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DLN: 93493136015342

Form **990** 

Department of the Treasury

## **Return of Organization Exempt From Income Tax**

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

2010

OMB No 1545-0047

Open to Public Inspection

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

THO THO	110701140	0017100				Inspection
A Fo	or the	2010 calendar year, or tax year beg	inning 07-01-2010 and ending 06-30-20	11	D Employer	identification number
_		pplicable C Name of organization Widener University				
Ad	dress ch	nange Doing Business As			23-1386	178
Na	me cha	nge			E Telephone	number
— Inr	tıal retu	rn Number and street (or P O box	x if mail is not delivered to street address)	Room/suite	(610)49	9-4396
<b>—</b> <sub>Те</sub>	rmınate	One University Place	,		(010)19	
— <sub>Am</sub>	nended	return City or town, state or country,	and ZIP + 4		<b>G</b> Gross recei	ots \$ 217,789,941
_		Chester, PA 19013				
Αр	plication			<del>-</del>		
		<b>F</b> Name and address of Joseph J Baker	principal officer	H(a) Is this a	group return for affil	liates? Yes Vo No
		One University Place		H(b) Are all	affiliates included	17
		Chester, PA 19013				t (see instructions)
					p exemption n	
[ la	ix-exem	npt status 🔽 501(c)(3) 「 501(c) ( )	◀ (Insert no )	<b>↓</b> ``		
J W	ebsite	e: 🕨 www widener edu				
<b>K</b> For	m of or	ganization 🔽 Corporation 🗀 Trust 🗀 Assoc	ciation Other ►	L Year of for	mation 1821	M State of legal domicile PA
	rt I	Summary	·			
		Briefly describe the organization's mi	ssion or most significant activities			
			metropolitan university that combines aca	ademic quality v	with career pre	paration and a
8	9	committment to community service				
Governance	-					
<u>=</u>						
Š.	2	Check this box দ if the organizatio	n discontinued its operations or disposed	of more than 2	5% of its net	assets
	3	Number of voting members of the gov	verning body (Part VI, line 1a)		з	28
Activities &	4	Number of independent voting memb	ers of the governing body (Part VI, line 1	o)	4	27
Ě	5	Total number of individuals employed	in calendar year 2010 (Part V, line 2a)		5	3,328
Ş	6	Total number of volunteers (estimate	if necessary)		6	50
q.			m Part VIII, column (C), line 12		7a	-12,264
	ь	Net unrelated business taxable incor	me from Form 990-T, line 34		7b	-22,818
			·	Prio	r Year	Current Year
	8	Contributions and grants (Part VII	I, line 1h)		8,301,191	12,073,661
9	9	<del>-</del> ,	I, line 2g)	. 1	77,751,933	184,829,763
Revenue	10		umn (A), lines 3, 4, and 7d)		935,897	1,340,733
ř	11	Other revenue (Part VIII, column		1,499,823	1,774,780	
	12	,	n 11 (must equal Part VIII, column (A), lı	ne l	, ,	, ,
			<u> </u>		88,488,844	200,018,937
	13	Grants and similar amounts paid (F	Part IX, column (A), lines 1-3)		38,778,989	42,049,807
	14	Benefits paid to or for members (Pa	art IX, column (A), line 4)		0	0
ø	15		loyee benefits (Part IX, column (A), lines		05 560 016	00 422 204
Expenses	l	5-10)			95,569,016	99,422,284
<u>₹</u>	16a		IX, column (A), line 11e)		0	0
五	b	Total fundraising expenses (Part IX, colum				
	17		A), lines 11a-11d, 11f-24f)		49,079,204	48,664,746
	18		(must equal Part IX, column (A), line 25)	1	83,427,209	190,136,837
AP.	19	Revenue less expenses Subtract	ine 18 from line 12		5,061,635	9,882,100
රීව් සූව					of Current ear	End of Year
Set Set	20	Total assets (Part Y line 16)			03,359,544	330,188,503
Net Assets or Fund Balances	21				46,172,162	152,987,787
5 E	21		act line 21 from line 20		57,187,382	177,200,716
	22 13 0 1	Signature Block	actime 21 nom me 20		37,107,302	177,200,710
Unde know	r penal	ties of perjury, I declare that I have exa	amined this return, including accompanying ete. Declaration of preparer (other than offic			
		*****			12.05.11	
Sia-		****** Signature of officer		20 Da	12-05-14 te	
Sigr Her			tration	54		
	-	Joseph J Baker VP Finance and Adminis Type or print name and title	иацоп			
	1	Print/Type	Preparer's signature	Date	Check if self-	PTIN
יי-ח		preparer's name	r reparer 5 signature		employed •	LITIA
Paid		Firm's name FGRANT THORNTON LLP				Firm's EIN
Prep		Firm's address 🕨 2001 MARKET STREET SUI	TE 3100			Phone no  (215) 561-
JSE	Only	PHILADELPHIA, PA 19103				4200

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . . . . . .

┌ Yes ┌ No

Form 990 (2010)
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Par		nt of Program S hedule O contains a		<b>llishments</b> uestion in this Part II	ı		<b>.</b> ا
1	Briefly describe th	he organization's mis	ssion				
WHEI COM ACAI ATTE	RE CURRICULA AF BINATION OF LIB DEMIC COMMUNI ENTION, AND EXP FESSIONAL AND C	RE CONNECTED TO BERAL ARTS AND P TY WE ENGAGE OU ERIENTIAL LEARN	SOCIETAL ISSUI ROFESSIONAL ED JR STUDENTS THE ING WE INSPIRE	ES THROUGH CIVIC IUCATION IN A CHA ROUGH DYNAMIC TE OUR STUDENTS TO	WIDENER BY CREATING ENGAGEMENT WE LEADLENGING, SCHOLARLEACHING, ACTIVE SCHOBE CITIZENS OF CHAREAND WELL-BEING OF	AD BY PROVIDING LY, AND CULTURALI HOLARSHIP, PERSO RACTER WHO DEMO	A UNIQUE _Y DIVERSE NAL NSTRATE
2	Did the organization the prior Form 990		nificant program se	ervices during the yea	r which were not listed o	n	
	If "Yes," describe	these new services	on Schedule O				
3	services?	on cease conducting		_	onducts, any program		
4	Describe the exen Section 501(c)(3)	npt purpose achieve and 501(c)(4) orga	ments for each of th		e largest program service are required to report the service reported		nd
4a	(Code	) (Expenses \$	115,118,573	ıncludıng grants of \$	42,049,807 ) (Revenu	ue \$ 164,444,79	91)
	INSTRUCTIONAL/GRA	NTS- EXPENSES INCUR	RED WITH THE ACADEM	IC INSTRUCTION OF OUR	STUDENT BODY AS WELL AS G	GRANTS TO STUDENTS	
4b	(Code ACADEMIC SUPPORT	) (Expenses \$ - COSTS INCURRED WIT	17,795,835 H THE MAINTENANCE O	including grants of \$ OF PROGRAMS AND ACTIVI	) (Revenu TIES FOR FACULTY AND STUD		7)
4b 4c	ACADEMIC SUPPORT	- COSTS INCURRED WIT	H THE MAINTENANCE O	PROGRAMS AND ACTIVE	TIES FOR FACULTY AND STUD	ENTS	,
	ACADEMIC SUPPORT	- COSTS INCURRED WIT	H THE MAINTENANCE O	OF PROGRAMS AND ACTIVI	TIES FOR FACULTY AND STUD	ENTS	,
	ACADEMIC SUPPORT  (Code  STUDENT SERVICES-	- COSTS INCURRED WIT  ) (Expenses \$ COSTS INCURRED WITH	H THE MAINTENANCE OF 15,783,038 H THE MAINTENANCE OF	PROGRAMS AND ACTIVE	) (Revenu	ENTS	,
4c	ACADEMIC SUPPORT  (Code  STUDENT SERVICES-	- COSTS INCURRED WIT  ) (Expenses \$ COSTS INCURRED WITH	H THE MAINTENANCE OF 15,783,038 H THE MAINTENANCE OF	Including grants of \$ F PROGRAMS THAT SERVICE  also Additional Data 1	) (Revenu	ENTS	,

art IV	Checklis	st of	Required	Schedules
	CIICCNII			

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (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? If "Yes," complete Schedule C, Part $I^{\bullet}$	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? If "Yes," complete Schedule C, Part II	4	Yes	
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? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? <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? If "Yes," complete Schedule D, Part VII.	11b		No
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? If "Yes," complete Schedule D, Part VIII.	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? If "Yes," complete Schedule D, Part IX.	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	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)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	, i , , , , , , , , , , , , , , , , , ,	14a		No
Ь	service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
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? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section $512(b)(13)$ ?	35	Yes	
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	_		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Part V	Statements Regarding Other IRS Filings and Tax Compliance	

