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Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2008

Open to Public

	venue Servic						Inspection
			r, or tax year beginning 06-01-2008 C Name of organization	and ending 05-31-2009		D Employer ide	entification number
_	c if applical ss change	Please use IRS	WILKES UNIVERSITY				
_	_	label or	Doing Business As			24-079550 E Telephone nu	
_	change	print or type. See	WILKES UNIVERSITY			(570) 408-4	4500
Initial Termi	return nation	Specific Instruc- tions.	Number and street (or P O box if mail is 84 WEST SOUTH STREET	not delivered to street address	Room/suite		ts \$ 100,094,138
	ded return		City or town, state or country, and ZIP + WILKESBARRE, PA 187660999	4			
Applica	ation pend						
		l l	me and address of Principal Officer ent Joseph E Gilmour			a group return	
			st South Street		affiliat	es?	ΓYes Γ Nο
			Barre, PA 18766	_	H(b) Are all	affiliates include	ed?
Tax-e	exempt sta	tus 🗸 501(d	:) (3) ◀ (Insert no)	527	(If"N	o," attach a lıst	See instructions)
Web	site: 🟲	WWW WILKES	S EDU		H(c) Group	Exemption Nu	mber 🟲
Туре о	of organiza	ion 🔽 Corpora	tion trust association other F	<u>'</u>	L Year of For	mation 1933 M	State of legal domicile PA
Part	I Su	mmary					
			ne organization's mission or most sigr	nificant activities			
	Тое	ducate our st	udents for learning and success in an	evolving and multicultur	al world thro	ugh a commitm	ent to individualized
			onal teaching, and academic excellen	_			
	2 Che	k this box	if the organization discontinued its o	perations or disposed of	more than 2!	5% of its assets	5
	3 Num	ber of voting	members of the governing body (Part	VI, line 1a)		3 _	37
	4 Num	ber of indepe	ndent voting members of the governin	g body (Part VI, line 1b)		. 4 _	33
	5 Tota	l number of e	mployees (Part V , line 2a)			5 _	1,879
	6 Tota	l number of v	olunteers (estimate if necessary) .			6 _	75
	7a Tota	l gross unrela	ated business revenue from Part VIII	, line 12, column (C) .		7a _	0
	b Net	unrelated bus	iness taxable income from Form 990-	-T, line 34		7b	0
					Prio	r Year	Current Year
	8 Co	ntributions an	d grants (Part VIII, line 1h)			9,120,417	7,202,489
4			revenue (Part VIII, line 2g)			85,171,231	89,385,254
1			me (Part VIII, column (A), lines 3, 4,		3,965,093	1,091,574	
È			Part VIII, column (A), lines 5, 6d, 8c,		1,983,755	2,094,667	
			dd lines 8 through 11 (must equal Pa				
	12				1	100,240,496	99,773,984
1	. 3 Gra	nts and simil	ar amounts paid (Part IX, column (A),	lines 1-3)		22,895,089	22,556,974
1	. 4 Ber	nefits paid to	or for members (Part IX, column (A), l	ine 4)			(
, 1			ompensation, employee benefits (Par	t IX, column (A), lines 5-	-	25.046.007	44 500 074
\$ 2	10					35,846,007	41,533,878
92 T	l 6a Pro	fessional fun	draising fees (Part IX, column (A), line	e 11e)			(
ਤੋਂ	b (To	al fundraising ex	penses, Part IX, column (D), line 25 <u>932,246</u>)			
1	. 7 Oth	ner expenses	(Part IX, column (A), lines 11a-11d,	11f-24f)		32,580,996	31,881,380
1	. 8 Tot	al expenses-	-add lines 13–17 (must equal Part IX	(, line 25, column (A))		91,322,092	95,972,232
	. 9 Rev	enue less ex	penses Subtract line 18 from line 12			8,918,404	3,801,752
9 8					Beginni	ng of Year	End of Year
<u></u>	2 0 Tot	al assets (Pa	rt X, line 16)		1	147,642,076	138,247,177
<u></u>		•	Part X, line 26)			70,665,242	70,032,764
<u>ĕ</u>			nd balances Subtract line 21 from lin	e 20		76,976,834	68,214,413
Part		gnature Bl				70,370,034	00,214,415
rait		<u> </u>	erjury, I declare that I have examined this ret	urn including accompanying o	chadulas and st	ratements, and to t	he hest of my knowledge
leaso ign ere	e and	belief, it is true, Signature of office PETRA CARVER	correct, and complete Declaration of prepare er /P FINANCE AND OPERATIONS			on of which prepar	
	 	ype or print nar	ne and title			1	
aid		arer's hture		se	neck if If- npolyed • —	Preparer's PTIN ((See Gen Inst)
repare		's name (or you	s KPMG LLP		<u> </u>	TETNI N	
se On		f-employed), ess, and ZIP + 4	1660 International Drive			EIN Þ	
		,				Phone no ▶ (7	03) 286-8000
			McLean, VA 221024848				Tyes TNo

Cat No 11282Y

'ali	Statement of Program Service Accomplishments (See the instructions.)	
L	Briefly describe the organization's mission Wilkes University Mission Statement - To educate our students for lifelong learning and success in a constantly evolving and multicultural world through a comm	utmen
	to individualized attention, exceptional teaching, and academic excellence	ilanci
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting or make significant changes in how it conducts any program services?	
	If "Yes," describe these changes on Schedule O	
	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses	
	Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported	
<u> </u>	(Code) (Expenses \$ 33,446,719 including grants of \$) (Revenue \$ 79,647,342)	
_	Instruction - includes all expenditures for all activities that are part of the institution's instructional programs. This includes credit and non-credit courses, acad	
	vocational, and technical instruction. The University offers 36 undergraduate majors, 10 graduate programs and several Pre-Professional programs. Enrollment includes 2,300 full-time undergraduate students from over 20 states and 4 foreign countries. Class sizes are kept small to enable greater access to professional programs.	s and
	more individualized attention in the classroom. Undergraduate freshmen class sizes average 22 students with 17 students for upper level classes. Wilkes is de to being a leader in higher education throughout the Northeastern United States and is dedicated to academic excellence through mentoring	edicate
 Ь	(Code) (Expenses \$ 24,326,346 including grants of \$ 22,556,974) (Revenue \$)	
_	Scholarship - includes expenditures for general, need based, and endowment scholarships and fellowships from restricted or unrestricted current funds in the	
	grants to students, resulting from selection by Division of Enrollment Management. At least 85% of students receive some sort of financial aid. Grants awarde include Federal Pell and SEOG Grants, Pennsylvania State Grants (PHEAA), as well as Wilkes Need. Based. Grants. Also included here is tuition remission for grants.	
	assistants and other local colleges and programs	
C	(Code) (Expenses \$ 9,006,485 including grants of \$) (Revenue \$) Student Services. This seterany includes funds expended for effices of admissions and the register and activities with the primary purpose of contributing to	tho
	Student Services - This category includes funds expended for offices of admissions and the registrar and activities with the primary purpose of contributing to students' emotional and physical well-being and intellectual, cultural, and social development outside the context of the formal instruction program. It includes	es
	expenditures for student activities, cultural events, student newspapers, intramural athletics, student organizations, intercollegiate athletics (if program is ope as an integral part of the department of physical education and is not as an essentially self-supporting activity), counseling and career guidance (excluding in	nforma
	academic counseling by the faculty), student aid and administration, and health services (if not operated as an essentially self-supporting activity) In recent some institutions have created an office of enrollment management, expenditures for such an office are best categorized in student services	years
	(Code) (Expenses \$ 993,038 including grants of \$) (Revenue \$)	
	Research - see description on Schedule O	
	(Code) (Expenses \$ 921,992 including grants of \$) (Revenue \$)	
	Public Service - see description on Schedule O	
	(Code) (Expenses \$ 6,705,213 including grants of \$) (Revenue \$)	
	Academic Support - see description on Schedule O	
	Other program services (Describe in Schedule O)	
•	(Expenses \$ 8,620,243 including grants of \$) (Revenue \$)	
	<u> </u>	

art TV	Chec	klist of	f Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νo
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II \Box	21		Νo
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	Yes	
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			1 63	140
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
	IV	28a		Νο
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28Ь	Yes	
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νο
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent 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,	37		Νο
	Part VI 📆			

