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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 <div> <div>2011</div> <div>Open to Public Inspection</div> </div>
	▶ The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2011 calendar year, or tax year beginning 06-01-2011 and ending 05-31-2012		D Employer identification number 24-0795506	
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization WILKES UNIVERSITY		E Telephone number (570) 408-4500
	Doing Business As		G Gross receipts \$ 111,058,534
	Number and street (or P O box if mail is not delivered to street address) 84 WEST SOUTH STREET	Room/suite	
	City or town, state or country, and ZIP + 4 WILKESBARRE, PA 187660999		
	F Name and address of principal officer PRESIDENT PATRICK F LEAHY 84 WEST SOUTH STREET WILKESBARRE, PA 18766		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
J Website: WWW.WILKES.EDU		H(c) Group exemption number	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation 1933	M State of legal domicile PA

Part I		Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO EDUCATE OUR STUDENTS FOR LEARNING AND SUCCESS IN AN EVOLVING AND MULTICULTURAL WORLD THROUGH A COMMITMENT TO INDIVIDUALIZED ATTENTION, EXCEPTIONAL TEACHING, AND ACADEMIC EXCELLENCE 		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	33
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	30
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	1,779
	6 Total number of volunteers (estimate if necessary)	6	345
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	8,055,283	7,387,183
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	93,337,468	94,703,788
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,666,688	2,208,194
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,046,318	1,862,026
		105,105,757	106,161,191
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	24,160,630	26,354,471
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	46,043,088	44,832,133
	16a Professional fundraising fees (Part IX, column (A), line 11e)	171,508	130,800
	b Total fundraising expenses (Part IX, column (D), line 25) <input checked="" type="checkbox"/> 1,318,681		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	32,288,062	30,202,524
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	102,663,288	101,519,928
	19 Revenue less expenses Subtract line 18 from line 12	2,442,469	4,641,263
	Net Assets or Fund Balances		Beginning of Current Year
20 Total assets (Part X, line 16)		151,354,084	169,047,074
21 Total liabilities (Part X, line 26)		70,165,867	88,152,779
22 Net assets or fund balances Subtract line 21 from line 20		81,188,217	80,894,295

Part II Signature Block
 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	<div> <div></div> <div>Signature of officer</div> </div>			<div>2013-04-09</div> <div>Date</div>	
	<div> <div></div> <div>Loren Prescott Vice President</div> <div>Type or print name and title</div> </div>				
Paid Preparer's Use Only	<div>Preparer's signature</div> <div></div>		<div>Date</div>	<div>Check if self-employed</div> <div><input type="checkbox"/></div>	<div>Preparer's taxpayer identification number (see instructions)</div>
	<div>Firm's name (or yours if self-employed), address, and ZIP + 4</div> <div> <div>KPMG LLP</div> <div>1676 International Drive</div> <div>McLean, VA 22102</div> </div>		<div>EIN</div> <div></div>		<div>Phone no</div> <div>(703) 286-8000</div>

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization’s mission

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

2

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

Yes

No

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

3

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

Yes

No

If “Yes,” describe these changes on Schedule O

4

Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 32,239,047 including grants of \$ 617) (Revenue \$ 85,831,345)

INSTRUCTION INCLUDES ALL EXPENDITURES FOR ACTIVITIES THAT ARE PART OF THE INSTITUTION'S INSTRUCTIONAL PROGRAMS THIS INCLUDES CREDIT AND NON-CREDIT COURSES, ACADEMIC, VOCATIONAL, AND TECHNICAL INSTRUCTION THE UNIVERSITY OFFERS 36 UNDERGRADUATE MAJORS, 12 GRADUATE PROGRAMS AND SEVERAL PRE-PROFESSIONAL PROGRAMS ENROLLMENT INCLUDES 2,100 FULL-TIME UNDERGRADUATE STUDENTS FROM OVER 18 STATES AND 10 FOREIGN COUNTRIES CLASS SIZES ARE KEPT SMALL TO ENABLE GREATER ACCESS TO PROFESSORS AND MORE INDIVIDUALIZED ATTENTION IN THE CLASSROOM UNDERGRADUATE FRESHMEN CLASS SIZES AVERAGE 21 STUDENTS WITH 16 STUDENTS FOR UPPER LEVEL CLASSES WILKES IS DEDICATED TO BEING A LEADER IN HIGHER EDUCATION THROUGHOUT THE NORTHEASTERN UNITED STATES AND IS DEDICATED TO ACADEMIC EXCELLENCE THROUGH MENTORING

4b

(Code) (Expenses \$ 28,230,709 including grants of \$ 26,353,854) (Revenue \$)

SCHOLARSHIP INCLUDES EXPENDITURES FOR GENERAL, NEED BASED, AND ENDOWMENT SCHOLARSHIPS AND FELLOWSHIPS FROM RESTRICTED OR UNRESTRICTED CURRENT FUNDS IN THE FORM OF GRANTS TO STUDENTS, RESULTING FROM SELECTION BY DIVISION OF ENROLLMENT MANAGEMENT AT LEAST 90% OF STUDENTS RECEIVED SOME SORT OF FINANCIAL AID GRANTS AWARDED INCLUDE PENNSYLVANIA STATE GRANTS (PHEAA) AND WILKES NEED BASED GRANTS ALSO INCLUDED IS TUITION REMISSION FOR OTHER LOCAL COLLEGES AND PROGRAMS

