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Part III Statement of Program Service Accomplishments

1 Briefly describe the organization’s mission

To continue the Wilkes tradition of liberally educating our students for lifelong learning and success in a constantly evolving and multicultural world through a commitment to individualized attention, exceptional teaching, scholarship and academic excellence, while continuing the university’s commitment to community engagement

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

If “Yes,” describe these new services on Schedule O

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

If “Yes,” describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 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

4a	(Code) (Expenses \$ 35,430,516 including grants of \$ 63,162) (Revenue \$ 83,547,927)
	Instruction Includes all expenditures for activities that are part of the institution's instructional programs. This includes credit and non-credit courses, academic, vocational, and technical instruction. The University offers 36 undergraduate majors, 10 graduate programs and several Pre-Professional programs. Enrollment includes 2,200 full-time undergraduate students from over 19 states and 12 foreign countries. Class sizes are kept small to enable greater access to professors and more individualized attention in the classroom. Undergraduate freshmen class sizes average 22 students with 17 students for upper level classes. Wilkes is dedicated to being a leader in higher education throughout the Northeastern United States and is dedicated to academic excellence through mentoring.

4b	(Code) (Expenses \$ 25,161,947 including grants of \$ 23,238,034) (Revenue \$)
	Scholarship Includes expenditures for general, need based, and endowment scholarships and fellowships from restricted or unrestricted current funds in the form of grants to students, resulting from selection by Division of Enrollment Management. At least 85% of students received some form of financial aid. Grants awarded include Pennsylvania State Grants (PHEAA) and Wilkes need based grants. Included in this figure is tuition remission for graduate assistants and other local colleges and programs.


















4c	(Code) (Expenses \$ 9,079,534 including grants of \$) (Revenue \$)
	Student Services Includes funds expended for activities with the primary purpose of contributing to the student's emotional and physical well-being and intellectual, cultural, and social development outside the context of the formal instruction program. Wilkes classifies the following offices into this program: Offices of Enrollment Services (Admissions), Registrar, Financial Aid Administration, Career Services, and Health and Wellness Services. In addition, expenditures for student activities, cultural events, intramural and intercollegiate athletics, freshman orientation, and student clubs and organizations are considered student services for financial statement purposes.

4d	Other program services (Describe in Schedule O) See also Additional Data for Description
	(Expenses \$ 8,891,149 including grants of \$ 0) (Revenue \$ 0)

4e	Total program service expenses \$ 78,563,146
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Part IV

Checklist of Required Schedules

		Yes	No					
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	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		No				
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No				
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 similar funds or 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		No				
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	Yes					
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9		No				
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes					
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. 	11	Yes					
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.							
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.							
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.							
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.							
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.							
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.							
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	Yes					
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <table><tr><td>Yes</td><td>No</td></tr><tr><td></td><td>No</td></tr></table>	Yes	No		No			
Yes	No							
	No							
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 	12A		No				
13	Is the organization a school 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 United States?	14a	Yes					
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I 	14b	Yes					
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II 	15		No				
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? If "Yes," complete Schedule F, Part III 	16	Yes					
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 	17		No				
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18	Yes					
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19		No				
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No				

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a	289		
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b		0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	1,859		
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)				2b
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			3a	No
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			Yes
	b If "Yes," enter the name of the foreign country: CJ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No	
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?			6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a	Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Yes	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No	
d If "Yes," indicate the number of Forms 8282 filed during the year			7d		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f	No	
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9 Sponsoring organizations maintaining donor advised funds.					
a Did the organization make any taxable distributions under section 4966?			9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12			10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10b		
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders			11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b		

Part VI

Governance, Management, and Disclosure

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . .	1a	34	
b	Enter the number of voting members that are independent . . .	1b	31	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	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	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	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		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶PA
18	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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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

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

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

Form 990 (2009)

1b	Total	2,274,251	0	438,125
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2 Total number of individuals (including but not limited to those listed above) 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 "Yes," complete Schedule J for such individual</i>		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SUNGARD HIGHER EDUCATION INC 4 COUNTRY VIEW ROAD MALVERN, PA 19355	IT MANAGEMENT	3,384,541
160 OVER 90 1 SOUTH BROAD STREET 10TH FLOOR PHILADELPHIA, PA 19107	MARKETING	588,293
DISCOVERY EDUCATION INC 1 DISCOVERY PLACE SILVER SPRING, MD 209103354	ACADEMIC COURSES	404,301
SODEXHO OPERATIONS 4880 PAYSHERE CIRCLE CHICAGO, IL 60674	FOOD SERVICE MGMT	2,933,243
LEARNING SERVICES INTERNATIONAL 175 CORNELL ROAD BLAIRSVILLE, PA 15717	ACADEMIC COURSES	1,075,610