Pa	rt V	Statements Regarding Other IRS Filings and Tax Complianc	е				
						Yes	No
1a	Enter	the number reported in Box 3 of Form 1096, Annual Summary and Transmittal				_	
		F. Information Returns. Enter -0- if not applicable					
			1a	263			
b	Enter	the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
_	Did th	l ne organization comply with backup withholding rules for reportable payments t	o ven	dors and reportable			
·		ng (gambling) winnings to prize winners?	• •	· · · · · · ·	1c	Yes	
2a		the number of employees reported on Form W-3, Transmittal of Wage and Tax ments filed for the calendar year ending with or within the year covered by this	2a	1,879			
b		east one is reported in 2a, did the organization file all required federal employn If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this			2b	Yes	
3 a		ne organization have unrelated business gross income of \$1,000 or more during	g the	year covered by this	3a		Νο
ь	If "Ye	s," has it filed a Form 990-T for this year? If "No," provide an explanation in Scho	edule (0	3b		
4a	over,	y time during the calendar year, did the organization have an interest in, or a si a financial account in a foreign country (such as a bank account, securities ac int)?			4a	Yes	
ь		·					
	See tl	es," enter the name of the foreign country <mark>CJ</mark> he instructions for exceptions and filing requirements for Form TD F 90-22.1, <i>Re</i> <i>cial Accounts</i> .	port o	f Foreign Bank and			
5a	Was t	he organization a party to a prohibited tax shelter transaction at any time durir	ng the	tax year?	5a		Νo
b	Dıd aı	ny taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		No
c		s," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exemp</i>	t Entit	ty Regarding Prohibited	5c		
6a		ne organization solicit any contributions that were not tax deductible?			6a		N o
b	If "Ye	s," did the organization include with every solicitation an express statement th			6b		
7		nizations that may receive deductible contributions under section 170(c).					
а	Did th	ne organization provide goods or services in exchange for any quid pro quo con	trıbutı	ion of \$75 or	7a	Yes	
b	If "Ye	s," did the organization notify the donor of the value of the goods or services pi	rovide	d?	7b	Yes	
С	Did th	ne organization sell, exchange, or otherwise dispose of tangible personal propei	rty for	which it was required to			
		orm 8282?			7c		No
d	If "Ye	s," indicate the number of Forms 8282 filed during the year	7d				
e		ne organization, during the year, receive any funds, directly or indirectly, to pay it contract?			7e		No
f	Did th	ne organization, during the year, pay premiums, directly or indirectly, on a perso	onal b	enefit contract?	7f		No
g	For al	l contributions of qualified intellectual property, did the organization file Form 8	8899	as required?	7g		
h		ontributions of cars, boats, airplanes, and other vehicles, did the organization fi	ıle a F	orm 1098-C as	7h		
8	suppo exces	on 501(c)(3) and other sponsoring organizations maintaining donor advised funds a porting organizations. Did the supporting organization, or a fund maintained by a seas business holdings at any time during the			8		
9		on 501(c)(3) and other sponsoring organizations maintaining donor advised funds.					
а	Did th	ne organization make any taxable distributions under section 4966?			9a		
b	Did th	ne organization make a distribution to a donor, donor advisor, or related person	⁷ .		9b		
10	Sectio	on 501(c)(7) organizations. Enter					
а	Initia	tion fees and capital contributions included on Part VIII, line 12	10a				
b	Gross facilit	s receipts, included on Form 990, Part VIII, line 12, for public use of club ies	10b				
11	Section	on 501(c)(12) organizations Enter					
а	Gross	s income from members or shareholders	11a				
b		s income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them)	11b				
12a	Sectio	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	lleu	of Form 1041?	12a		<u> </u>
b	If "Ye year	s," enter the amount of tax-exempt interest received or accrued during the	12b				

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body	and Management

					Yes	No			
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	, desc	ribe the circumstances,						
1a	Enter the number of voting members of the governing body								
Ь	Enter the number of voting members that are independent	1b	33						
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			2		Νο			
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management control over management control over management duties.			3		Νο			
4	Did the organization make any significant changes to its organizational documents stilled? $\ \ .$	he prior Form 990 was	4		Νο				
5	Did the organization become aware during the year of a material diversion of the organization	anızat	on's assets?	5		Νο			
6	Does the organization have members or stockholders?		6		Νο				
7a	Does the organization have members, stockholders, or other persons who may elect governing body?		7a		Νο				
Ь	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	rother persons?	7b		Νο			
8	Did the organization contemporaneously document the meetings held or written activities year by the following	ons ur	ndertaken during the						
а	the governing body?			8a	Yes				
Ь	each committee with authority to act on behalf of the governing body?			8b	Yes				
9a	Does the organization have local chapters, branches, or affiliates?			9a		Νο			
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?								
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990								
11	1 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O								

Section B. Policies

		Yes	No
Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
Does the organization have a written whistleblower policy?	13	Yes	
Does the organization have a written document retention and destruction policy?	14	Yes	
Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
The organization's CEO, Executive Director, or top management official?	15a	Yes	
Other officers or key employees of the organization?	15b	Yes	
Describe the process in Schedule O			
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		Νο
If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Does the organization have a written conflict of interest policy? If "No", go to line 13 . Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

Section C. Disclosure

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

own website another's website upon request

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

JANET KOBYLSKI 84 WEST SOUTH STREET WILKESBARRE,PA 187660999 (570) 408-4502

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

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

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

The check this box in the organization and i		Posit	(C) chec	:k al				(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							-			

Part VII Continued

			(tion that a			all			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
	-									
			1							
			1		_		\vdash			
	+		+	 	\vdash					
1b Total			<u> </u>		<u> </u>	<u> </u>	▶	2,354,146	j (495,448

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►54

			Yes	No		
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete <i>Schedule J for such individual</i>	3		Νο		
4	For any individual listed online 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					
_			Yes			
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Νo		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

\$100,000 or compensation from the organization		
(A) Name and business address	(B) Description of services	(C) Compensation
SUNGARD HIGHER EDUCATION INC 4 COUNTRY VIEW ROAD MALVERN, PA 19355	IT MANAGEMENT	3,485,215
160 OVER 90 1 SOUTH BROAD STREET 10TH FLOOR PHILADELPHIA, PA 19107	MARKETING	647,650
GC FIRE PROTECTION SYSTEMS PO BOX 175 LAKE WINOLA, PA 18625	FIRE SUPPRESSION SYS	451,218
SODEXHO OPERATIONS 4880 PAYSPHERE CIRCLE CHICAGO, IL 60674	FOOD SERVICE MGMT	3,170,180
LEARNING SERVICES INTERNATIONAL 175 CORNELL ROAD BLAIRSVILLE, PA 15717	ACADEMIC COURSES	1,408,562
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization		

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated campaigns 1a	1		Kevende		312,313,3131
芸芸	ь	Membership dues					
<u>a</u> =		1b					
S, €	С	Fundraising events	96,056				
ਸ਼ੁੱਲ	d	Related organizations1d					
ξŒ	e	Government grants (contributions) 1e	2,534,936				
Contributions, gifts, grants and other similar amounts	f	All other contributions, gifts, grants, and similar amounts not included above	4,571,497				j
팔	g	1f Noncash contributions included in					
Σ.g.		lines 1a-1f \$ 57,930					
-	h	Total (Add lines 1a-1f)		7,202,489			
			Business Code				
II.e	2a	TUITION AND FEES	900,099	79,647,342	79,647,342		
e ve	b	AUXILIARY ENTERPRISES	900,099	9,737,912	9,737,912		
a Tr	с						
¥	d						
33	e						
ra E	f	All other program service revenue					
Program Serwoe Revenue	g	Total. Add lines 2a-2f					
		\$ 89,385,254					
	3	Investment income (including divi	· · · · · · · · · · · · · · · · · · ·	1 120 022			1 120 022
		other similar amounts)		1,129,023			1,129,023
	4	Income from investment of tax-exempt b	ond proceeds . 🛓	15,440			15,440
	5	Royalties		0			
		(ı) Real	(II) Personal				
	6a	Gross Rents 141,334					
	ь	Less rental 144,948 expenses					
	С	Rental income -3,614					
	d	or (loss) Net rental income or (loss)		-3,614			-3,614
			▶	·			
	7-	(i) Securities Gross amount	(II) O ther				
	7a	from sales of					
		assets other than inventory					
	ь	Less cost or other basis and					
		sales expenses Gain or (loss)					
	c d	Net gain or (loss)		-52,889			-52,889
	u	· · · · · · · · · · · · · · · · · · ·	. ▶	32,009			32,009
	8a	Gross income from fundraising events (not including \$ 22,879					
n e		\$ <u>22,879</u> of contributions reported on line					
듄		1c) See Part IV, line 18					
è		Attach Schedule G If total exceeds \$15,000 a	96,056				
Other Revenue	ь	Less direct expensesb	30,030				
Ě	С	Net income or (loss) from fundrais		-152,327	-136,492		-15,835
0	9a	Gross income from gaming	<u> </u>				
		activities See part IV, line 19					
		Complete Schedule G If total exceeds \$15,000					
		a					
	ь	Less direct expensesb					
	С	Net income or (loss) from gaming		0			
	10a	Gross sales of inventory, less	•				
		а					
	ь	Less cost of goods sold b					
	С	Net income or (loss) from sales of		0			
		Miscellaneous Revenue	Business Code	720.00-	700 00-		
	11a	MISCELLANEOUS	900,099	720,287	720,287		
	ь	ENDOWMENT DRAWDOWNS	900,099	1,530,321	1,530,321		
	С						
	d	All other revenue					
	e	Total. Add lines 11a-11d	 \$ 2,250,608				
	12	Total Revenue. Add lines 1h, 2g, 3		99,773,984	91,499,370		1,072,125
		8c, 9c, 10c, and 11e					
	J	,, and	• • •	l l			1

