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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

► The organization may have to use a copy of this return to satisfy state reporting requirements

2009

Open to Public Inspection

A F.	- 41 3	2000 !			07.04.2000		^			
				r, or tax year beginning C Name of organization	07-01-2009	and ending 06-30-201	U	D Employer	ident	fication number
_	eck if ap dress cha		lease se IRS	WIDENER UNIVERSITY				23-1386	170	
_		la	bel or	Doing Business As				E Telephone		per
Na —	me char		rintor pe. See					(610)49	0 43	0.6
Init	tıal retur		pecific struc-		O box if mail is	not delivered to street addre	ss) Room/suite	G Gross recei		
Tei	mınated		ons.	ONE UNIVERSITY PLACE				G G1033 10001	<i>σ</i> (<i>σ</i> φ 1	30,020,370
- Am	ended r	return		City or town, state or cou	ıntry, and ZIP +	4				
— _{Apı}	plication	pending		CHESTER, PA 19013						
			F Nam	ne and address of princ	ıpal officer		H(a) Ic th	₫ us a group ret	urn fe	
			JOSEPH	H J BAKER				ates?	uiii id	⊤Yes ∀ No
				NIVERSITY PLACE ER,PA 19013						
			CITEST	EN,174 19019				II affiliates incl		
r Ta	x-exem	pt status	501(c)	(3) ◄ (insert no)	947(a)(1) or [_	o," attach a li up exemption		ee instructions)
							H(c) Gro	ap exemption	ii diii k	761 F
, w	ebsite	:: ► www w	/laener e	au			<u> </u>			
	_	janization 🔽	Corporati	ion Trust Association	Other 🕨		L Year of fo	ormation 1821	M St	ate of legal domicile PA
Pa	rt I	Summa								
				e organization's missio		nificant activities ersity that combines aca	domin distrib			ration and a
a	1			mmunity service	opontan unive	ersity that combines ace	idennic quanty	, with career t	лера	ration and a
Governance										
Ē										
ě	,	Charle the	. h a v b C				-6 than	250/ 25/42 22		
			,			operations or disposed				
ර ර			-	-		t VI, line 1a)				27
Activities &						ng body (Part VI, line 11)	•	_	2.25
5				nployees (Part V , line 2	•				_	3,26
4				lunteers (estimate if ne	• • •				6 _	5(
	1	-				I, column (C), line 12	•		_	-20,739
	Ь	Net unrela	ted busii	ness taxable income fr	om Form 990	I-T, line 34			7b	-29,742
					Pric	or Year		Current Year		
ā	8			l grants (Part VIII, line				12,368,628	+	8,301,191
Rayenue	9	-		revenue (Part VIII, line			168,910,525	+	177,751,933	
ř	10			ne (Part VIII, column (1,677,940	+	935,897	
_	11			art VIII, column (A), lı		1,684,915	-	1,499,823		
	12			dd lines 8 through 11 (i		art VIII, column (A), lın		184,642,008		188,488,844
	13			r amounts paid (Part I)				35,007,665	+	38,778,989
	14			r for members (Part IX				0	_	0
	15	•		-		rt IX, column (A), lines!	5-			
8	10	10)	011101 00	mpensation, employee	belletits (i a	(1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1		91,399,816		95,569,016
₩ 33	16a	Professio	nal fundi	raising fees (Part IX, c	olumn (A), lır	ne 11e)		C		0
Expenses	ь	Total fundra	aising expe	enses (Part IX, column (D),	line 25) 🛌 4,506	5,086				
ш	17	Otherex	penses (Part IX, column (A), lır	nes 11a-11d	, 11f-24f)		48,616,521		49,079,204
	18	Total exp	enses A	Add lines 13–17 (must	equal Part I	X, column (A), line 25)		175,024,002		183,427,209
	19	Revenue	less exp	enses Subtract line 18	8 from line 12	2		9,618,006	,	5,061,635
8 4			<u> </u>				Beginnin	g of Current		End of Year
8 gg .							\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Year		LING OF FEET
9 TE	20			t X, line 16)				292,983,976	+	303,359,544
Net Assets or Fund Balances	21	Total liab	oilities (P	art X, line 26)				142,682,555	+	146,172,162
	22			d balances Subtract lii	ne 21 from lır	ne 20		150,301,421		157,187,382
Pai	rt II	Signat								
		Under pena and belief.	ilties of pei it is true, c	rjury, I declare that I have e correct, and complete. Decla	examined this re tration of prepar	eturn, including accompanying er (other than officer) is base	schedules and s d on all informat	statements, and tion of which pre	to the parer l	best of my knowledge nas any knowledge
Sigr		*****					2011	-05-11		
Her	е	Signatur	re of office	r			Date			
				SR VP FINANCE/ ADMINISTR	ATION					
		Type or	print name	e and title						
		Preparer's	_				Check if	Preparer's ide		g number
Paid		signature	7				self- empolyed 🕨 🦵	(see instruction	(צווכ	
Prep	arer's	Fırm's name		GRANT THORNTON LLP			•			
Jse (Only	ıf self-emplo address, and		2001 MARKET STREET	EIN 🕨					
			·					Phone no 🕨	(215)	561-4200
<u></u>	+ha ID1	[thic ==±	PHILADELPHIA, PA 191		see instructions)				Yes F No
∙ıa∨ '	ine ik:	a uiscuss t	oos retur	with the preparer sho	wurabove/ (9	SEE HISHIICHOUST			- 1	

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

AS A LEADING METROPOLITAN UNIVERSITY, WE ACHIEVE OUR MISSION AT WIDENER BY CREATING A LEARNING ENVIRONMENT WHERE CURRICULA ARE CONNECTED TO SOCIETAL ISSUES THROUGH CIVIC ENGAGEMENT WE LEAD BY PROVIDING A UNIQUE COMBINATION OF LIBERAL ARTS AND PROFESSIONAL EDUCATION IN A CHALLENGING, SCHOLARLY, AND CULTURALLY DIVERSE ACADEMIC COMMUNITY WE ENGAGE OUR STUDENTS THROUGH DYNAMIC TEACHING, ACTIVE SCHOLARSHIP, PERSONAL ATTENTION, AND EXPERIENTIAL LEARNING WE INSPIRE OUR STUDENTS TO BE CITIZENS OF CHARACTER WHO DEMONSTRATE PROFESSIONAL AND CIVIC LEADERSHIP WE CONTRIBUTE TO THE VITALITY AND WELL-BEING OF THE COMMUNITIES WE SERVE

2	_	n undertake any signific or 990-EZ?		•	r which were not listed on	┌ Yes ┌ No
	If "Yes," describe t	hese new services on S	chedule O			
3	_	n cease conducting, or	_	_	nducts, any program	┌ Yes ┌ No
	If "Yes," describe t	hese changes on Sched	ule O			
4	Section 501(c)(3)		tions and secti	on 4947(a)(1) trusts a	largest program services b are required to report the an service reported	•
4a	(Code) (Expenses \$	109,350,786	ıncludıng grants of \$	38,778,989) (Revenue \$	158,041,223)
	INSTRUCTIONAL/GRAI	NTS- EXPENSES INCURRED V	VITH THE ACADEM	IC INSTRUCTION OF OUR S	STUDENT BODY AS WELL AS GRAN	TS TO STUDENTS
4b	(Code) (Expenses \$	17,160,808	ıncludıng grants of \$	0) (Revenue \$	268,769)
	ACADEMIC SUPPORT-	COSTS INCURRED WITH TH	E MAINTENANCE C	F PROGRAMS AND ACTIVIT	IES FOR FACULTY AND STUDENTS	j
4c	(Code) (Expenses \$	15,449,567	including grants of \$	0)(Revenue\$	550,066)
	•	COSTS INCURRED WITH THE		,		330,000 /
	_					
4d	Other program se	rvices (Describe in Sch	nedule O) See	also Additional Data f	or Description	
	(Expenses \$	18,494,296 ind	cluding grants o	of\$	0) (Revenue \$	18,751,222)
4e	Total program ser	vice expenses - \$	160,455,45	7		

and V 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,"		Yes	
_	complete Schedule A	1		
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
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		Νο
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	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? <i>If "Yes," complete Schedule D, Part V</i>	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, line10? 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? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ļ	ļ	
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		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the 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 ? <i>If "Yes," complete Schedule F, Part III</i>	16		No
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		Νο
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		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t 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? If "Yes," complete Schedule I, Parts I and II	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? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		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? If "Yes," complete Schedule L, Part III	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	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? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

