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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	OMB No 1545-0047 2010 Open to Public Inspection
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A For the 2010 calendar year, or tax year beginning 06-01-2010 and ending 05-31-2011		
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization WILKES UNIVERSITY	D Employer identification number 24-0795506
	Doing Business As	E Telephone number (570) 408-4500
	Number and street (or P O box if mail is not delivered to street address) 84 WEST SOUTH STREET	Room/suite
	G Gross receipts \$ 110,734,439	
	City or town, state or country, and ZIP + 4 WILKESBARRE, PA 187660999	
	F Name and address of principal officer PRESIDENT JOSEPH E GILMOUR 84 WEST SOUTH STREET WILKESBARRE, PA 18766	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.WILKES.EDU		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1933
		M State of legal domicile PA

Part I	Summary
Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO EDUCATE OUR STUDENTS FOR LEARNING AND SUCCESS IN AN EVOLVING AND MULTICULTURAL WORLD THROUGH A COMMITMENT TO INDIVIDUALIZED ATTENTION, EXCEPTIONAL TEACHING, AND ACADEMIC EXCELLENCE
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets
	3 Number of voting members of the governing body (Part VI, line 1a)
	4 Number of independent voting members of the governing body (Part VI, line 1b)
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)
Revenue	6 Total number of volunteers (estimate if necessary)
	7a Total unrelated business revenue from Part VIII, column (C), line 12
	b Net unrelated business taxable income from Form 990-T, line 34
Expenses	8 Contributions and grants (Part VIII, line 1h)
	9 Program service revenue (Part VIII, line 2g)
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)
	14 Benefits paid to or for members (Part IX, column (A), line 4)
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)
Net Assets or Fund Balances	16a Professional fundraising fees (Part IX, column (A), line 11e)
	b Total fundraising expenses (Part IX, column (D), line 25) ▶1,294,135
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)
	19 Revenue less expenses Subtract line 18 from line 12
	20 Total assets (Part X, line 16)
	21 Total liabilities (Part X, line 26)
	22 Net assets or fund balances Subtract line 21 from line 20

Part II Signature Block					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.					
Sign Here	Signature of officer			2012-04-05	
				Date	
Paid Preparer Use Only	Loren Prescott VP of Finance and General Counsel				
	Type or print name and title				
	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ KPMG LLP				Firm's EIN ▶
	Firm's address ▶ 1676 International Drive McLean, VA 22102				Phone no ▶ (703) 286-8000
May the IRS discuss this return with the preparer shown above? (see instructions) <input type="checkbox"/> Yes <input type="checkbox"/> No					

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☐

☒

1

Briefly describe the organization's mission

TO CONTINUE THE WILKES TRADITION OF LIBERALLY EDUCATING OUR STUDENTS FOR LIFELONG LEARNING AND SUCCESS IN A CONSTANTLY EVOLVING AND MULTICULTURAL WORLD THROUGH A COMMITMENT TO INDIVIDUALIZED ATTENTION, EXCEPTIONAL TEACHING, SCHOLARSHIP AND ACADEMIC EXCELLENCE, WHILE CONTINUING THE UNIVERSITY'S COMMITMENT TO COMMUNITY ENGAGEMENT

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

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

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 32,938,831 including grants of \$ 31,995) (Revenue \$ 84,469,184)

INSTRUCTION- INCLUDES ALL EXPENDITURES FOR ACTIVITIES THAT ARE PART OF THE INSTITUTION'S INSTRUCTIONAL PROGRAMS THIS INCLUDES CREDIT AND NON-CREDIT COURSES, ACADEMIC, VOCATIONAL, AND TECHNICAL INSTRUCTION THE UNIVERSITY OFFERS 36 UNDERGRADUATE MAJORS, 10 GRADUATE PROGRAMS AND SEVERAL PRE-PROFESSIONAL PROGRAMS ENROLLMENT INCLUDES 2,200 FULL-TIME UNDERGRADUATE STUDENTS FROM OVER 19 STATES AND 11 FOREIGN COUNTRIES CLASS SIZES ARE KEPT SMALL TO ENABLE GREATER ACCESS TO PROFESSORS AND MORE INDIVIDUALIZED ATTENTION IN THE CLASSROOM UNDERGRADUATE FRESHMEN CLASS SIZES AVERAGE 25 STUDENTS WITH 20 STUDENTS FOR UPPER LEVEL CLASSES WILKES IS DEDICATED TO BEING A LEADER IN HIGHER EDUCATION THROUGHOUT THE NORTHEASTERN UNITED STATES AND IS DEDICATED TO ACADEMIC EXCELLENCE THROUGH MENTORING

4b

(Code) (Expenses \$ 26,422,582 including grants of \$ 24,128,635) (Revenue \$ 0)

SCHOLARSHIP- INCLUDES EXPENDITURES FOR GENERAL, NEED BASED, AND ENDOWMENT SCHOLARSHIPS AND FELLOWSHIPS FROM RESTRICTED OR UNRESTRICTED CURRENT FUNDS IN THE FORM OF GRANTS TO STUDENTS, RESULTING FROM SELECTION BY DIVISION OF ENROLLMENT MANAGEMENT AT LEAST 85% OF STUDENTS RECEIVED SOME SORT OF FINANCIAL AID GRANTS AWARDED INCLUDE PENNSYLVANIA STATE GRANTS (PHEAA) AND WILKES NEED BASED GRANTS ALSO INCLUDED IS TUITION REMISSION FOR GRADUATE ASSISTANTS AND OTHER LOCAL COLLEGES AND PROGRAMS

4c

(Code) (Expenses \$ 9,730,541 including grants of \$ 0) (Revenue \$ 8,868,284)

STUDENT SERVICES- INCLUDES FUNDS EXPENDED FOR ACTIVITIES WITH THE PRIMARY PURPOSE OF CONTRIBUTING TO THE STUDENT'S EMOTIONAL AND PHYSICAL WELL-BEING AND INTELLECTUAL, CULTURAL, AND SOCIAL DEVELOPMENT OUTSIDE THE CONTEXT OF THE FORMAL INSTRUCTION PROGRAM WILKES CLASSIFIES THE FOLLOWING OFFICES INTO THIS PROGRAM OFFICES OF ENROLLMENT SERVICES (ADMISSIONS), REGISTRAR, FINANCIAL AID ADMINISTRATION, CAREER SERVICES, AND HEALTH AND WELLNESS SERVICES IN ADDITION, EXPENDITURES FOR STUDENT ACTIVITIES, CULTURAL EVENTS, INTRAMURAL AND INTERCOLLEGIATE ATHLETICS, FRESHMAN ORIENTATION, AND STUDENT CLUBS AND ORGANIZATIONS ARE CONSIDERED STUDENT SERVICES FOR FINANCIAL STATEMENT PURPOSES