4c

(Code) (Expenses \$ 9,577,427 including grants of \$) (Revenue \$ 8,872,443)

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

(Code) (Expenses \$ 9,297,830 including grants of \$) (Revenue \$)

ACADEMIC SUPPORT - SEE SCHEDULE O

(Code) (Expenses \$ 1,255,386 including grants of \$) (Revenue \$)

RESEARCH - SEE SCHEDULE O

(Code) (Expenses \$ 1,188,067 including grants of \$) (Revenue \$)

PUBLIC SERVICE - SEE SCHEDULE O

4d

Other program services (Describe in Schedule O)

(Expenses \$ 11,741,283 including grants of \$) (Revenue \$)























4e

Total program service expenses

\$ 81,788,466

Part IV

Checklist of Required Schedules

		Yes	No	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	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	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? 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
e	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? If "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	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I 	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II 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, Part 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 	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? 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? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV

Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance						
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>						
		Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a	212			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes			
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	1,779			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a				No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	4a				No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a				No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b				No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a				No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c				No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e				No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f				No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?	9a				
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b				
11	Section 501(c)(12) organizations. Enter					
a	Gross income from members or shareholders.	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a				
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b				
c	Enter the aggregate amount of reserves on hand.	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a				No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b				

Part VI

Governance, Management, and Disclosure

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	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?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	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		No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	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?		No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

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

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

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

Form **990** (2011)

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	73,013				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	3,223,879				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,090,291				
	g	Noncash contributions included in lines 1a-1f \$ 329,193						
	h	Total. Add lines 1a-1f						7,387,183
Program Service Revenue			Business Code					
	2a	TUITION AND FEES	900099	85,831,345	85,831,345			
	b	AUXILIARY ENTERPRISES	900099	8,872,443	8,872,443			
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			94,703,788			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)			1,100,533		0	1,100,533
	4	Income from investment of tax-exempt bond proceeds . .			2,925			2,925
	5	Royalties			100,742			100,742
	6a	(i) Real		(ii) Personal				
		64,492						
		35,667						
		28,825						
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)			28,825			28,825
	7a	(i) Securities		(ii) Other				
		5,804,741		25,000				
		4,718,747		6,258				
		1,085,994		18,742				
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss)			1,104,736			1,104,736
	8a	Gross income from fundraising events (not including \$ 73,013 of contributions reported on line 1c) See Part IV, line 18						
	a	38,832						
	b	Less direct expenses		136,671				
	c	Net income or (loss) from fundraising events . .			-97,839			-97,839
	9a	Gross income from gaming activities See Part IV, line 19						
a								
b	Less direct expenses							
c	Net income or (loss) from gaming activities . .			0				
10a	Gross sales of inventory, less returns and allowances							
a								
b	Less cost of goods sold							
c	Net income or (loss) from sales of inventory . .			0				
Miscellaneous Revenue			Business Code					
11a	ENDOWMENT DRAWDOWNS		900099	1,317,000			1,317,000	
b	MISCELLANEOUS		900099	513,298	513,298			
c								
d	All other revenue							
e	Total. Add lines 11a-11d			1,830,298				
12	Total revenue. See Instructions			106,161,191	95,217,086	0	3,556,922	