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re).
Do r	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0	·		<u> </u>
2	Grants and other assistance to individuals in the U S See Part IV, line 22	22,556,974	22,556,974		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,629,042	559,804	1,069,238	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	31,137,670	26,217,282		483,153
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,262,503	1,767,932	453,476	41,095
9	Other employee benefits	3,839,046	3,167,262	638,058	33,726
10	Payroll taxes	2,665,617	2,182,314	445,849	37,454
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	42,111	225	41,886	
C	Accounting	89,963	375	89,588	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	222,560		222,560	
g	Other	0			
12	Advertising and promotion	995,862	142,019	853,843	
13	Office expenses	3,403,326	1,374,219	1,979,362	49,745
14	Information technology	3,200,206	2,933,272	266,934	
15	Royalties	0			
16	Occupancy	3,543,671	1,999,160	1,544,511	
17	Travel	775,414	666,509	102,815	6,090
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	149,647	122,064	26,143	1,440
20	Interest	2,634,013	1,327,191	1,306,822	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	4,411,546	2,241,920	2,169,626	0
23	Insurance	318,067	318,067		
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	CONTRACTED SERVICES	6,866,055	4,726,160	2,096,706	43,189
ь	ENTERTAINMENT	838,627	535,734	276,848	26,045
с	BAD DEBTS	836,588	718,240		118,348
d	EQUIPMENT MAINTENANCE	770,575	71,222	699,353	
e	PRINTING AND PUBLICATIONS	794,913	447,464	312,288	35,161
f	All other expenses	1,988,236	1,324,384	607,052	56,800
25	Total functional expenses. Add lines 1 through 24f	95,972,232	75,399,793	19,640,193	932,246
26	Joint Costs. Check I if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				000 (200s)

Part X	Balance	Shoot

			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	Beginning of year	1	End of year
	2	Savings and temporary cash investments	8,525,128		12,646,891
	3	Pledges and grants receivable, net	3,605,796		3,201,171
	4	Accounts receivable, net	2,330,041	4	2,367,359
	5	Receivables from current and former officers, directors, trustees, key employees or	2,000,041	_	2,007,000
		other related parties Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	4,093,805	7	4,338,508
	8	Inventories for sale or use		8	
2	9	Prepaid expenses and deferred charges	1,836,150	9	1,103,854
Assets	10a	Land, buildings, and equipment cost basis			
₫		10a 137,137,816	<u>5</u>		
	b	Less accumulated depreciation Complete Part VI of Schedule D	75,565,118	10c	73,003,607
	11	Investments—publicly traded securities	36,048,878	11	28,300,122
	12	Investments—other securities See Part IV, line 11 Complete Part VII of Schedule D	14,733,275	12	12,387,980
	13	Investments—program-related See Part IV, line 11 Complete Part VIII			
	14	of Schedule D . Intangible assets		13 14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule	903,885		897,685
		D	·	15	, ,
	16	Total assets. Add lines 1 through 15 (must equal line 34)	147,642,076	16	138,247,177
	17	Accounts payable and accrued expenses .	6,817,887	17	6,763,108
	18	Grants payable	4,685,474	18	4,806,566
	19	Deferred revenue		19	
10	20	Tax-exempt bond liabilities	52,975,000	20	52,975,000
ě	21	Escrow account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
ä		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	164,847	23	171,144
	24	Unsecured notes and loans payable		24	
	25	Other liabilities Complete Part X of Schedule D	6,022,034	25	5,316,946
	26	Total liabilities. Add lines 17 through 25	70,665,242	26	70,032,764
S D		Organizations that follow SFAS 117, check here ► $\sqrt{}$ and complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	35,915,950	27	34,580,353
Balance	28	Temporarily restricted net assets	19,827,392	28	11,615,200
핕	29	Permanently restricted net assets	21,233,492	29	22,018,860
Fund		Organizations that do not follow SFAS 117, check here F and complete			
٥	20	lines 30 t hrough 34.		30	
ets	30	Capital stock or trust principal, or current funds		30	_
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	76,976,834	32 33	68,214,413
Net	33 34		147,642,076		138,247,177
	34	Total liabilities and net assets/fund balances	147,042,076	34	130,247,177
Pa	rt XI	Financial Statements and Reporting			

ParitXI	Financial	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 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?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

Employer identification number

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

WILK	ES UNIV	/ERSITY							• •			
									-079550			
	rt I			harity Status (to be co	_				Instruct	ions)		
The	organı:			ation because it is (Please								
1	<u> </u>			nurches, or association of ch			Section 1	170(b)(1)((A)(i).			
2	굣	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)										
3	Г	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)										
4	Г	A medical	research organı	zatıon operated ın conjunctı	on with a	hospital d	escribed i	n Section	170(b)(1)	(A)(iii). E	nter the	
		hospital's name, city, and state										
5	Γ	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
		Section 170	D(b)(1)(A)(iv).	(Complete Part II)								
6	\sqcap	A federal, s	tate, or local g	overnment or governmental	unıt desci	rıbed ın Se	ction 170	(b)(1)(A)	(v).			
7	Γ	An organiza	ation that norm	ally receives a substantial p	art of its	support fro	om a gove	rnmental u	ınıt or fron	n the gene	eral public	
		described i	n Section 170(b	o)(1)(A)(vi) (Complete Par	tII)							
8	Γ	A commun	ty trust describ	oed in Section 170(b)(1)(A)	(vi) (Com	nplete Par	tII)					
9	Γ	An organiza	ation that norm	ally receives (1) more than	3 3 1/3% 0	of its supp	ort from c	ontributior	ns, membe	rship fees	, and gross	
		receipts fro	m activities re	lated to its exempt functions	s—subject	to certair	n exceptio	ns, and (2) no more	than 331/	′3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	ss taxable	ıncome (l	less sectio	on 511 ta:	x) from bu	sinesses	
		acquired by	the organization	on after June 30, 1975 See	Section 5	509(a)(2).	(Complete	e Part III)			
10	Г	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ction 509	(a)(4). (S	ee instruc	tions)	
11	Γ	An organiza	atıon organızed	and operated exclusively fo	r the bene	efit of, to p	erform the	functions	of, or to o	arry out t	he purposes	of
		one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See Section 509(a)(3). Check										
		the box that describes the type of supporting organization and complete lines 11e through 11h a										
	_	•		• • • • • • • • • • • • • • • • • • • •					d		III - Other	
e	ļ	•		rtify that the organization is agers and other than one or			•			•	•	
		section 50		agers and other than one or	more pub	iiciy suppi	orteu orga	IIIZations (uescribeu	III Section	1309(a)(1)	01
f				d a written determination fro	m the IRS	S that it is	a Type I,	Type II o	r Type III	supportir	ng organizati	ıon,
		check this										Г
g				as the organization accepted	d any gift	or contrib	ution from	any of the)			
		following pe		r indirectly controls, either a	alone or to	ogether wi	th nersons	s describe	d in (ii)		Yes	No OF
			·-	ng body of the the supported		=	en persone		a ()	11g		10
			· -	erson described in (i) above	_					11g(N 0
			•	ty of a person described in (hove?				11g(<u> </u>
h				mation about the organizatio			sunnorts			119(/ '	
••		1 TOVIGE CITE	. Tollowing Illion	nation about the organization	ins the org	gamzation	Supports					
	(i) N	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did v	ou notify	(vi) I	s the	(vii) A mou	ınt of
		oorted	(, =	(described on lines 1- 9		ation in		nızatıon		ation in	support	
	Orgar	nızatıon		above or IRC section		listed in		i) of your		rganızed		
				(See Instructions))		verning	supp	oort?	ın the	US?		
						ment?				T	4	
					Yes	No	Yes	No	Yes	No		

Total

Part II	Support Schedule for Organizations Described in IRC 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.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					<u> </u>		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		·					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 100, 1/a or	1/D, Check this	oox an	u see	▶ □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)					
	Facts and Circumstances Test					

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

► Attach to Form 990. To be completed by organizations that

Supplemental Financial Statements

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Employer identification number Name of the organization WILKES UNIVERSITY 24-0795506 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes

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

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

For Paperwork Reduction Act Notice, see the Intructions for Form 990

the organization's accounting for conservation easements

(ii) Assets included in Form 990, Part X

1,441,500

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- Revenues included in Form 990, Part VIII, line 1