	Check if Schedule O contains a response to any question in this Part V	•	•1	
La	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		Yes	No
. <u>.</u>	1a 256			]
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> c	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	165	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	,
ь	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b	Yes	
la	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			110
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
ia	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		
ia	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		
a	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a	Yes	
h	services provided to the payor?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	_	103	No
d	If "Yes," indicate the number of Forms 8282 filed during the year			110
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		Νo
	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		
1	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> 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		
)	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
.0 a	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			1
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> 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			
c	Enter the amount of reserves on hand			
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
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	Yes	
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			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue 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? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
ь	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		
Se	ection C. Disclosure			<u> </u>
17	List the States with which a copy of this Form 990 is required to be filed▶PA			
	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)	_		_

- 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 of Own website. Another's website. Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization > JOSEPH J BAKER
  ONE UNIVERSITY PLACE

Chester, PA 19013 (610) 499-4156

## <u>Part VIII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

Check this box if neither the organ	d any current office	er, director, or trust	ee											
(A) Name and Title	hours	<b>(C)</b> Position (check all that apply)				verage Position (check all nours that apply)						( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations				
See Additional Data Table														

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

	(A) Name and Title	ame and Title Average Position (check all Reportable Reportable compensation compensation from the from relate				Reportable compensation		(F) Estima amount o	ited f other				
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	;	compens from t organizati relati organiza	:he on and ed
See A	ee Additional Data Table												
											+		
											+		
				<u> </u>							+		
											+		
											+		
											+		
				_									
1b								<b>&gt;</b>					
	Total from continuation sheets						•	<b>-</b>	2,403,589		0		664,653
d 	Total (add lines 1b and 1c) .  Total number of individuals (incl						ahove		, ,	n	<u> </u>		004,033
_	\$100,000 in reportable compen						above	, ,,,,,,	received more tha	''			
												Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule I for such individual							ated employee	3		No		
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual								4	Yes			
5	Did any person listed on line 1a services rendered to the organiz										5		No
S	ection B. Independent Con	tractors											
1	Complete this table for your five		nsated	ındep	ende	ent d	ontra	ctors	that received more	than			

\$100,000 of compensation from the organization

(A) Name and business address	<b>(B)</b> Description of services	(C) Compensation
HSC Builders Construction 304 New Mill Lane EXTON, PA 19341	construction	8,492,499
Aramark Services Inc One University Place CHESTER, PA 19013	food service	4,345,774
Aramark Facility Services Inc One University Place CHESTER, PA 19013	housekeeping	2,083,874
Aramark 24818 Network Place CHICAGO, IL 60673	construction	965,264
Harmelin Media 525 Righters Ferry Road BALA CYNWYD, PA 19004	advertising	784,479
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 **>**25

Form 9	•	2010)  Statement of Revenue					Pag	e <b>9</b>
Part	<b>V</b>	• Statement of Revenue			<b>(A)</b> Total revenue	(B) Related or exempt function revenue	business	(D) Revenue excluded from tax under sections 512, 513, or
	_							514
Contributions, gifts, grants and other similar amounts		Federated campaigns	1a					
₽,≣		Membership dues	1b 1c	11,690				
j∰ts ara		Related organizations	1d					
ις, III		Government grants (contributions)	1e	2,533,295				
ntior er si		All other contributions, gifts, grants, and		9,528,676		 		 
重要		similar amounts not included above  Noncash contributions included in lines		100,835				
E G	_	Total. Add lines 1a-1f			12,073,661			
	n	iotai. Add lines 1a-1f	· · · · · · · · · · · · · · · · · · ·	Business Code	12,073,001			
enue	2a			Business code				
Program Serwce Revenue	ь	TUITION/FEES AUXILIARY ENTERPRISES		611600 713940		164,258,519 19,273,527	-12,942	
ISe		FEES, PARKING, ETC		900099	1,035,044		-12,942	
Zer.	d	INTEREST FEES ON LOANS		900099	182,430			182,430
E	e	FEES/CONTRACTS GOVERNMENT AGEN		900099	93,185	93,185		
Ş	'	All other program service reven	ie					
<u>~</u>		Total. Add lines 2a-2f			184,829,763			
	3	Investment income (including di and other similar amounts).			3,717,399			3,717,399
	4	Income from investment of tax-exemp			0			
	5	Royalties			0			
			(ı) Real	(II) Personal				
		Gross Rents Less rental	954,620 215,210					
		expenses Rental income	739,410					
		or (loss)			739,410			739,410
	a	Net rental income or (loss) .		(II) O ther	739,410			739,410
	7a	Gross amount from sales of assets other than inventory	15,118,556	(ii) o ciici				
		Less cost or other basis and sales expenses	17,495,222					
		Gain or (loss)	-2,376,666 		-2,376,666		678	_
					2,370,000			2,377,344
Other Revenue	8a	Gross income from fundraising e (not including \$ of contributions reported on line						
<u>.</u>		See Part IV, line 18	a					
ŧ	ь	Less direct expenses	. b	59,881 60,572				
•		Net income or (loss) from fundra		00,372	-691			-691
	9a	Gross income from gaming activ	ities See Part IV, line 19 . a					
		Less direct expenses			0			
		Net income or (loss) from gamin Gross sales of inventory, less	g activities					
		returns and allowances .	a					
		Less cost of goods sold			^			
	_ c	Net income or (loss) from sales  Miscellaneous Revenue	or inventory F	Business Code	0			
	11a	MISCELLANEOUS REVENUE		525990	1,036,061			1,036,061
	ь		<del>_</del>					
	c	:	_					
	d	All other revenue	_					
	е	Total. Add lines 11a-11d .			1,036,061			
	12	Total revenue. See Instructions			200,018,937		-12.264	3,297,265
					_55,510,557	184,660,275	m <b>990</b> (20)	

	990 (2010)				Page <b>10</b>
Par	Statement of Functional Expenses				
Δ	Section $501(c)(3)$ and $501(c)(4)$ organizations must li other organizations must complete column (A) but are not required to $c$			(D)	
Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) 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	42,049,807	42,049,807		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,885,437	315,490	1,569,947	0
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	70,846,781	62,678,884	6,113,506	2,054,391
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	5,294,104	4,774,889	362,584	156,631
9	Other employee benefits	16,541,013	14,505,411	1,561,867	473,735
10	Payroll taxes	4,854,949	4,261,361	454,178	139,410
а	Fees for services (non-employees) Management	0			
b	Legal	541,544	19,447	522,097	
С	Accounting	124,357	6,228	118,129	
d	Lobbying	0			
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	115,977		115,977	
g	Other	10,462,076	7,991,045	1,801,264	669,767
12	Advertising and promotion	2,451,566	494,060	1,521,011	436,495
13	Office expenses	2,212,555	1,615,334	396,817	200,404
14	Information technology	3,578,716	1,100,492	2,459,661	18,563
15	Royalties	0			
16	Occupancy	5,436,558	5,011,449	406,661	18,448
17	Travel	1,796,054	1,561,844	139,810	94,400
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	457,305	327,626	107,767	21,912
20	Interest	4,168,443	4,168,443		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	10,370,161	10,370,161		
23	Insurance	784,115	784,115		
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)				
а	LIBRARY BOOKS & PERIODICALS	3,158,401	3,158,401		
b	STUDENT, FACULTY & ALUMNI EVEN	789,344	586,673	33,875	168,796
c	FEES AND DUES	626,854	384,915	227,038	14,901
d	MISCELLANEOUS	1,590,720	1,205,488	154,232	231,000
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	190,136,837	167,371,563	18,066,421	4,698,853
26	<b>Joint costs.</b> Check here ▶ ☐ 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				000 (2010)

