERSITY 06-0646959 Page **2**

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

	Organisations treated to the arrivation of the tarty can.											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	ng Predominant income (related, unrelated, excluded from tax under	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income en	Share of end-of-year assets	f-year allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag partne	Percentage ownership
		foreign country)		sections 512-514)		assets	Yes No		K-1 (Form 1065)	Yes I	10	
]											
	1											
	1											
	1											
						l .						

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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i Sec	i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(b contr enti	b)(13) rolled ity?
		country)						Yes	No
CHARITABLE REMAINDER TRUST (1)									
55 HIGH STREET									
MIDDLETOWN, CT 06457	INVESTING	CT	N/A	TRUST				Х	
CHARITABLE REMAINDER UNITRUST - CT (13)									
55 HIGH STREET									
MIDDLETOWN, CT 06457	INVESTING	CT	N/A	TRUST				Х	
CHARITABLE REMAINDER UNITRUST - CA (1)									
55 HIGH STREET									
MIDDLETOWN, CT 06457	INVESTING	CA	N/A	TRUST				Х	
POOLED INCOME FUND (2)									
55 HIGH STREET									
MIDDLETOWN, CT 06457	INVESTING	CT	N/A	TRUST				Х	
									1

Schedule R (Form 990) 2023 WESLEYAN UNIVERSITY 06-0646959 Page 3

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No			
1	During the tax year, did the organization engage in any of the following transactions	s with one or more re	lated organizations listed i	n Parts II-IV?						
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<i>'</i>			1a		Х			
b	Gift, grant, or capital contribution to related organization(s)				1b		Х			
С	Gift, grant, or capital contribution from related organization(s)				1c		Х			
d	Loans or loan guarantees to or for related organization(s)				1d		Х			
	Loans or loan guarantees by related organization(s)				1e		Х			
f	Dividends from related organization(s)				1f		Х			
g	Sale of assets to related organization(s)				1g		Х			
	Purchase of assets from related organization(s)				1h		Х			
i	Exchange of assets with related organization(s)				1i		Х			
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х			
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х			
	Performance of services or membership or fundraising solicitations for related organ				11		Х			
m Performance of services or membership or fundraising solicitations by related organization(s)										
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)										
Sharing of paid employees with related organization(s)										
р	Reimbursement paid to related organization(s) for expenses				1p		Х			
q	Reimbursement paid by related organization(s) for expenses				1q		Х			
r	Other transfer of cash or property to related organization(s)				1r		Х			
s	Other transfer of cash or property from related organization(s)				1s	Х				
	If the answer to any of the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on which it is the above in the ab									
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved					
(1) ^C	HARITABLE REMAINDER TRUST	S	519,187.	FMV						
(2) ^C	HARITABLE REMAINDER UNITRUST TRUST	S	158,048.	FMV						
(3)										
(4)										
<u>(5)</u>										
			1							

Schedule R (Form 990) 2023 WESLEYAN UNIVERSITY 06-0646959 Page 4

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation Yes N	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) r Percentage ownership