► \$

Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2008

Part	IIII Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	<u>cal Tr</u>	eası	ires, or Oth	<u>ıer</u>	<u>Simila</u>	r Asse	ts (co	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	ne fol	lowing t	hat ar	e a sıgnıfıcant	us	e of its co	llection	า	
а	▼ Public exhibition		d	\vdash	Loan	rexc	hange progran	ns				
ь	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ın hov	w the	y furthe	rthe	organızatıon's	exe	empt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,				ımı	llar	Г	Yes	√ No
Par	Trust, Escrow and Custodial A Part IV, line 9, or reported an an	Arrangements.	Com	plet	e if the	orga		we	ered "Yes	s" to Fo	orm 9	90,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	dıary	for c	ontribu	tions	or other asset	s n	ot	Г	Yes	┌ No
b	If "Yes," explain why in Part XIV and comple	te the following tabl	е									
								_		A mou	ınt	
c	Beginning balance						10					
d	Additions during the year						10	+				
е	Distributions during the year						16	-				
f	Ending balance						1f	:				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?							Γ	Yes	∏ No
	If "Yes," explain the arrangement in Part XIV											
Par	t V Endowment Funds. Complete										\ Faur V	oo ro Do ale
1-	Beginning of year balance	(a)Current Year 38,843,902	(E)Prior	Year	(c) I	wo Years Back ((a)ı	nree Years	васк (е)Four Y	ears Back
1a L	Contributions	964,402										
b	Investment earnings or losses	-8,661,856										
c d	Grants or scholarships	1,530,321										
e	Other expenditures for facilities											
_	and programs											
f	Administrative expenses	167,299										
g	End of year balance	29,448,828										
2	Provide the estimated percentage of the yea	r end balance held a	ıs									
а	Board designated or quasi-endowment 🕨	20 %										
ь	Permanent endowment ► 56 %											
с	Term endowment ► 24 %											
3a	Are there endowment funds not in the posses	ssion of the organiza	ation	thata	are held	and a	administered f	or t	:he			
	organization by										Yes	No
	(i) unrelated organizations		•			•		•		3a(i)		No
ь	(ii) related organizations				 Wa Do			•		3a(ii) 3b		No I
ь 4	Describe in Part XIV the intended uses of th	•				•		•		30		<u> </u>
	t VI Investments—Land, Buildings					90 P.	art X line 10	<u> </u>				
	<u> </u>	o, una Equipme			Cost or o		(b)Cost or othe	Т				
	Description of investment				s (investi		basis (other)	.	(c) Deprec	iation	(d) Bo	ok value
1 a L	and						5,482,18	- -				5,482,182
b E	Buildings						94,331,74	\neg	35,0	83,618	5	9,248,130
c L	easehold improvements											
	Equipment						25,741,02	23	22,3	09,978		3,431,045
	Other						11,582,86	\dashv		40,613		4,842,250
	. Add lines 1a-1e (Column (d) should equal Fo	orm 990, Part X, colun	nn (B.), line	10(c).)			_	<u> ►</u>	,		3,003,607
	, , , , , , , , , , , , , , , , , , , ,	. ,		-	. , , ,				Sched	ule D (I		90) 2008

Paint VIII Investments—Other Securities. See	roriii 990, Part X, iiile 12	
(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other REAL ESTATE INVESTMENT TRUST	15,130	
Other ALTERNATIVE INVESTMENTS	4,366,255	
Other BENEFICIAL INTEREST IN TRUSTS	5,280,105	
Other FUNDS HELD IN TRUST BY OTHERS	2,726,490	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	12,387,980	
Part VIII Investments—Program Related. See	Form 990, Part X, line 1	3.
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, III	ne 15.	
(a) Descrip	tion	(b) Book value
UNAMORTIZED BOND PREM & COSTS		642,294
LIFE INSURANCE POLICY - CSV		255,393
Table (Colores (b) about to and Form 2000 Bort Verst (B) to a	<i>E</i>)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X		
(a) Description of Liability	(b) A mount	
Federal Income Taxes		
UNAMORTIZED BOND PREMIUM	1,066,044	
POSTRETIREMENT BENEFITS	1,169,888	
LIABILITY UNDER SPLIT INTEREST	354,524	
INVESTMENTS - HELD IN TRUST FO	2,726,490	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	5,316,946	

	Reconciliation of change in Net Assets from Form 330 to 1 manetal statemen	113	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	99,773,984
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	95,972,232
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	3,801,752
4	Net unrealized gains (losses) on investments	4	-12,564,171
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-12,564,171
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-8,762,419
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	64,943,573
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	-12,234,018
3	Subtract line 2e from line 1	3	77,177,591
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
Ь	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	22,596,393
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	99,773,984
	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	73,705,992
2	A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities		
a b	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
e e	Add lines 2a through 2d	2e	330,153
3	Subtract line 2e from line 1	3	73,375,839
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		, ,
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIV) 4b 22,596,393		
c	Add lines 4a and 4b	4c	22,596,393
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	95,972,232
Pai	rt XIV Supplemental Information		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
Part XII, LINE 2D AND PART XIII, LINE 2D		Reclassification of Rental Expenses \$144,948 Reclassification of Special Event Expenses \$175,205
PART XII, LINE 4B AND PART XIII, LINE 4B		Reclassification of Scholarship Aid \$22,556,975 Reclassification of Income Distribution \$39,418 TOTAL Reclassification \$22,596,393
PART III, QUESTION 4	WORKS OF ART	A COLLECTION OF ARTWORK IS MAINTAINED BY THE UNIVERSITY IT IS PURELY FOR PUBLIC DISPLAY BOTH IN THE ART GALLERY AND AMONG CAMPUS THEY ARE NOT HELD WITH THE INTENTION OF SELLING THEM
PART V, LINE 4	INTENDED USES OF ENDOWMENT FUNDS	THE INTENDED USE OF THE UNIVERSITY'S ENDOWMENT FUNDS IS USED TO FUND SCHOLARSHIPS AS WELL AS DEPARTMENTAL CHAIRS AND TO SUPPORT OPERATING EXPENSES
PART X	UNCERTAIN TAX POSITIONS UNDER FIN 48	THERE WAS NO MATERIAL IMPACT ON THE UNIVERSITY'S FINANCIAL STATEMENTS AS A RESULT OF THE ADOPTION OF FIN 48 IN FISCAL YEAR 2008

Employer identification number

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Schools

Attach to Form 990 or Form 990-EZ. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

2000

2008

Open to Public Inspection

ILKE	ES UNIVERSITY ESTABLISHED ESTA			
	24-0795506		YES	NO
			123	110
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No,"			
	please explain All publications in ths areas of recruitment publicize the university's NON-DISCRIMINATORY POLICY	3	Yes	
		-		
	Does the organization maintain the following? • Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory	44	162	
U	basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
		_		
5	Does the organization discriminate by race in any way with respect to			
а	Students' rights or privileges?	5a		Νo
b	Admissions policies?	5b		Νo
c	Employment of faculty or administrative staff?	5c		Νo
d	Scholarships or other financial assistance?	5d		Νo
е	Educational policies?	5e		Νo
f	Use of facilities?	5f		Νo
g	Athletic programs?	5g		Νo
h	Other extracurricular activities?	5h		Νo
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
		\dashv		
	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		Νo
7	If you answered "Yes" to either 6a or b, please explain using an attached statement			
,	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05	_ '	,,,,	

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DLN: 93493105005030

OMB No 1545-0047

2008

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

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

Statement of Activities Outside the United States

Open to Public **Inspection**

						Employer ide	entification number
WIL	KES UNIVERSITY					24-079550	6
Pa				de the United States	s. Complete	ıf the orgaı	nızatıon answered
1				ecords to substantiate	the amount	of the grant	s or
	_	_				_	
	assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance	┌ Yes ┌ No					
2		rıbe ın Part IV the	organization's pr	ocedures for monitoring tl	he use of gran	t funds outsic	de the
3	Activites per Region (l	Use Schedule F-1	(Form 990) ıf adı				
		(h) Number of	(c) Number of				
	(a) Region			fundraising, program services,	1		(f) Total expenditures in
		region	agents in region				region
				Program Services	INVESTMEN	ITS	
Sou	th Asıa			Program Services	foreign study	,	3,605

Totals .