Pa	rt X	Balance Sheet					<u> </u>
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing			39,779,765	1	40,770,604
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			11,009,308	3	10,422,916
	4	Accounts receivable, net			3,359,986	4	4,048,957
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of	s, key	employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ , and contributing e sponsoring organizations of section $501(c)(9)$ voluntary emploorganizations (see instructions)	mploy	ers, and			
sts		Schedule L				6	
Assets	7	Notes and loans receivable, net			13,253,479	7	13,887,429
Ą	8	Inventories for sale or use				8	_
	9	Prepaid expenses and deferred charges			2,713,496	9	2,821,685
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	304,037,193			
	b	Less accumulated depreciation	10b	132,047,294	164,617,903	10c	171,989,899
	11	Investments—publicly traded securities		64,667,268	11	81,472,632	
	12	Investments—other securities See Part IV, line 11		3,135,992	12	3,983,306	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	_
	15	Other assets See Part IV, line 11		822,347	15	791,075	
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .			303,359,544	16	330,188,503
	17	Accounts payable and accrued expenses .			17,221,543	17	18,370,841
	18	Grants payable			8,054,185	18	7,935,771
	19	Deferred revenue	4,058,839	19	4,981,196		
	20	Tax-exempt bond liabilities	81,355,451	20	80,104,299		
Se	21	Escrow or custodial account liability Complete Part IV of Schedu	le D			21	
bilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Lial		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties	s .	•	198,277	23	176,376
	24	Unsecured notes and loans payable to unrelated third parties				24	_
	25	Other liabilities Complete Part X of Schedule D			35,283,867	25	41,419,304
	26	Total liabilities. Add lines 17 through 25			146,172,162	26	152,987,787
5		Organizations that follow SFAS 117, check here ▶ 🔽 and com	plete	ines 27			
e)		through 29, and lines 33 and 34.					
Balance	27	Unrestricted net assets			118,536,040	27	129,790,394
Ba	28	Temporarily restricted net assets			7,423,815	28	12,783,901
Fund	29	Permanently restricted net assets			31,227,527	29	34,626,421
Fu		Organizations that do not follow SFAS 117, check here ► □ a	nd con	nplete			
ō		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other for	ınds			32	
Net	33	Total net assets or fund balances		157,187,382	33	177,200,716	
	34	Total liabilities and net assets/fund balances			303,359,544	34	330,188,503

<u> </u>	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		200.0	18,937
2	Total expenses (must equal Part IX, column (A), line 25)	2			136,837
3	Revenue less expenses Subtract line 2 from line 1	3		9,8	382,100
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		157,1	187,382
5	Other changes in net assets or fund balances (explain in Schedule O)	5		10,1	L31,234
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		177,2	200,716
Pa	TEXII Financial Statements and Reporting  Check if Schedule O contains a response to any question in this Part XII			୮	
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
С	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O	•	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were in a separate basis, consolidated basis, or both	ssued			
	▼ Separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the r	equired	3b	Yes	

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DLN: 93493136015342

OMB No 1545-0047

## **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Widener University

## **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.

Inspection

**Employer identification number** 

23-1386178

Pa	rt I	Reas	on for Pu	blic Charity Stat	<b>tus</b> (All org	ganizations	must comp	lete this p	art.) See ın	structions	
he	organi	zation is	not a privat	e foundation becaus	eıtıs (Forl	ınes 1 throu	gh 11, check	only one bo	x )		
1	Γ	A churc	ch, conventi	on of churches, or as	ssociation of	churches de	escribed in <b>se</b>	ection 170(b	)(1)(A)(i).		
2		A scho	ol described	I in <b>section 170(b)(1</b>	)( <b>A</b> )(ii). (At	tach Schedu	ıle E)				
3	Γ	A hosp	ital or a coo	perative hospital sei	rvice organiz	atıon descri	bed in <b>sectio</b>	n 170(b)(1)	(A)(iii).		
4	Γ	A medi	cal research	n organization operat	ed in conjun	ction with a	hospital desc	ribed in <b>sec</b>	tion 170(b)(:	<b>L)(A)(iii).</b> En	iter the
		hospita	l's name, cı	ty, and state							
	_										
5	ı			erated for the benefit		or universit	y owned or o	perated by a	government	al unit descri	ibed in
	_			A)(iv). (Complete P	· ·						
6	<u> </u>			local government or	_					_	
7	ı	An orga describ		at normally receives	a substantia	ıl part of its	support from	a governme	ntal unit or fr	om the gener	al public
				A)(vi) (Complete P	art II)						
8	Г			described in <b>section</b>		A)(vi) (Com	nplete Part II	)			
9				at normally receives					utions, mem	bership fees,	and gross
		_		ities related to its ex							_
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses									
		acquire	d by the org	anızatıon after June	30,1975 S	ee <b>section 5</b>	6 <b>09(a)(2).</b> (C	omplete Par	tIII)		
10	Γ	Anorga	anızatıon org	janized and operated	lexclusively	to test for p	oublic safety	See <b>section</b>	509(a)(4).		
11	Γ			janized and operated							
			-	y supported organiza						e <b>section 50</b>	<b>9(a)(3).</b> Check
			Type I	bes the type of supp <b>b</b> Type II			ompiete iine:  Functional -			I	III - Other
e	Г			ox, I certify that the				-			
-	•	•	-	on managers and oth	-		•		•	•	•
_			509(a)(2)								
f			rganization :his box	received a written de	etermination	from the IRS	5 that it is a	Type I, Type	II or Type I	II supporting	g organization,
g				1006, has the organi	zation accep	ted any gift	or contribution	on from any	of the		,
-		followin	g persons?								
				rectly or indirectly c				persons des	cribed in (ii)		Yes No
				governing body of th		_	ition?			11g(i	
				er of a person descril						11g(i	<del></del>
				led entity of a persoi						11g(i	II)  <u> </u>
h		Provide	the following	ng information about	the supporte	ed organizati	on(s)				
				(iii)							<u> </u>
				Type of	( <b>iv)</b> Is the	3	(v)		(vi)		
	(i)			organızatıon	organizati		Did you not		Is the		(vii)
	Name		(ii)	(described on	col (ı) lıst		organizati		organizati		A mount of
	suppoi		EIN	lines 1 - 9 above	your gove		col (ı) of suppor		col (ı) orga ın the U		support
O	rganız	ation		or IRC section <b>(see</b>	docume	nt?	Заррог		"" "" "		
				instructions))	Yes	No	Yes	No	Yes	No	
						I	I	I	1	I	I

Total

## 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.)

S	ection A. Public Support		and to quanty t			out complete	
	endar year (or fiscal year beginning						
Care	in)	<b>(a)</b> 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	<b>(d)</b> 2009	<b>(e)</b> 2010	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude 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						
Ū	line 4						
S	ection B. Total Support		<u> </u>	<b>I</b> I.			
	endar year (or fiscal year beginning						
	ın) <b>&gt;</b>	<b>(a)</b> 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	<b>(d)</b> 2009	<b>(e)</b> 2010	<b>(f)</b> Total
7	A mounts from line 4						
8	Gross income from interest,						
Ū	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)					<u> </u>	
12	Gross receipts from related activiti	es, etc (See inst	ructions )			12	
13	First Five Years If the Form 990 is t	for the organizati	on's first, second	, thırd, fourth, or	fifth tax year as a	501(c)(3) organı	
	check this box and <b>stop here</b>						<b>►</b>
	-tiC Ct-tiC D-l	L'a Carana at B					
<u> </u>	ection C. Computation of Pub Public Support Percentage for 2010			11 column (f))			
	· ·		•	II Column (1))		14	
15	Public Support Percentage for 2009	Schedule A, Pa	rt II, line 14			15	
16a	<b>33 1/3% support test—2010.</b> If the				line 14 is 33 1/3%	or more, check	
_	and <b>stop here.</b> The organization qua						<b>▶</b> □
b	<b>33 1/3% support test—2009.</b> If the				5a, and line 15 is 3	33 1/3% or more,	- <del>-</del>
	box and <b>stop here.</b> The organization				45.46		<b>►</b>
1/a	10%-facts-and-circumstances test-						
	is 10% or more, and if the organization made						rt a d
	in Part IV how the organization mee	ts the "racts and	circumstances"	test ine organiz	ration qualifies as	a publicly suppo	
L	organization	_2000 If+ba a	anization did not	chack a hay an l	no 12 165 166 -	r 17a and line	<b>►</b> □
D	<b>10%-facts-and-circumstances test-</b> 15 is 10% or more, and if the organ						
	Explain in Part IV how the organization						v
	supported organization	aon meets the 10	acts and circuilis	tances test file	z organizacion qual	mes as a publici	y ▶[¯
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b, check this	box and see	- 1
	instructions	on ala not check	a box on fine 15	, 100, 100, 1700	I by check tills	SON GING SCC	<b>▶</b> □

organization

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 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total in) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) 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 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 Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f)) 17 **17** Investment income percentage from 2009 Schedule A, Part III, line 17 18 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

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 **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).