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **15**

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	111,215				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	3,220,082				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,541,961				
	g	Noncash contributions included in lines 1a-1f \$ 34,116						
	h	Total. Add lines 1a-1f		5,873,258				
Program Service Revenue			Business Code					
	2a	TUITION AND FEES	900,099	83,547,927	83,547,927			
	b	AUXILIARY ENTERPRISES	900,099	9,356,727	9,356,727			
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		92,904,654				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		975,284			975,284	
	4	Income from investment of tax-exempt bond proceeds . . .		147			147	
	5	Royalties		314,754			314,754	
	6a	Gross Rents	(i) Real	(ii) Personal				
			100,454					
		b	Less rental expenses	97,028				
		c	Rental income or (loss)	3,426				
	d	Net rental income or (loss)		3,426			3,426	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			30,893,019	176,950				
		b	Less cost or other basis and sales expenses	31,518,565	38,089			
		c	Gain or (loss)	-625,546	138,861			
	d	Net gain or (loss)		-486,685			-486,685	
	8a	Gross income from fundraising events (not including \$ 111,215 of contributions reported on line 1c) See Part IV, line 18						
			a	42,292				
		b	Less direct expenses	b	192,899			
	c	Net income or (loss) from fundraising events . . .		-150,607	-146,341		-4,266	
	9a	Gross income from gaming activities See Part IV, line 19						
			a					
		b	Less direct expenses	b				
c	Net income or (loss) from gaming activities . . .		0					
10a	Gross sales of inventory, less returns and allowances							
		a						
	b	Less cost of goods sold	b					
c	Net income or (loss) from sales of inventory . . .		0					
Miscellaneous Revenue		Business Code						
11a	MISCELLANEOUS	900,099	677,881	677,881				
b	ENDOWMENT DRAWDOWNS	900,099	1,675,095	1,675,095				
c								
d	All other revenue							
e	Total. Add lines 11a-11d		2,352,976					
12	Total revenue. See Instructions		101,787,207	95,111,289	0	802,660		

Part IX

Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	23,238,034	23,238,034		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	63,162	63,162		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	2,032,828	936,569	1,096,259	
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	32,961,658	27,458,088	5,008,477	495,093
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,247,121	1,826,543	379,236	41,342
9	Other employee benefits	4,386,981	3,512,881	842,178	31,922
10	Payroll taxes	2,684,658	2,273,124	373,251	38,283
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	135,297	60,011	75,286	
c	Accounting	181,432	7,182	174,250	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	7,304			7,304
f	Investment management fees	187,435		187,435	
g	Other	0			
12	Advertising and promotion	1,021,158	202,091	818,568	499
13	Office expenses	3,163,858	1,409,347	1,687,777	66,734
14	Information technology	4,032,145	2,882,698	1,148,646	801
15	Royalties	0			
16	Occupancy	3,248,490	1,938,633	1,309,857	
17	Travel	713,173	625,537	50,552	37,084
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	302,936	213,835	86,598	2,503
20	Interest	2,637,751	1,386,943	1,250,808	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	4,491,381	2,379,774	2,111,607	
23	Insurance	302,697	302,697		
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)				
a	CONTRACTED SERVICES	5,905,764	4,657,741	1,229,086	18,937
b	ENTERTAINMENT	1,009,363	720,540	263,602	25,221
c	BAD DEBTS	1,002,622	828,304		174,318
d	EQUIPMENT MAINTENANCE	774,608	86,527	682,266	5,815
e	PRINTING AND PUBLICATIONS	903,392	567,223	281,817	54,352
f	All other expenses	1,699,390	985,662	670,286	43,442
25	Total functional expenses. Add lines 1 through 24f	99,334,638	78,563,146	19,727,842	1,043,650
26	Joint costs. Check here <input type="checkbox"/> 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				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			12,646,891	2	17,705,448
	3	Pledges and grants receivable, net			3,201,171	3	1,893,430
	4	Accounts receivable, net			2,367,359	4	2,133,313
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 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			4,338,508	7	4,026,427
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			673,296	9	736,971
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	139,758,690			
	b	Less accumulated depreciation	10b	68,445,175	73,003,607	10c	71,313,515
	11	Investments—publicly traded securities			28,300,122	11	31,136,394
	12	Investments—other securities See Part IV, line 11			12,387,980	12	13,981,514
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			1,328,243	15	1,275,543
	16	Total assets. Add lines 1 through 15 (must equal line 34)			138,247,177	16	144,202,555
Liabilities	17	Accounts payable and accrued expenses			6,763,108	17	6,992,015
	18	Grants payable				18	
	19	Deferred revenue			1,355,219	19	1,197,334
	20	Tax-exempt bond liabilities			52,975,000	20	52,975,000
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			171,144	23	86,790
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			8,768,293	25	9,204,634
	26	Total liabilities. Add lines 17 through 25			70,032,764	26	70,455,773
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			34,580,353	27	38,480,984
	28	Temporarily restricted net assets			11,615,200	28	12,336,275
	29	Permanently restricted net assets			22,018,860	29	22,929,523
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			68,214,413	33	73,746,782
	34	Total liabilities and net assets/fund balances			138,247,177	34	144,202,555