3,605

Pa	Part IV,	line 15, for any edule F-1 if add	sistance to Orga recipient who rec litional space is ne	nizations or Entiti eived more than \$5, eded.	es Outside the Ur ,000. Check this bo	nited States. Composite of the composition of the c	plete if the organiza received more thai	tion answered "Yes n \$5,000	" to Form 990, ▶ 厂
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		_							
		-							
		-							
		-							
		-							
		-							
		- -							
		-							
		-							
		-							
		-							
		-							
		-							
		-							
2	Enter total nu has provided	mber of organi a section 501(c	zations that are re	cognized as charities	s by the foreign cou	ntry or for which th	e grantee or counse	el . ▶	
3	Enter total nu	mber of other of	organizations or er	ntities				. ▶	

	F-1 (Form 990) if a			ted States. Complete	ii ule organization a	iliswered tes to form	990, Part IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2008

Complete this part t	to provide the information required in	Part I, line 2, and any other additional information.
Identifier	ReturnReference	Explanation
/A		
	+	
	+	
	+	

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DLN: 93493105005030

2008

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

xttach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Supplemental Information Regarding

Fundraising or Gaming Activities

Open to Public

	ne of the organization					Employer ide	ntification number		
WI L	KES UNIVERSITY					24-0795506	5		
Pa	art I Fundraising Act	t ivities. Complete	e if the oi	ganızatı	ion answered "Yes"	to Form 990, Part I\	/, line 17.		
a b c d	Indicate whether the organ Mail solicitations Email solicitations Phone solicitations In-person solicitations		through ar	•	e Solicitation of	non-government grants government grants			
	Did the organization have a or key employees listed in If "Yes," list the ten highes to be compensated at leas	Form 990, Part VII)) or entity entities (f	in connec undraisei	ction with professional f rs) pursuant to agreem	undraising activities? ents under which the fu			
	(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
N A			Yes	No No					
Tot	al			P					

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

Pai	rt II	Fundraising Events. Com more than \$15,000 on Form					report	ed
			(a) Event #1 Golf Tournament (event type)	(b) Event #2 Lecture Series (event type)	(c) O ther Events 1 (total number)	(d) Tot (Add col col		
⊈	1	Cross research	12,016	104,519	, ,		118	8,935
Revenue	2	Gross receipts	5,741	90,315			96	5,056
<u> </u>	3	Gross revenue (line 1 minus line 2)	6,275	14,204	2,400		22	2,879
	4	Cash Prizes						
ses	5	Non-cash Prizes						
g Ped	6	Rent/Facility costs						
Direct Expenses	7	Other direct expenses	22,110	150,335	2,761			5,206
ᅙ	8	Direct expense summary Add lin	_		🛌			5,206
	9	Net income summary Combine li						2,327
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		'Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more	e tnan	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total col (a) thr		
	1	Gross revenue						
ses Ses	2	Cash prizes						
pens	3	Non-cash prizes						
Direct Expenses	4	Rent/facility costs						
즈	5	Other direct expenses						
	6	Volunteer labor	┌ Yes	┌ Yes% ┌ No	┌ Yes			
	7	Direct expense summary Add line	s 2 through 5 ın column (d)				
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)	🕨			
9 a	Ist	er the state(s) in which the organizate to operate				· 9a	Yes	No
ь 10а		No," Explain re any of the organization's gaming l	icenses revoked, suspen	ded or terminated during	the tax year?	10a		
b	If "	Yes," Explain						
11		es the organization operate gaming a				11		
12		the organization a grantor, beneficia ned to administer charitable gaming						
						12		

			
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

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DLN: 93493105005030

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

2008

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspect ion

Employer identification number

WILKES UNIVERSITY	24-0795506						
Part I General Information mathematical Describe in Part IV the organization mathematical Describes in Part IV the organization describes in Par	aintain records to s d to award the grai	nts or assistance?	t of the grants or assista		ubility for the grants or as	ssistance, and	⊮ Yes ⊩
Form 990, Part Part IV and Sch	IV, line 21 for ar edule I-1 if addi	ny recipient that rece tional space is	eived more than \$5,0	00. Check this box	tes. Complete if the oif no one recipient rec	eived more than \$5,0	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of seconganizations					.	_	
For Paperwork Reduction Act Not							

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

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Discounts to Alumni and Dependents	1	2,390			
NAMED SCHOLARSHIPS	309	1,118,713			
NEED BASED GRANTS AND SCHOLARSHIPS	1287	6,734,276			
OTHER SCHOLARSHIPS	1571	13,053,065			
REMISSIONS - GRAD ASSISTANTS UPWARD BOUND ETC	497	1,648,530			

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

See Additional Data Table

Ident if ier	Return Reference	Explanation
Sch I Part I, LINE 2		Wilkes University maintains a comprehensive program of financial aid to assist students in the financing of their educational programs. The University awards both merit scholarships and need-based grants to undergraduate students. Merit awards are based on high school achievement including SAT scores and high school class rank. Students must complete the Free Application for Federal Student Aid to have their eligibility for need-based aid determined. In addition, the University has a graduate assistantship program that provides remission of tuition charges for those students selected by the Graduate Office to participate in the program.

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DLN: 93493105005030

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Compensation Information

2008

Open to Public Inspectio<u>n</u>

Department of the Treasury Internal Revenue Service

WILKES UNIVERSITY

ın Part III

Name of the organization

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

24-0795506 **Questions Regarding Compensation** Νo Yes Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items Housing allowance or residence for personal use First class or charter travel Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Tax idemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain **1**b Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Yes Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Written employment contract Compensation committee Compensation survey or study Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a Receive a severance payment or change of control payment? Νo 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo 4c Νo Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III 501(c)(3) and 501(c)(4) organizations only must complete lines 5-8. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5a Νo 5b Νo Any related organization? If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a Νo 6b Any related organization? Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe

Νo

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

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	f W-2 and/or 1099-MIS	3C compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
JOSEPH E GILMOUR	(ı) (ıı)		25,000	0	25,326 0	76,804 0	383,085	С
PETRA CARVER	(ı) (ıı)	148,788 0	10,000	0	14,609 0	13,808 0	187,205	C
G REYNOLD VERRET	(ı) (ıı)		5,000	0	21,158 0	24,476 0	264,909	С
BERNARD GRAHAM	(ı) (ıı)	180,628 0		0	17,292 0	15,414 0	213,334	C
PAUL BROWNE	(ı) (ıı)		- 1	0	15,720 0	17,597 0	193,218	C
THYAGARAJAN SRINIVASAN	(ı) (ıı)		0	0	9,740 0	13,946 0	177,508	(
MICHAEL FRANTZ	(ı) (ıı)	144,316 0	- /	0	14,163 0	15,426 0	178,905	(
MICHAEL SPEZIALE	(ı) (ıı)	138,765 0	10,000	0	13,606 0	13,370 0	175,741	(
TERI OOMS	(ı) (ıı)	141,743 0	0	0	12,404 0	10,092 0	164,239	(
DALE BRUNS	(ı) (ıı)		1 - 1	0	13,798 0	13,969 0	168,442	(
MICHAEL STEELE	(ı) (ıı)		- 1	0	9,375 0	12,464 0	161,938	(
PAUL ADAMS	(ı) (ıı)	136,088 0	0	0	12,839 0	15,518 0	164,445	(
MAGGIE LUND	(ı) (ıı)	128,174 0	5,000	0	19,324 0	11,164 0	163,662	
MICHAEL WOOD	(ı) (ıı)			0	12,192 0	13,152 0	152,961	
	(i) (ii)							1

Part III Supplemental Information

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

Ident if ier	Ret urn Ref erence	Explanation
Housing Allowance	Sch J Part 1	Housing is provided for the University President and his family and the University's provost and his family. This includes payment of all utilities and insurance on the house
Health or Social Club Dues	Sch J Part 1	All University employees are offered a membership at the local YMCA. In addition, members of the president's cabinet belong to a local social club which requires monthly dues of \$100 per member
Personal Services	Sch J Part I	Cleaning Services are provided at the President's residence by a University custodian
-		

Software ID: **Software Version:**

EIN: 24-0795506

Name: WILKES UNIVERSITY

Form 990, Schedule J,	Part II	I - Officers, Direct	tors, Trustees, Ke	y Employees, and	Highest Compens	sated Employees	;	
(A) Name			FW-2 and/or 1099-MIS		(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
JOSEPH E GILMOUR	(ı) (ıı)	255,955 0	25,000 0	0	25,326 0	76,804 C	383,085	0
PETRA CARVER	(ı) (ıı)	148,788 0	10,000 0	0	14,609 0	13,808 C	187,205	0
G REYNOLD VERRET	(ı) (ıı)	214,275 0	5,000 0	0	21,158 0	24,476 0	264,909	0
BERNARD GRAHAM	(1) (11)	180,628 0	0	0 0	17,292 0	15,414 C	213,334	0
PAUL BROWNE	(ı) (ıı)	159,901 0	0	0 0	15,720 0	17,597 C	193,218	0
THYAGARAJAN SRINIVASAN	(ı) (ıı)	153,822 0	0	0	9,740 0	13,946	177,508	0
MICHAEL FRANTZ	(ı) (ıı)	144,316 0	5,000 0	0	14,163 0	15,426 C	178,905	0
MICHAEL SPEZIALE	(ı) (ıı)	138,765 0	10,000	0 0	13,606 0	13,370 C	175,741	0
TERI OOMS	(ı) (ıı)	141,743 0	0	0	12,404 0	10,092		0
DALE BRUNS	(ı) (ıı)	140,675 0	0	0	13,798 0	13,969	168,442	0
MICHAEL STEELE	(I) (II)	140,099 0	0	0	9,375 0	12,464	161,938	0
PAUL ADAMS	(ı) (ıı)	136,088 0	0	0	12,839 0	15,518 C	164,445	0
MAGGIE LUND	(ı) (ıı)	128,174 0	5,000 0	0	19,324 0	11,164 C	163,662	0
MICHAEL WOOD	(ı) (ıı)	127,617 0	0	0	12,192 0	13,152 C		0

DLN: 93493105005030

OMB No 1545-0047

Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O.