4d

Other program services (Describe in Schedule O) See also Additional Data for Description























(Expenses \$ 11,697,256 including grants of \$ 0) (Revenue \$ 0)

4e

Total program service expenses \$ 80,789,210

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	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? <i>If "Yes," complete Schedule C, Part I.</i>	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	4	No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	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? <i>If "Yes," complete Schedule D, Part I.</i> 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <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? <i>If "Yes," complete Schedule D, Part III.</i> 	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? <i>If "Yes," complete Schedule D, Part IV.</i> 	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	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	Yes
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	Yes
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> 	13	Yes
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV.</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 ? <i>If "Yes," complete Schedule F, Parts II and IV.</i> 	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, Parts III and IV.</i> 	16	Yes
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions).</i> 	17	Yes
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> 	18	Yes
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> 	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance					
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>					
		Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	215		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return.	2a	1,921		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9 Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10 Section 501(c)(7) organizations. Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b			
11 Section 501(c)(12) organizations. Enter					
a	Gross income from members or shareholders.	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b			
c	Enter the amount of reserves on hand.	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b			

Part VI

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

Section A. Governing Body and Management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 33		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 30		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	15b	Yes	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure	
17	List the States with which a copy of this Form 990 is required to be filed PA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization JANET KOBYLSKI 84 WEST SOUTH STREET WILKESBARRE, PA 187660999 (570) 408-4501

Check if Schedule O contains a response to any question in this Part VII ☒

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

Form **990** (2010)

Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								2,447,975	0	451,677

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶63

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*

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*

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

Yes

No

3

No

4

Yes

5

No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SUNGARD HIGHER EDUCATION INC 4 COUNTRY VIEW ROAD MALVERN, PA 19355	IT MANAGEMENT	3,423,730
SODEXO INC AFFILIATES 9801 WASHINGTONIAN BOULEVARD GAITHERSBURG, MD 20878	FOOD SERVICE MGMT	2,894,741
LEARNING SCIENCES INTERNATIONAL 175 CORNELL ROAD BLAIRSVILLE, PA 15717	ACADEMIC COURSES	1,544,379
160 OVER 90 1 SOUTH BROAD STREET 10TH FLOOR PHILADELPHIA, PA 19107	MARKETING	594,875
DISCOVERY EDUCATION INC 1 DISCOVERY PLACE SILVER SPRING, MD 209103354	ACADEMIC COURSES	520,342
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶15		

Form 990 (2010)

Part VIII

Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1a				
	b Membership dues 1b				
	c Fundraising events 1c	118,852			
	d Related organizations 1d				
	e Government grants (contributions) 1e	3,902,300			
	f All other contributions, gifts, grants, and similar amounts not included above 1f	4,034,131			
	g Noncash contributions included in lines 1a-1f \$	8,218			
	h Total. Add lines 1a-1f	8,055,283			
	Program Service Revenue	2a	Business Code		
TUITION AND FEES		900099	84,469,184	84,469,184	
b AUXILIARY ENTERPRISES		900099	8,868,284	8,868,284	
c					
d					
e					
f All other program service revenue					
g Total. Add lines 2a-2f		93,337,468			
Other Revenue	3 Investment income (including dividends, interest and other similar amounts)				
		1,002,972			1,002,972
	4 Income from investment of tax-exempt bond proceeds . . .	212			212
	5 Royalties	99,000			99,000
	6a Gross Rents	(i) Real	(ii) Personal		
		72,147			
	b Less rental expenses	29,857			
	c Rental income or (loss)	42,290			
	d Net rental income or (loss)			42,290	42,290
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
		6,166,454	7,000		
	b Less cost or other basis and sales expenses	5,506,748	3,202		
	c Gain or (loss)	659,706	3,798		
	d Net gain or (loss)			663,504	663,504
	8a Gross income from fundraising events (not including \$ 118,852 of contributions reported on line 1c) See Part IV, line 18				
		a			
		34,801			
	b Less direct expenses b	88,875			
	c Net income or (loss) from fundraising events . . .			-54,074	-54,074
	9a Gross income from gaming activities See Part IV, line 19 . . a				
b Less direct expenses b					
c Net income or (loss) from gaming activities . . .			0		
10a Gross sales of inventory, less returns and allowances					
	a				
b Less cost of goods sold b					
c Net income or (loss) from sales of inventory . . .			0		
Miscellaneous Revenue		Business Code			
11a ENDOWMENT DRAWDOWNS	900099	1,363,000			1,363,000
b MISCELLANEOUS	900099	596,102	596,102		
c					
d All other revenue					
e Total. Add lines 11a-11d		1,959,102			
12 Total revenue. See Instructions		105,105,757	93,933,570	0	3,116,904

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	24,128,635	24,128,635		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	31,995	31,995		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,906,384	672,030	1,234,354	
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	34,465,659	28,753,967	5,203,550	508,142
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,309,866	1,899,025	368,840	42,001
9	Other employee benefits	4,673,954	3,992,052	647,487	34,415
10	Payroll taxes	2,687,225	2,217,247	432,387	37,591
a	Fees for services (non-employees) Management	0			
b	Legal	63,086	8,766	54,320	
c	Accounting	150,575		150,575	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	171,508			171,508
f	Investment management fees	209,740		209,740	
g	Other	6,047,005	4,381,792	1,621,267	43,946
12	Advertising and promotion	1,258,006	321,461	918,696	17,849
13	Office expenses	3,077,626	1,349,767	1,647,574	80,285
14	Information technology	4,164,114	2,788,509	1,375,605	
15	Royalties	0			
16	Occupancy	3,243,883	2,094,593	1,149,290	
17	Travel	845,168	732,718	75,004	37,446
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	242,672	211,636	29,063	1,973
20	Interest	2,637,325	1,416,329	1,220,996	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	4,469,084	2,400,021	2,069,063	0
23	Insurance	365,326	365,326		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	EQUIPMENT MAINTENANCE	1,110,867	190,044	915,432	5,391
b	ENTERTAINMENT	1,064,502	837,781	186,262	40,459
c	BAD DEBTS	835,485	662,107	0	173,378
d	PRINTING AND PUBLICATIONS	792,339	483,048	262,472	46,819
e	BANK FEES	409,118	5,481	403,637	0
f	All other expenses	1,302,141	844,880	404,329	52,932
25	Total functional expenses. Add lines 1 through 24f	102,663,288	80,789,210	20,579,943	1,294,135
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