Schedule A (Form 990 or 990-EZ) 2010

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DLN: 93493136015342

OMB No 1545-0047

Open to Public

#### **SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

IIICIII	ai Nevende Service					Inspection
	_	s," to Form 990, Part IV, Line 3, or	Form 990-EZ, Pa	rt V, line 46 (Politi	cal Car	
the			D 110			
	, ,, ,	omplete Parts I-A and B Do not complet 501(c)(3)) organizations Complete Par		, Do not complete Pr	ort I D	
	ection 50 f(c) (other than section tection 527 organizations. Complete	· / · / ·	is FA and C below	Do not complete Pa	ail FD	
		s," to Form 990, Part IV, Line 4, or	Form 990-EZ, Pa	rt VI, line 47 (Lobb	ying A	Activities), then
• Se	ection 501(c)(3) organizations tha	t have filed Form 5768 (election under	section 501(h)) Co	omplete Part II-A Do	not cor	mplete Part II-B
	` ,` ,	t have NOT filed Form 5768 (election u	,	,,		•
		es," to Form 990, Part IV, Line 5 (Proportions, Complete Part III	oxy Tax) or Forn	n 990-EZ, Part V, lir	ne 35a	(Proxy Tax), then
	ection 501(c)(4), (5), or (6) organi ame of the organization	Zations Complete Part III		Employe	arıdan	tification number
	dener University			Lilipioy	ar ideiii	threation humber
				23-138		
Pa	Complete if the or	ganization is exempt under	section 501(c	) or is a section	<u>1 527</u>	organization.
1	Provide a description of the or	ganızatıon's dırect and ındırect politic	cal campaign activ	vities in Part IV		
2	Political expenditures			I	<b>-</b>	\$
3	Volunteer hours					
	T. D. Commisto if the on		tion F01/s	\(2)		
		ganization is exempt under		)(3).		
1	,	e tax incurred by the organization und		1055		\$
2		e tax incurred by organization manage		4955		\$
3		section 4955 tax, did it file Form 472	O for this year?			☐ Yes ☐ No
4a	Was a correction made?					☐ Yes ☐ No
b	If "Yes," describe in Part IV					
Pai		ganization is exempt under				<u>.(c)(3).</u>
1	Enter the amount directly expe	ended by the filing organization for se	ction 527 exempt	t function activities	<b>-</b>	\$
2	Enter the amount of the filing of exempt funtion activities	organization's funds contributed to otl	her organizations	for section 527	▶	¢
3	•	tures Add lines 1 and 2 Enter here a	and on Form 1120	)-POL line 17b	•	
4	Did the filing organization file I			, , , , , , , , , , , , , , , , , , ,	·	\$
5			IN) of all costion	E27 political organi	zations	
5	organization made payments	nd employer identification number (EI For each organization listed, enter the ns received that were promptly and di	e amount paid fror	n the filing organiza	tıon's f	unds Also enter the
		political action committee (PAC) If				
	(a) Name	(b) Address	(c) EIN	(d) A mount paid	from	(e) A mount of politica
	• •			filing organization	n's	contributions received
				funds If none, ent	er -0 -	and promptly and directly delivered to a
					ļ	separate political
						organization If none, enter - 0 -
						enter-o-

Р	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3)	and filed Form 5768	(election				
	Check If the filing organization belongs to a Check If the filing organization checked bo	n affiliated group x A and "limited control" provisions apply						
	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing O rganization's Totals	<b>(b)</b> Affiliated Group Totals				
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lobbyıng)						
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)						
C	Total lobbying expenditures (add lines 1a and 1	o)						
d	O ther exempt purpose expenditures							
е	Total exempt purpose expenditures (add lines 1	otal exempt purpose expenditures (add lines 1c and 1d)						
f	Lobbying nontaxable amount Enter the amount to columns	rom the following table in both						
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:						
	Not over \$500,000	20% of the amount on line 1e						
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000						
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000						
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000						
	Over \$17,000,000	\$1,000,000						
	Grassroots nontaxable amount (enter 25% of lir	e 1f)						
h	Subtract line 1g from line 1a If zero or less, ent	er -0 -						
i	Subtract line 1f from line 1c If zero or less, ente	r-0-						
j	If there is an amount other than zero on either lii section 4911 tax for this year?	ne 1h or line 1i, did the organization file Form	4720 reporting	┌ Yes ┌ No				

# 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbying Expendit	ures During 4	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	<b>(d)</b> 2010	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

	,						
Part II-B	Complete if the orga	nization is exemp	t under section	501(c)(3) an	d has NOT fi	iled For	m 5768
	(election under sec	ion 501(h)).					

		(6	1)	(b)	
		Yes	No	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?		Νo		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No		
c	Media advertisements?		No		
d	Mailings to members, legislators, or the public?		No		
e	Publications, or published or broadcast statements?		No		
f	Grants to other organizations for lobbying purposes?		No		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		100,500	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No		
i	Other activities? If "Yes," describe in Part IV		No		
j	Total lines 1c through 1i			100,500	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
b	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		Ī		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

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

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

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
ь	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

#### Part IV Supplemental Information

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

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

DLN: 93493136015342

OMB No 1545-0047

Open to Public

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

**Supplemental Financial Statements** ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Inspection ► Attach to Form 990. ► See separate instructions. **Employer identification number** 

ienei	r University				23-	1386178		
irt	Organizations Maintaining Donor Acordanization answered "Yes" to Form 99			Other Similar F			<b>ts.</b> Comple	ete if th
		(a) Donor	adv	ısed funds		<b>(b)</b> Funds and	d other accou	ınts
То	tal number at end of year							
Αç	gregate contributions to (during year)							
Αç	ggregate grants from (during year)							
Αç	ggregate value at end of year							
	d the organization inform all donors and donor advinds are the organization's property, subject to the	•			nor adv	ısed	☐ Yes	┌ No
us	d the organization inform all grantees, donors, and sed only for charitable purposes and not for the ben onferring impermissible private benefit						┌ Yes	┌ No
t 1	Conservation Easements. Complete	if the organization	on a	answered "Yes"	to Forn	n 990, Part	IV, line 7.	
P	urpose(s) of conservation easements held by the oi Preservation of land for public use (e g , recreati Protection of natural habitat	-	_				•	ea
ı	Preservation of open space							
	omplete lines 2a–2d if the organization held a quali isement on the last day of the tax year	fied conservation	cont	tribution in the fori	m of a co	onservation		
-	isement on the last day of the tax year					Held at t	he End of the	Year
Τc	otal number of conservation easements				2a	Troid at t	no Liid or tile	cui
	otal acreage restricted by conservation easements				2b			
	umber of conservation easements on a certified his		lude	ed in (a)	2c			
N١	umber of conservation easements included in (c) a	cquired after 8/17,	/06		2d			
	umber of conservation easements modified, transfe			ushed or terminat	ed by th	ne organizatio	n during	
	e taxable year 🛌	rrea, released, exe	gc	arsired, or terminal	ica by ci	ic organizatio	on during	
	· ———							
	umber of states where property subject to conserva							
	oes the organization have a written policy regarding forcement of the conservation easements it holds?		torı	ng, inspection, hai	ndling of	f violations, a	nd <b>Yes</b>	┌ No
St	aff and volunteer hours devoted to monitoring, insp	ecting and enforci	ng c	onservation ease	ments d	uring the yea	r <b>►</b>	
A١	mount of expenses incurred in monitoring, inspecti	ng, and enforcing c	ons	ervation easemen	ts durın	g the year ► :	\$	
	oes each conservation easement reported on line 2 70(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy t	the i	requirements of se	ection		☐ Yes	┌ No
ba	Part XIV, describe how the organization reports collance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	the footnote to the						
ij	Organizations Maintaining Collectio				or Ot	her Simila	r Assets.	
T F	Complete if the organization answered 'the organization elected, as permitted under SFAS				ant and	halanca cha	ot works of	
ar	the organization elected, as permitted under SFAS t, historical treasures, or other similar assets held ovide, in Part XIV, the text of the footnote to its fin	for public exhibition	on, e	ducation or resea	rch ın fu			e,
hı	the organization elected, as permitted under SFAS storical treasures, or other similar assets held for position of the services items	public exhibition, e						
(i	Revenues included in Form 990, Part VIII, line 1					<b>►</b> \$		
(ii	i) Assets included in Form 990, Part X					<b>-</b> \$		
Ιf	the organization received or held works of art, histo llowing amounts required to be reported under SFA				for finan			
Re	evenues included in Form 990, Part VIII, line 1					<b>▶</b> \$		
						· ·		
Α:	ssets included in Form 990, Part X					<b>►</b> \$		