Open to Public **Inspection**

Nam	e of the organization KES UNIVERSITY									Employer	identifica	tion num	ıber	
										24-0795	506			
Pa	Bond Issues (Required	d for 2008)									T		(b)) O n
	(a) Issuer Name	Issuer Name (b) Issuer EIN (c) CUSIP #		(d) Date Issued		(e) Issue	(e) Issue Price		cription of	Purpose	(g) De	efeased	Behalf of Issuer	
								Yes	No	Yes	No			
A	City of Wilkes-Barre Finance Authority Series 2007		968254AA0	05-31-2007		8,8	355,000	Refunding bonds and prodebt		epayıng		x		×
В	City of Wilkes-Barre Finance Authority Series 2007		968254AB8	05-31-	2007	11,300,000		Refunding bonds and prepaying debt				х		×
c	City of Wilkes-Barre Finance Authority Series 2007		968254AC6	1 115-31-2007 1 32-820-000-1		Refunding bonds and prepaying debt				х		×		
Pa	rt III Proceeds (Optional for	2008)												
1	Total Proceeds of Issue				A	E	3		<u> </u>	D)	_	E	
2	Gross Proceeds in Reserve Funds	S												
3	Proceeds in Refunding or Defeasance Escrows													
4	Other Unspent Proceeds													
5	Issuance Costs from Proceeds													
6	Working Capital Expenditures fro	m Proceeds												
7	Capital Expenditures from Procee	eds												
8	Year of Substantial Completion													
9	Were the bonds issued as part of	a current refunding is	sue?	Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
10	Were the bonds issued as part of											+-	+	
11	Has the final allocation of proceed											+	+	
	Does the organization maintain a		cords to support the										-+	
12	final allocation of proceeds?	•												
Pa	till Private Business Use	(Optional for 2008	")	1 .										
				Yes	No	Yes	No No	Yes	No	Yes	No	Ye	E	No
1	Was the organization a partner in which owned property financed by		ember of an LLC,		140	1.03	- 110	1.03			110	1	-	
2	Are there any lease arrangement: which may result in private busin	s with respect to the f	inanced property											

Schedule K	(Form 990) 2008		
Part III	Private Busines	s Use	(Continued)

Are there any management or service contracts with respect to the financed property which may result in private business use? 3b Are there any research agreements with respect to the financed property which may result in private business use? 3c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or 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 501(c)(3) organization or a state or local government 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government 6 Total of lines 4 and 5 7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? Part IV Arbitrage (Optional for 2008) A Yes 1 Has a Form 8038-T been filed wth respect to the bond issue? 2 Is the bond issue a variable rate issue? 3a Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records? b Name of provider c Term of hedge 4a Were gross proceeds invested in a GIC? b Name of provider c Term of GIC d Was the regulatory safe harbor for establishing the fair market value of the	No	Yes	No	Yes	No	Yes	No	Yes	No
financed property which may result in private business use? 3b Are there any research agreements with respect to the financed property which may result in private business use? 3c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or 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 501(c)(3) organization or a state or local government 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government 6 Total of lines 4 and 5 7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? Part IV Arbitrage (Optional for 2008) A Yes 1 Has a Form 8038-T been filed wth respect to the bond issue? 2 Is the bond issue a variable rate issue? 3a Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records? b Name of provider c Term of hedge 4a Were gross proceeds invested in a GIC? b Name of provider c Term of GIC									
Are there any research agreements with respect to the financed property which may result in private business use? Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property? Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government 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 501(c)(3) organization, or a state or local government Total of lines 4 and 5 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? Part IV Arbitrage (Optional for 2008) A Yes Has a Form 8038-T been filed wth respect to the bond issue? Is the bond issue a variable rate issue? Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records? Name of provider Term of hedge Were gross proceeds invested in a GIC? Name of provider Term of GIC				1					
which may result in private business use? Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property? Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government 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 501(c)(3) organization, or a state or local government Total of lines 4 and 5 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? Part IV Arbitrage (Optional for 2008) A Yes I Has a Form 8038-T been filed wth respect to the bond issue? I sthe bond issue a variable rate issue? A Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records? B Name of provider C Term of hedge 4a Were gross proceeds invested in a GIC? D Name of provider C Term of GIC									
counsel to review any management or service contracts or research agreements relating to the financed property? 4									
entities other than a 501(c)(3) organization or a state or local government 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 501(c)(3) organization, or a state or local government Total of lines 4 and 5 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? Part IV Arbitrage (Optional for 2008) A Yes I Has a Form 8038-T been filed wth respect to the bond issue? Is the bond issue a variable rate issue? A Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records? B Name of provider C Term of hedge 4a Were gross proceeds invested in a GIC? B Name of provider C Term of GIC									
a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government 6 Total of lines 4 and 5 7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? Part IV Arbitrage (Optional for 2008) A Yes 1 Has a Form 8038-T been filed wth respect to the bond issue? 2 Is the bond issue a variable rate issue? 3a Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records? b Name of provider c Term of hedge 4a Were gross proceeds invested in a GIC? b Name of provider c Term of GIC									
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? Part IV Arbitrage (Optional for 2008) A Yes 1 Has a Form 8038-T been filed wth respect to the bond issue? 2 Is the bond issue a variable rate issue? 3a Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records? b Name of provider c Term of hedge 4a Were gross proceeds invested in a GIC? b Name of provider c Term of GIC									
ensure the post-issuance compliance of its tax-exempt bond liabilities? Part IV Arbitrage (Optional for 2008) A Yes 1 Has a Form 8038-T been filed wth respect to the bond issue? 2 Is the bond issue a variable rate issue? 3a Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records? b Name of provider c Term of hedge 4a Were gross proceeds invested in a GIC? b Name of provider c Term of GIC									
A Yes 1 Has a Form 8038-T been filed wth respect to the bond issue? 2 Is the bond issue a variable rate issue? 3a Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records? b Name of provider c Term of hedge 4a Were gross proceeds invested in a GIC? b Name of provider c Term of GIC									
1 Has a Form 8038-T been filed wth respect to the bond issue? 2 Is the bond issue a variable rate issue? 3a Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records? b Name of provider c Term of hedge 4a Were gross proceeds invested in a GIC? b Name of provider c Term of GIC									
1 Has a Form 8038-T been filed wth respect to the bond issue? 2 Is the bond issue a variable rate issue? 3a Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records? b Name of provider c Term of hedge 4a Were gross proceeds invested in a GIC? b Name of provider c Term of GIC		E	3		3)	<u> </u>	E
Is the bond issue a variable rate issue? Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records? Name of provider Term of hedge Were gross proceeds invested in a GIC? Name of provider Term of GIC	No	Yes	No	Yes	No	Yes	No	Yes	No
3a Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records? b Name of provider c Term of hedge 4a Were gross proceeds invested in a GIC? b Name of provider c Term of GIC									
respect to the bond issue on its books and records? b Name of provider c Term of hedge 4a Were gross proceeds invested in a GIC? b Name of provider c Term of GIC									
c Term of hedge 4a Were gross proceeds invested in a GIC? b Name of provider c Term of GIC									
4a Were gross proceeds invested in a GIC? b Name of provider c Term of GIC									
b Name of provider c Term of GIC									
c Term of GIC									
d Was the regulatory safe harbor for establishing the fair market value of the									
GIC satisfied?									
5 Were any gross proceeds invested beyond an available temporary period?									
6 Did the bond issue qualify for an exception to rebate?									T

DLN: 93493105005030

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Denise Cesare

SHELLY FREEMAN

MARJORIE MARQUART

► Attach to Form 990 or Form 990-EZ. ► To be completed by organizations that answered

"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,

or Form 990-EZ, Part V lines 38b or 40b.