Part XI **Financial Statements and Reporting**

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

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Wilkes University

Employer identification number
24-0795506

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2

☒

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts 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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage						
14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))		14				
15 Public Support Percentage for 2008 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization						
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization						
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions						

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 1/3% support tests—2009. 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		
b33 1/3% support tests—2008. 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		
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

Software ID:
Software Version:
EIN: 24-0795506
Name: Wilkes University

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services					
(Code)	(Expenses \$	1,184,807	including grants of \$	0)	(Revenue \$ 0)
Research - see attachment 2					
(Code)	(Expenses \$	850,977	including grants of \$	0)	(Revenue \$ 0)
Public Service - see atch 2					
(Code)	(Expenses \$	6,855,365	including grants of \$	0)	(Revenue \$ 0)
Academic Support - see atch 2					

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
REVEREND MICHAEL BREWSTER TRUSTEE	2 0	X						0	0	0	
DANIEL CARDELL TRUSTEE	9 0	X						0	0	0	
LAURA CARDINALE TRUSTEE	2 0	X						0	0	0	
TERRY CASEY TRUSTEE	2 0	X						0	0	0	
DENISE S CESARE TRUSTEE	7 0	X						0	0	0	
CHARLES F COHEN TRUSTEE	3 0	X						0	0	0	
DOUG COLANDREA TRUSTEE	3 0	X						0	0	0	
JEFF DAVIDOWITZ TRUSTEE	2 0	X						0	0	0	
SHELLEY FREEMAN TRUSTEE	1 0	X						0	0	0	
MICHAEL I GOTTDENKER SECTRY, ASST TREAS AND TRUSTEE	9 0	X		X				0	0	0	
DAVID GREENWALD TRUSTEE	2 0	X						0	0	0	
JASON GRIGGS TRUSTEE	6 0	X						0	0	0	
WILLIAM HANBURY TRUSTEE	2 0	X						0	0	0	
JOHN KERR TRUSTEE	3 0	X						0	0	0	
CAROL KEUP TRUSTEE	1 0	X						0	0	0	
MILAN S KIRBY TRUSTEE	4 0	X						0	0	0	
DANIEL KLEM JR TRUSTEE	4 0	X						0	0	0	
DAN F KOPEN MD TRUSTEE	1 0	X						0	0	0	
DOROTHY DARLING MANGELSDORF TRUSTEE	2 0	X						0	0	0	
MELANIE MASLOW LUMIA TRUSTEE	1 0	X						0	0	0	
MICHAEL J MAHONEY TREAS, ASST SCTRY AND TRUSTEE	9 0	X		X				0		0	
MARJORIE MARQUART TRUSTEE	3 0	X						0	0	0	
GEORGE J MATZ TRUSTEE	3 0	X						0	0	0	
JOHN R MILLER VICE CHAIR AND TRUSTEE	9 0	X		X				0	0	0	
WILLIAM R MILLER TRUSTEE	2 0	X						0	0	0	