						(A)		(B)
						Beginning of year		End of year
Assets	1	Cash—non-interest-bearing					1	
	2	Savings and temporary cash investments				17,705,448	2	18,395,601
	3	Pledges and grants receivable, net				1,893,430	3	3,255,767
	4	Accounts receivable, net				2,133,313	4	1,763,986
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L					5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Schedule L					6	
	7	Notes and loans receivable, net				4,026,427	7	3,563,372
	8	Inventories for sale or use					8	
	9	Prepaid expenses and deferred charges				736,971	9	490,205
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	143,137,467	71,313,515	10c	70,436,746	
	b	Less: accumulated depreciation	10b	72,700,721				
	11	Investments—publicly traded securities				31,136,394	11	36,291,801
	12	Investments—other securities. See Part IV, line 11				13,981,514	12	15,756,823
	13	Investments—program-related. See Part IV, line 11					13	
	14	Intangible assets					14	
	15	Other assets. See Part IV, line 11				1,275,543	15	1,399,783
16	Total assets. Add lines 1 through 15 (must equal line 34)				144,202,555	16	151,354,084	
Liabilities	17	Accounts payable and accrued expenses				6,992,015	17	6,738,542
	18	Grants payable					18	
	19	Deferred revenue				1,197,334	19	1,003,489
	20	Tax-exempt bond liabilities				52,975,000	20	52,975,000
	21	Escrow or custodial account liability. Complete Part IV of Schedule D					21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L					22	
	23	Secured mortgages and notes payable to unrelated third parties				86,790	23	41,055
	24	Unsecured notes and loans payable to unrelated third parties					24	
	25	Other liabilities. Complete Part X of Schedule D				9,204,634	25	9,407,781
	26	Total liabilities. Add lines 17 through 25				70,455,773	26	70,165,867
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.							
	27	Unrestricted net assets				38,480,984	27	40,270,072
	28	Temporarily restricted net assets				12,336,275	28	15,846,373
	29	Permanently restricted net assets				22,929,523	29	25,071,772
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.							
	30	Capital stock or trust principal, or current funds					30	
	31	Paid-in or capital surplus, or land, building or equipment fund					31	
	32	Retained earnings, endowment, accumulated income, or other funds					32	
	33	Total net assets or fund balances				73,746,782	33	81,188,217
	34	Total liabilities and net assets/fund balances				144,202,555	34	151,354,084

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	105,105,757
2	Total expenses (must equal Part IX, column (A), line 25)	2	102,663,288
3	Revenue less expenses Subtract line 2 from line 1	3	2,442,469
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	73,746,782
5	Other changes in net assets or fund balances (explain in Schedule O)	5	4,998,966
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	81,188,217

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
WILKES UNIVERSITY

Employer identification number
24-0795506

Part I

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

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

1

☐

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

2

☒

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

3

☐

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☐

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

10

☐

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

11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
(ii) a family member of a person described in (i) above?
(iii) a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶		

Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Additional Data

Software ID:

Software Version:

EIN: 24-0795506

Name: WILKES UNIVERSITY

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
REVEREND MICHAEL BREWSTER TRUSTEE	2 0	X						0	0	0
DANIEL CARDELL VICE CHAIR AND TRUSTEE	11 0	X		X				0	0	0
LAURA CARDINALE TRUSTEE	2 0	X						0	0	0
TERRY CASEY TRUSTEE	2 0	X						0	0	0
DENISE S CESARE TRUSTEE	7 0	X						0	0	0
CHARLES F COHEN TRUSTEE	3 0	X						0	0	0
DOUG COLANDREA TRUSTEE	3 0	X						0	0	0
JEFF DAVIDOWITZ TRUSTEE	2 0	X						0	0	0
SHELLEY FREEMAN TRUSTEE	1 0	X						0	0	0
MICHAEL I GOTTDENKER TRSUR/ASST SECRETARY/TRUSTEE	10 0	X		X				0	0	0
DAVID GREENWALD TRUSTEE	2 0	X						0	0	0
JASON GRIGGS TRUSTEE	6 0	X						0	0	0
WILLIAM HANBURY TRUSTEE	2 0	X						0	0	0
JOHN KERR TRUSTEE	3 0	X						0	0	0
CAROL KEUP TRUSTEE	1 0	X						0	0	0
MILAN S KIRBY TRUSTEE	4 0	X						0	0	0
DANIEL KLEM JR TRUSTEE	4 0	X						0	0	0
DOROTHY DARLING MANGELSDORF TRUSTEE	2 0	X						0	0	0
MELANIE MASLOW LUMIA TRUSTEE	1 0	X						0	0	0
MICHAEL J MAHONEY SECRT/ASST TREASURER/TRUSTEE	12 0	X		X				0	0	0
GEORGE J MATZ TRUSTEE	4 0	X						0	0	0
JOHN R MILLER CHAIR AND TRUSTEE	12 0	X		X				0	0	0
WILLIAM R MILLER TRUSTEE	2 0	X						0	0	0
GERALD A MOFFATT TRUSTEE	7 0	X						0	0	0
GEORGE PAWLUSH TRUSTEE	6 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
THOMAS RALSTON TRUSTEE	1 0	X						0	0	0
HEDY RITTENMEYER TRUSTEE	3 0	X						0	0	0
STEVEN ROTH TRUSTEE	3 0	X						0	0	0
JAY S SIDHU TRUSTEE	4 0	X						0	0	0
VIRGINIA P SIKES TRUSTEE	7 0	X						0	0	0
ELIZABETH A SLAUGHTER PHD TRUSTEE	3 0	X						0	0	0
MATTHEW R SORDONI TRUSTEE	1 0	X						0	0	0
JOSEPH E GILMOUR PRESIDENT	75 0	X		X				380,218	0	105,802
PETRA CARVER VP FINANCE AND OPERATIONS	60 0			X				109,340	0	10,920
C REYNOLD VERRET PROVOST	60 0			X				207,804	0	55,070
PAUL ADAMS VP OF STUDENT AFFAIRS	50 0			X				127,519	0	19,468
MICHAEL WOOD VP OF ADVANCEMENT	50 0			X				127,113	0	48,906
MELANIE MICKELSON VP OF ENROLLMENT SERVICES	50 0			X				118,775	0	14,828
LOREN PRESCOTT DEAN LAW SCH / VP FIN & LEGAL	50 0			X				222,448	0	39,670
JANET KOBYSKI INTERIM VP OF FIN / CONTROLLER	50 0			X				123,211	0	14,973
BERNARD GRAHAM DEAN PHARMACY NURSING	50 0				X			173,204	0	23,292
PAUL BROWNE DEAN BUSINESS SCHOOL	50 0				X			160,691	0	28,319
MICHAEL SPEZIALE DEAN GRADUATE STUDIES	50 0					X		142,155	0	27,762
DALE BRUNS DEAN/CHAIR COLLEGE OF SCIENCE	50 0					X		146,444	0	19,470
S KALIM PROFESSOR	50 0					X		127,788	0	15,650
BONNIE CULVER DIR, CREATIVE WRITERS PROG	50 0					X		136,474	0	13,909
TERI OOMS DIR JOINT URBAN STUDIES	50 0					X		144,791	0	13,638