Part IX

Statement of Functional Expenses

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

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	26,353,854	26,353,854		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	617	617		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,679,372	406,332	1,273,040	
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	33,827,575	28,274,358	5,039,969	513,248
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,396,890	2,160,292	198,060	38,538
9	Other employee benefits	4,335,368	3,910,959	377,277	47,132
10	Payroll taxes	2,592,928	2,240,812	312,400	39,716
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	62,345		62,345	
c	Accounting	187,295		187,295	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	130,800			130,800
f	Investment management fees	220,044	4,677	215,367	
g	Other	5,079,647	4,080,470	984,075	15,102
12	Advertising and promotion	1,292,504	278,929	750,817	262,758
13	Office expenses	2,956,797	1,335,735	1,541,873	79,189
14	Information technology	4,069,832	2,526,768	1,542,409	655
15	Royalties	0			
16	Occupancy	2,842,234	1,979,749	862,485	
17	Travel	873,058	766,034	72,981	34,043
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	198,406	177,820	18,264	2,322
20	Interest	2,641,141	1,456,634	1,184,507	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	4,404,513	2,429,164	1,975,349	
23	Insurance	346,148	346,148		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	BAD DEBTS	940,620	917,788		22,832
b	PRINTING AND PUBLICATIONS	853,585	517,654	280,463	55,468
c	ENTERTAINMENT	982,749	805,110	145,698	31,941
d	EQUIPMENT MAINTENANCE	915,366	135,344	778,468	1,554
e					
f	All other expenses	1,336,240	683,218	609,639	43,383
25	Total functional expenses. Add lines 1 through 24f	101,519,928	81,788,466	18,412,781	1,318,681
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			0	1	0
	2	Savings and temporary cash investments			18,395,601	2	19,647,549
	3	Pledges and grants receivable, net			3,255,767	3	4,673,622
	4	Accounts receivable, net			1,763,986	4	1,875,194
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L			0	6	0
	7	Notes and loans receivable, net			0	7	0
	8	Inventories for sale or use			0	8	0
	9	Prepaid expenses and deferred charges			490,205	9	378,609
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	149,482,010			
	b	Less: accumulated depreciation	10b	76,994,137	70,436,746	10c	72,487,873
	11	Investments—publicly traded securities			36,291,801	11	50,217,417
	12	Investments—other securities. See Part IV, line 11			15,756,823	12	15,124,316
	13	Investments—program-related. See Part IV, line 11			3,563,372	13	3,123,778
	14	Intangible assets			0	14	0
	15	Other assets. See Part IV, line 11			1,399,783	15	1,518,716
16	Total assets. Add lines 1 through 15 (must equal line 34)			151,354,084	16	169,047,074	
Liabilities	17	Accounts payable and accrued expenses			6,738,542	17	7,488,807
	18	Grants payable			0	18	0
	19	Deferred revenue			1,003,489	19	1,356,936
	20	Tax-exempt bond liabilities			52,975,000	20	69,653,236
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			0	22	0
	23	Secured mortgages and notes payable to unrelated third parties			41,055	23	24,056
	24	Unsecured notes and loans payable to unrelated third parties			0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			9,407,781	25	9,629,744
	26	Total liabilities. Add lines 17 through 25			70,165,867	26	88,152,779
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			40,270,072	27	40,768,677
	28	Temporarily restricted net assets			15,846,373	28	15,614,545
	29	Permanently restricted net assets			25,071,772	29	24,511,073
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			81,188,217	33	80,894,295
34	Total liabilities and net assets/fund balances			151,354,084	34	169,047,074	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	106,161,191
2	Total expenses (must equal Part IX, column (A), line 25)	2	101,519,928
3	Revenue less expenses Subtract line 2 from line 1	3	4,641,263
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	81,188,217
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-4,935,185
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	80,894,295

Part XII Financial Statements and Reporting

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

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

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization WILKES UNIVERSITY	Employer identification number 24-0795506
---	--

Part I Reason for Public Charity Status

(All organizations must complete this part.) See instructions

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

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☒

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

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

(i)

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

(ii)

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

(iii)

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

h

☐

Provide the following information about the supported organization(s)

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

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

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in)		(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11	Total support (Add lines 7 through 10)						
12	Gross receipts from related activities, etc (See instructions)					12	
13	First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
14	Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b	33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a	10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
b	10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
18	Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

Part IIIPart III

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15		
16 Public support percentage from 2010 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17		
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization			
b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization			
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions			

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

Facts And Circumstances Test

Explanation

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
Attach to Form 990. See separate instructions.

Name of the organization
WILKES UNIVERSITY

Employer identification number
24-0795506

Part I

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

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

Part II

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

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

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

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

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

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

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

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

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

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

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

Part III

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ 1,446,000

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

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III

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

3

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

a

☒ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes☒ No

Part IV

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

1a

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

☐ Yes☒ No

1b

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

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes☐ No

2b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance	38,292,348	32,667,073	29,448,828	38,843,902
1b	Contributions	229,858	551,885	906,589	964,402
1c	Investment earnings or losses	-1,283,157	6,619,932	4,155,073	-8,661,856
1d	Grants or scholarships	1,317,000	1,363,000	1,675,095	1,530,321
1e	Other expenditures for facilities and programs				
1f	Administrative expenses	184,364	183,542	168,322	167,299
1g	End of year balance	35,737,685	38,292,348	32,667,073	29,448,828

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 26 000 %

b

Permanent endowment ▶ 51 000 %

c

Term endowment ▶ 23 000 %

3a

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

(i)

unrelated organizations

3a(i)

☐ Yes☐ No

(ii)

related organizations

3a(ii)

☐ Yes☐ No

b

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

3b

☐ Yes☐ No

4

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

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,261,356		5,261,356
1b Buildings		102,976,624	43,897,904	59,078,720
1c Leasehold improvements				
1d Equipment		27,415,919	25,258,552	2,157,367
1e Other		13,828,111	7,837,681	5,990,430
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				72,487,873

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1106,161,191
2	Total expenses (Form 990, Part IX, column (A), line 25)	2101,519,928
3	Excess or (deficit) for the year Subtract line 2 from line 1	34,641,263
4	Net unrealized gains (losses) on investments	4-4,427,021
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8-508,164
9	Total adjustments (net) Add lines 4 - 8	9-4,935,185
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10-293,922

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	174,847,411
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments	2a-4,427,021
b	Donated services and use of facilities	2b250
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV)	2d172,337
e	Add lines 2a through 2d	2e-4,254,434
3	Subtract line 2e from line 1	379,101,845
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a196,711
b	Other (Describe in Part XIV)	4b26,862,635
c	Add lines 4a and 4b	4c27,059,346
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5106,161,191