ar?	Organizations Maintaining Co	<u>llections of Art</u>	<u>, Hist</u>	torical 1	reas	ures, or Ot	the	<u>r Similar A</u>	sse	ts (co.	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	y of the	e following	g that a	are a significa	nt u	se of its colle	ctior	1	
а	<b>▼</b> Public exhibition		d	┌ Loai	norex	change progra	ams				
b	Scholarly research		e	<b>▽</b> Oth	er Coi	mmunity Enric	hm	ent			
С	✓ Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ın how	they furth	her the	organization'	's ex	empt purpose	e in		
5	During the year, did the organization solicity assets to be sold to raise funds rather than t							ular	_	Yes	দ No
Pai	t IV Escrow and Custodial Arrang	•				on answered	/ 'Y	es" to Form	990	),	
	Part IV, line 9, or reported an an										
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?	lian or other interme	ediary	for contrib	outions	or other asse	ets r	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ng table		_					
						F	_	A	mou	ınt	
с	Beginning balance					<b>—</b>	1c				
d	Additions during the year					<b>—</b>	1d				
e	Distributions during the year					-	1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo		e 21?						Г	Yes	│ No
	If "Yes," explain the arrangement in Part XIV										
Pa	rt V Endowment Funds. Complete	If the organization (a)Current Year		wered "Y Prior Year		) Form 990, )Two Years Back		t IV, line 10 Three Years Ba		NEOUR V	ears Back
la	Beginning of year balance	61,283,688	(5)	58,431,5	_	82,228,43		Jimee rears bar	<u> </u>	.ji oui iv	Lars back
b	Contributions	9,461,518		950,6	599	1,239,81	1				
c	Investment earnings or losses	12,047,684		6,097,3	318	-20,434,06	52		+		
d	Grants or scholarships	741,734		790,3	314	933,41	.9				
e	Other expenditures for facilities	3,123,548		3,405,5	593	3,669,19	90				
	and programs										
f	Administrative expenses										
g	End of year balance	78,927,608		61,283,6	88	58,431,57	78				
2	Provide the estimated percentage of the year		as								
а	Board designated or quasi-endowment 🕨	55 000 %									
b	Permanent endowment 🕨 45 000 %										
C	Term endowment ▶										
3a	Are there endowment funds not in the posse organization by	ssion of the organiza	ation t	hat are he	eld and	administered	for	the		Yes	No
	(i) unrelated organizations							3	a(i)	163	No
	(ii) related organizations							<u> </u>	ı(ii)		No
b	If "Yes" to 3a(II), are the related organization								3b		
1	Describe in Part XIV the intended uses of th	e organization's end	dowme	nt funds							
Pai	t VI Investments—Land, Building:	s, and Equipme	nt. Se	ee Form	990, I	Part X, line :	10.				
	Description of investment			(a) Cost o basis (inve		( <b>b)</b> Cost or oth basis (other		(c) Accumulate depreciation	ed	( <b>d</b> ) Boo	k value
La	Land		.			14,562,	978			14	,562,978
b	Buildings		. [			238,957,	137	88,187,3	24	150	,769,813
c	Leasehold improvements		. [								
d	Equipment		. [			46,365,	636	40,671,6	33	į	5,694,003
e	Other		. [			4,151,	442	3,188,3	37		963,105

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)

171,989,899

Part VII Investments—Other Securities. See		
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b)Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives		,
(2)Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )	•	
Part VIII Investments—Program Related. See	e Form 990, Part X, line :	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip		(b) Book value
(a) Descrip	50011	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	25.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part >		, , , , <b>.</b>
Part X Other Liabilities. See Form 990, Part X	(, line 25.	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	(, line 25. (b) A mount	<b>.</b>
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	(, line 25. (b) A mount 0	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  ACCRUED POST RETIREMENT BENEFIT	(, line 25. (b) Amount 0 37,994,627	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  ACCRUED POST RETIREMENT BENEFIT	(, line 25. (b) Amount 0 37,994,627	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  ACCRUED POST RETIREMENT BENEFIT	(, line 25. (b) Amount 0 37,994,627	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  ACCRUED POST RETIREMENT BENEFIT	(, line 25. (b) Amount 0 37,994,627	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  ACCRUED POST RETIREMENT BENEFIT	(, line 25. (b) Amount 0 37,994,627	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  ACCRUED POST RETIREMENT BENEFIT	(, line 25. (b) Amount 0 37,994,627	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  ACCRUED POST RETIREMENT BENEFIT	(, line 25. (b) Amount 0 37,994,627	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  ACCRUED POST RETIREMENT BENEFIT	(, line 25. (b) Amount 0 37,994,627	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  ACCRUED POST RETIREMENT BENEFIT	(, line 25. (b) Amount 0 37,994,627	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  ACCRUED POST RETIREMENT BENEFIT	(, line 25. (b) Amount 0 37,994,627	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  ACCRUED POST RETIREMENT BENEFIT	(, line 25. (b) Amount 0 37,994,627	

Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	200,018,937
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	190,136,837
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	9,882,100
4	Net unrealized gains (losses) on investments	4	13,055,833
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-2,924,598
9	Total adjustments (net) Add lines 4 - 8	9	10,131,235
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	20,013,335
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	171,562,530
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	13,283,829
3	Subtract line <b>2e</b> from line <b>1</b>	3	158,278,701
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 115,977		
b	Other (Describe in Part XIV)		
C	Add lines <b>4a</b> and <b>4b</b>	4c	41,740,236
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	200,018,937
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per l	
1	Total expenses and losses per audited financial statements	1	148,624,597
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIV)		
е	Add lines <b>2a</b> through <b>2d</b>	2e	227,996
3	Subtract line <b>2e</b> from line <b>1</b>	3	148,396,601
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 115,977		
b	Other (Describe in Part XIV)		
_ C	Add lines <b>4a</b> and <b>4b</b>	4c	41,740,236
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	190,136,837

#### Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part 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
Financial Statement Footnote	Schedule D, Part III, Line 1a	THE UNIVERSITY HAS ELECTED PURSUANT TO SFAS 116 NOT TO REPORT IN ITS REVENUE STATEMENT AND BALANCE SHEET WORKS OF ART THE FOOTNOTE READS "The University houses a collection of American paintings and the Alfred O Deshong Collection of European paintings and Oriental art objects at the Widener University Art Collection and Gallery that it does not capitalize These collections adhere to the University's policy to (a) maintain them for public exhibition, education or research, and (b) protect, keep unencumbered, care for, and preserve them "
Intended Uses of Endowment Funds	Schedule D, Part V, Line 4	ENDOWMENT FUNDING SUPPORTS SCHOLARSHIPS, FACULTY DEVELOPMENT, CHAIRS, AWARDS, THE LIBRARY AS WELL AS OTHER INITIATIVES
NONOPERATING ACTIVITY INCREASE	SCHEDULE D PART XI LINE 8	CHANGE IN PENSION \$2,924,598
EXPENSES INCLUDED IN REVENUE	SCHEDULE D PART XII LINE 2d	RENTAL EXPENSE \$215,210 NET SPECIAL FUNDRAISING EXPENSES 12,786 TOTAL PART XII LINE 2d \$227,996
EXPENSES INCLUDED IN FINANCIAL STATEMENT REVENUE	SCHEDULE D PART XII LINE 4B	SCHOLARSHIPS \$41,624,259
EXPENSES INCLUDED IN FINANCIAL STATEMENTS NOT RETURN	SCHEDULE D PART XIII LINE 2d	RENTAL EXPENSE \$215,210 NET SPECIAL FUNDRAISING EXPENSES 12,786 TOTAL PART XIII LINE 2d \$227,996
EXPENSES INCLUDED IN FINANCIAL STATEMENT REVENUE	SCHEDULE D PART XIII LIN 4b	SCHOLARSHIPS \$41,624,259

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DLN: 93493136015342

OMB No 1545-0047

#### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schools** ▶Complete if the organization answered "Yes" to Form 990, Part IV, line 13,

or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ.