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
GERALD A MOFFATT TRUSTEE	7 0	X						0	0	0	
ROBERT A MUGFORD TRUSTEE	4 0	X						0	0	0	
GEORGE PAWLUSH TRUSTEE	5 0	X						0	0	0	
HEDY RITTENMEYER TRUSTEE	3 0	X						0	0	0	
STEVEN ROTH TRUSTEE	4 0	X						0	0	0	
JAY S SIDHU CHAIR AND TRUSTEE	8 0	X		X				0	0	0	
VIRGINIA P SIKES TRUSTEE	5 0	X						0	0	0	
ELIZABETH A SLAUGHTER PHD TRUSTEE	5 0	X						0	0	0	
JOSEPH E GILMOUR PRESIDENT	75 0	X		X				257,026	0	101,848	
PETRA CARVER VP FINANCE AND OPERATIONS	60 0			X				148,262	0	21,376	
G REYNOLD VERRET PROVOST	60 0			X				214,725	0	57,473	
PAUL ADAMS VP OF STUDENT AFFAIRS	50 0			X				132,326	0	22,481	
MICHAEL WOOD VP OF ADVANCEMENT	50 0			X				135,000	0	31,314	
MELANIE MICKELSON VP OF ENROLLMENT SERVICES	50 0			X				110,967	0	16,378	
LOREN PRESCOTT DEAN OF LAW SCHOOL	50 0				X			225,000	0	42,999	
BERNARD GRAHAM DEAN PHARMACY NURSING	50 0				X			180,577	0	25,568	
PAUL BROWNE DEAN BUSINESS SCHOOL	50 0				X			159,542	0	28,397	
MICHAEL SPEZIALE DEAN GRADUATE STUDIES	50 0					X		139,815	0	19,323	
DALE BRUNS DEAN/CHAIR COLLEGE OF SCIENCE	50 0					X		141,829	0	20,955	
MICHAEL STEELE PROFESSOR	50 0					X		135,698	0	12,586	
THOMAS BALDINO PROFESSOR	50 0					X		133,501	0	19,547	
S KALIM PROFESSOR	50 0					X		159,983	0	17,880	

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
CONTRACTED SERVICES	5,905,764	4,657,741	1,229,086	18,937
ENTERTAINMENT	1,009,363	720,540	263,602	25,221
BAD DEBTS	1,002,622	828,304		174,318
EQUIPMENT MAINTENANCE	774,608	86,527	682,266	5,815
PRINTING AND PUBLICATIONS	903,392	567,223	281,817	54,352

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
Wilkes University

Employer identification number

24-0795506

Part I

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
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	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 for any other purpose conferring impermissible private benefit <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II

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

1	Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure) <input type="checkbox"/> Preservation of an historically importantly land area</div> <div><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure</div> <div><input type="checkbox"/> Preservation of open space</div>											
2	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											
		<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>2a</td><td></td></tr><tr><td>2b</td><td></td></tr><tr><td>2c</td><td></td></tr><tr><td>2d</td><td></td></tr></table>		Held at the End of the Year	2a		2b		2c		2d	
	Held at the End of the Year											
2a												
2b												
2c												
2d												
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06											
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____											
4	Number of states where property subject to conservation easement is located ▶ _____											
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____											
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____											
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
9	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 the organization's accounting for conservation easements											

Part III

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

1a	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	
b	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	▶ \$ _____
	(ii) Assets included in Form 990, Part X	▶ \$ 1,441,500
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items	
a	Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b	Assets included in Form 990, Part X	▶ \$ _____

Part III

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

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☒

Public exhibition

d

☐

Loan or exchange programs

b

☐

Scholarly research

e

☐

Other

c

☐

Preservation for future generations

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes☒ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance	29,448,828	38,843,902		
b	Contributions	906,589	964,402		
c	Investment earnings or losses	4,155,073	-8,661,856		
d	Grants or scholarships	1,675,095	1,530,321		
e	Other expenditures for facilities and programs				
f	Administrative expenses	168,322	167,299		
g	End of year balance	32,667,073	29,448,828		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 20 000 % %

b

Permanent endowment ▶ 52 000 % %

c

Term endowment ▶ 28 000 % %

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations

3a(i)

No

(ii)

related organizations

3a(ii)