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

4d. Other program services				
(Code)	(Expenses \$	9,362,661	including grants of \$	0) (Revenue \$ 0)
ACADEMIC SUPPORT - SEE SCHEDULE O				
(Code)	(Expenses \$	1,327,975	including grants of \$	0) (Revenue \$ 0)
RESEARCH - SEE SCHEDULE O				
(Code)	(Expenses \$	1,006,620	including grants of \$	0) (Revenue \$ 0)
PUBLIC SERVICE - SEE SCHEDULE O				

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
WILKES UNIVERSITY

Employer identification number
24-0795506

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► _____

4

Number of states where property subject to conservation easement is located ► _____

5

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

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► _____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____

8

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

9

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

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

1a

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

b

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

(i)	Revenues included in Form 990, Part VIII, line 1	► \$ _____
(ii)	Assets included in Form 990, Part X	► \$ 1,441,500

2

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

a	Revenues included in Form 990, Part VIII, line 1	► \$ _____
b	Assets included in Form 990, Part X	► \$ _____

Part III

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

3

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

a

☒

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

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

5

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

☐ Yes

☒ No

Part IV

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

1a

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

☐ Yes

☐ No

b

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

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance	32,667,073	29,448,828	38,843,902	
b	Contributions	551,885	906,589	964,402	
c	Investment earnings or losses	6,619,932	4,155,073	-8,661,856	
d	Grants or scholarships	1,363,000	1,675,095	1,530,321	
e	Other expenditures for facilities and programs				
f	Administrative expenses	183,542	168,322	167,299	
g	End of year balance	38,292,348	32,667,073	29,448,828	

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 27 000 %

b

Permanent endowment ▶ 47 000 %

c

Term endowment ▶ 26 000 %

3a

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

(i)

unrelated organizations

3a(i)

No

(ii)

related organizations

3a(ii)

No

b

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

3b

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,239,356		5,239,356
b Buildings		97,671,276	41,033,816	56,637,460
c Leasehold improvements				
d Equipment		26,854,767	24,304,560	2,550,207
e Other		13,372,068	7,362,345	6,009,723
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				70,436,746

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	105,105,757
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	102,663,288
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,442,469
4	Net unrealized gains (losses) on investments	4	4,159,806
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	839,160
9	Total adjustments (net) Add lines 4 - 8	9	4,998,966
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	7,441,435

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	85,881,315
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	4,159,806
b	Donated services and use of facilities	2b	10,000
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	118,732
e	Add lines 2a through 2d	2e	4,288,538
3	Subtract line 2e from line 1	3	81,592,777
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	191,510
b	Other (Describe in Part XIV)	4b	23,321,470
c	Add lines 4a and 4b	4c	23,512,980
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	105,105,757

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	78,439,880
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	10,000
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	118,732
e	Add lines 2a through 2d	2e	128,732
3	Subtract line 2e from line 1	3	78,311,148
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	191,510
b	Other (Describe in Part XIV)	4b	24,160,630
c	Add lines 4a and 4b	4c	24,352,140
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	102,663,288

Part XIVSupplemental Information

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

Identifier	Return Reference	Explanation
WORKS OF ART	SCHEDULE D, PART III, LINE 4	A COLLECTION OF ARTWORK IS MAINTAINED BY THE UNIVERSITY PURELY FOR PUBLIC DISPLAY BOTH IN THE ART GALLERY AND AMONG CAMPUS THEY ARE NOT HELD FOR SALE
ENDOWMENT FUND	SCHEDULE D, PART V, LINE 4	THE INTENDED USE OF THE UNIVERSITY'S ENDOWMENT FUNDS IS TO FUND SCHOLARSHIPS AS WELL AS DEPARTMENTAL CHAIRS AND TO SUPPORT OPERATING EXPENSES
TAX POSITIONS UNDER FIN 48	SCHEDULE D, PART X, LINE 2	THE UNIVERSITY IS INCORPORATED IN THE COMMONWEALTH OF PENNSYLVANIA AS A NONPROFIT ORGANIZATION THE UNIVERSITY HAS RECEIVED A DETERMINATION FROM THE INTERNAL REVENUE SERVICE THAT IT IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501 (C)(3) OF THE INTERNAL REVENUE CODE ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE UNIVERSITY AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF THE UNIVERSITY HAS TAKEN AN UNCERTAIN TAX POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE IRS MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE UNIVERSITY, AND HAS CONCLUDED THAT AS OF MAY 31, 2011, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS THE UNIVERSITY IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS, HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS
CHANGE IN NET ASSETS	SCHEDULE D, PART XI, LINE 8	CHANGE IN VALUE OF PERPETUAL TRUSTS AND SPLIT INTEREST AGREEMENTS 839,160
REVENUE RECONCILIATION	SCHEDULE D, PART XII, LINES 2D AND 4B	LINE 2D RENT EXPENSES \$ 29,857 DIRECT EXPENSES (SPECIAL EVENT) 88,875 ===== TOTAL \$ 118,732 LINE 4B SCHOLARSHIP AID \$ 24,160,630 CHANGE IN VALUE OF PERPETUAL TRUSTS AND SPLIT INTEREST AGREEMENTS (839,160) ===== TOTAL \$ 23,321,470
RECONCILIATION OF EXPENSES	SCHEDULE D, PART XIII, LINES 2D AND 4B	LINE 2D RENT EXPENSES \$ 29,857 DIRECT EXPENSES (SPECIAL EVENT) 88,875 ===== TOTAL \$ 118,732 LINE 4B SCHOLARSHIP AID \$ 24,160,630

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
WILKES UNIVERSITY

Employer identification number

24-0795506

Part I

- 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?
- 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?
- 3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II

- 4 Does the organization maintain the following?
- a Records indicating the racial composition of the student body, faculty, and administrative staff?
- b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
- c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
- d Copies of all material used by the organization or on its behalf to solicit contributions?
- If you answered "No" to any of the above, please explain If you need more space, use Part II

- 5 Does the organization discriminate by race in any way with respect to

a Students' rights or privileges?

b Admissions policies?

c Employment of faculty or administrative staff?

d Scholarships or other financial assistance?

e Educational policies?

f Use of facilities?

g Athletic programs?

h Other extracurricular activities?