**Employer identification number** 

	23-1386	5178		
Pa	rt I		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charte other governing instrument, or in a resolution of its governing body?	er, bylaws,	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all it brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast med the period of solicitation for students, or during the registration period if it has no solicitation program, in a that makes the policy known to all parts of the general community it serves? If "Yes," please describe If please explain If you need more space use Part II	a way	Yes	
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
Ŀ	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscribasis?	ımınatory <b>4b</b>	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public deal with student admissions, programs, and scholarships?	ıng <b>4c</b>	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Part II			
5 a	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	<u>5a</u>		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	<u>5c</u>		No
d	I Scholarships or other financial assistance?	<u>5d</u>	+-	Νo
e	Educational policies?	<u>5e</u>		Νo
f	Use of facilities?	5f		Νo
g	Athletic programs?	<u>5g</u>		Νo
h	Other extracurricular activities?	5h		No
	If you answered "Yes" to any of the above, please explain If you need more space, use Part II			
	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
b	Has the organization's right to such aid ever been revoked or suspended?	6b	+-	No
7	If you answered "Yes" to either line 6a or line 6b, explain on Part II  Does the organization certify that it has complied with the applicable requirements of sections 4 01 throu of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	gh 4 05	Yes	

#### Part II 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)

ldentifier	Return Reference	Explanation
Publication of Racially Nondiscriminatory Policy	Schedule E, Part I, Line 3	OUR POLICY IS PUBLISHED IN ALL CATALOGS, PRINTED MATERIALS AND RADIO ADVERTISEMENTS
Government Assistance	Schedule E, Part I, Line 6a	IN THE NORMAL COURSE OF BUSINESS, THE UNIVERSITY ROUTINELY RECEIVES FUNDING FROM FEDERAL, STATE AND LOCAL GOVERNMENTS FOR STUDENT FINANCIAL AID ADDITIONALLY, THE UNIVERSITY RECEIVES GRANTS, INCLUDING EARMARKS FOR A NUMBER OF DIFFERENT INITIATIVES, PROGRAMS AND PROJECTS

Schedule E (Form 990 or 990-EZ) 2010

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OMB No 1545-0047

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#### SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

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

Statement of Activities Outside the United States

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

to Part I

c Totals (add lines 3a and 3b)

Employer identification

	e of the organization				Employer ident	ii icacion number
via	ener University				23-1386178	
Pä	"Yes" to Form 990, Pa			he United States. C	omplete if the organiz	ation answered
1	For grantmakers. Does the			ls to substantiate the	amount of the grants of	or
	assistance, the grantees' elig		_	·		rd
	the grants or assistance?					│ Yes
2	<b>For grantmakers.</b> Describe in Pa United States	art V the organiz	atıon's procedui	res for monitoring the use	e of grant funds outside th	e
3	Activites per Region (Use Part	V ıf addıtıonal s	pace is needed	)		
	<b>(a)</b> Region	<b>(b)</b> Number of offices in the region	(c) Number of employees or agents in region of independent contractors	region (by type) (e g ,	(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
	East Asia and the Pacific	0	0	Program Services	Law School Summer Prog	1,896
	Sub-Saharan Africa	0	0	Program Services	Law School Summer Prog	54,653
	Europe (Including Iceland and Greenland)	0			Law School Summer Prog	127,722
	East Asia and the Pacific	0	0	Program Services	Exchange Program	41,648
	Sub-total  Total from continuation sheets	0	C			225,919
	o iniai mom confinilation speats	1		1		

225,919

Part	Part IV, l	ine 15, for any					plete if the organiza received more thai		
	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	<b>(f)</b> Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2	Enter total nur tax-exempt by	mber of recipie the IRS, or fo	nt organizations lis or which the grante	ted above that are e or counsel has pro	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ►	
3	Enter total nur	mber of other o	organizations or en	tities					(Form 990) 2010

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	( <b>d)</b> A mount of cash grant	(e) Manner of cash disbursement	( <b>f</b> ) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
			I				
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			i				
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## 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)	Γ	Yes	굣	Νo
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)	Γ	Yes	굣	Νo
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)	Г	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)	Г	Yes	ত	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)	Г	Yes	굣	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).	Г	Yes	্	Νo

Schedule F (Form 990) 2010

#### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 23-1386178

Name: Widener University

Schedule F (Form 990) 2010

Page **5** 

#### Part V Supplemental Information

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

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OMB No 1545-0047

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**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.

Name of the organization Widener University

**Employer identification number** 

23-1386178

Part I	Fundraising Ac	<b>tivities.</b> Complete	e if the o	organiza	tion answered "Yes"	to Form 990, Part IV	, lıne 17.	
a	a							
	me and address of individual ntity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or trol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization	
Total .								
	all states in which the	e organization is regis	stered or	licensed t	o solicit funds or has be	een notified it is exempt	from registration or	

Pai	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  Golf Outing (event type)	(b) Event #2  Phila Alumni (event type)	(c) Other Events  1 (total number)	(d) Total Events (Add col (a) through col (c))		
ELE	1	Gross receipts	23,785	30,450	17,336	71,571		
Revenue	2	Less Charitable contributions	11,690	)		11,690		
<u>-</u>	3	Gross income (line 1 minus line 2)	12,095	30,450	17,336	59,881		
	4	Cash prizes						
မွာ	5	Non-cash prizes	277	7		277		
Expenses	6	Rent/facility costs	10,212	2		10,212		
ВĞ	7	Food and beverages						
Direct	8	Entertainment						
ឨ	9	Other direct expenses .	1,606	12,831	35,646	50,083		
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)	🛌	60,572		
	11	Net income summary Combine lii	nes 3 and 10 ın column (	d)	•	-691		
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than		
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))		
	1	Gross revenue						
ses	2	Cash prizes						
Expenses	3	Non-cash prizes						
	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteer labor	┌ Yes <u>%</u> ┌ No	Г Yes <u>%</u> Г No	┌ Yes <u>%</u> ┌ No			
		Direct expense summary Add lines						
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)	<u> <del>-</del> -</u>			
9 a b	Enter the state(s) in which the organization operates gaming activities  Is the organization licensed to operate gaming activities in each of these states?							
10a b		re any of the organization's gaming l Yes," Explain	icenses revoked, susper	nded or terminated during	the tax year?	·· Fyes Fno		

11	Does the organization operate ga	aming activities with nonmembers? .		$\Gamma_{\text{Yes}}$ $\Gamma_{\text{No}}$					
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?								
13	Indicate the percentage of gamir	ng activity operated in							
а	The organization's facility		13a						
b	An outside facility		13b						
14	Provide the name and address of records	f the person who prepares the organıza	tion's gaming/special events books and						
	Name 🟲								
	Address 🟲								
15a	Does the organization have a co	ntract with a third party from whom the	organization receives gaming						
	revenue?			· Fyes Fno					
b			tion 🟲 \$ and the	,					
	amount of gaming revenue retain	ed by the third party 🟲 \$							
С	If "Yes," enter name and address	S							
	Name 🟲								
	Address ►								
16	Gaming manager information								
	Name 🟲								
	Gaming manager compensation I	<b>&gt;</b> \$							
	Description of services provided	<b>-</b>							
	Director/officer	Employee	Independent contractor						
17	Mandatory distributions								
<b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to									
_				Tyes Tho					
b		·	o other exempt organizations or spent						
Dar		activities during the tax year * \$	responses to question on Schedule G (	500					
	instructions.)	Jovide additional illioithation for	responses to question on schedule of						
	Identifier	ReturnReference	Explanation						

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Schedule I

(Form 990)

Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

**Grants and Other Assistance to Organizations,** 

Department of the Treasury Internal Revenue Service			Attach to Form 990				Inspection
Name of the organization Nidener University						Employer identification	on number
Part I General Information	on on Grants and	l Assistance				120 1200170	
<ul> <li>Does the organization maintain the selection criteria used to a</li> <li>Describe in Part IV the organization</li> </ul>	ward the grants or as	sıstance <sup>?</sup>					▽ Yes ┌ N
Part II Grants and Other A Form 990, Part IV, lii duplicated if addition	ne 21 for any recip	ient that received n	nore than \$5,000. Ch	eck this box if no one	recipient receive	d more than \$5,000.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran
						_	
<ul><li>Enter total number of section 5</li><li>Enter total number of other org</li></ul>							
Enter total number of other org	4.1124110113	<u> </u>		<u> </u>	· · · · ·	<u> <del>-</del> </u>	

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

(a)Type of grant or assistance	(b)Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Financial Aid		39,383,809		Fair Market Value	

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

Schedule I (Form 990) 2010

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DLN: 93493136015342

OMB No 1545-0047

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# **Compensation Information**

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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 Widener University

**Employer identification number** 

23-1386178 **Questions Regarding Compensation** Yes Νo 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 First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e g, maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No." complete Part III to explain Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Yes Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee ✓ Written employment contract Compensation survey or study Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment from the organization or a related organization? 4a Νo 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Yes Participate in, or receive payment from, an equity-based compensation arrangement? 4c Νo 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. 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 The organization? **5**a Νo 5b Any related organization? Νo If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? Νo 6b Any related organization? Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 Νo If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