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,239,356		5,239,356
b Buildings		96,451,222	38,080,771	58,370,451
c Leasehold improvements				
d Equipment		26,486,018	23,377,743	3,108,275
e Other		11,582,094	6,986,661	4,595,433
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				71,313,515

Schedule D (Form 990) 2009

Part XI

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	101,787,207
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	99,334,638
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,452,569
4	Net unrealized gains (losses) on investments	4	2,603,461
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	476,339
9	Total adjustments (net) Add lines 4 - 8	9	3,079,800
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	5,532,369

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	81,738,110
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	2,603,461
b	Donated services and use of facilities	2b	19,000
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	289,927
e	Add lines 2a through 2d	2e	2,912,388
3	Subtract line 2e from line 1	3	78,825,722
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	136,628
b	Other (Describe in Part XIV)	4b	22,824,857
c	Add lines 4a and 4b	4c	22,961,485
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	101,787,207

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	76,205,741
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	19,000
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	289,927
e	Add lines 2a through 2d	2e	308,927
3	Subtract line 2e from line 1	3	75,896,814
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	136,628
b	Other (Describe in Part XIV)	4b	23,301,196
c	Add lines 4a and 4b	4c	23,437,824
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	99,334,638

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
ENDOWMENT FUND	SCHEDULE D, PART V, LINE 4	THE INTENDED USE OF THE UNIVERSITY'S ENDOWMENT FUNDS IS TO FUND SCHOLARSHIPS AS WELL AS DEPARTMENTAL CHAIRS AND TO SUPPORT OPERATING EXPENSES
CHANGE IN NET ASSETS	SCHEDULE D, PART XI, LINE 8	CHANGE IN VALUE OF PERPETUAL TRUSTS AND SPLIT INTEREST AGREEMENTS 476,339
REVENUE RECONCILIATION	SCHEDULE D, PART XII, LINES 2D AND 4B	LINE 2D RENT EXPENSES 97,028 DIRECT EXPENSES (SPECIAL EVENT) 192,899 ===== TOTAL 289,927 LINE 4B SCHOLARSHIP AID 23,238,034 TUITION DISCOUNT 63,162 CHANGE IN VALUE OF PERPETUAL TRUSTS AND SPLIT INTEREST AGREEMENTS (476,339) ===== TOTAL 22,824,857
RECONCILIATION OF EXPENSES	SCHEDULE D, PART XIII, LINES 2D AND 4B	LINE 2D RENT EXPENSES 97,028 DIRECT EXPENSES (SPECIAL EVENT) 192,899 ===== TOTAL 289,927 LINE 4B SCHOLARSHIP AID 23,238,034 TUITION DISCOUNT 63,162 ===== TOTAL 23,301,196
TAX POSITIONS UNDER FIN 48	SCHEDULE D, PART X, LINE 2	THERE WAS NO MATERIAL IMPACT ON THE UNIVERSITY'S FINANCIAL STATEMENTS AS A RESULT OF THE ADOPTION OF FIN 48 IN FISCAL YEAR 2008
WORKS OF ART	SCHEDULE D, PART III, LINE 4	A COLLECTION OF ARTWORK IS MAINTAINED BY THE UNIVERSITY PURELY FOR PUBLIC DISPLAY BOTH IN THE ART GALLERY AND AMONG CAMPUS. THEY ARE NOT HELD FOR SALE.

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization Wilkes University	Employer identification number 24-0795506
--	---

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	Yes	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	Yes	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain All publications in the areas of recruitment publicize the University's NON-DISCRIMINATORY POLICY	Yes	
4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990)	Yes	
5 Does the organization discriminate by race in any way with respect to a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990)		No
		No
		No
		No
		No
		No
		No
		No
		No
6a Does the organization receive any financial aid or assistance from a governmental agency?	Yes	
6b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990)		No
7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 990)	Yes	

[illegible]**Schedule F (Form 990) 2009**

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

[illegible]

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

[illegible]