If you answered "Yes" to any of the above, please explain If you need more space, use Part II

- 6a Does the organization receive any financial aid or assistance from a governmental agency?

b Has the organization's right to such aid ever been revoked or suspended?

If you answered "Yes" to either line 6a or line 6b, explain on Part II

- 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

	YES	NO
1	Yes	
2	Yes	
3	Yes	
4a	Yes	
4b	Yes	
4c	Yes	
4d	Yes	
5a		No
5b		No
5c		No
5d		No
5e		No
5f		No
5g		No
5h		No
6a	Yes	
6b		No
7	Yes	

Part III **Supplemental Information**

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions).

Identifier	Return Reference	Explanation
NONDISCRIMINATORY POLICY	SCHEDULE E, LINE 3	ALL PUBLICATIONS IN THE AREAS OF RECRUITMENT PUBLICIZE THE UNIVERSITY'S NON-DISCRIMINATORY POLICY
FINANCIAL AID	SCHEDULE E, LINE 6A	LOAN PROGRAMS (PERKINS AND NURSING), SEOG, COLLEGE WORK STUDY, IAG (INSTITUTIONAL ASSISTANCE GRANT), PELL GRANT, MISCELLANEOUS NEED-BASED PHEAA GRANTS, NATIONAL GUARD AWARDS, AND PRIVATE SCHOLARSHIPS (ROTC PROGRAM)

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.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
WILKES UNIVERSITY

Employer identification number

24-0795506

Part I

General Information on Activities Outside the United States. Complete if the organization answered "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

2

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

3

Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
South Asia			Program Services	FOREIGN STUDY	25,578
South Asia			Grantmaking		31,995
South Asia		1	Program Services	RECRUITING STUDENTS	5,000
East Asia and the Pacific		1	Program Services	RECRUITING STUDENTS	5,650
Middle East and North Africa			Program Services	RECRUITING STUDENTS	2,525
Central America and the Caribbean			Investments		3,221,404
Europe (Including Iceland and Greenland)			Investments		386,348
North America			Investments		101,432
East Asia and the Pacific			Investments		43,774
Sub-Saharan Africa			Investments		28,469
3a Sub-total		2			3,852,175
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)		2			3,852,175

1

(a) Name of organization

(c) Region

(d) Purpose of grant

(e) Amount of cash grant

(f) Manner of cash disbursement

(g) Amount of
of non-cash
assistance

(h) Description of non-cash assistance

(i) Method of valuation (book, FMV, appraisal, other)

3 Enter total number of other organizations or entities ►

Part II

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
TUITION DISCOUNT	South Asia	7	0	OTHER	31,995	DISCOUNT	FMV

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*

☒ Yes ☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐ Yes ☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☒ Yes ☐ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☒ Yes ☐ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☐ Yes ☒ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☐ Yes ☒ No

Additional Data

Software ID:
Software Version:
EIN: 24-0795506
Name: WILKES UNIVERSITY

Part V **Supplemental Information**
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.	OMB No 1545-0047
		2010
		Open to Public Inspection
Name of the organization WILKES UNIVERSITY		Employer identification number 24-0795506

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

a	<input checked="" type="checkbox"/> Mail solicitations	e	<input checked="" type="checkbox"/> Solicitation of non-government grants
b	<input checked="" type="checkbox"/> Internet and e-mail solicitations	f	<input checked="" type="checkbox"/> Solicitation of government grants
c	<input checked="" type="checkbox"/> Phone solicitations	g	<input checked="" type="checkbox"/> Special fundraising events
d	<input checked="" type="checkbox"/> In-person solicitations		

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
JEROLD PANAS LINZY PTRNS	CONSULTING STRATEGY		No		171,508	
Total ▶					171,508	

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

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		LECTURE SERIES (event type)	GOLF TOURNAMENT (event type)	2 (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	105,729	24,345	23,579
	2	Less Charitable contributions	97,476	8,150	13,226
	3	Gross income (line 1 minus line 2)	8,253	16,195	10,353
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs	3,477		3,477
	7	Food and beverages	28,787	6,428	3,504
	8	Entertainment	12,500	7,690	100
	9	Other direct expenses	18,755	3,353	4,281
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			88,875
	11	Net income summary Combine lines 3 and 10 in column (d). ▶			-54,074

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

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

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

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

b If "No," Explain _____

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

b If "Yes," Explain _____

11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

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

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address

Name

Address

16

Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

☐ Director/officer ☐ Employee ☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
PROFESSIONAL FUNDRAISER	SCHEDULE G, PART I, LINE 2B	THE FIRM "JEROLD PANAS, LINZY & PTRNS" PROVIDES ON SITE COUNSEL FOR A \$20 MILLION CAPITAL CAMPAIGN AS WELL AS DEVELOPS STRATEGY FOR THE CAMPAIGN INCLUDING VOLUNTEER ORGANIZATION, PROSPECT ASSESSMENT, AND SOLICITATION SCHEDULES AND TIMELINES

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
WILKES UNIVERSITY

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

Employer identification number

24-0795506

Part I

General Information on Grants and Assistance

- 1

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

☒ Yes ☐ No
- 2

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ▶ ☐

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

2

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

3

Enter total number of other organizations ▶

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) DISCOUNTS TO ALUMNI AND DEPENDENTS	1	2,580			
(2) NAMED SCHOLARSHIPS	231	881,582			
(3) NEED BASED GRANTS AND SCHOLARSHIPS	1339	7,353,193			
(4) OTHER SCHOLARSHIPS	1573	13,698,035			
(5) REMISSIONS - GRAD ASSISTANTS UPWARD BOUND ETC	356	2,193,245			

Part IV

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

Identifier	Return Reference	Explanation
EXPLANATION OF SCHEDULE FINANCIAL AID AWARDS	SCHEDULE I, PART I	WILKES UNIVERSITY MAINTAINS A COMPREHENSIVE PROGRAM OF FINANCIAL AID TO ASSIST STUDENTS IN THE FINANCING OF THEIR EDUCATIONAL PROGRAMS THE UNIVERSITY AWARDS BOTH MERIT SCHOLARSHIPS AND NEED-BASED GRANTS TO UNDERGRADUATE STUDENTS MERIT AWARDS ARE BASED ON HIGH SCHOOL ACHIEVEMENT INCLUDING SAT SCORES AND HIGH SCHOOL CLASS RANK STUDENTS MUST COMPLETE THE FREE APPLICATION FOR FEDERAL STUDENT AID TO HAVE THEIR ELIGIBILITY FOR NEED-BASED AID DETERMINED IN ADDITION, THE UNIVERSITY HAS A GRADUATE ASSISTANTSHIP PROGRAM THAT PROVIDES REMISSION OF TUITION CHARGES FOR THOSE STUDENTS SELECTED BY THE GRADUATE OFFICE TO PARTICIPATE IN THE PROGRAM