#### 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	l	(B) Breakdown of	FW-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) James T Harris	(ı) (ıı)	323,181 0	20,000	41,351 0	124,500 0	85,396 0	594,428 0	0
(2) JOSEPH J BAKER	(ı) (ıı)	240,718 0	8,000 0	31,195 0	24,500 0	74,432 0	378,845 0	0
(3) BOBBIE JO ALLEN	(ı) (ıı)	232,867 0	4,000	36,730 0	24,500 0	18,200 0	316,297 0	0
(4) LINDA S DURANT	(ı) (ıı)	194,015 0	4,000	37,940 0	21,756 0	15,067 0	272,778 0	0
(5) LINDA L AMMONS	(ı) (ıı)	230,879 0	2,000	36,606 0	24,500 0	19,924 0	313,909 0	
(6) FRED A AKL	(ı) (ıı)	184,342 0	0	25,891 0	18,354 0	31,862 0	260,449 0	0
(7) MICHAEL J SLINGER	(ı) (ıı)	182,342 0	0	9,726 0	18,899 0	61,473 0	272,440 0	0
(8) STEPHEN C WILHITE	(ı) (ıı)	187,375 0	0	0	15,143 0	23,309 0	225,827 0	0
(9) Savas Ozatalay	(ı) (ıı)	169,426 0	0	16,839 0	18,522 0	23,309 0	228,096 0	0
(10) Suk- Chung Yoon	(ı) (ıı)	168,744 0	0	15,422 0	10,340 0	10,667 0	205,173 0	
(11)								
( 12 )			1					
( 13 )								
( 14 )								
( 15 )								
( 16 )	<del></del>							

### Part III Supplemental Information

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

Identifier	Return Reference	Explanation
First-class or charter travel	Part I, Line 1a	The University maintains a written accountable policy regarding the payment or reimbursement of travel and entertainment expenses, including airline and rail travel, companion travel, international travel, social and health clubs, maid service, and business meals, meetings and entertainment. The University's President reviews and approves the travel and entertainment expenses for all University's Vice Presidents. The University's Vice Presidents review and approve the travel and entertainment expenses for their respective staff. It is important to note the President's travel and entertainment expenses are reviewed and approved by the University's Board Chairperson.
Housing allowance or residence for personal use	Part I, Line 1a	THE PRESIDENT OF THE UNIVERSITY IS PROVIDED HOUSING AS REQUIRED AS PART OF HIS EMPLOYMENT THE USE OF THE HOUSE IS EXCLUDED FROM INCOME PURSUANT TO INTERNAL REVENUE CODE SECTION 119(a)(2) THE FAIR RENTAL VALUE OF THE HOUSING IS \$35,000 BUSINESS EXPENSES ARE COVERED UNDER THE UNIVERSITY'S TRAVEL AND ENTERTAINMENT EXPENSE POLICY
Supplemental nonqualified retirement plan	,	THE BOARD OF TRUSTEES HAS APPROVED A SUPPLEMENTAL RETIREMENT PLAN FOR THE PRESIDENT THE UNIVERSITY ACCRUED A CONTRIBUTION OF \$100,000 TO THE PLAN THE PRESIDENT IS NOT CURRENTLY VESTED IN THE PLAN AND IT IS SUBJECT TO FORFEITURE

Schedule J (Form 990) 2010

**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

DLN: 93493136015342

**Inspection** 

Part I Bond Issues

Schedule K

(Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Widener University

**Employer identification number** 23-1386178

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Pi	rice	(f) Description of Purpose		(g) Defeased		(h) On ased Behalf of Issuer			Pool incing	
										Yes	No	Yes	No	Yes	No
A	PHEFA REVENUE BONDS SERIES 2003	23-2243852	70917NXJ8	10-01-2003	51,590	,981 s	Scienc	ce & Engine	ering Facility		X		X		×
В	PHEFA REVENUE BONDS SERIES 2005	23-2243852	70917NZ56	02-01-2005	34,239	,090 E	ormit duca	tory & Physical tion			Х		Х	х х	
_														—	
Da	art II Proceeds														
1.6	Proceeds				Α	<u> </u>	Τ	E	3		С			D	
1	Amount of bonds retired														
2	Amount of bonds legally defea	ased													
3	Total proceeds of issue				5	1,590,	,981		34,239,090						
4	4 Gross proceeds in reserve funds			4,687,	,859		3,346,310								
5	Capitalized interest from proc	ceeds													
6	Proceeds in refunding escrow	v .			3	32,218,	,908								
7	Issuance costs from proceed	İs				277,	,558		227,750						
8	Credit enhancement from pro-	ceeds												,	
9	Working capital expenditures	from proceeds													
10	Capital expenditures from pro	oceeds			1	4,054,	,101		30,449,130						
11	Other spent proceeds														
12	O ther unspent proceeds														
13	Year of substantial completio	n			200	0 5		20	06						
					Yes	No		Yes	No	Yes		No	Ye	s	No
14	Were the bonds issued as par	rt of a current refund	ding issue?			Х			Х						
15	Were the bonds issued as par	rt of an advance ref	unding issue?		×				Х						
16	Has the final allocation of pro	ceeds been made?			Х			Х							
17	Does the organization mainta allocation of proceeds?	ıın adequate books	and records to supp	port the final	х			Х							
Pa	rt IIII Private Business l	Use			_										
					A A				3		C		<u> </u>	D I	
					Yes	No	' I	Yes	No	Yes		No	Ye	S	No

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bond-

Х

Х

Χ

Part III Private Business Use (Continued)

No Yes	
NO   Yes	No
_	

Part IV	Arbitrage

		Α		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		х		х				
	Is the bond issue a variable rate issue?								
2			X		X				
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		×		×				
ь	Name of provider								
С	Term of hedge								
d	Was the hedge superintegrated?								
е	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		Х		Х				
b	Name of provider								
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		х		х				
6	Did the bond issue qualify for an exception to rebate?	х		х					

### Part V Supplemental Information

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

Identifier	Return Reference	Explanation

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As Filed Data -

DLN: 93493136015342

Employer identification number

#### Schedule L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

**Transactions with Interested Persons** 

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Widener University							2	3-13861	78				
Part I Excess Benefit Tran Complete if the organizat							organı	zations c	nly).	ne 40b			
1 (a) Name of disqu					<b>(b)</b> Desc						(c) rected?		
										Yes	No		
2 Enter the amount of tax impose		_		_	•			ear under					
section 4958					e organization.				\$ — \$				
Part II Loans to and/or F Complete if the organiz					), Part IV, line 26	, or Forr	n 990-E	Z, Part V	, lıne 38	a			
	(b) ∟	oan to				(e) I	'n	(f) Approv	ad	(a)\\/rit	on		
(a) Name of interested person and purpose		m the zation?	(c)Orig principal a		(d)Balance due	defau		by board	d or	( <b>g)</b> Written agreement?			
purpose	To	From	. Principal c	mount		Yes	<del> </del>		committee?		No	Yes	No
								-					
				<b>▶</b> \$				1					
Part IIII Grants or Assistan				•	Persons.								
Complete if the orga							27.						
(a) Name of interested pers	on	(			een interested per ganization	son	<b>(c)</b> A m	ount of gr	ant or ty	pe of assi	stance		

### 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	(c) A mount of transaction	(d) Description of transaction	organi	arıng of zatıon's nues?
	organization			Yes	No
(1) James T Harris	Officer	39,000	Compensation paid to spouse		Νo
(2) Brian P Tierney	Trustee	53,639	Advertising Contract		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
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Schedule L (Form 990 or 990-EZ) 2010

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DLN: 93493136015342

OMB No 1545-0047

**SCHEDULE M** (Form 990)

## **NonCash Contributions**

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	ame of the organization dener University Employer identificati					ion num	ber	
					23-1386178			
Pa	rt I Types of Property				_			
		(a) Check if applicable	<b>(b)</b> Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining of amounts		ntribut	ion
1	Art—Works of art			-9				
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
good								
6	Cars and other vehicles .							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded	Х	6	100,835	Market Value			
10	Securities—Closely held stock							
11	Securities—Partnership, LLC, or trust interests .							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts .							
25	O ther ▶ ()							
26	O ther ►()							
27	O ther ▶()							
28	O ther ► ()							
29	Number of Forms 8283 received b for which the organization complet				29			
							Yes	No
30a	During the year, did the organization							
	must hold for at least three years to for exempt purposes for the entire			on, and which is not require	ed to be used	30a		No
b	If "Yes," describe the arrangemen							
31	Does the organization have a gift a			review of any non-standard	contributions?	31	<u>res</u>	
32a	Does the organization hire or use t		es or related organizations	to solicit, process, or sell	non-cash	332	,,,,	
Į.	If "Yes," describe in Part II					32a \	res	
33	If the organization did not report re	evenues i	n column (c) for a type of p	roperty for which column (a	ı) ıs checked,			

describe in Part II

#### Part II

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

Identifier	Return Reference	Explanation
SCHEDULE M, PART I, LINE 9		THE UNIVERSITY OCCASSIONALLY RECEIVES GIFTS OF STOCK THE UNIVERSITY SELLS THE STOCK THROUGH A BROKERAGE ACCOUNT

Schedule M (Form 990) 2010

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DLN: 93493136015342

OMB No 1545-0047

2010

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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.