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	175,141,333
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities	2a250
b	Prior year adjustments	2b
c	Other losses	2c
d	Other (Describe in Part XIV)	2d172,337
e	Add lines 2a through 2d	2e172,587
3	Subtract line 2e from line 1	374,968,746
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	4a196,711
b	Other (Describe in Part XIV)	4b26,354,471
c	Add lines 4a and 4b	4c26,551,182
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5101,519,928

Part XIVSupplemental Information

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

Identifier	Return Reference	Explanation
WORKS OF ART	SCH D PART III, LINE 4	A COLLECTION OF ARTWORK IS MAINTAINED BY THE UNIVERSITY PURELY FOR PUBLIC DISPLAY BOTH IN THE ART GALLERY AND ON CAMPUS THEY ARE NOT HELD FOR SALE
ENDOWMENT FUND	SCHEDULE D, PART V, LINE 4	THE INTENDED USE OF THE UNIVERSITY'S ENDOWMENT FUNDS IS TO FUND SCHOLARSHIPS AS WELL AS DEPARTMENTAL CHAIRS AND TO SUPPORT OPERATING EXPENSES
TAX POSITIONS UNDER FIN 48	SCH D PART X, LINE 2	THE UNIVERSITY IS INCORPORATED IN THE COMMONWEALTH OF PENNSYLVANIA AS A NONPROFIT ORGANIZATION THE UNIVERSITY HAS RECEIVED A DETERMINATION FROM THE INTERNAL REVENUE SERVICE THAT IT IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE UNIVERSITY AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF THE UNIVERSITY HAS TAKEN AN UNCERTAIN TAX POSITION THAT MORE LIKELY THAN NOT BE SUSTAINED UNDER EXAMINATION BY THE IRS MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE UNIVERSITY, AND HAS CONCLUDED THAT AS OF MAY 31, 2012, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS THE UNIVERSITY IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS, HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS
CHANGE IN NET ASSETS	SCHEDULE D, PART XI, LINE 8	CHANGE IN VALUE OF PERPETUAL TRUSTS AND SPLIT INTEREST AGREEMENTS SPLIT INTEREST AGREEMENTS (713,364) STUDENT LOANS 205,200 ===== TOTAL (508,164)
REVENUE RECONCILIATION	SCH D, PART XII LINES 2D AND 4B	LINE 2D SPECIAL EVENTS \$ 136,670 RENTAL EXPENSES 35,667 ===== TOTAL \$ 172,337 LINE 4B SCHOLARSHIP AID \$ 26,149,271 CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS \$ 713,364 ===== TOTAL \$ 26,862,635
RECONCILIATION OF EXPENSES	SCHEDULE D, PART XIII, LINES 2D AND 4B	LINE 2D SPECIAL EVENTS \$ 136,670 RENTAL EXPENSES 35,667 ===== TOTAL \$ 172,337 LINE 4B SCHOLARSHIP AID \$ 26,149,271 STUDENT LOANS DISBURSED \$ 205,200 ===== TOTAL \$ 26,354,471

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
WILKES UNIVERSITY

Employer identification number

24-0795506

Part I		YES	NO
<div>1</div> <div>Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?</div>	1	Yes	
	2	Yes	
	3	Yes	
	4a	Yes	
<div>2</div> <div>Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?</div>	4b	Yes	
	4c	Yes	
	4d	Yes	
	5a		No
<div>3</div> <div>Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II</div>	5b		No
	5c		No
	5d		No
	5e		No
<div>4</div> <div>Does the organization maintain the following?</div> <div>a Records indicating the racial composition of the student body, faculty, and administrative staff?</div> <div>b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?</div> <div>c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?</div> <div>d Copies of all material used by the organization or on its behalf to solicit contributions?</div> <div>If you answered "No" to any of the above, please explain If you need more space, use Part II</div>	5f		No
	5g		No
	5h		No
	6a	Yes	
<div>5</div> <div>Does the organization discriminate by race in any way with respect to</div> <div>a Students' rights or privileges?</div> <div>b Admissions policies?</div> <div>c Employment of faculty or administrative staff?</div> <div>d Scholarships or other financial assistance?</div> <div>e Educational policies?</div> <div>f Use of facilities?</div> <div>g Athletic programs?</div> <div>h Other extracurricular activities?</div> <div>If you answered "Yes" to any of the above, please explain If you need more space, use Part II</div>	6b		No
	7	Yes	

Part III Supplemental Information

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

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

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
WILKES UNIVERSITY

Employer identification number
24-0795506

Part I

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

1

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

☒ Yes

☐ No

2

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

3

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
South Asia			Program Services	FOREIGN STUDY	3,980
South Asia			Grantmaking		617
South Asia		1	Program Services	RECRUITING STUDENTS	3,750
East Asia and the Pacific		1	Program Services	RECRUITING STUDENTS	5,000
Middle East and North Africa			Program Services	RECRUTITING STUDENTS	26,250
Europe (Including Iceland and Greenland)			Investments		493,597
Central America and the Caribbean			Investments		3,406,072
North America			Investments		100,906
Sub-Saharan Africa			Investments		29,716
East Asia and the Pacific			Investments		36,519
3a Sub-total		2			4,106,407
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)		2			4,106,407

1

3 Enter total number of other organizations or entities ►

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.