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization
Wilkes University

Employer identification number
24-0795506

Part I

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

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐ Mail solicitations

b

☐ Internet and e-mail solicitations

c

☐ Phone solicitations

d

☐ In-person solicitations

e

☐ Solicitation of non-government grants

f

☐ Solicitation of government grants

g

☐ Special fundraising events

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

☐ Yes

☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

3

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.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
			<u>Golf Tournament</u>	<u>Lecture Series</u>	<u>1</u>	(Add col (a) through	
			(event type)	(event type)	(total number)	col (c))	
	1	Gross receipts	19,785	110,714	20,728	151,227	
	2	Less Charitable contributions	5,085	92,132	13,998	111,215	
3	Gross income (line 1 minus line 2)	14,700	18,582	6,730	40,012		
Direct Expenses	4	Cash prizes					
	5	Non-cash prizes					
	6	Rent/facility costs					
	7	Food and beverages					
	8	Entertainment					
	9	Other direct expenses	18,966	165,974	4,470	189,410	
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶					189,410
	11	Net income summary Combine lines 3, column d, and line 10. ▶					-149,398

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

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

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states?	9a	
b	If "No," Explain _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain _____ _____		
11	Does the organization operate gaming activities with nonmembers?	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility 13a		
b	An outside facility 13b		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ► _____			
Address ► _____			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
c	If "Yes," enter name and address		
Name ► _____			
Address ► _____			
16	Gaming manager information		
Name ► _____			
Gaming manager compensation ► \$ _____			
Description of services provided ► _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	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 ► \$ _____		

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Wilkes University

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

Employer identification number
24-0795506

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ☐

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

- 2

Enter total number of section 501(c)(3) and government organizations

▶
- 3

Enter total number of other organizations

▶

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
Wilkes University

Employer identification number
24-0795506

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div> <div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input checked="" type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3	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		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div> <div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	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	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	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	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JOSEPH E GILMOUR	(i)	257,026	0	0	25,703	76,145	358,874	0
	(ii)	0	0	0	0	0	0	0
PETRA CARVER	(i)	148,262	0	0	14,826	6,550	169,638	0
	(ii)	0	0	0	0	0	0	0
G REYNOLD VERRET	(i)	214,725	0	0	21,473	36,000	272,198	0
	(ii)	0	0	0	0	0	0	0
PAUL ADAMS	(i)	131,322	0	1,004	13,233	9,248	154,807	0
	(ii)	0	0	0	0	0	0	0
MICHAEL WOOD	(i)	135,000	0	0	13,500	17,814	166,314	0
	(ii)	0	0	0	0	0	0	0
MICHAEL SPEZIALE	(i)	138,328	0	1,487	13,981	5,342	159,138	0
	(ii)	0	0	0	0	0	0	0
DALE BRUNS	(i)	141,829	0	0	14,183	6,772	162,784	0
	(ii)	0	0	0	0	0	0	0
THOMAS BALDINO	(i)	133,501	0	0	12,754	6,793	153,048	0
	(ii)	0	0	0	0	0	0	0
S KALIM	(i)	159,983	0	0	10,744	7,136	177,863	0
	(ii)	0	0	0	0	0	0	0
LOREN PRESCOTT	(i)	225,000	0	0	22,500	20,499	267,999	0
	(ii)	0	0	0	0	0	0	0
BERNARD GRAHAM	(i)	180,577	0	0	18,058	7,510	206,145	0
	(ii)	0	0	0	0	0	0	0
PAUL BROWNE	(i)	159,078	0	464	15,954	12,443	187,939	0
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III

Supplemental Information

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

Identifier	Return Reference	Explanation
Housing Allowance	SCHEDULE J, PART I	Housing is provided for the University President, VP of Finance and University's provost as well as their families. 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, certain members of the president's cabinet belong to a local social club which requires dues of \$102 per month.
Personal Services	Sch J Part I	Cleaning Services are provided at the President's residence by a University custodian.

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Wilkes University

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number
24-0795506

Part I

Bond Issues

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
						Yes	No	Yes	No
A City of Wilkes Barre Finance Authority Series 2007		968254AC6	05-30-2007	54,134,142	Refunding bonds & prepaying debt		X		X

Part II

Proceeds

	A		B		C		D		E	
	1	Total proceeds of issue	54,134,142							
2	Gross proceeds in reserve funds	2,127,750								
3	Proceeds in refunding or defeasance escrows	51,254,416								
4	Other unspent proceeds									
5	Issuance costs from proceeds	738,963								
6	Working capital expenditures from proceeds	13,013								
7	Capital expenditures from proceeds									
8	Year of substantial completion	2007								
		Yes	No	Yes	No	Yes	No	Yes	No	
9	Were the bonds issued as part of a current refunding issue?	X								
10	Were the bonds issued as part of an advance refunding issue?	X								
11	Has the final allocation of proceeds been made?	X								
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X								