Transactions with Interested Persons

Open to Public Inspection

Name of the organization **Employer identification number** WILKES UNIVERSITY 24-0795506 Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only). To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? (a) Name of disqualified person 1 (b) Description of transaction Yes 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (f) (b) Loan to or (e) In Approved (g)Written from the (a) Name of interested person and (c)Original principal default? by board or agreement? (d)Balance due organization? purpose amount committee? Τо From Yes No Yes No Yes No Part III Grants or Assistance Benefitting Interested Persons To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27. (b)Relationship between interested person (a) Name of interested person (c)A mount of grant or type of assistance and the organization **Business Transactions Involving Interested Persons** To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (b) Relationship between interested (c) A mount of organization's (a) Name of interested person (d) Description of transaction revenues? person and the transaction organization Yes

SEE SCHEDULE O

SEE SCHEDULE O

SEE SCHEDULE O

650,010 Health Insurance Plan

129,285 BANKING SERVICES

119,822 Transportation Needs - Busing

Νo

Nο

Νo

DLN: 93493105005030

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Non-Cash Contributions

Name of the organization WILKES UNIVERSITY

Employer identification number

Б-	Turner of Dunaments				24-0795506			
Pē	rt I Types of Property	(-)	(6)	(-)	(4)			
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line	(d) Method of de reven	etermı	ning	
1	Art—Works of art	Х	1	1g 4 600	Fair Market Value			
	Art—Historical treasures			1,000	Tall Harket Value			
	Art—Fractional interests							
4	Books and publications	X		6.469	Fair Market Value			
	Clothing and household							
6	Cars and other vehicles							
7	Boats and planes							
	Intellectual property							
9	Securities—Publicly traded .							
	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							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
24	Archeological artifacts							
	Computers and							
	Computer							
25	Other (describe <u>Equipment</u>)	Х	2	30,465	Fair Market Value			
	Golf Tournament - Food and							
26	Other (describe Supplies)	×	23	2,796	Fair Market Value			
	Misc Other							
	Non-Cash							
	Other (describe <u>Contributions</u>)	X	2	600	Fair Market Value			
	Other (describe)				<u> </u>			
29	Number of Forms 8283 received which the organization complete Acknowledgement			ar for contributions for	29			
							Yes	No
30a	During the year, did the organization hold for at							
	least three years from the date of		•	not required to be used for	exempt purposes			
	for the entire holding period? .					30a		No
b	If "Yes", describe the arrangem	ent in Part 1	II					
31	Does the organization have a gif					31	Yes	
∍∠a	Does the organization hire or us contributions?	e unira part	es or related organizations		ion-cash	32a		Νο
b	If "Yes", describe in Part II							
33	If the organization did not report	revenues i	n Column (c) for a type of p	roperty for which Column (a	a) is			
	checked, describe in Part II							

Part II Supplemental In 32b, and 33. Also	formation. Complete this part to pr complete this part for any additional	ovide the information required by Part I, lines 30b, information.
Identifier	ReturnReference	Explanation
N/A		

OMB No 1545-0047

2000

Open to Public Inspection

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization WILKES UNIVERSITY

Employer identification number

24-0795506

ldentifier	Return Reference	Explanation
Business Transactions Involving Interested Persons	Form 990, Part IV, Lines 28b and 28c and Schedule L, Part IV	Denise Cesare, a member of the University's Board of Trustees is the president and CEO of Blue Cross of NEPA Marjorie Marquart, a member of the University's Board of Trustees is an immediate family member of Frank Henry, President of Frank Martz Coach Co Frank Henry serves as Trustee emeritus of Wilkes University Shelley Freeman, a member of the University's Board of Trustees is an officer with Wells Fargo Bank (Wachovia Bank) The University currently has a banking relationship with various financial institutions, including Wachovia Bank The services provided by Wachovia Bank include depository, checking account, and a line of credit During the tax year the University earned interest in the amount of \$65,915 31 and paid service charges and additional fees and closing costs of \$63,369 21. All contracts in the above relationships are contracted at arms length through the University's procurement process which includes a competitive bid process and the persons disclosed are not part of the decision making process.

ldentifier	Return Reference	Explanation
Statement of Program Service Accomplishments	Part III, Line 4D	Research - This research category includes all expenditures for activities specifically organized to produce research, whether commissioned by an agency external to the institution or separately budgeted within the University Public Service - This category includes funds expended for activities established primarily to provide non-instructional services beneficial to individuals and groups external to the University Academic Support - This category includes funds expended to provide support services for the institution's primary mission. Instruction, Research and Public Service

ldentifier	Return Reference	Explanation
990 Review Process		Wilkes University will establish a new review process for the 2008 Form 990. The information will be distributed to the organization's officers, trustees, and highly compensated individuals prior to the filing with the IRS. The review will be of a high level nature and will be facilitated by a member of the Controller's office through distribution of a document and/or discussion.

ldentifier	Return Reference	Explanation
Monitoring and Enforcing Conflict of Interest Policy	Form 990, Part VI, Line 12c	Wilkes University's conflict of interest policy covers all board members and any individual that has budgetary /financial responsibilities within the University. Any conflicts of interests concerning board members are forwarded to the Audit Committee for review and approval. All Conflict of Interest Statements are reviewed upon submission and forwarded to the Audit Committee as appropriate. Any University activities that have a potential conflict are usually detected before a contract is executed. Potential conflicts are reviewed with the VP of Finance and/or Controller for resolution.

ldentifier	Return Reference	Explanation
Process for Determining Compensation	Form 990, Part VI, Lines 15a and 15b	The Compensation Committee of the Board of Trustees performs an annual review of top management compensation as well as officers and/or key employees. Benchmark data from College and University Professional Association for Human Resources (CUPA) is used for comparative purposes for executive positions. The last benchmarking comparison was completed within the past five years.

Part I Identification of Disregarded Entities

DLN: 93493105005030

2008

Open to Public Inspection

SCHEDULE R (Form 990)

Department of the Treasury

Related Organizations and Unrelated Partnerships

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 See separate instructions.

Name of the organization
WILKES UNIVERSITY

Employer identification number

24-0795506

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
WU Real Estate LLC 170 S Franklın Street WilkesBarre, PA 18766 20-5799312	Student Renta	PA	135,056	10,867,312	Wilkes Unive
Part II Identification of Related Tax-Exempt Organizat	ions				
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	<u> </u>	Cat No 50135	- 5 Y	-	Schedule R (Form 990) 2008

(A) Name, address, and EIN of related organization	Prim	(B) nary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	incom	(E) lominant le(related, lestment, related)	Share	(F) e of total income	(G) Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		(D) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of l-of-yea assets	(H) Percentage r ownership		

	Note. Complete line 1 if any entity is listed in Parts II, III or IV			Y	es	No
1 D	uring the tax year, did the orgranization engage in any of the following transaction	ns with one or more related organizations listed in Parts II-	IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled enti	ity	1a	3		
b	Gift, grant, or capital contribution to other organization(s)		1b)		
С	Gift, grant, or capital contribution from other organization(s)		1c	:		
d	Loans or loan guarantees to or for other organization(s)		1d	t		
e	Loans or loan guarantees by other organization(s)		1e	•		
f	Sale of assets to other organization(s)		1f			
g	Purchase of assets from other organization(s)		1 g	3		
h	Exchange of assets		1h	1		
i	Lease of facilities, equipment, or other assets to other organization(s)		1i	i		
j	Lease of facilities, equipment, or other assets from other organization(s)		1j	j		
k	Performance of services or membership or fundraising solicitations for other org	ganization(s)	1k	<		
ı	Performance of services or membership or fundraising solicitations by other orga	anızatıon(s)	11	ı		
m	Sharing of facilities, equipment, mailing lists, or other assets		1n	n		
n	Sharing of paid employees		1n	1		
0	Reimbursement paid to other organization for expenses		10	,		
р	Reimbursement paid by other organization for expenses		1р	,		
q	O ther transfer of cash or property to other organization(s)		19	1		
r	O ther transfer of cash or property from other organization(s)		1r	r		
2	If the answer to any of the above is "Yes," see the instructions for information or	n who must complete this line, including covered relationsh	nips and transaction thresholds			
	(A)	(B)	(C)			
	Name of other organization(s)	Transaction type(a-r)	Amount Involved			
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

Part VI Unrelated Organizations Taxable as a Partnership

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

501(c)(3) organizations? Yes No No	organizations? Yes No Y	
No No	No No	No No
No No	No No	
Yes	Yes	Yes