[illegible]

Part IV Foreign Forms

- 1

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

☒ Yes ☐ No
- 2

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

☐ Yes ☒ No
- 3

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

☒ Yes ☐ No
- 4

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

☒ Yes ☐ No
- 5

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

☐ Yes ☒ No
- 6

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

☐ Yes ☒ No

Part V **Supplemental Information**

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

Identifier	Return Reference	Explanation
SCHEDULE F, PART I, LINE 2	MONITORING OF FUNDS	THE AWARDING OF FUNDS FOLLOWS THE GUIDELINES OF THE FINANCIAL AID PROCESS

Identifier	Return Reference	Explanation
SCHEDULE F, PART I, LINE 3, COLUMN (F)	ACCOUNTING METHOD OF EXPENDITURES	EXPENDITURES ARE RECORDED ON THE ACCRUAL BASIS

Identifier	Return Reference	Explanation
SCHEDULE F, PART I, LINE 3, COLUMN (F)		INVESTMENTS ARE REPORTED AT BOOK VALUE AT 5/31/2012

Schedule F (Form 990) 2010

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
WILKES UNIVERSITY

Employer identification number
24-0795506

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

1

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

a

☒

Mail solicitations

e

☒

Solicitation of non-government grants

b

☒

Internet and e-mail solicitations

f

☒

Solicitation of government grants

c

☒

Phone solicitations

g

☒

Special fundraising events

d

☒

In-person solicitations

2a

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

☒ Yes

☐ No

b

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Jerold Panas Linzy Ptrns	CONSULTING STRATEGY		No		130,800	
Total ▶					130,800	

3

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

Part II Fundraising Events.

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

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
			<u>Lecture Series</u>	<u>Golf Tournament</u>	<u>2</u>	(Add col (a) through	
			(event type)	(event type)	(total number)	col (c))	
	1	Gross receipts	73,601	17,475	20,769	111,845	
	2	Less Charitable contributions	55,070	7,250	10,693	73,013	
3	Gross income (line 1 minus line 2)	18,531	10,225	10,076	38,832		
Direct Expenses	4	Cash prizes					
	5	Non-cash prizes					
	6	Rent/facility costs	7,996	3,658		11,654	
	7	Food and beverages	10,610	3,233	2,950	16,793	
	8	Entertainment	82,500		150	82,650	
	9	Other direct expenses	18,192	3,417	3,965	25,574	
	10	Direct expense summary Add lines 4 through 9 in column (d). ►					(136,671)
	11	Net income summary Combine lines 3 and 10 in column (d). ►					-97,839

Part III Gaming.

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

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

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

a Is the organization licensed to operate gaming activities in each of these states?

☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes ☐ No

b If "Yes," Explain _____

11

Does the organization operate gaming activities with nonmembers?

Yes

No

12

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

Yes

No

13

Indicate the percentage of gaming activity operated in

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

14

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

Name  _____

Address  _____



15a

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

Yes

No

b

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

c

If "Yes," enter name and address

Name  _____

Address  _____

16 Gaming manager information

Name  _____

Gaming manager compensation  \$ _____

Description of services provided  _____

Director/officer

Employee

Independent contractor

17

Mandatory distributions


a

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

Yes

No

b

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

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

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

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
WILKES UNIVERSITY

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

Employer identification number
24-0795506

Part I

General Information on Grants and Assistance

- 1

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

☒ Yes ☐ No
- 2

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

Part II

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

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

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3

Enter total number of other organizations listed in the line 1 table ▶

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) DISCOUNTS TO ALUMNI AND DEPENDENTS	1	1,342			
(2) NAMED SCHOLARSHIPS	278	918,105			
(3) NEED BASED GRANTS AND SCHOLARSHIPS	1391	8,352,666			
(4) OTHER SCHOLARSHIPS	1697	15,104,896			
(5) REMISSIONS - UPWARD BOUND ETC	660	1,771,645			
(6) STUDENT LOANS DISBURSED	58	205,200			

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

Identifier	Return Reference	Explanation
EXPLANATION OF SCHEDULE FINANCIAL AID AWARDS	SCH I	WILKES UNIVERSITY MAINTAINS A COMPREHENSIVE PROGRAM OF FINANCIAL AID TO ASSIST STUDENTS IN THE FINANCING OF THEIR EDUCATIONAL PROGRAMS THE UNIVERSITY AWARDS BOTH MERIT SCHOLARSHIPS AND NEED-BASED GRANTS TO UNDERGRADUATE STUDENTS MERIT AWARDS ARE BASED ON HIGH SCHOOL ACHIEVEMENT INCLUDING SAT SCORES AND HIGH SCHOOL CLASS RANK STUDENTS MUST COMPLETE THE FREE APPLICATION FOR FEDERAL STUDENT AID TO HAVE THEIR ELIGIBILITY FOR NEED-BASED AID DETERMINED