Part III

Private Business Use

	A		B		C		D		E	
	1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	Yes	No	Yes	No	Yes	No	Yes	No
2	Are there any lease arrangements with respect to the financed property which may result in private business use?	X								

Part III

Private Business Use (Continued)

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?	X									
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X								
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?	X									
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 350 %									
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	4 290 %									
6	Total of lines 4 and 5	4 640 %									
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X									

Part IV

Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X								
2	Is the bond issue a variable rate issue?		X								
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X								
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		X								
b	Name of provider										
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?		X								
6	Did the bond issue qualify for an exception to rebate?		X								

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered**
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V lines 38a or 40b.
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization Wilkes University	Employer identification number 24-0795506
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Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

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

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$ _____										

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Denise Cesare	SEE SCHEDULE O	736,339	Health Insurance Plan		No
SHELLY FREEMAN	SEE SCHEDULE O	143,127	BANKING SERVICES		No

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
Wilkes University

Employer identification number
24-0795506

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues	
1 Art—Works of art					
2 Art—Historical treasures					
3 Art—Fractional interests					
4 Books and publications	X		4,705	Fair Market Value	
5 Clothing and household goods					
6 Cars and other vehicles					
7 Boats and planes					
8 Intellectual property					
9 Securities—Publicly traded					
10 Securities—Closely held stock					
11 Securities—Partnership, LLC, or trust interests					
12 Securities—Miscellaneous					
13 Qualified conservation contribution—Historic structures					
14 Qualified conservation contribution—Other					
15 Real estate—Residential					
16 Real estate—Commercial					
17 Real estate—Other					
18 Collectibles					
19 Food inventory					
20 Drugs and medical supplies					
21 Taxidermy					
22 Historical artifacts					
23 Scientific specimens					
24 Archeological artifacts					
Computers and Computer					
25 Other ► (<u>Equipment</u>)	X	1	5,963	Fair Market Value	
Lab Equipment (includes Steam Monitoring					
26 Other ► (<u>Equipment</u>)	X	3	16,299	Fair Market Value	
Electronic					
27 Other ► (<u>Equipment</u>)	X	1	360	Fair Market Value	
Printing and Publications for Lecture					
28 Other ► (<u>Series</u>)	X	1	5,000	Fair Market Value	
Office					
Other ► (<u>Supplies</u>)	X	2	1,789	Fair Market Value	
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29		
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?				30a	No
b If "Yes," describe the arrangement in Part II				31	Yes
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?				32a	No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?				32a	No
b If "Yes," describe in Part II					
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II					

Part II

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

Identifier	Return Reference	Explanation
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Additional Data

Software ID:
Software Version:
EIN: 24-0795506
Name: Wilkes University

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493105004271
SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ▶ Attach to Form 990.		OMB No 1545-0047
			2009
	Name of the organization Wilkes University		Employer identification number 24-0795506

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS	Form 990, Part IV, Line 28c and Schedule L, Part IV	Explanation of related party transactions reported on Schedule L Denise Cesare, a member of the University's Board of Trustees is the President and CEO of Blue Cross of NEPA 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 of \$62,715 and paid service charges and additional fees of \$80,412 All contracts in the above relationships are contracted at arm's 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

Identifier	Return Reference	Explanation
Statement of Program Service Accomplishments	Part III, Line 4d	Research 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 Charged to this program are expenditures related to the Institute for Public Policy and Economic Development, a partnership among several local colleges with the function of producing research to assist community leaders in making informed decisions In addition to this, the expenses of several research grants are recorded to the research classification Public Service Includes funds expended for activities established primarily to provide non-instructional services beneficial to individuals and groups external to the University The expenses of the Small Business Development Center, radio and television studios and several community lecture series are among those posted to this program Academic Support Includes funds expended to provide support services for the institution's primary mission of instruction, research, and public service The academic administration of the University including academic deans but not department chairs that are charged to their primary function category are found in this program All salaries, benefits, and other expenses for the library are also considered academic support

Identifier	Return Reference	Explanation
990 Review Process	Form 990, Part VI, Line 11a	Wilkes University has established a review process for the form 990 The information is made available to the organization's officers, trustees, and highly compensated individuals prior to filing with the IRS