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
WILKES UNIVERSITY

Employer identification number
24-0795506

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div> <div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input checked="" type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div> <div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JOSEPH E GILMOUR	(i) (ii)	250,481 0	128,513 0	1,224 0	38,554 0	67,248 0	486,020 0	0 0
(2) C REYNOLD VERRET	(i) (ii)	206,580 0	0 0	1,224 0	21,473 0	33,597 0	262,874 0	0 0
(3) MICHAEL WOOD	(i) (ii)	125,889 0	0 0	1,224 0	13,500 0	35,406 0	176,019 0	0 0
(4) LOREN PRESCOTT	(i) (ii)	221,224 0	0 0	1,224 0	22,354 0	17,316 0	262,118 0	0 0
(5) MICHAEL SPEZIALE	(i) (ii)	139,815 0	0 0	2,340 0	13,981 0	13,781 0	169,917 0	0 0
(6) DALE BRUNS	(i) (ii)	146,444 0	0 0	0 0	15,000 0	4,470 0	165,914 0	0 0
(7) BONNIE CULVER	(i) (ii)	135,640 0	0 0	834 0	11,063 0	2,846 0	150,383 0	0 0
(8) TERI OOMS	(i) (ii)	125,103 0	19,688 0	0 0	12,589 0	1,049 0	158,429 0	0 0
(9) BERNARD GRAHAM	(i) (ii)	173,204 0	0 0	0 0	18,058 0	5,234 0	196,496 0	0 0
(10) PAUL BROWNE	(i) (ii)	159,542 0	0 0	1,149 0	15,954 0	12,365 0	189,010 0	0 0
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part IIISupplemental Information

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

Identifier	Return Reference	Explanation
HOUSING ALLOWANCE	SCHEDULE J, PART I	HOUSING IS PROVIDED FOR THE UNIVERSITY PRESIDENT, VP OF FINANCE AND UNIVERSITY'S PROVOST AS WELL AS THEIR FAMILIES. THIS INCLUDES PAYMENT OF ALL UTILITIES AND INSURANCE ON THE HOUSE. NO PART OF THE HOUSING ALLOWANCE IS TREATED AS TAXABLE COMPENSATION.
HEALTH OR SOCIAL CLUB DUES	SCHEDULE J, PART I	ALL UNIVERSITY EMPLOYEES ARE OFFERED A MEMBERSHIP AT THE LOCAL YMCA. IN ADDITION, CERTAIN MEMBERS OF THE PRESIDENT'S CABINET BELONG TO A LOCAL SOCIAL CLUB WHICH REQUIRES DUES OF \$102 PER MONTH. THE SOCIAL CLUB DUES PROVIDED TO THE PRESIDENT'S CABINET ARE THE ONLY DUES TREATED AS TAXABLE COMPENSATION.
PERSONAL SERVICES	SCHEDULE J, PART I	CLEANING SERVICES ARE PROVIDED AT THE PRESIDENT'S RESIDENCE BY A UNIVERSITY CUSTODIAN. THE CLEANING SERVICES ARE NOT TREATED AS TAXABLE COMPENSATION.
VP OF FINANCE POSITION	SCHEDULE J	THE VP OF FINANCE POSITION WAS HELD BY PETRA CARVER THROUGH AUGUST OF 2010. THE FORMER DEAN OF THE LAW SCHOOL, LOREN PRESCOTT, TOOK OVER THIS POSITION IN DECEMBER OF 2010. IN THE INTERIM, THE CONTROLLER, JANET KOBYSKI SERVED AS ACTING VP OF FINANCE.
TRAVEL FOR COMPANIONS	SCHEDULE J, PART I	TRAVEL FOR COMPANIONS IS FOR THE PRESIDENT'S SPOUSE. NO PART OF THE TRAVEL FOR COMPANIONS IS TREATED AS TAXABLE COMPENSATION.

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
WILKES UNIVERSITY

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2010

Open to Public
Inspection

Employer identification number
24-0795506

Part I Bond Issues

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A CITY OF WILKES BARRE FINANCE AUTHORITY SERIES 2007		968254AC6	05-30-2007	54,134,142	REFUNDING BONDS AND PREPAYING		X		X		X

Part II Proceeds

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

Part III Private Business Use

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

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
		X							
3a	Are there any management or service contracts that may result in private business use?								
b	Are there any research agreements that may result in private business use of bond-financed property?		X						
c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X							
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 341 %							
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	2 981 %							
6	Total of lines 4 and 5	3 322 %							
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X							

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
			X						
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?								
2	Is the bond issue a variable rate issue?		X						
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X						
6	Did the bond issue qualify for an exception to rebate?		X						