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
WILKES UNIVERSITY

Employer identification number
24-0795506

Part I

Questions Regarding Compensation

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

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JOSEPH GILMOUR	(i)	249,670	0	0	25,755	61,238	336,663	0
	(ii)	0	0	0	0	0	0	0
(2) G REYNOLD VERRET	(i)	205,923	0	0	21,518	32,635	260,076	0
	(ii)	0	0	0	0	0	0	0
(3) LOREN PRESCOTT	(i)	183,522	0	0	19,041	18,957	221,520	0
	(ii)	0	0	0	0	0	0	0
(4) MICHAEL WOOD	(i)	126,226	0	0	13,532	46,513	186,271	0
	(ii)	0	0	0	0	0	0	0
(5) SYED KALIM	(i)	177,451	0	0	10,870	5,255	193,576	0
	(ii)	0	0	0	0	0	0	0
(6) JAMAL GHORIESHI	(i)	164,363	0	0	11,107	5,372	180,842	0
	(ii)	0	0	0	0	0	0	0
(7) DALE BRUNS	(i)	145,031	0	0	15,035	4,818	164,884	0
	(ii)	0	0	0	0	0	0	0
(8) JEFFREY ALVES	(i)	130,075	0	10,100	13,390	5,325	158,890	0
	(ii)	0	0	0	0	0	0	0
(9) TERI OOMS	(i)	125,306	17,813	484	12,620	382	156,605	0
	(ii)	0	0	0	0	0	0	0
(10) BERNARD GRAHAM	(i)	172,569	0	0	18,098	4,924	195,591	0
	(ii)	0	0	0	0	0	0	0
(11) MICHAEL SPEZIALE	(i)	155,318	10,935	2,220	15,532	9,976	193,981	0
	(ii)	0	0	0	0	0	0	0

Part IIISupplemental Information

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

Identifier	Return Reference	Explanation
HOUSING ALLOWANCE	SCHEDULE J, PART I	HOUSING IS PROVIDED FOR THE UNIVERSITY PRESIDENT, VP OF FINANCE AND THE UNIVERSITY'S PROVOST AS WELL AS THEIR FAMILIES. THIS INCLUDES PAYMENT OF ALL UTILITIES AND INSURANCE ON THE RESIDENCES. NO PART OF THE HOUSING ALLOWANCE IS TREATED AS TAXABLE COMPENSATION. THE UNIVERSITY MAINTAINS WRITTEN LEASES THAT DOCUMENT THE USE OF UNIVERSITY HOUSING BY EMPLOYEES.
HEALTH OR SOCIAL CLUB DUES	SCHEDULE J, PART I	ALL UNIVERSITY EMPLOYEES ARE OFFERED A MEMBERSHIP AT THE LOCAL YMCA. IN ADDITION, CERTAIN MEMBERS OF THE PRESIDENT'S CABINET BELONG TO A LOCAL SOCIAL CLUB WHICH REQUIRES DUES OF \$108 PER MONTH. THE HEALTH OR SOCIAL CLUB DUES ARE NOT TREATED AS TAXABLE COMPENSATION.
PERSONAL SERVICES	SCHEDULE J, PART I	CLEANING SERVICES ARE PROVIDED AT THE PRESIDENT'S RESIDENCE BY A UNIVERSITY CUSTODIAN. THE CLEANING SERVICES ARE NOT TREATED AS TAXABLE COMPENSATION.
TRAVEL FOR COMPANIONS	SCHEDULE J, PART I	TRAVEL FOR COMPANIONS IS FOR THE PRESIDENT'S SPOUSE. NO PART OF THE TRAVEL FOR COMPANIONS IS TREATED AS TAXABLE COMPENSATION. THE BOARD'S CONTRACTUAL AGREEMENT WITH THE PRESIDENT AUTHORIZES REIMBURSEMENT FOR TRAVEL FOR THE SPOUSE WHEN HER PRESENCE IS DEEMED BY THE PRESIDENT TO BE IN FURTHERANCE OF THE MISSION OF THE UNIVERSITY. THE UNIVERSITY KEEPS RECEIPTS TO DOCUMENT TRAVEL.

Schedule K (Form 990)	Supplemental Information on Tax Exempt Bonds ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ▶ Attach to Form 990. ▶ See separate instructions.								OMB No 1545-0047	
									2011	
	Department of the Treasury Internal Revenue Service Name of the organization WILKES UNIVERSITY								Employer identification number 24-0795506	

Part I Bond Issues											
(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A CITY OF WILKES BARRE FINANCE AUTHORITY SERIES 2007		968254AC6	05-30-2007	54,134,142	REFUNDING BONDS AND PREPAYING		X		X		X
B NORTHEATERN PA HOSPITAL & EDUCATION AUTHOR SER A	23-7394107	664556BD8	05-09-2012	16,956,391	FINANCE NEW FACILITY		X		X		X
C NORTHEASTER PA HOSPITAL & EDUCATION AUTHOR SER B	23-7394107		04-13-2012	15,000,000	FINANCE NEW FACILITY		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	0		0		0			
2	Amount of bonds defeased	0		0		0			
3	Total proceeds of issue	54,134,142		16,956,391		15,000,000			
4	Gross proceeds in reserve funds	2,127,750		1,657,500		0			
5	Capitalized interest from proceeds	0		0		0			
6	Proceeds in refunding escrow	51,254,416		0		0			
7	Issuance costs from proceeds	738,963		284,230		139,234			
8	Credit enhancement from proceeds	0		0		0			
9	Working capital expenditures from proceeds	13,013		0		0			
10	Capital expenditures from proceeds	0		0		0			
11	Other spent proceeds	0		0		0			
12	Other unspent proceeds	0		15,014,661		14,860,766			
13	Year of substantial completion	2007							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X			X		X		
15	Were the bonds issued as part of an advance refunding issue?	X			X		X		
16	Has the final allocation of proceeds been made?	X			X		X		
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