orm	990 (2009)					Page
Par	t V Statements Regarding Other IRS Filings and Tax Compliance	e				
			ı		Yes	No
	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable					
	or 0.3.1 mormation Returns. Enter -0- in not applicable	1a	246			
h	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable					
-	Zinter the number of Forms W 20 meruded in time 14 2/16/ 0 if not approasie	1b	0			
	Did the organization comply with backup withholding rules for reportable payments to	to ven	dors and reportable	1.	Yes	
	gaming (gambling) winnings to prize winners?	i ·		1c	162	
	Statements filed for the calendar year ending with or within the year covered by this					
	return	2a	3,263			
b	If at least one is reported on line 2a, did the organization file all required federal em Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-fi			2b	Yes	
	instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during	g the	year covered by this		.,	
L	return?			3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch At any time during the calendar year, did the organization have an interest in, or a s			3b	Yes	
	over, a financial account in a foreign country (such as a bank account, securities ac			_		
_	account)?			4a		No
	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Financial Accounts	Kepor	t of Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sl	nelter transaction?	5b		Νo
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-I	Exemp	t Entity Regarding			
	Prohibited Tax Shelter Transaction?			5c		
	Does the organization have annual gross receipts that are normally greater than \$1 organization solicit any contributions that were not tax deductible?		•	6a		No
b	If "Yes," did the organization include with every solicitation an express statement the	hat su	ch contributions or gifts	6b		
7	were not tax deductible?			05		
	Did the organization receive a payment in excess of \$75 made partly as a contribut	ion an	d partly for goods and	7a	Yes	
	services provided to the payor?					
	If "Yes," did the organization notify the donor of the value of the goods or services p			7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal prope file Form 8282?	rty for	which it was required to	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
			•			
е	Did the organization, during the year, receive any funds, directly or indirectly, to parbenefit contract?			7e		l No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers			7f		Νο
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 f	file a F	orm 1098-C as			
8	required? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) su	 Innorti	ing organizations Dud	7h		
	the supporting organization, or a donor advised fund maintained by a sponsoring org					
	business holdings at any time during the year?			8		
	Sponsoring organizations maintaining donor advised funds.					
	Did the organization make any taxable distributions under section 4966?			9a		
	Did the organization make a distribution to a donor, donor advisor, or related person	۱۶ .		9b		
	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12	10a	I			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club	10a				
-	facilities		I			
11	Section 501(c)(12) organizations. Enter					
	Gross income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
			_			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 99	i0 in li I	eu of Form 1041? I	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the	12b				

year

JOSEPH J BAKER

ONE UNIVERSITY PLACE CHESTER,PA 19013 (610)499-4156

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.

Se	ection A. Governing Body and Management			
			Yes	No
		1		
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent 1b 26			
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		Νο
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		Νο
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
ь	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			
а	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		Νο
	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		Νο
	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
ь	Other officers or key employees of the organization	15b	Yes	
	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	Yes	
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	Yes	
Se	ection 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 on website. Another's website.			
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 th	ie orga	nızatıor	n 🕨

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

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

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

Check this box if the organization did i	r, dırector, trustee	or key employee								
(A) Name and Title	(B) Average hours	Posi t	(C tion (hat a	ched	ckal)	I		(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
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			compensation from the organization and related organizations
See add'l data										

439	0	654.05

Page 8

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 158

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ARAMARK SERVICES INC ONE UNIVERSITY PLACE CHESTER, PA 19103	FOOD SERVICES	3,923,353
ARAMARK FACILITIES SERVICES INC ONE UNIVERSITY PLACE CHESTER, PA 19013	HOUSEKEEPING	1,456,372
JJ DELUCA COMPANY INC 760 W SPROUL ROAD STE 300 SPRINGFIELD, PA 19064	CONSTRUCTION	755,778
HSC BUILDERS CONSTRUCTION 304 NEW MILL ROAD EXTON, PA 19341	CONSTRUCTION	688,840
TARGET BUILDING CONSTRUCTION 1124 CHESTER PIKE CRUM LYNNE, PA 19022	CONSTRUCTION	688,483
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►21) who received more than	

Part V	4 + + +	Statement of	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
<u> </u>	1a	Federated cam	paıgns 1a					
돌들	ь	Membership du	es 1b					
ce Revenue and other similar amounts	С	Fundraising eve	ents 1c	26,761				
	d	Related organiz	rations 1d					
	e	Government grant		3,575,624				
	f	All other contribute	ons, gifts, grants, and 1f	4,698,806				
	'	sımılar amounts no	ot included above					
皇吉	g	Noncash contri	butions included in 3,279					
들	h	lines 1a-1f \$ _ Total. Add lines	: 1a-1f	▶	8,301,191			
O 46		Totali Add Illies			, ,			
<u>a</u>				Business Code				
rani Service Revenue	2a	TUITION & FEES		611,600	157,825,731	157,825,731		
	Ь	AUXILIARY ENTERF		611,600	18,741,784	18,767,241	-25,457	
	С	FEES, PARKING, E	TC	900,099	912,201	912,201		
	d	INTEREST / FEES	ON LOANS	900,099	140,653			140,653
ક દ	e	FEES / CONTRACT AGENCIES	S GOVERNMENT	900,099	131,564	131,564		
grag.	f		am service revenue					
<u>ှိ</u>								
	g		s 2a – 2f		177,751,933			
	3		ome (including dividen		3,952,114		2,730	3,949,38
Other Revenue	_		ar amounts)	-	3,932,114		2,730	3,949,36
	4		stment of tax-exempt bond	proceeds	0			
	5	Royalties	() DI	/··\ D	0			
	6a	Gross Rents	(ı) Real 789,531	(II) Personal				
	b	Less rental	379,649					
		expenses						
	С	Rental income or (loss)	409,882					
	d	Net rental inco	me or (loss)	•	409,882			409,882
		_	(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	6,072,322					
		assets other than inventory						
	ь	Less cost or other basis and	9,088,539					
		sales expenses						
	С	Gain or (loss)	-3,016,217					
	d	Net gain or (los	s)		-3,016,217		1,988	-3,018,205
	8a		rom fundraising					
μ		events (not inc \$ 26	,761					
क >		of contributions	reported on line 1c)					
ů.		See Part IV, lir	ne 18					
<u>u</u>			a	55,044				
₹	b c	Less direct ex	penses b (loss) from fundraısıng	63,938	-8,894			-8,894
_	9a		rom gaming activities	0.01163 1 1 .	3,331			
			ie 19					
			а					
	b	Less direct ex	penses b					
	С	Net income or ((loss) from gamıng actı	vities	0			
	10a	Gross sales of						
		returns and allo	owances . a					
	ь	less costofa	oods sold b					
	c		(loss) from sales of inve	entory 📂	o			
		Miscellaneous		Business Code				
	11a	MISCELLANO		525,990	1,098,835			1,098,83
	ь							
	c							
		Λ II other race:						
	d		ue					
	е	iotai. A dd iines	s 11a-11d		1,098,835			
	12	Total revenue	See Instructions .	▶				
					188,488,844	177,636,737	-20,739	2,571,655

	990 (2009)				Page 10
Par	IX Statement of Functional Expenses				
_	Section 501(c)(3) and 501(c)(4) organizations m			·=`	
	ll other organizations must complete column (A) but are not required to	complete columr	ns (B), (C), and ((B)	(D).	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	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	38,778,989	38,778,989		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,635,259	290,980	1,344,279	
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	69,271,370	60,974,551	6,146,531	2,150,288
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	5,243,703	4,622,042	458,512	163,149
9	Other employee benefits	14,613,245	12,747,084	1,418,587	447,574
10	Payroll taxes	4,805,439	4,163,279		146,181
11	Fees for services (non-employees)	, , , , , , , ,	, ,		
 a	Management	0			
h	Legal	462,383	10,042	452,341	
c	Accounting	115,000	10,012	115,000	
d	Lobbying	0		113,000	
e	Professional fundraising See Part IV, line 17	0			
	Investment management fees			110 214	
f	-	119,314	7 677 745	119,314	630,001
g 12	Other	10,026,092	7,677,745	 	639,091
12	Advertising and promotion	2,139,008	432,866	· · · · · · · · · · · · · · · · · · ·	297,055
13	Office expenses	2,397,272	1,797,056	· +	198,614
14	Information technology	3,376,558	884,130	2,465,512	26,916
15	Royalties	0			
16	Occupancy	5,969,982	5,680,132	· · ·	25,770
17	Travel	1,878,243	1,590,879	148,087	139,277
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	384,928	266,929	94,867	23,132
20	Interest	4,246,816	4,246,816		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	10,262,497	10,262,497		
23	Insurance	742,925	742,925		
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	LIBRARY BOOKS & PERIODICALS	3,006,772	3,006,772		
b	STUDENT & FACULTY EVENTS	712,468	558,577	31,189	122,702
c	FEES AND DUES	735,108	475,591	245,645	13,872
d	MISCELLANEOUS	2,503,838	1,245,575	1,145,798	112,465
e				· · ·	·
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	183,427,209	160,455,457	18,465,666	4,506,086
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational	100, 121,203	233, 133, 137	25,.55,666	.,,555,000
	campaign and fundraising solicitation				