Part V

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation
MEMBER OF AN LLC	SCHEDULE K, PART III, LINE 1	WILKES UNIVERSITY IS THE SOLE MEMBER OF WU REAL ESTATE, LLC, WHICH IS TREATED AS A DISREGARDED ENTITY OF THE UNIVERSITY WU REAL ESTATE LLC'S OWNERSHIP OF BOND FINANCED FACILITIES IS THEREFORE TREATED AS OWNERSHIP BY A 501(C)(3) ENTITY
PRIVATE BUSINESS USE BY OTHER THAN 501(C)(3) ORGANIZATION	SCHEDULE K, PART III, LINE 4	THE PERCENTAGE SHOWN ON PART III, LINE 4 REPRESENTS RENT RECEIVED FROM A HOLDOVER BUSINESS TENANT OF A BUILDING PURCHASED BY THE UNIVERSITY AND IS CALCULATED ON THE BASIS OF ONE BUILDING WHICH WAS FINANCED BY APPROXIMATELY 19.63% OF THE PROCEEDS OF THE BOND ISSUE
PRIVATE BUSINESS USE AS A RESULT OF UNRELATED TRADE OR BUSINESS ACTIVITY	SCHEDULE K, PART III, LINE 5	THE AMOUNTS SHOWN ON PART III, LINE 5 REPRESENT RENT RECEIVED FROM ELDERLY HOLDOVER TENANTS OF A BUILDING PURCHASED BY THE UNIVERSITY TO PROVIDE STUDENT HOUSING. THESE NON-STUDENT TENANTS ARE PERMITTED TO STAY IN THE BUILDING UNTIL THE TENANT DECIDES TO TERMINATE THE LEASE. THE PERCENTAGE IS CALCULATED ON THE BASIS OF ONE BUILDING WHICH WAS FINANCED BY APPROXIMATELY 19.63% OF THE PROCEEDS OF THE BOND ISSUE, AND OVER THE TERM OF THE BONDS. AS THESE NON-STUDENT LEASES ARE TERMINATED, THE UNIVERSITY EXPECTS THAT THE UNRELATED USE WILL DROP TO 0% AND REPRESENT A VERY SMALL PORTION OF THE USE OF THE BUILDING.
TOTAL PRIVATE BUSINESS USE	SCHEDULE K, PART III, LINE 6	THIS PERCENTAGE REPRESENTS USE OF ONLY ONE BUILDING FINANCED WITH APPROXIMATELY 19.63% OF THE BOND PROCEEDS. THE USE, AS MEASURED OVER THE ENTIRE BOND ISSUE, IS LESS THAN 1% OF THE BOND PROCEEDS FOR THE ANNUAL PERIOD COVERED BY SCHEDULE K.
PRACTICES AND PROCEDURES FOR TAX-EXEMPT BOND LIABILITIES	SCHEDULE K, PART III, LINE 7	ALTHOUGH WILKES HAS ADOPTED MANAGEMENT PRACTICES AND PROCEDURES TO ENSURE THE POST-ISSUANCE COMPLIANCE OF ITS TAX-EXEMPT BOND LIABILITIES, THESE PRACTICES AND PROCEDURES WERE NOT IN WRITING AT THE END OF WILKES' TAX YEAR.
See Additional Data Table		

Part V

Supplemental Information

Identifier	Return Reference	Explanation
MEMBER OF AN LLC	SCHEDULE K, PART III, LINE 1	WILKES UNIVERSITY IS THE SOLE MEMBER OF WU REAL ESTATE, LLC, WHICH IS TREATED AS A DISREGARDED ENTITY OF THE UNIVERSITY WU REAL ESTATE LLC'S OWNERSHIP OF BOND FINANCED FACILITIES IS THEREFORE TREATED AS OWNERSHIP BY A 501(C)(3) ENTITY
PRIVATE BUSINESS USE BY OTHER THAN 501 (C)(3) ORGANIZATION	SCHEDULE K, PART III, LINE 4	THE PERCENTAGE SHOWN ON PART III, LINE 4 REPRESENTS RENT RECEIVED FROM A HOLDOVER BUSINESS TENANT OF A BUILDING PURCHASED BY THE UNIVERSITY AND IS CALCULATED ON THE BASIS OF ONE BUILDING WHICH WAS FINANCED BY APPROXIMATELY 19.63% OF THE PROCEEDS OF THE BOND ISSUE
PRIVATE BUSINESS USE AS A RESULT OF UNRELATED TRADE OR BUSINESS ACTIVITY	SCHEDULE K, PART III, LINE 5	THE AMOUNTS SHOWN ON PART III, LINE 5 REPRESENT RENT RECEIVED FROM ELDERLY HOLDOVER TENANTS OF A BUILDING PURCHASED BY THE UNIVERSITY TO PROVIDE STUDENT HOUSING. THESE NON-STUDENT TENANTS ARE PERMITTED TO STAY IN THE BUILDING UNTIL THE TENANT DECIDES TO TERMINATE THE LEASE. THE PERCENTAGE IS CALCULATED ON THE BASIS OF ONE BUILDING WHICH WAS FINANCED BY APPROXIMATELY 19.63% OF THE PROCEEDS OF THE BOND ISSUE, AND OVER THE TERM OF THE BONDS. AS THESE NON-STUDENT LEASES ARE TERMINATED, THE UNIVERSITY EXPECTS THAT THE UNRELATED USE WILL DROP TO 0% AND REPRESENT A VERY SMALL PORTION OF THE USE OF THE BUILDING.
TOTAL PRIVATE BUSINESS USE	SCHEDULE K, PART III, LINE 6	THIS PERCENTAGE REPRESENTS USE OF ONLY ONE BUILDING FINANCED WITH APPROXIMATELY 19.63% OF THE BOND PROCEEDS. THE USE AS MEASURED OVER THE ENTIRE BOND ISSUE IS LESS THAN 1% OF THE BOND PROCEEDS FOR THE ANNUAL PERIOD COVERED BY SCHEDULE K.
PRACTICES AND PROCEDURES FOR TAX EXEMPT BOND LIABILITIES	SCHEDULE K, PART III, LINE 7	ALTHOUGH WILKES HAS ADOPTED MANAGEMENT PRACTICES AND PROCEDURES TO ENSURE THE POST ISSUANCE COMPLIANCE OF ITS TAX EXEMPT BOND LIABILITIES, THESE PRACTICES AND PROCEDURES WERE NOT IN WRITING AT THE END OF WILKES' TAX YEAR.

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
WILKES UNIVERSITY

Employer identification number
24-0795506

Part I

Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

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

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

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

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

Part II

Loans to and/or From Interested Persons.

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

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

Part III

Grants or Assistance Benefitting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) DENISE CESARE	SEE SCHEDULE L, PART V	822,637	HEALTH INSURANCE PLAN		No
(2) SHELLEY FREEMAN	SEE SCHEDULE L, PART V	115,500	BANKING SERVICES		No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS	FORM 990, PART IV, LINE 28C AND SCHEDULE L, PART IV	DENISE CESARE, A MEMBER OF THE UNIVERSITY'S BOARD OF TRUSTEES IS THE PRESIDENT AND CEO OF BLUE CROSS OF NEPA SHELLEY FREEMAN, A MEMBER OF THE UNIVERSITY'S BOARD OF TRUSTEES IS AN OFFICER WITH WELLS FARGO BANK (FORMERLY WACHOVIA BANK) THE UNIVERSITY CURRENTLY HAS A BANKING RELATIONSHIP WITH VARIOUS FINANCIAL INSTITUTIONS, INCLUDING WELLS FARGO THE SERVICES PROVIDED BY WELLS FARGO INCLUDE DEPOSITORY, CHECKING ACCOUNT, AND A LINE OF CREDIT DURING THE TAX YEAR, THE UNIVERSITY EARNED INTEREST OF \$40,206 69 AND PAID SERVICE CHARGES AND ADDITIONAL FEES OF \$75,293 16 THE UNIVERSITY ENTERED INTO ITS BANKING RELATIONSHIP WITH WACHOVIA BANK WHILE SHELLEY FREEMAN WAS AN OFFICER WITH WELLS FARGO BANK SUBSEQUENTLY, WACHOVIA BANK BECAME A PART OF WELLS FARGO BANK ALL CONTRACTS IN THE ABOVE RELATIONSHIPS ARE CONTRACTED AT ARM'S LENGTH THROUGH THE UNIVERSITY'S PROCUREMENT PROCESS WHICH INCLUDES A COMPETITIVE BID PROCESS AND THE PERSONS DISCLOSED ARE NOT PART OF THE DECISION MAKING PROCESS