DLN: 93493105005030

OMB No 1545-0172

Department of the Treasury

Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

	▶	See separate instruction	s. 🕨 Attach	to your t	ax re	eturr	1.		Attachment Sequence No 67
Name(s) shown on return		Business or a	activity to which	this for	n rela	ates	Ider	t if yind	g number
WILKES UNIVERSITY			•						
Part I Election	To Eynense (Certain Property Un	PRECIATION	179			24-0	07955	0.6
	•	sted property, comple			соп	nple	te Part I.		
		for a higher limit for cert						1	\$ 250,000
2 Total cost of section 1	179 property plac	ced in service (see instru	ictions) .					2	
3 Threshold cost of sec	3	\$ 800,000							
4 Reduction in limitation	4	,							
		line 4 from line 1 If zero	•	O-Ifma	rried	filin	a		
separately, see instru	•							5	
								_	
(a) [Description of pro	nerty	(b) Cost	(busines	s us	•	(c) Elected	cost	
				only)			(0) 210000		4
6									4
.				Т					┦
7 Listed property Enter				· _ L	7			I _	
		erty Add amounts in col	umn (c), lines 6	and /	•	•		8	
9 Tentative deduction E					•	•		. 9	
10 Carryover of disallowe		·			•	•		10	
11 Business income limitation	Enter the smaller of	business income (not less tha	n zero) or line 5 (se	ee instructi	ons)	•		11	
12 Section 179 expense	deduction Add I	ines 9 and 10, but do not	enter more tha	n line 11	•			12	
13 Carryover of disallowe				. •	13				
Note: Do not use Part									
		Allowance and Othe							y) (See instructions) I
14 Special depreciation a tax year (see instruct		lified property (other than	listed property) placed	ınse	rvic	e during the	14	
15 Property subject to se	•	election						15	
16 Other depreciation (in				• •	•	•		16	0
		Do not include listed i	oronerty) (Se	e instri	ictio	ns \	<u> </u>	10	
MACKS DO	preciation (ection A	o mod (accio	113.	<u> </u>		
17 MACRS deductions fo	r assets placed ı	n service in tax years be	gınnıng before 2	800				17	
18 If you are electing	to group any a	ssets placed in servic	e durina the t	ax vear	· into	on	e or more		
general asset accor	· ,	•					▶□		
Section B-Ass	ets Placed in	Service During 200	08 Tax Year	Using	the	Gei	neral Dep	recia	tion System
		(c) Basıs for							
(a) Classification of	(b) Month and year placed in	depreciation (business/investment	(d) Recovery	(e) Cor			(f) Metho		(g)Depreciation
property	service	use	period	(6) 001	iveiii	.1011	(I) Meth	, l	deduction
		only—see instructions)							
19a 3-year property									
b 5-year property	-								
c 7 - year property									
d 10-year property									
e 15-year property f 20-year property									
g 25-year property			25 yrs				S/L		
h Residential rental			27 5 yrs	+					
property			27 5 yrs	+					
i Nonresıdentıal real			39 yrs	MM S/L			S/L		
property				MI	М		S/L		
Sect i	on C—Assets Pla	ced in Service During 200	8 Tax Year Using	g the Alt	erna	tive	Depreciat io	n Syste	em
20a Class life				S/L					
b 12-year			12 yrs				S/L		
c 40-year			40 yrs	М	М		S/L		
	ry (See instruc							Ι	
21 Listed property Enter						•		21	
22 Total. Add amounts from and on the appropriate	•	14 through 17, lines 19 urn Partnerships and S (nd lin •	e 21	Enter here	22	o
23 For assets shown abo	ve and placed in	service during the curren	•		22			•	
portion of the basis at	tributable to sec	tion 263A costs			23				

Form 4562 (2008) Page 2 Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and Part V property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No (c) (i) (e) (b) Business/ (d) (h) (a) (g) Basis for depreciation Flected Type of property (list Date placed in investment Cost or other Recovery Method/ Depreciation/ section 179 (business/investment Convention deduction vehicles first) service basis use period cost use only) percentage 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 26 Property used more than 50% in a qualified business use % % 27 Property used 50% or less in a qualified business use S/L -% S/L -28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 1 Vehicle 5 Vehicle 6 year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes No Yes No Yes No Yes No Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? **36** Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No **38** Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? _ 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) . . . Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI **Amortization** (b) (e) (d) (f) (c) (a) Date A mortization A mortizable Code A mortization for Description of costs amortization period or

amount section this year beains percentage 42 A mortization of costs that begins during your 2008 tax year (see instructions) 43 A mortization of costs that began before your 2008 tax year 43 44 Total. Add amounts in column (f) See the instructions for where to report 44

Software ID: Software Version:

EIN: 24-0795506

Name: WILKES UNIVERSITY

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa											
		(C) Position (check all that apply)							(E)	(F)	
(A) Name and Title	(B) A verage hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
REVEREND MICHAEL BREWSTER , TRUSTEE	2 0	Х						0	0	0	
ROBERT BRUGGEWORTH , TRUSTEE	2 0	Х						0	0	0	
DANIEL CARDELL , TRUSTEE	6 0	Х						0	0	0	
TERRY CASEY , TRUSTEE	2 0	X						0	0	0	
DOUG COLANDREA , TRUSTEE	3 0	Х						0	0	0	
JOHN CEFALY , VICE CHAIRMAN AND TRUSTEE	6 0	Х		х				0	0	0	
DENISE S CESARE , TRUSTEE	6 0	Х						0	0	0	
CHARLES F COHEN , TRUSTEE	3 0	Х						0	0	0	
JEFF DAVIDOWITZ , TRUSTEE	2 0	Х						0	0	0	
SHELLEY FREEMAN , TRUSTEE	1 0	Х						0	0	0	
MICHAEL I GOTTDENKER , SECRETARY AND TRUSTEE	9 0	Х		х				0	0	0	
DAVID GREENWALD , TRUSTEE	2 0	Х						0	0	0	
JASON GRIGGS , TRUSTEE	6 0	Х						0	0	0	
BILL HANBURY , TRUSTEE	2 0	Х						0	0	0	
JOHN KERR , TRUSTEE	3 0	X						0	0	0	
CAROL KEUP , TRUSTEE	2 0	X						0	0	0	
MILAN S KIRBY , TRUSTEE	4 0	Х						0	0	0	
DANIEL KLEM JR , TRUSTEE	3 0	Х						0	0	0	
DAN F KOPEN MD , TRUSTEE	1 0	Х						0	0	0	
DOROTHY DARLING MANGELSDORF , TRUSTEE	2 0	Х						0	0	0	
MELANIE MASLOW LUMIA , TRUSTEE	2 0	X						0	0	0	
MICHAEL J MAHONEY , TRUSTEE	6 0	Χ					<u> </u>	0	0	0	
MARJORIE MARQUART , TRUSTEE	4 0	Х			<u> </u>		<u> </u>	0	0	0	
GEORGE J MATZ , TRUSTEE	3 0	Х					<u> </u>	0	0	0	
JOHN R MILLER , TRUSTEE	6 0	Х					<u> </u>	0	0	0	
WILLIAM R MILLER , TRUSTEE	3 0	Х			<u> </u>		<u> </u>	0	0	0	
GERALD A MOFFATT , TRUSTEE	7 0	Х			<u> </u>		<u> </u>	0	0	0	
ROBERT A MUGFORD , TRUSTEE	4 0	Х			<u> </u>		<u> </u>	0	0	0	
GEORGE PAWLUSH , TRUSTEE	4 0	Х			<u> </u>		<u> </u>	0	0	0	
HEDY RITTENMEYER, TRUSTEE	2 0	Х						0	0	0	

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa												
		(C) Position (check all that apply)							(5)	(F)		
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations		
STEVEN ROTH , TRUSTEE	3 0	Х						0	0	0		
SUSAN W SHOVAL , TREASURER AND TRUSTEE	8 0	Х		х				0	0	0		
JAY S SIDHU , CHAIRMAN AND TRUSTEE	5 0	Х		х				0	0	0		
VIRGINIA P SIKES , TRUSTEE	6 0	Х						0	0	0		
ELIZABETH A SLAUGHTER PHD , TRUSTEE	3 0	×						0	0	0		
JOSEPH E GILMOUR , PRESIDENT	75 0	Х		Х				280,955	0	102,130		
MARY B RHODES , TRUSTEE	10	Х						0	0	0		
LAURA CARDINALE , TRUSTEE	2 0	Х						0	0	0		
PETRA CARVER , VP FINANCE AND OPERATIONS	60 0			х				158,788	0	28,417		
G REYNOLD VERRET , PROVOST	60 0			Х				219,275	0	45,634		
MICHAEL FRANTZ, VP ENROLLMENT	50 0			Х				149,316	0	29,589		
PAUL ADAMS , VP OF STUDENT AFFAIRS	50 0			х				136,088	0	28,357		
MAGGIE LUND , VP OF HUMAN DEVELOPMENT	50 0			х				133,174	0	30,488		
MICHAEL WOOD , VP OF ADVANCEMENT	50 0			х				127,617	0	25,344		
MELANIE MICKELSON , VP OF ENROLLMENT SERVICES	50 0			х				83,300	0	16,702		
BERNARD GRAHAM , DEAN PHARMACY NURSING	50 0				х			180,628	0	32,706		
PAUL BROWNE , DEAN BUSINESS SCHOOL	50 0				х			159,901	0	33,317		
THYAGARAJAN SRINIVASAN , CHAIR ELECTRICAL ENGRING	50 0					х		153,822	0	23,686		
MICHAEL SPEZIALE , DEAN GRADUATE STUDIES	50 0					х		148,765	0	26,976		
TERI OOMS, EXECUTIVE DIRECTOR	50 0					Х		141,743	0	22,496		
DALE BRUNS , DEAN, COLLEGE OF SCIENCE	50 0					х		140,675	0	27,767		
MICHAEL STEELE , PROFESSOR	50 0				L	Х		140,099	0	21,839		

Software ID:

Software Version:

EIN: 24-0795506

Name: WILKES UNIVERSITY

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraisal, other)
-----------------------------	--	-------------------------	------------------------------	------------------------------------	---	--	--