Part X Balance Sheet (A) (B) Beginning of year End of vear 33.205.494 39.779.765 1 1 Cash—non-interest-bearing 2 2 7,702,360 3 11,009,308 3 4 3.512.152 3.359.986 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 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 6 12,678,452 13,253,479 8 2,075,321 2,713,496 Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis Complete 286.971.505 10a 10a Part VI of Schedule D 166,715,464 **10c** 10b 122.353.602 164.617.903 b Less accumulated depreciation 11 11 66,241,114 12 67,803,260 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 853.619 15 822.347 15 16 292,983,976 16 303,359,544 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 18.492.345 17 17,221,543 17 Accounts payable and accrued expenses . 8,392,576 8,054,185 18 18 4,349,990 19 4,058,839 19 82,551,603 81,355,451 20 20 Liabilities 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 22 219,574 198,277 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 Unsecured notes and loans payable to unrelated third parties 24 28.676.467 25 35.283.867 25 Other liabilities Complete Part X of Schedule D 26 **Total liabilities.** Add lines 17 through 25 142,682,555 146,172,162 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 113,692,329 118,536,040 27 Unrestricted net assets 27 28 6.416.592 28 7.423.815 Temporarily restricted net assets Fund 30.192.500 29 31.227.527 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 150,301,421 33 Total net assets or fund balances 33 157, 187, 382 34 Total liabilities and net assets/fund balances 292.983.976 303.359.544 34

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
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	2c	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			
	▼ Separate 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?	3a	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	3b	Yes	

Form **990** (2009)

Employer identification number

OMB No 1545-0047

Inspection

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.

Name of the organization WIDENER UNIVERSITY 23-1386178

	rt I			blic Charity Stat						ructions		
The	organiz	zatıon ıs	not a private	e foundation because	tis (Forlin	nes 1 throug	h 11, check o	only one box)			
1	Γ	A churc	h, conventio	on of churches, or as	sociation of c	hurches se	ction 170(b)(1)(A)(i).				
2		A schoo	ol described	ın section 170(b)(1)	(A)(ii). (Atta	ach Schedule	eE)					
3	Γ	A hospi	tal or a coop	perative hospital serv	vice organiza	tion describ	ed in section	170(b)(1)(A	(iii).			
4	Γ			organization operate y, and state	ed in conjunc	tion with a h	ospital descr	ıbed ın secti	on 170(b)(1)((A)(iii). Ente	er the	
5 6 7	Г Г	section A federa An orga describ	170(b)(1)(A al, state, or inization tha ed in	erated for the benefit A)(iv). (Complete Palocal government or the transfer of the transfer o	rt II) governmenta a substantial	l unit descri	bed in sectio i	n 170(b)(1)(A)(v).			
	_					V (C	data Dawt II \					
8 9	<u> </u>	A n orga	ınızatıon tha		(1) more tha	n 331/3% of	its support fr	om contribu				
10 11 e f g	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% 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.) An organization organized and operated exclusively to test for public safety. Seesection 509(a)(4). 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											
(i) Name suppo organiz		ne of (ii) (described on brited EIN lines 1-9 above or IRC section		Type of organization (described on lines 1- 9 above	organızatı col (ı) lıst your gove	(iv) Is the organization in col (i) listed in your governing document?		ıfy the on ın your t?	(vi) Is the organization col (i) orga in the U	on in inized	(vii) A mount of support?	
				ınstructions))	Yes	No	Yes	No	Yes	No		
Tota	ı											

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)		
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	֥ <i>)</i>				
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total		
1	Gifts, grants, contributions, and								
	membership fees received (Do not								
	include any "unusual								
_	grants ") Tax revenues levied for the								
2	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) Dublic Support Subtract line F from								
6	Public Support. Subtract line 5 from line 4								
S	ection B. Total Support	1		-					
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total		
7	A mounts from line 4								
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties								
	and income from similar								
9	sources Net income from unrelated								
9	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								
4.5	through 10)	/5							
12	Gross receipts from related activities	,	•			12			
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□		
	check this box and stop here						-1		
S	ection C. Computation of Pub	lic Support P	ercentage						
14	Public Support Percentage for 2009			11 column (f))		14			
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15			
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox		
	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □		
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi			
	box and stop here. The organization				,		▶		
17a	a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14								
	ıs 10% or more, and ıf the organizat								
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp			
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□		
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_							
	Explain in Part IV how the organizat						clv		
	supported organization						▶ ┌		
10	Deiveta Farmdation Ifthe averages	on did not about	a hay an line 12	16- 16- 17-	17	hay and cas	•		

▶□

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support			<u> </u>	1	T	ı
Cale	ndar 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	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

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

Schedule A (Form 990 or 990-EZ) 2009

Additional Data

Software ID:

Software Version:

EIN: 23-1386178

Name: WIDENER UNIVERSITY

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

4d. Other program se	ervices				
(Code AUXILIARY SERVIC) (Expenses \$ ES	18,494,296	including grants of \$	0) (Revenue \$	18,751,222)

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

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per	Posi t	tion (hat a	che	')			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
JAMES T HARRIS PRESIDENT	60 0	Х		х				384,567	0	222,298
NICHOLAS P TRAINER CHAIRMAN OF THE BOARD	2 0	Х						0	0	0
KAROL M WASYLYSHYN VICE CHAIRMAN OF THE BOARD	2 0	Х						0	0	0
JOHN H TILELLI JR VICE CHAIRMAN OF THE BOARD	2 0	Х						0	0	0
EUGENE D MCGURK JR ESQ SECRETARY	2 0	Х						0	0	0
PAUL S BEIDEMAN TREASURER	2 0	Х						0	0	0
DANIEL BORISLOW TRUSTEE	2 0	Х						0	0	0
THOMAS H BOWN II TRUSTEE	2 0	Х						0	0	0
PAMELA BROWNER WHITE TRUSTEE	2 0	Х						0	0	0
MICHAEL G DEFINO ESQ TRUSTEE	2 0	Х						0	0	0
MARGARET FOTI TRUSTEE	2 0	X						0	0	0
JAMES J HARGADON TRUSTEE	2 0	X						0	0	0
IRA HARKAVY TRUSTEE	2 0	Х						0	0	0
JAMES W HIRSCHMANN III TRUSTEE	2 0	Х						0	0	0
PHILIP G LEWIS TRUSTEE	2 0	Х						0	0	0
JAMES J MACK III TRUSTEE	2 0	Х						0	0	0
DAVID W OSKIN TRUSTEE	2 0	Х						0	0	0
DERRICK H PITTS TRUSTEE	2 0	Х						0	0	0
TEPVADDEI ROS TRUSTEE	2 0	Х						0	0	0
CYNTHIA H SARNOSKI TRUSTEE	2 0	Х						0	0	0
JOHN F SCHMUTZ ESQ TRUSTEE	2 0	Х						0	0	0
RONALD S STEAD PHD TRUSTEE	2 0	Х						0	0	0
MIN S SUH ESQ TRUSTEE	2 0	Х						0	0	0
VITO VERNI TRUSTEE	2 0	Х						0	0	0
AYANA WOOD TRUSTEE	2 0	Х						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) A verage hours	age Position				I		(D) Reportable compensation from the	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
STEPHEN M WYNNE TRUSTEE	2 0	Х						0	0	0
PETER B ZACHARKIW TRUSTEE	2 0	Х						0	0	0
JO SEPH J BAKER SENIOR VP FINANCE & ADMIN	60 0			х				275,955	0	65,841
BOBBIE JO ALLEN SENIOR VP PROVOST	60 0			х				269,590	0	43,302
LINDA S DURANT SENIOR VP ADVANCEMENT	60 0			х				230,560	0	37,355
LINDA L AMMONS DEAN SCHOOL OF LAW	60 0				х			261,820	0	43,941
FRED A AKL DEAN SCHOOL OF ENGINEERING	55 0					Х		201,938	0	49,171
MICHAEL J SLINGER ASSOCIATE DEAN SCHOOL OF LAW	55 0					Х		188,190	0	86,436
STEPHEN C WILHITE DEAN/ASSOC PROVOST	55 0					Х		180,140	0	40,765
RONALD L MERSKY ASSOCIATE PROFESSOR	55 0					Х		184,873	0	26,394
J PATRICK KELLY VICE DEAN, SCHOOL OF LAW	55 0					х		180,806	0	38,549

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
TUITION & FEES	611,600	157,825,731	157,825,731		
AUXILIARY ENTERPRISES	611,600	18,741,784	18,767,241	-25,457	
FEES, PARKING, ETC	900,099	912,201	912,201		
INTEREST / FEES ON LOANS	900,099	140,653			140,653
FEES / CONTRACTS GOVERNMENT AGENCIES	900,099	131,564	131,564		

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DLN: 93493131015301

OMB No 1545-0047

Open to Public

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

Political Campaign and Lobbying Activities

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

Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

* Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II.A. Do not complete Part II.B.