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.**
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2010**Open to Public
Inspection****Name of the organization**
WILKES UNIVERSITY**Employer identification number**

24-0795506

Identifier	Return Reference	Explanation
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III	ACADEMIC SUPPORT INCLUDES FUNDS EXPENDED TO PROVIDE SUPPORT SERVICES FOR THE INSTITUTION'S PRIMARY MISSION OF INSTRUCTION, RESEARCH, AND PUBLIC SERVICE THE ACADEMIC ADMINISTRATION OF THE UNIVERSITY INCLUDING ACADEMIC DEANS BUT NOT DEPARTMENT CHAIRS THAT ARE CHARGED TO THEIR PRIMARY FUNCTION CATEGORY ARE FOUND IN THIS PROGRAM ALL SALARIES, BENEFITS, AND OTHER EXPENSES FOR THE LIBRARY ARE ALSO CONSIDERED ACADEMIC SUPPORT RESEARCH INCLUDES ALL EXPENDITURES FOR ACTIVITIES SPECIFICALLY ORGANIZED TO PRODUCE RESEARCH, WHETHER COMMISSIONED BY AN AGENCY EXTERNAL TO THE INSTITUTION OR SEPARATELY BUDGETED WITHIN THE UNIVERSITY CHARGED TO THIS PROGRAM ARE EXPENDITURES RELATED TO THE INSTITUTE FOR PUBLIC POLICY AND ECONOMIC DEVELOPMENT, A PARTNERSHIP AMONG SEVERAL LOCAL COLLEGES WITH THE FUNCTION OF PRODUCING RESEARCH TO ASSIST COMMUNITY LEADERS IN MAKING INFORMED DECISIONS IN ADDITION TO THIS, THE EXPENSES OF SEVERAL RESEARCH GRANTS ARE RECORDED TO THE RESEARCH CLASSIFICATION PUBLIC SERVICE INCLUDES FUNDS EXPENDED FOR ACTIVITIES ESTABLISHED PRIMARILY TO PROVIDE NON-INSTRUCTIONAL SERVICES BENEFICIAL TO INDIVIDUALS AND GROUPS EXTERNAL TO THE UNIVERSITY THE EXPENSES OF THE SMALL BUSINESS DEVELOPMENT CENTER, RADIO AND TELEVISION STUDIOS, SEVERAL COMMUNITY LECTURE SERIES, AND ART GALLERY ARE AMONG THOSE POSTED TO THIS PROGRAM

Identifier	Return Reference	Explanation
990 REVIEW PROCESS	FORM 990, PART VI, LINE 11	WILKES UNIVERSITY HAS ESTABLISHED A REVIEW PROCESS FOR THE FORM 990 THE INFORMATION IS MADE AVAILABLE TO THE ORGANIZATION'S OFFICERS, TRUSTEES, AND HIGHLY COMPENSATED INDIVIDUALS PRIOR TO THE FILING WITH THE IRS

Identifier	Return Reference	Explanation
MONITORING AND ENFORCEMENT OF THE CONFLICT OF INTEREST POLICY	FORM 990, PART VI, LINE 12C	WILKES UNIVERSITY'S CONFLICT OF INTEREST POLICY COVERS ALL BOARD MEMBERS AND ANY INDIVIDUAL THAT HAS BUDGETARY / FINANCIAL RESPONSIBILITIES WITHIN THE UNIVERSITY ANY CONFLICTS OF INTERESTS CONCERNING BOARD MEMBERS ARE FORWARDED TO THE AUDIT COMMITTEE FOR REVIEW AND APPROVAL ALL CONFLICT OF INTEREST STATEMENTS ARE REVIEWED UPON SUBMISSION AND FORWARDED TO THE AUDIT COMMITTEE AS APPROPRIATE ANY UNIVERSITY ACTIVITIES THAT HAVE A POTENTIAL CONFLICT ARE USUALLY DETECTED BEFORE A CONTRACT IS EXECUTED

Identifier	Return Reference	Explanation
PROCESS FOR DETERMINING COMPENSATION	FORM 990, PART VI, LINES 15A AND 15B	THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES PERFORMS AN ANNUAL REVIEW AND APPROVAL OF TOP MANAGEMENT COMPENSATION AS WELL AS OFFICERS AND / OR KEY EMPLOYEES BENCHMARK DATA FROM COLLEGE AND UNIVERSITY PROFESSIONAL ASSOCIATION FOR HUMAN RESOURCES (CUPA) IS USED FOR COMPARATIVE PURPOSES FOR EXECUTIVE POSITIONS THE LAST BENCHMARKING COMPARISON WAS COMPLETED WITHIN THE PAST FIVE YEARS THE UNIVERSITY KEEPS WRITTEN DOCUMENTATION OF ITS DELIBERATION AND DECISION MAKING PROCESS

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

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS	FORM 990, PART XI, LINE 5	UNREALIZED GAIN \$ 4,159,806 CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS \$839,160 ===== TOTAL \$ 4,998,966 =====

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
WILKES UNIVERSITY

Employer identification number
24-0795506

Part I

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) WU REAL ESTATE LLC 170 S FRANKLIN STREET WILKESBARRE, PA 18766 20-5799312	STUDNT RENTAL	PA	68,564	12,519,117	WILKES UNIV

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No

Part III

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

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

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) FLANNERY - CRUT	ANNUITY	PA		TRUST	0	335,244	100 000 %
(2) SAVITZ - CRAT	ANNUITY	PA		TRUST	0	6,495	100 000 %
(3) BARTUSKA-GORKA - CRUT	ANNUITY	PA		TRUST	0	214,990	100 000 %
(4) LEITER - CRUT	ANNUITY	MD		TRUST	0	21,140	100 000 %

Part V

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

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

1

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

a

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

b

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

c

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

d

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

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

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

j

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

k

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

l

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

m

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

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

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

r

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

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

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	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2010

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

[illegible]

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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