Identifier	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

Identifier	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

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS	PART VI, SECTION C, LINE 19	WILKES UNIVERSITY MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

Identifier	Return Reference	Explanation
PRIVATE BUSINESS USE BY OTHER THAN 501(C)(3) ORGANIZATIONS	SCHEDULE K, PART III, LINE 4	THE PERCENTAGE SHOWN ON PART III, LINE 4 REPRESENTS RENT RECEIVED FROM A HOLDOVER BUSINESS TENANT OF A BUILDING PURCHASED BY THE UNIVERSITY AND IS CALCULATED ON THE BASIS OF ONE BUILDING WHICH WAS FINANCED BY APPROXIMATELY 19 63% OF THE PROCEEDS OF THE BOND ISSUE

Identifier	Return Reference	Explanation
PRIVATE BUSINESS USE AS RESULT OF UNRELATED TRADE OR BUSINESS ACTIVITY	SCHEDULE K, PART III, LINE 5	THE AMOUNTS SHOWN ON PART III, LINE 5 REPRESENT RENT RECEIVED FROM ELDERLY HOLDOVER TENANTS OF A BUILDING PURCHASED BY THE UNIVERSITY TO PROVIDE STUDENT HOUSING THESE NON-STUDENT TENANTS ARE PERMITTED TO STAY IN THE BUILDING UNTIL THE LATER OF 9/1/11 OR THE EXPIRATION OF THEIR CURRENT LEASES THE PERCENTAGE IS CALCULATED ON THE BASIS OF ONE BUILDING WHICH WAS FINANCED BY APPROXIMATELY 19 63% OF THE PROCEEDS OF THE BOND ISSUE, AND OVER THE TERM OF THE BONDS, AS THESE NON-STUDENT LEASES ARE TERMINATED, THE UNIVERSITY EXPECTS THAT THE UNRELATED USE WILL DROP TO 0% AND REPRESENT A VERY SMALL PORTION OF THE USE OF THE BUILDING

Identifier	Return Reference	Explanation
TOTAL PRIVATE BUSINESS USE	SCHEDULE K, PART III, LINE 6	THIS PERCENTAGE REPRESENTS USE OF ONLY ONE BUILDING FINANCED WITH APPROXIMATELY 19 63% OF THE BOND PROCEEDS THE USE AS MEASURED OVER THE ENTIRE BOND ISSUE IS [LESS THAN 1%] OF THE BOND PROCEEDS FOR THE ANNUAL PERIOD COVERED BY SCHEDULE K

Identifier	Return Reference	Explanation
PRACTICES AND PROCEDURES FOR TAX-EXEMPT BOND LIABILITIES	SCHEDULE K, PART III, LINE 7	ALTHOUGH WILKES HAS ADOPTED MANAGEMENT PRACTICES AND PROCEDURES TO ENSURE THE POST-ISSUANCE COMPLIANCE OF ITS TAX-EXEMPT BOND LIABILITIES, THESE PRACTICES AND PROCEDURES WERE NOT IN WRITING AT THE END OF WILKES' TAX YEAR

Identifier	Return Reference	Explanation
MEMBER OF AN LLC	SCHEDULE K, PART III, LINE 1	WILKES UNIVERSITY IS THE SOLE MEMBER OF WU REAL ESTATE, LLC, WHICH IS TREATED AS A DISREGARDED ENTITY OF THE UNIVERSITY WU REAL ESTATE LLC'S OWNERSHIP OF BOND-FINANCED FACILITIES IS THEREFORE TREATED AS OWNERSHIP BY A 501(C)(3) ENTITY

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Wilkes University

Employer identification number
24-0795506

Part I

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

(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 Franklin Street WilkesBarre, PA 18766 20-5799312	Student Renta	PA	99,677	10,585,076	Wilkes Univ

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V

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

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1

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

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to other organization(s)

c

Gift, grant, or capital contribution from other organization(s)

d

Loans or loan guarantees to or for other organization(s)

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

Lease of facilities, equipment, or other assets to other organization(s)

j

Lease of facilities, equipment, or other assets from other organization(s)

k

Performance of services or membership or fundraising solicitations for other organization(s)

l

Performance of services or membership or fundraising solicitations by other organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

Other transfer of cash or property to other organization(s)

r

Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

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.

[illegible]