Name of the organization
Widener University

Employer identification number

23-1386178

Identifier	Return Reference	Explanation
Form 990 Review Process	Form 990, Part VI, Line 11b	Once a draft of the IRS Form 990 is completed and reviewed by our independent tax advisors, it is reviewed by both the Audit and Finance & Administration Committees of the Board of Trustees. It is then reviewed with the full Board of Trustees at its next meeting (starting in 2012 this will be the February meeting). The Form 990 is not filed until the full Board of Trustees has reviewed it with management.

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

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

ldentifier	Return Reference	Explanation
How Documents are Made Available to the Public	Form 990, Part VI, Line 19	The University makes available to the public on its website the university's Articles of Incorporation, the conflict of interest policy, the executive compensation policy, the Form 990, the Form 990-T and the University's audited financial statements

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

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, Line 2	Trustee Relations	Trustees David Oskin and Richard Tan are Board members of an unrelated organization

ldentifier	Return Reference	Explanation
Reconciliation of Net Assets	Form 990, Section XI, Line 5	Net Unrealized Gain \$13,055,833 CHANGE IN PENSION - 2,924,599 Other Changes \$10,131,234

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

DLN: 93493136015342

2010

Open to Public Inspection

Schedule R (Form 990) 2010

# SCHEDULE R (Form 990)

# **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization
Widener University

Employer identification number
23-1386178

				23-1386178			
Part I Identification of Disregarded Entities (Comp	olete if the organizat	on answered "Yes	" on Form 990, Pa	rt IV, lıne 33.)			
(a)  Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (stat or foreign country)	( <b>d)</b> te Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity		
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during		e if the organization	n answered "Yes"	on Form 990, Part	: IV, line 34 becau	se it had	one
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	(g) Section 512(b) controlled organization	
						Yes	No
(1) The Neuropsychology Assessment Center One University Place					Widener Univ		
Chester, PA 19013 42-1682886	Education	PA	501(c)(3)	9	Wideher Only		
(2) The Widener Partnership Charter School							
One University Place	Education	PA	501(c)(3)	2	Widener Univ		
Chester, PA 19013 42-1705892							
	1						-

Cat No 50135Y

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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	( <b>h</b> Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	<b>(j</b> Gene mana parti	ral or aging	<b>(k)</b> Percentage ownership
							Yes	No		Yes	No	
Down TV Tolombidi			:	-							000	D TV

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>(b)</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	<b>(h)</b> Percentage ownership
(1) Providence Enterprises Inc One University Place Chester, PA19013 51-0260604	Inactive	PA	Widener Univ	C Corp	0	0	100 000 %
(2) ACNP Corporation One University Place Chester, PA19013 23-2540747	Restaurant	PA	Widener Univ	C Corp	20,147	8,969	100 000 %
(3) University Technology Park Inc 1350 Edgemont Avenue Suite 1300 Chester, PA19013 23-3045605	Real Estate	PA	N/A C Corp		-57,977	3,172,496	50 000 %

Sche	edule R (Form 990) 2010		Рa	age :
Pa	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		Yes	N
<b>1</b> D	Ouring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a	Yes	
b	Gift, grant, or capital contribution to other organization(s)	1b		N
C	Gift, grant, or capital contribution from other organization(s)	1c		N
d	Loans or loan guarantees to or for other organization(s)	1d		N
e	Loans or loan guarantees by other organization(s)	1e		N
f	Sale of assets to other organization(s)	1f	<del>                                     </del>	N
g		1g	$\vdash$	N
_	Exchange of assets	1h	$\vdash$	N
	Lease of facilities, equipment, or other assets to other organization(s)	1i		<del>                                     </del>
•	Lease of lacinities, equipment, of other assets to other organization(s)			$\vdash$
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		N
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	
I	Performance of services or membership or fundraising solicitations by other organization(s)	11		Ŋ
m	sharing of facilities, equipment, mailing lists, or other assets	1m		N
n	Sharing of paid employees	1n		N
0	Reimbursement paid to other organization for expenses	10		N
р	Reimbursement paid by other organization for expenses	1р	Yes	_
_	Other transfer of cash or property to other organization(s)	1q	├─	N
ч г	Other transfer of cash or property to other organization(s)  Other transfer of cash or property from other organization(s)	1r	$\vdash$	N
	a that transfer of agon of property from other organization(s)	1		

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

	<u> </u>		
(a) Name of other organization	<b>(b)</b> Transaction type(a-r)	(c) Amount involved	<b>(d)</b> Method of determining amount involved
(1) The Widener Partnership Charter School	ı	750,000	
(2) The Widener Partnership Charter School	k	158,490	
(3) The Widener Partnership Charter School	р	2,155,153	
(4) The Neuropsychology Assessment Center	k	9,031	
(5) The Neuropsychology Assessment Center	р	167,570	
(6)			

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d Are parti sect 501(d organiz	ners ion :)(3) :ations?	<b>(e)</b> Share of end-of-year assets		r) ortionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	h) eral or laging tner?
			Yes	No		Yes	No		Yes	No
									+	-
							$\vdash$		+	╁
									-	-
									+	-
										t
										1

### 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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Schedule R (Form 990) 2010

Software ID: Software Version:

**EIN:** 23-1386178

Name: Widener University

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

Compensated Employees, and	Independ	dent C	onti	ract	tors	5				
<b>(A)</b> Name and Title	(B) Average hours per	Posi t	tion (	(che	/)			( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
James T Harris President	600	х		х				384,532	0	209,896
Nicholas Trainer Chairman of the Board	2 0	Х						0	0	0
John H Tilelli Jr Vice Chair of the Board	2 0	×						0	0	0
Karol Wasylyshyn Vice Chair of the Board	2 0	Х						0	0	0
Paul Beideman Treasurer of the Board	2 0	Х						0	0	0
Eugene McGurk Jr Secretary of the Board	2 0	×						0	0	0
Daniel Borislow Trustee	2 0	x						0	0	0
Thomas Bown II Trustee	2 0	х						0	0	0
Pamela Browner White Trustee	2 0	Х						0	0	0
Micheal G DeFino Esq Trustee	2 0	Х						0	0	0
Stephanie Dudley Trustee	2 0	Х						0	0	0
James Hargadon Trustee	2 0	Х						0	0	0
Ira Harkavy Trustee	2 0	Х						0	0	0
James Hırschmann III Trustee	2 0	Х						0	0	0
James Mack III Trustee	2 0	Х						0	0	0
David Oskin Trustee	2 0	Х						0	0	0
Derrick Pitts Trustee	2 0	Х						0	0	0
Cynthia Sarnoski Trustee	2 0	Х						0	0	0
John Schmutz Trustee	2 0	Х						0	0	0
Ronald Stead Trustee	2 0	Х						0	0	0
Mın Suh Esq Trustee	2 0	Х						0	0	0
Vıto Vernı Trustee	2 0	Х						0	0	0
Ayana Wood Trustee	2 0	Х						0	0	0
Stephen Wynne Trustee	2 0	х						0	0	0
Peter Zacharkıw Trustee	2 0	х						0	0	0

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

(A) Name and Title	(B) A verage hours	Posi t	(( tion ( hat a	che		II		(D) Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Anna C Miller Trustee	2 0	Х						0	0	0
Robert E Samuel Trustee	2 0	Х						0	0	0
Richard LP Tan Trustee	2 0	Х						0	0	0
Anthony R Britton Trustee	2 0	Х						0	0	0
Brian P Tierney Trustee	2 0	Х						0	0	0
JOSEPH J BAKER SENIOR VP FINANCE & ADMIN	60 0			Х				279,913	0	98,932
BOBBIE JO ALLEN SENIOR VP PROVOST	60 0			Х				273,597	0	42,700
LINDA S DURANT SENIOR VP ADVANCEMENT	60 0			Х				235,955	0	36,823
LINDA L AMMONS DEAN SCHOOL OF LAW	60 0			Х				269,485	0	44,424
FRED A AKL DEAN SCHOOL OF ENGINEERING	40 0					Х		210,233	0	50,216
MICHAEL J SLINGER ASSOCIATE DEAN SCHOOL OF LAW	40 0					Х		192,068	0	80,372
STEPHEN C WILHITE DEAN/ASSOC PROVOST	40 0					х		187,375	0	38,452
Savas Ozatalay Dean School of Business	400					Х		186,265	0	41,831
Suk- Chung Yoon Professor	40 0					х		184,166	0	21,007

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

4d. Other program s	ervices			
(Code AUXILIARY SERVIO	) (Expenses \$	18,674,117 including grants of \$	) (Revenue \$	19,276,285 )
A LIVEL TA DV CEDVEC				