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

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?	X			X		X		
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 371 %		0 %		0 %			
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	2 825 %				0 %			
6	Total of lines 4 and 5	3 195 %				0 %			
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X			

Part IV

Arbitrage

		A		B		C		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?		X		X		X		
2	Is the bond issue a variable rate issue?	X			X	X			
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X		X		
b	Name of provider	0		0		0			
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X		X		X		
b	Name of provider	0		0		0			
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X		
6	Did the bond issue qualify for an exception to rebate?		X		X		X		

Part V

Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations ☐ Yes ☒ No

Part VI

Supplemental Information

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

Identifier	Return Reference	Explanation
MEMBER OF AN LLC	SCHEDULE K, PART III, LINE 1	WILKES UNIVERSITY IS THE SOLE MEMBER OF WU REAL ESTATE, LLC, WHICH IS TREATED AS A DISREGARDED ENTITY OF THE UNIVERSITY WU REAL ESTATE LLC'S OWNERSHIP OF BOND FINANCED FACILITIES IS THEREFORE TREATED AS OWNERSHIP BY A 501(C)(3) ENTITY
PRIVATE BUSINESS USE BY OTHER THAN 501 (C)(3) ORGANIZATION	SCHEDULE K, PART III, LINE 4	THE PERCENTAGE SHOWN ON PART III, LINE 4 REPRESENTS RENT RECEIVED FROM A HOLDOVER BUSINESS TENANT OF A BUILDING PURCHASED BY THE UNIVERSITY AND IS CALCULATED ON THE BASIS OF ONE BUILDING WHICH WAS FINANCED BY APPROXIMATELY 19 63% OF THE PROCEEDS OF THE BOND ISSUE
PRIVATE BUSINESS USE AS A RESULT OF UNRELATED TRADE OR BUSINESS ACTIVITY	SCHEDULE K, PART III, LINE 5	THE AMOUNTS SHOWN ON PART III, LINE 5 REPRESENT RENT RECEIVED FROM ELDERLY HOLDOVER TENANTS OF A BUILDING PURCHASED BY THE UNIVERSITY TO PROVIDE STUDENT HOUSING THESE NON-STUDENT TENANTS ARE PERMITTED TO STAY IN THE BUILDING UNTIL THE TENANT DECIDES TO TERMINATE THE LEASE THE PERCENTAGE IS CALCULATED ON THE BASIS OF ONE BUILDING WHICH WAS FINANCED BY APPROXIMATELY 19 63% OF THE PROCEEDS OF THE BOND ISSUE, AND OVER THE TERM OF THE BONDS AS THESE NON-STUDENT LEASES ARE TERMINATED, THE UNIVERSITY EXPECTS THAT THE UNRELATED USE WILL DROP TO 0% AND REPRESENT A VERY SMALL PORTION OF THE USE OF THE BUILDING
TOTAL PRIVATE BUSINESS USE	SCHEDULE K, PART III, LINE 6	THIS PERCENTAGE REPRESENTS USE OF ONLY ONE BUILDING FINANCED WITH APPROXIMATELY 19 63% OF THE BOND PROCEEDS THE USE AS MEASURED OVER THE ENTIRE BOND ISSUE IS LESS THAN 1% OF THE BOND PROCEEDS FOR THE ANNUAL PERIOD COVERED BY SCHEDULE K
PRACTICES AND PROCEDURES FOR TAX EXEMPT BOND LIABILITIES	SCHEDULE K, PART III, LINE 7	ALTHOUGH WILKES HAS ADOPTED MANAGEMENT PRACTICES AND PROCEDURES TO ENSURE THE POST ISSUANCE COMPLIANCE OF ITS TAX EXEMPT BOND LIABILITIES, THESE PRACTICES AND PROCEDURES WERE NOT IN WRITING AT THE END OF WILKES' TAX YEAR

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
WILKES UNIVERSITY

Employer identification number

24-0795506

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefitting Interested Persons.