● Se If th	ection 501(c)(3) organizations that	t have filed Form 5768 (election dif t have NOT filed Form 5768 (election s," to Form 990, Part IV, Line 5 zations Complete Part III	on under section 501	(h)) Complete Part II-B Do n	ot complete Part II-A
Na	me of the organization	·		Employer iden	tification number
WIL	DENER UNIVERSITY			23-1386178	
Par	t I-A Complete if the or	ganization is exempt und	er section 501(organization.
1	Provide a description of the or	ganization's direct and indirect po	olitical campaign ac	tivities in Part IV	
2	Political expenditures		, ,	.	\$
3	Volunteer hours				T
Par	t I-B Complete if the or	ganization is exempt und	er section 501(c)(3).	
1	Enter the amount of any excise	e tax incurred by the organization	under section 4955	5	\$
2	Enter the amount of any excise	tax incurred by organization ma	nagers under sectio	n 4955 🕨	\$
3	If the organization incurred a s	ection 4955 tax, did it file Form	4720 for this year?		☐ Yes ☐ No
4a	Was a correction made?				┌ Yes ┌ No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt und	er section 501(c) except section 501	l(c)(3).
1	Enter the amount directly expe	ended by the filing organization fo	r section 527 exem	pt function activities 🕨	\$
2	Enter the amount of the filing o	rganization's funds contributed t	o other organization	s for section 527 ▶	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter he	ere and on Form 112	20-POL, line 17b	¢
4	Did the filing organization file I	Form 1120-POI for this year?			Yes No
5	were made For each organizat contributions received that we	nd employer identification numbe ion listed, enter the amount paid re promptly and directly delivered iittee (PAC) If additional space i	from the filing organ I to a separate polit	ızatıon's funds Also enter t ıcal organızatıon, such as a	he amount of political
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Pa	Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).										
	Check If the filing organization belongs to a Check If the filing organization checked box		d" provisions apply	,							
<u> </u>	Limits on Lobbying E (The term "expenditures" means ar	Expenditures			(a) Filing Organization's Totals	(b) Affiliated Group Totals					
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)								
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	yıng)								
c	Total lobbying expenditures (add lines 1a and 18	b)									
d	Other exempt purpose expenditures										
e	Total exempt purpose expenditures (add lines 1	c and 1d)									
f	Lobbying nontaxable amount Enter the amount f										
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000										
	Over \$500,000 but not over \$1,000,000	0									
	Over \$1,000,000 but not over \$1,500,000	000									
	Over \$1,500,000 but not over \$17,000,000	00									
	Over \$17,000,000										
		•									
g	Grassroots nontaxable amount (enter 25% of lin										
h	Subtract line 1g from line 1a If zero or less, enter	er -0-									
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -									
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No					
	(Some organizations that made a columns below. See the	he instructions fo	ection do not l r lines 2a thro	nave to com ugh 2f on pa		ne five					
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı					
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total					
2a	Lobbying non-taxable amount										
b	Lobbying ceiling amount (150% of line 2a, column(e))										
c	Total lobbying expenditures										
d	Grassroots non-taxable amount										

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

		(a	1)	(b)	
		Yes	No	A mount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?		No		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo		
c	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?		Νo		
e	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?		Νo		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		110,000	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo		
i	Other activities? If "Yes," describe in Part IV		Νo		
j	Total lines 1c through 1i			110,000	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
b	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No		

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

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

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

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

Part IV Supplemental Information

political expenditure next year?

Dues, assessments and similar amounts from members

Taxable amount of lobbying and political expenditures (see instructions)

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation
LOBBYING ACTIVITIES		THE UNIVERSITY ENGAGED OUTSIDE LOBBYISTS TO PURSUE EARMARK APPROPRIATIONS TO FURTHER THE ACADEMIC MISSION OF THE UNIVERSITY

1

4

5

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DLN: 93493131015301

OMB No 1545-0047

2009

Open to Public Inspection

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.

Name of the organization
WIDENER UNIVERSITY

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.

	organization answered "Yes" to Form 99	0, Part IV, line 6.				
		(a) Donor advised funds	(b) Funds and ot	her accou	nts
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 advifunds are the organization's property, subject to the		ior advis	sed	☐ Yes	∏ No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit	efit of the donor or donor advisor, or for a	ny other	purpose	☐ Yes	┌ No
Pa	rt III Conservation Easements. Complete	<u>if the organization answered "Yes" t</u>	o Form	990, Part IV	<u>, lıne 7.</u>	
2	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a quality	on or pleasure) Preservation of an Preservation of a G	certified	historic struct	•	a
	easement on the last day of the tax year	,				
			_	Held at the	End of the	Year
a	Total number of conservation easements		2a			
Ь	Total acreage restricted by conservation easements		2b			
с	Number of conservation easements on a certified his	` '	2c			
d	Number of conservation easements included in (c) a	· · · · · · · · · · · · · · · · · · ·	2d			
3	Number of conservation easements modified, transfe	rred, released, extinguished, or terminate	ed by the	e organization o	luring	
	the taxable year 🛌					
4	Number of states where property subject to conserva	ation easement is located ►				
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		dling of	violations, and	┌ Yes	┌ No
6	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easem	nents du	iring the year 🕨		
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easements	s during	the year 🟲 🕏 _		
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	(d) above satisfy the requirements of sec	tion		☐ Yes	┌ No
9	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	he footnote to the organization's financial				
Par	Complete of the organization answered		or Oth	er Similar <i>F</i>	Assets.	
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	ch ın fur			е,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research i				
	(i) Revenues included in Form 990, Part VIII, line 1			► \$		
	(ii) Assets included in Form 990, Part X			► \$		
2	If the organization received or held works of art, histo	· ·	or financ	ial gain, provid	e the	

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Par	TIL Organizations Maintaining Co	llections of Art	, Histo	rical Tre	asures, or	Othe	er Similar Ass	sets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of the f	ollowing th	at are a sıgnıfı	cant ı	use of its collecti	on	
а	Public exhibition		d 「	_ Loan or	exchange pro	grams	5		
ь	Scholarly research		e F	Other	Community En	rıchm	nent		
c	✓ Preservation for future generations								
4	Provide a description of the organization's co	ollections and expla	ın how th	ney further	the organizatio	n's e	xempt purpose ır	1	
5	During the year, did the organization solicit assets to be sold to raise funds rather than		,					_ Yes	√ No
Par	t IV Escrow and Custodial Arrang					ed "Y	es" to Form 99	90,	
_	Part IV, line 9, or reported an ar		•						
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other interme	diary for	contributi	ons or other as	sets	not	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	following	table					
							A me	ount	
С	Beginning balance					1c			
d	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21?				Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI\	/							
Pa	rt V Endowment Funds. Complete								
		(a)Current Year 58,431,578	(b) Pr	or Year 82,228,438	(c)Two Years Ba	ick (d	1)Three Years Back	(e) Four Y	ears Back
la	Beginning of year balance	950,699		1,239,811		_			
b	Contributions	6,097,318		-20,434,062		_			
C	Investment earnings or losses	790,314		933,419		-			
d e	Grants or scholarships Other expenditures for facilities	3,405,593		3,669,190		_			
-	and programs	3, 100,030		5,553,135					
f	Administrative expenses								
g	End of year balance	61,283,688		58,431,578					
2	Provide the estimated percentage of the yea	r end balance held a	ıs						
а	Board designated or quasi-endowment 🕨	57.000 %							
b	Permanent endowment 🕨 43.000 %								
С	Term endowment ▶								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	t are held a	and administer	ed for	the		
	organization by						2-7	Yes	No
	(i) unrelated organizations						3a(i		N o N o
b	(ii) related organizations						3b	-	110
1	Describe in Part XIV the intended uses of th	•				-		I	
Par	t VI Investments—Land, Building	s, and Equipme	nt. See	Form 990	0, Part X, line	e 10.			
	Description of investment			a) Cost or oth			(c) Accumulated depreciation	(d) Boo	ok value
La	Land				14,48	38,947		1	4,488,947
b	Buildings		.		223,73	37,534	81,311,363	14	2,426,17
c	Leasehold improvements								
d	Equipment				45,13	38,352	38,560,819		6,577,533
e	Other				3,60	06,672	2,481,420		1,125,252

164,617,903

Part VII Investments—Other Securities. See F (a) Description of security or category		2. (c) Method of valuation
(including name of security)	(b) Book value	Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests Other		
EQUITY FUNDS	41,657,851	
COMMODITIES	4,379,263	
VENTURE CAPITAL	763,226	
NATURAL RESOURCES	928,005	
FIXED INCOME	13,227,367	
DEAL ECTATE		
REAL ESTATE	47,098	
MONEY MARKET FUNDS	5,402,787	
OTHER INVESTMENTS	1,397,663	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	67,803,260	
Part VIII Investments—Program Related. See		
(a) Description of investment type	(b) Book value	(c) Method of valuation
	. ,	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	a 15	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line (a) Descript		(b) Book value
Part IX Other Assets. See Form 990, Part X, line		(b) Book value
Part IX Other Assets. See Form 990, Part X, line		(b) Book value
Part IX Other Assets. See Form 990, Part X, line		(b) Book value
Part IX Other Assets. See Form 990, Part X, line		(b) Book value
Part IX Other Assets. See Form 990, Part X, line		(b) Book value
Part IX Other Assets. See Form 990, Part X, line		(b) Book value
Part IX Other Assets. See Form 990, Part X, line		(b) Book value
Part IX Other Assets. See Form 990, Part X, line		(b) Book value
Part IX Other Assets. See Form 990, Part X, line		(b) Book value
Part IX Other Assets. See Form 990, Part X, line		(b) Book value
Part IX Other Assets. See Form 990, Part X, line		(b) Book value
Part IX Other Assets. See Form 990, Part X, line		(b) Book value
Part IX Other Assets. See Form 990, Part X, line		(b) Book value
Part IX Other Assets. See Form 990, Part X, line (a) Description	tion	
Part IX Other Assets. See Form 990, Part X, line (a) Description Total. (Column (b) should equal Form 990, Part X, col.(B) line 15	5.)	(b) Book value
Part IX Other Assets. See Form 990, Part X, line (a) Description	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X,	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X, 1 (a) Description of Liability	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X, (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X, (a) Description of Liability Federal Income Taxes ACCR'D POST RETIREMENT BENEFIT	5.) , line 25. (b) A mount 0 32,157,983	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X, (a) Description of Liability Federal Income Taxes ACCR'D POST RETIREMENT BENEFIT	5.) , line 25. (b) A mount 0 32,157,983	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X, (a) Description of Liability Federal Income Taxes ACCR'D POST RETIREMENT BENEFIT	5.) , line 25. (b) A mount 0 32,157,983	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X, (a) Description of Liability Federal Income Taxes ACCR'D POST RETIREMENT BENEFIT	5.) , line 25. (b) A mount 0 32,157,983	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X, (a) Description of Liability Federal Income Taxes ACCR'D POST RETIREMENT BENEFIT	5.) , line 25. (b) A mount 0 32,157,983	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X, (a) Description of Liability Federal Income Taxes ACCR'D POST RETIREMENT BENEFIT	5.) , line 25. (b) A mount 0 32,157,983	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X, (a) Description of Liability Federal Income Taxes ACCR'D POST RETIREMENT BENEFIT	5.) , line 25. (b) A mount 0 32,157,983	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X, (a) Description of Liability Federal Income Taxes ACCR'D POST RETIREMENT BENEFIT	5.) , line 25. (b) A mount 0 32,157,983	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X, (a) Description of Liability Federal Income Taxes ACCR'D POST RETIREMENT BENEFIT	5.) , line 25. (b) A mount 0 32,157,983	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X, (a) Description of Liability Federal Income Taxes ACCR'D POST RETIREMENT BENEFIT	5.) , line 25. (b) A mount 0 32,157,983	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X, (a) Description of Liability Federal Income Taxes ACCR'D POST RETIREMENT BENEFIT	5.) , line 25. (b) A mount 0 32,157,983	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X, (a) Description of Liability Federal Income Taxes ACCR'D POST RETIREMENT BENEFIT	5.) , line 25. (b) A mount 0 32,157,983	

Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	188,488,844
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	183,427,209
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	5,061,635
4	Net unrealized gains (losses) on investments	4	5,866,095
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-4,041,770
9	Total adjustments (net) Add lines 4 - 8	9	1,824,325
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	6,885,960
_	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		, ,
1	Total revenue, gains, and other support per audited financial statements	1	156,376,306
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
ь	Donated services and use of facilities 2b		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 399,136		
e	Add lines 2a through 2d	2e	6,265,231
3	Subtract line 2e from line 1	3	150,111,075
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 119,314		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	38,377,769
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	188,488,844
Par	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	145,448,576
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	-	
- а	Donated services and use of facilities		
ь	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV)	1	
e	Add lines 2a through 2d	2e	399,136
3	Subtract line 2e from line 1	3	145,049,440
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 119,314		
ь	Other (Describe in Part XIV)	1	
c	Add lines 4a and 4b	4c	38,377,769
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	183,427,209

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

Ident if ier	Return Reference	Explanation
FIN 48 DISCLOSURE	SCHEDULE D PART X	In fiscal 2009, the University adopted Accounting Standards Update No 2009-06, Implementation Guidance on Accounting for Uncertainty in Income Taxes and Disclosure Amendments for Nonpublic Entities (ASU 2009-06) in conjunction with its adoption of FASB Interpretation No 48, Accounting for Uncertainty in Income Taxes (now included in Accounting Standards Codification (ASC) Subtopic 740-10) ASC Subtopic 740-10 addresses the accounting for uncertainties in income taxes recognized in an organization's financial statements and prescribes a threshold of more-likely than-not for recognition and derecognition of tax positions taken or expected to be taken in a tax return ASC Subtopic 740-10 also provides related guidance on measurement, classification, interest and penalties and disclosures There was no significant impact to the University's financial statements as a result of the adoption of ASU 2009-06 or ASC Subtopic 740-10 The University believes it has taken no significant uncertain tax positions
VALUE OF ART COLLECTION	SCHEDULE D PART III LINE 1a	THE UNIVERSITY HAS ELECTED PURSUANT TO SFAS 116 NOT TO REPORT IN ITS REVENUE STATEMENT AND BALANCE SHEET WORKS OF ART THERE IS NO FOOTNOTE INCLUDED IN THE FINANCIAL STATEMENT RELATED TO THE WORKS OF ART SCHEDULE D PART III LINE 4 LOCATED IN THE UNIVERSITY CENTER, THE WIDENER UNIVERSITY ART COLLECTION AND GALLERY HOUSES THE UNIVERSITY'S DIVERSE COLLECTION OF AMERICAN PAINTINGS AND THE ALFRED O DESHONG COLLECTION OF EUROPEAN PAINTINGS AND ORIENTAL ART OBJECTS IN ADDITION TO THE PERMANENT COLLECTION ON DISPLAY, ROTATING EXHIBITIONS OF CONTEMPORARY ART ARE HELD THROUGHOUT THE YEAR ALONG WITH RECEPTIONS TO MEET THE ARTISTS THE ART MUSEUM PROVIDES NUMEROUS EDUCATIONAL OPPORTUNITIES TO OUR STUDENTS THROUGH ITS EXISTING COLLECTION AND DIVERSE ROTATING EXHIBITS AND SPECIAL SHOWINGS IT ALSO PROVIDES CULTURAL ENRICHMENT TO THE FACULTY, STAFF AND SURROUNDING COMMUNITIES AS THE MUSEUM IS FREE AND OPEN TO
ENDOWMENT FUNDS	PART V, LINE 4	ENDOWMENT FUNDING SUPPORTS SCHOLARSHIPS, FACULTY DEVELOPMENT, CHAIRS, AWARDS, THE LIBRARY AS WELL AS OTHER INITIATIVES
NONOPERATING ACTIVITY INCREASE	SCHEDULE D PART XI LINE 8	CHANGE IN PENSION \$4,041,770
EXPENSES INCLUDED IN REVENUE	SCHEDULE D PART XII LINE 2d	RENTAL EXPENSE \$379,649 NET SPECIAL FUNDRAISING EXPENSES 19,487 TOTAL PART XII LINE 2d \$399,136
EXPENSES INCLUDED IN FINANCIAL STATEMENT REVENUE	SCHEDULE D PART XII LINE 4B	SCHOLARSHIPS \$38,258,455
EXPENSES INCLUDED IN FINANCIAL STATEMENTS NOT RETURN	SCHEDULE D PART XIII LINE 2d	RENTAL EXPENSE \$379,649 NET SPECIAL FUNDRAISING EXPENSES 19,487 TOTAL PART XII LINE 2d \$399,136
EXPENSES INCLUDED IN FINANCIAL STATEMENT REVENUE	SCHEDULE D PART XIII LIN 4b	SCHOLARSHIPS \$38,258,455

Additional Data

Software ID: Software Version:

EIN: 23-1386178

Name: WIDENER UNIVERSITY

Form 990, Schedule D, Part VII - Investments— Other Securities

(a) Description of security or cateory(including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
EQUITY FUNDS	41,657,851	F
COMMODITIES	4,379,263	F
VENTURE CAPITAL	763,226	F
NATURAL RESOURCES	928,005	F
FIXED INCOME	13,227,367	F
REAL ESTATE	47,098	F
MONEY MARKET FUNDS	5,402,787	F
OTHER INVESTMENTS	1,397,663	

Employer identification number

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

WIDENER UNIVERSITY

Name of the organization

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

	23-1386178			
			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?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain OUR POLICY IS PUBLISHED IN ALL CATALOGS, PRINTED MATERIALS AND RADIO ADVERTISEMENTS	3	Yes	
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990)			
	Does the organization discriminate by race in any way with respect to			NI -
а	Students' rights or privileges?	5a	<u> </u>	Νo
b	Admissions policies?	5b		Νo
С	Employment of faculty or administrative staff?	5c		Νo
d	Scholarships or other financial assistance?	5d		Νo
е	Educational policies?	5e		Νo
f	Use of facilities?	5f		Νo
g	Athletic programs?	5g		Νo
h	Other extracurricular activities?	5h		Νo
	If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990)		V	
	Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	6a 6b	Yes	Νo
	If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990) # 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 CB 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 990)	7	Yes	

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As Filed Data -

DLN: 93493131015301

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

2009 Open to Public **Inspection**

Name of the organization WIDENER UNIVERSITY

Employer identification number

23-1386178

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

1	For grantmakers. 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

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

3 Activites per Region (U	se Schedule F-1	(Form 990) If add	ditional space is needed)		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific	0	0	Program Services	LAW SCHOOL SUMMER PRGM	57,538
Europe (Including Iceland and Greenland)	0	0	Program Services	LAW SCHOOL SUMMER PRGM	129,184
Sub-Saharan Africa	0	0	Program Services	LAW SCHOOL SUMMER PRGM	39,559
East Asia and the Pacific	0	0	Program Services	EXCHANGE PROGRAM	46,786
Totals	0	0			273,067
For Privacy Act and Paperwork R	eduction Act Notic	re, see the Instruc	tions for Form 990.	Cat No 50082W Sche	edule F (Form 990) 2009

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ▶ ☐ Use Schedule F-1 (Form 990) if additional space is needed.										
(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
2 Enter total r tax-exempt	number of recipions by the IRS, or f	ent organizations lis or which the grante	ted above that are e or counsel has pr	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . •			
3 Enter total r	number of other	organizations or en	tities					(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. (c) Number of (b) Region (d) A mount of (e) Manner of cash (a) Type of grant or (f) A mount of (g) Description (h) Method of assistance cash grant disbursement of non-cash valuation recipients non-cash (book, FMV, assistance assistance appraisal, other)

Schedule F (Form 990) 2009

Identifier	ReturnReference	ın Part I, line 2, and any additional information. Explanation

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DLN: 93493131015301

OMB No. 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

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.

Internal Revenue Service Name of the organization WIDENER UNIVERSITY

Department of the Treasury

Employer identification number

23-1386178

						23-13861/8)
Part I Fundraising Act Form 990-EZ filers						to Form 990, Part IV	/, line 17.
1 Indicate whether the organ	ızatıon raısed funds	through a	any of the	follo	wing activities Ch	eck all that apply	
a Mail solicitations			e	\vdash	Solicitation of nor	n-government grants	
b	ıcıtatıons		f	Γ	Solicitation of gov	vernment grants	
c Phone solicitations			g	Γ	Special fundraisir	ng events	
d							
2a Did the organization have a or key employees listed in							Г _{Yes} Г No
b If "Yes," list the ten highes to be compensated at least							
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) fundrais custo contr contribu	er have dy or ol of) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
otal							
3 List all states in which the licensing	e organization is reg	istered o	r licensed	l to s	olicit funds or has	been notified it is exem	pt from registration or

Pai	rt II	Fundraising Events. Com more than \$15,000 on Form					report	ted
	(a) Event #1 Phila. A lumni (event type)		(a) Event #1	(b) Event #2 Golf Outing (event type)	(c) O ther Events 0 (total number)	(d) Total Ev (Add col (a) t col (c))		
φ	1	Gross receipts	61,000	20,805			8	1,805
Revenue	2	Less Charitable	16,550	10,211			2	6,761
<u>~</u>	3	Gross income (line 1 minus line 2)	44,450	10,594			5	5,044
	4	Cash prizes	0	200				200
ဟ	5	Non-cash prizes	848	60				908
Expenses	6	Rent/facility costs	4,000	8,164			1	2,164
ă	7	Food and beverages	34,956	0			3-	4,956
Direct	8	Entertainment	3,500	0				3,500
ā	9	Other direct expenses .	10,040	2,170			1	2,210
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)			6	3,938
	11	Net income summary Combine III	nes 3, column d, and line	10			-	8,894
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		'Yes" to Form 990, Pa	rt IV, line 19, or repo	rted mor	e thar	1
Revenue	4		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tot (Add col co		
		Gross revenue						
Expenses	2	Cash prizes						
X	3	Non-cash prizes						
	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteer labor	Г Yes	Г Yes <u>%</u> Г No		•		
		Direct expense summary Add lines Net gaming income summary Com						
9 a b	Is t	er the state(s) in which the organiza he organization licensed to operate No," Explain				· 9a	Yes	No
10a b		re any of the organization's gaming l Yes," Explain	ıcenses revoked, suspen	ded or terminated during	the tax year?	10a		
11 12	Is t	es the organization operate gaming a he organization a grantor, beneficia ned to administer charitable gaming	ry or trustee of a trust or	a member of a partnershi	p or other entity	11 12	-F7\ 20	009
							,	

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name 🟲		
	Address -		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	,	
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			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Director/officer I Employee I Independent contractor		
.7	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
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 ▶ \$	1	

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DLN: 93493131015301

OMB No 1545-0047

Department of the Treasury

Schedule I

(Form 990)

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

Open to Public

Internal Revenue Service			Attach to Form s				Inspect ion
Name of the organization WIDENER UNIVERSITY						Employer identifica	ition number
						23-1386178	
		nts and Assistance					
		ubstantiate the amount of t ts or assistance?					✓ Yes 🗀
		dures for monitoring the us					
Form 990, Part	IV, line 21 for an	to Governments and y recipient that receive 990) if additional space	d more than \$5,000	. Check this box if n	o one recipient receiv	ed more than \$5,00	0. Use
		· · ·	Т	1	Г	Г	1
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
2 Enter total number of se	ection 501(c)(3) and	government organizations					

Enter total number of other organizations

	•	
Part III	G	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	U	Jse Schedule I-1 (Form 990) ıf addıtıonal space ıs needed.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
STUDENT FINANCIAL AID	3174	36,682,594		FMV	FINANCIAL AID
See Additional Data Table					
	ı	ı	1	ı	

Part IV	<u>Suppleme</u>	ntal Information. Complete t	his part to provide the information required in Part I, line 2, and any other additional information.
Ident if ier		Return Reference	Explanation

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DLN: 93493131015301

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information

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.

Open to Public Inspection

WIL	ENER UNIVERSITY	23-1386178				
Pa	rt I Questions Regarding Compensation					
					Yes	Νo
1a	Check the appropriate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III t					
	First-class or charter travel		Housing allowance or residence for personal use			
	Travel for companions		Payments for business use of personal residence			
	Tax idemnification and gross-up payments	굣	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the org reimbursement orprovision of all the expenses descri			1b	Yes	
2	Did the organization require substantiation prior to re officers, directors, trustees, and the CEO/Executive [2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all tha	ıt appl	У			
	Compensation committee		Written employment contract			
	Independent compensation consultant Form 990 of other organizations	<u>اح</u>	Compensation survey or study Approval by the board or compensation committee			
	Form 990 of other organizations	10	Approval by the board of compensation committee			
4	During the year, did any person listed in Form 990, Pa or a related organization	art VI	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control p	aymer	nt?	4a		Νο
ь	Participate in, or receive payment from, a supplement	tal non	qualified retirement plan?	4b	Yes	
С	Participate in, or receive payment from, an equity-bas	sed co	mpensation arrangement?	4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and pro-					
	Only 501(c)(3) and 501(c)(4) organizations only mus	t com	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, li compensation contingent on the revenues of	ne 1a,	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, li compensation contingent on the net earnings of	ne 1a,	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, I payments not described in lines 5 and 6? If "Yes," de			7		No
8	Were any amounts reported in Form 990, Part VII, pa					
	subject to the initial contract exception described in I	Regs	section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	rebutt	able presumption procedure described in Regulations	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)(1)-(111) 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-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
JAMES T HARRIS	(I) (II)	315,065 0	30,000 0	39,502 0	124,500 0	97,798 0	606,865 0	(
JOSEPH J BAKER	(I) (II)	235,700 0	10,000 0	30,255 0	24,500 0	41,341 0	341,796 0	(
BOBBIE JO ALLEN	(I) (II)	226,895 0	6,000 0	36,695 0	24,500 0	18,802 0	312,892 0	(
LINDA S DURANT	(I) (II)	186,690 0	6,000 0	37,870 0	21,226 0	16,129 0	267,915 0	(
LINDA L AMMONS	(ı) (ıı)	225,493 0	0	36,327 0	24,500 0	19,441 0	305,761 0	(
FRED A AKL	(ı) (ıı)	185,928 0	1,000	15,010 0	17,994 0	31,177 0	251,109 0	(
MICHAEL J SLINGER	(ı) (ıı)	178,672 0	0 0	9,518 0	13,908 0	72,528 0	274,626 0	(
STEPHEN C WILHITE	(ı) (ıı)	170,446 0	1,000	8,69 4 0	14,839 0	25,926 0	220,905	(
RONALD L MERSKY	(ı) (ıı)	179,461 0	0	5,412 0	8,591 0	17,803 0	211,267 0	(
J PATRICK KELLY	(I) (II)	153,923 0	0	26,883 0	16,334 0	22,215 0	219,355 0	(

Part III Supplemental Information

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

Ident if ier	Return Reference	Explanation
	PART I	The University maintains a written accountable policy regarding the payment or reimbursement of travel and entertainment expenses, including airline and rail travel, companion travel, international travel, social and health clubs, maid service, and business meals, meetings and entertainment. The University's President reviews and approves the travel and entertainment expenses for all University's Vice Presidents. The University's Vice Presidents review and approve the travel and entertainment expenses for their respective staff. It is important to note the President's travel and entertainment expenses are reviewed and approved by the University's Board Chairperson.
HOUSING		THE PRESIDENT OF THE UNIVERSITY IS PROVIDED HOUSING AS REQUIRED AS PART OF HIS EMPLOYMENT THE USE OF THE HOUSE IS EXCLUDED FROM INCOME PURSUANT TO INTERNAL REVENUE CODE SECTION 119(a)(2) THE FAIR RENTAL VALUE OF THE HOUSING IS \$35,000 BUSINESS EXPENSES ARE COVERED UNDER THE UNIVERSITY'S TRAVEL AND ENTERTAINMENT EXPENSE POLICY
	PART I LINE 4b	THE BOARD OF TRUSTEES HAS APPROVED A SUPPLEMENTAL RETIREMENT PLAN FOR THE PRESIDENT THE UNIVERSITY ACCRUED A CONTRIBUTION OF \$100,000 TO THE PLAN THE PRESIDENT IS NOT CURRENTLY VESTED IN THE PLAN AND IT IS SUBJECT TO FORFEITURE PRESIDENT COMPENSATION 2009-2010 AT THE PRESIDENT'S REQUEST, THE BOARD OF TRUSTEES AGREED TO KEEP PRESIDENT HARRIS' SALARY AND BENEFITS FOR 2009/10 AT THE SAME LEVEL AS 2008/09

Schedule J (Form 990) 2009

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

DLN: 93493131015301

OMB No 1545-0047

Schedule K (Form 990) 2009

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

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

Open to Public Inspect ion

Name of the organization WIDENER UNIVERSITY

Bond Issues

Department of the Treasury Internal Revenue Service

Employer identification number

23-1386178

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	Issued	(e) Issue	Price	(f) Des	cription of	Purpose	(g) De	feased	Beha	On alf of uer
											Yes	No	Yes	No
A	PHEFA REVENUE BONDS SERIES 2003	23-2243852	70917NXJ8	10-01-	2003	51,5	90,981	SCIENCE & FACILITY	ENGINEE	RING		x		х
В	PHEFA REVENUE BONDS SERIES 2005	23-2243852	70917NZ56	02-01-	2005	34,2	39,090	DORMITOR EDUCATIO		CAL		х		х
Pa	art III Proceeds	•												
				A	١		В		С	ļ I	D		E	
1	Total proceeds of issue			5	1,590,981	. 3	4,239,0	90						
_2	Gross proceeds in reserve funds				4,687,859)	3,346,3	10						
3	Proceeds in refunding or defeasan	nce escrows		3	2,218,908	3		0						
4	Other unspent proceeds				С			0						
5	Issuance costs from proceeds				277,558	3	227,7	50						
6	Working capital expenditures from	n proceeds			С)		0						
7	Capital expenditures from proceed	ds		1	4,054,101	. 3	0,449,1	30						
8	Year of substantial completion			20	05	20	06			•		•		
-				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
9	Were the bonds issued as part of	a current refunding is	sue?		х		×							
10	Were the bonds issued as part of	an advance refunding	ıssue?	Х			х							
11	Has the final allocation of proceed	ds been made?		Х		Х								
12	Does the organization maintain ac the final allocation of proceeds?	dequate books and re	cords to support	х		х								
Pa	rt IIII Private Business Use	l				_								
				<u> </u>	Α	В	:	+	<u> </u>	D			E	
				Yes	No	Yes	No	Yes	No	Yes	No	Yes	5	No
1	Was the organization a partner in which owned property financed by		ember of an LLC,		Х		X							
2	Are there any lease arrangements which may result in private busine		financed property		х		Х							

Cat No 50193E

Schedule K (Form 990) 2009

Part III Private Business Use (Continued)

			A	I	В		С	[)		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?		Х		Х						
3b	Are there any research agreements with respect to the financed property which may result in private business use?		х		х						
3с	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?		х		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				•						
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0 350 %		0 350 %						
6	Total of lines 4 and 5		0 350 %		0 350 %						
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х		Х							
	TTV Arbitrage										•

Part IV Arbitrage

			A		В		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?		х		x						
2	Is the bond issue a variable rate issue?		X		Х						
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		x		х						
ь	Name of provider										•
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?		Х		Х						
ь	Name of provider		•								
С	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?		х		×						
6	Did the bond issue qualify for an exception to rebate?	Х		х							
									Cahadul	o V /Form 00/	0) 2000

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DLN: 93493131015301

Employer identification number

OMB No 1545-0047

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Schedule L

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury

JAMES T HARRIS

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. Internal Revenue Service

rt I Excess Benefit Trar Complete if the organizat									ne 40b	
								,		orrecte
(a) Name of disqu	ualified	person		(b) Des	criptio	n of trans	action		Yes	
Enter the amount of tax impos	od on th	organ	uzation managers	or disqualified pers	one d	urung the s	voor undo	<u> </u>		
section 4958	e a on tr	e organ	nzation managers	· · · · ·		-	year unde	• \$		
Enter the amount of tax, if any	, on line	2, abov	/e, reimbursed by	the organization .			•	- \$		
rt III Loans to and/or F	Fom	Intoro	stad Parsons							
Complete if the organiz					or Fo	orm 990-I	EZ, Part V	', lıne 38	a	
		an to					(f)			
Name of interested person and	1	m the	(c)O riginal	(1)) In	Appro		(g)Writ	
purpose	organı	anization? principal a			default?		by board or committee?		agreem	entr
	То	From			Yes	No	Yes	No	Yes	No
			E .							
	<u> </u>		. <u>►</u> s							
Complete if the orga					/ lıne	27				
				tween interested pe						
(a) Name of interested pers	on	,	and the			(c) A n	nount of g	rant or ty	pe of ass	istance
t IV Business Transact										
Complete If the orga	nızatıc	n ansv	vered "Yes" on	Form 990, Part I\	/, line	28a, 28	3b, or 28	С.		
			Relationship							Sharing
(a) Name of interested persor	,	l betw	een interested	(c) A mount of		(d) Docc	rıptıon of	trancacti	an lorga	nızatıo

person and the organization

OFFICER

38,000 COMPENSATION PAID TO

SPOUSE

transaction

revenues?

Νo

OMB No 1545-0047

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SCHEDULE M (Form 990)

Department of the Treasury

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

NonCash Contributions

Internal Revenue Service Name of the organization WIDENER UNIVERSITY

Employer identification number

23-1386178

		1						
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d Method of d reven	etermı	nıng	
1	Art-Works of art			J				
	Art—Historical treasures .							
	Art—Fractional Interests							
4	Books and publications							
	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	6	63,279	MARKET VALUE			
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	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
	O ther ▶ ()							
26	O ther ▶()							
	O ther ▶()							
28	O ther ► ()				<u> </u>			
29	Number of Forms 8283 received for which the organization compl				29		Yes	No
30a	During the year, did the organiza	ition receiv	e by contribution any prope	rty reported in Part I. lines	1-28 that it		163	
	must hold for at least three year							
	for exempt purposes for the enti					200		No
b	If "Yes," describe the arrangement					30a		
31	Does the organization have a gif	tacceptand	ce policy that requires the i	eview of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?	e thırd partı	es or related organizations	to solicit, process, or sell r	non-cash · · · · ·	32a	Yes	
b 33	If "Yes," describe in Part II If the organization did not report describe in Part II	revenues i	n column (c) for a type of p	roperty for which column (a) is checked,			

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.

Ident if ier	Return Reference	Explanation
SCHEDULE M, PART I, LINE 9		The university occassionally receives gifts of stock. The university sells the stock through a brokerage account

Schedule M (Form 990) 2009

Software ID: **Software Version:**

EIN: 23-1386178

Name: WIDENER UNIVERSITY

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DLN: 93493131015301

OMB No 1545-0047

Inspection

SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

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

Supplemental Information to Form 990

► Attach to Form 990.

Name of the organization WIDENER UNIVERSITY

Employer identification number

23-1386178

Identifier	Return Reference	Explanation
Conflict of Interest Policy	FORM 990 PART VI SECTION B LINE 12c	The University has conflict of interest policies for the Board of Trustees, Officers, Key Employees, full-time staff, and part-time staff involved in purchasing. The Board of Trustees complete the conflict of interest disclosure form on an annual basis, and the disclosure forms are received and reviewed by the Trusteeship Committee. The results of the review are then reported to the Board's Executive Committee, which in turns reports the results to the full Board of Trustees. The process, review and reporting for the Officers and Key Employees is the same as the Board of Trustees. All full-time staff and part-time staff involved in purchasing complete a disclosure form annually, and these are collected and reviewed by the Associate Vice President-Administration. He then reports the findings to the Senior Vice President-Administration & Finance and the President of the University. A report is then made by the Senior Vice President-Administration & Finance to the Finance and Administration Committee of the Board, which then reports the findings to the full Board of Trustees.

ldentifier	Return Reference	Explanation
Compensation Process	FORM 990 PART VI SECTION B LINE 15b	It is the policy of the Widener University and its Board of Trustees (Board) to compensate its executives in accordance with the market and in relation to experience, service and accomplishment both prior to, and during, their service to the university. The Board's use of CUPA and similar indices is for guidance purposes, taking into consideration that the positions reported therein are not, in many instances, equivalent to the executive positions at the University. Thus, when an individual executive acquires additional responsibilities above and beyond those traditionally associated with the general category set forth in the comparative indices, the Board may consider and award appropriate compensation. Exceptions to this policy can occur where special expertise, accomplishment or experiences are required in a particular position or an urgent need has arisen justifying, in the Board's analysis, compensation at a level in excess of the policy range adopted by the Board. When such exceptions arise, the Board shall set forth a statement of their reasoning supporting the departure from the established Executive Compensation Policy. Finally, the Board, in every third year, will engage an outside consultant to verify that total compensation paid to the executives of the University is fair and reasonable.

ldentifier	Return Reference	Explanation
Process to Review Form 990		Once a draft of the IRS Form 990 is completed and review ed by our independent tax advisors, it is review ed by both the Audit and Finance & Administration Committees of the Board of Trustees. It is then review ed with the full Board of Trustees at its next meeting (normally the May meeting). The Form 990 is not filed until the full Board of Trustees has review ed it with management.

ldentifier	Return Reference	Explanation
Documents made Available to the General Public	SECTION C LINE 19	The University makes available to the public on its wiebsite the university's Articles of Incorporation, the conflict of interest policy, the executive compensation policy, the Form 990, the Form 990-T and the University's audited financial statements

ldentifier	Return Reference	Explanation
TAX EXEMPT BONDS	FORM 990 SCHEDULE K PART I	PHEFA REVENUE BOND, SERIES OF 2003 THE BOND WAS ORIGINALLY ISSUED IN 2003 WITH STAGGERING MATURITY DATES FROM 2008 - 2036 EACH MATURITY DATE HAS BEEN ASSIGNED A UNIQUE CUSIP NUMBER PHEFA REVENUE BOND, SERIES OF 2005 THE BOND WAS ORIGINALLY ISSUED IN 2005 WITH STAGGERING MATURITY DATES FROM 2007 - 2039 EACH MATURITY DATE HAS BEEN ASSIGNED A UNIQUE CUSIP NUMBER

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

DLN: 93493131015301

SCHEDULE R (Form 990)

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.

2009

OMB No 1545-0047

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Schedule R (Form 990) 2009

Department of the Treasury Internal Revenue Service

Name of the organization WIDENER UNIVERSITY		Employer identification number 23-1386178			
Part I Identification of Disregarded Entities (Complete	ıf the organızatıon a	nswered "Yes" on	Form 990, Part I	•	
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income E	(e) nd-of-year assets	(f) Direct controlling entity
Part II Identification of Related Tax-Exempt Organization or more related tax-exempt organizations during the		e organization ans	swered "Yes" on	Form 990, Part I	V, line 34 because it had one
(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 stat (if section 501(c)(us Direct controlling 3)) entity
THE NEUROPSYCOLOGY ASSESSMENT CENTER					
ONE UNIVERSITY PLACE	EDUCATION	PA	501(C)(3)	509(A)	(2) WIDENER UNIV
CHESTER, PA 19013 42-1682886				,	
THE WIDENER PARTNERSHIP CHARTER SCHOOL					
ONE UNIVERSITY AVANUE	SCHOOL	PA	501(C)(3)	509(a)	(1) Widener Univ
CHESTER, PA 19013 42-1705892					

Cat No 50135Y

Part III	Identification of Related Organizations Taxable as a Partnership (Complete of the organization answered "Yes" on Form 990, Par	rt 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) Disproprtionate allocations?		proprtionate Code V—UBI) al or ging ner?
							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
PROVIDENCE ENTERPRISES INC ONE UNIVERSITY PLACE CHESTER, PA19013 51-0260604	INACTIVE	PA	WIDENER UNIV	C CORP	0	0	100 000 %
ACNP CORP ONE UNIERSITY PLACE CHESTER, PA19013 23-2540747	RESTAURANT	PA	WIDENER UNIV	C CORP	17,691	10,146	100 000 %
UNIVERSITY TECHNOLOGY PARK INC 1350 EDGEMONT AVENUE SUITE 1300 CHESTER, PA19013 23-3045605	REAL ESTATE	PA	NA	C CORP	-15,060	3,132,932	50 000 %
				!			

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

chedul	hedule R (Form 990) 2009			
Part	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)			
No	ote. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
1 Durir	ng the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a R	eceipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a	Yes	
b G	ıft, grant, or capıtal contribution to other organization(s)	1b	Yes	
c G	ift, grant, or capital contribution from other organization(s)	1c		No
d Lo	pans or loan guarantees to or for other organization(s)	1d		No
e Lo	pans or loan guarantees by other organization(s)	1e		No
f Sa	ale of assets to other organization(s)	1f		No
g P	urchase of assets from other organization(s)	1g		No
h E	xchange of assets	1h		No
i Le	ase of facilities, equipment, or other assets to other organization(s)	1i	Yes	
j Le	ease of facilities, equipment, or other assets from other organization(s)	1j		No
k P	erformance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	
l Pe	erformance of services or membership or fundraising solicitations by other organization(s)	11		No
m Sh	haring of facilities, equipment, mailing lists, or other assets	1m		No
n S	haring of paid employees	1n		No
o R	eimbursement paid to other organization for expenses	10		No
p R	eimbursement paid by other organization for expenses	1р	Yes	
q 0	ther transfer of cash or property to other organization(s)	1q		No

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) THE WIDENER PARTNERSHIP CHARTER SCHOOL	I	550,000					
(2) THE WIDENER PARTNERSHIP CHARTER SCHOOL	К	123,194					
(3) THE NEUROPSYCOLOGY ASSESSMENT CENTER	К	7,146					
(4) THE WIDENER PARTNERSHIP CHARTER SCHOOL	Р	2,276,266					
(5) THE NEUROPSYCOLOGY ASSESSMENT CENTER	Р	148,871					
(6) THE WIDENER PARTNERSHIP CHARTER SCHOOL	В	85,000					

No

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	(h) neral or naging artner?	
		ļ ,	Yes	No		Yes	No		Yes	N	
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EIN: 23-1386178

Name: WIDENER UNIVERSITY

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) A mount Involved (\$)	
(1)	THE WIDENER PARTNERSHIP CHARTER SCHOOL	I	550,000	
(2)	THE WIDENER PARTNERSHIP CHARTER SCHOOL	К	123,194	
(3)	THE NEUROPSYCOLOGY ASSESSMENT CENTER	К	7,146	
(4)	THE WIDENER PARTNERSHIP CHARTER SCHOOL	Р	2,276,266	
(5)	THE NEUROPSYCOLOGY ASSESSMENT CENTER	Р	148,871	
(6)	THE WIDENER PARTNERSHIP CHARTER SCHOOL	В	85,000	