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

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

Part IV**Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) DENISE CESARE	SEE SCHEDULE L, PART V	1,018,321	HEALTH INSURANCE PLAN		No
(2) MATTHEW SORDONI	SEE SCHEDULE L, PART V	317,683	CONSTRUCTION SERVICES		No

Part V**Supplemental Information**

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

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS	FORM 990, PART IV, LINE 28C AND SCHEDULE L, PART IV	DENISE CESARE, A MEMBER OF THE UNIVERSITY'S BOARD OF TRUSTEES, IS THE PRESIDENT AND CEO OF BLUE CROSS OF NEPA MATTHEW SORDONI, A MEMBER OF THE UNIVERSITY'S BOARD OF TRUSTEE, HAS A FAMILY RELATIONSHIP WITH THE OWNER OF SORDONI CONSTRUCTION SERVICES, INC ALL CONTRACTS IN THE ABOVE RELATIONSHIPS ARE CONTRACTED AT ARM'S LENGTH THROUGH THE UNIVERSITY'S PROCUREMENT PROCESS WHICH INCLUDES A COMPETITIVE BID PROCESS AND THE PERSONS DISCLOSED ARE NOT PART OF THE DECISION MAKING PROCESS

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
WILKES UNIVERSITY

Employer identification number
24-0795506

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		5,713	FAIR MARKET VALUE
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
ENGINEERING EQUIPMENT /				
25 Other ► (COMPONENTS)	X	2	323,200	FAIR MARKET VALUE
26 Other ► (OTHER)	X	1	280	FAIR MARKET VALUE
27 Other ► ()				
28 Other ► ()				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

Yes

No

30a

No

31

Yes

32a

No

Part III

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

Identifier	Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization WILKES UNIVERSITY	Employer identification number 24-0795506
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Identifier	Return Reference	Explanation
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	Part III	ACADEMIC SUPPORT INCLUDES FUNDS EXPENDED TO PROVIDE SUPPORT SERVICES FOR THE INSTITUTION'S PRIMARY MISSION OF INSTRUCTION, RESEARCH, AND PUBLIC SERVICE. THE ACADEMIC ADMINISTRATION OF THE UNIVERSITY, INCLUDING ACADEMIC DEANS, BUT NOT DEPARTMENT CHAIRS THAT ARE CHARGED TO THEIR PRIMARY FUNCTION CATEGORY, ARE FOUND IN THIS PROGRAM. ALL SALARIES, BENEFITS, AND OTHER EXPENSES FOR THE LIBRARY ARE ALSO CONSIDERED ACADEMIC SUPPORT. RESEARCH INCLUDES ALL EXPENDITURES FOR ACTIVITIES SPECIFICALLY ORGANIZED TO PRODUCE RESEARCH, WHETHER COMMISSIONED BY AN AGENCY EXTERNAL TO THE INSTITUTION OR SEPARATELY BUDGETED WITHIN THE UNIVERSITY. CHARGED TO THIS PROGRAM ARE EXPENDITURES RELATED TO THE INSTITUTE FOR PUBLIC POLICY AND ECONOMIC DEVELOPMENT, A PARTNERSHIP AMONG SEVERAL LOCAL COLLEGES WITH THE FUNCTION OF PRODUCING RESEARCH TO ASSIST COMMUNITY LEADERS IN MAKING INFORMED DECISIONS. IN ADDITION TO THIS, THE EXPENSES OF SEVERAL RESEARCH GRANTS ARE RECORDED TO THE RESEARCH CLASSIFICATION. PUBLIC SERVICE INCLUDES FUNDS EXPENDED FOR ACTIVITIES ESTABLISHED PRIMARILY TO PROVIDE NON-INSTRUCTIONAL SERVICES BENEFICIAL TO INDIVIDUALS AND GROUPS EXTERNAL TO THE UNIVERSITY. THE EXPENSES OF THE SMALL BUSINESS DEVELOPMENT CENTER, RADIO AND TELEVISION STUDIOS, SEVERAL COMMUNITY LECTURE SERIES, AND ART GALLERY ARE AMONG THOSE POSTED TO THIS PROGRAM.
990 REVIEW PROCESS	PART VI, LINE 11	WILKES UNIVERSITY HAS ESTABLISHED A REVIEW PROCESS FOR THE FORM 990. THE INFORMATION IS MADE AVAILABLE TO THE ORGANIZATION'S OFFICERS, TRUSTEES, AND HIGHLY COMPENSATED INDIVIDUALS PRIOR TO THE FILING WITH THE IRS.
MONITORING AND ENFORCEMENT OF THE CONFLICT OF INTEREST POLICY	PART VI, LINE 12C	WILKES UNIVERSITY'S CONFLICT OF INTEREST POLICY COVERS ALL BOARD MEMBERS AND ANY INDIVIDUAL THAT HAS BUDGETARY / FINANCIAL RESPONSIBILITIES WITHIN THE UNIVERSITY. ANY CONFLICTS OF INTERESTS CONCERNING BOARD MEMBERS ARE FORWARDED TO THE AUDIT COMMITTEE FOR REVIEW AND APPROVAL. ALL CONFLICT OF INTEREST STATEMENTS ARE REVIEWED UPON SUBMISSION AND FORWARDED TO THE AUDIT COMMITTEE AS APPROPRIATE. ANY UNIVERSITY ACTIVITIES THAT HAVE A POTENTIAL CONFLICT ARE USUALLY DETECTED BEFORE A CONTRACT IS EXECUTED.
PROCESS FOR DETERMINING COMPENSATION	PART VI, LINE 15A AND 15B	THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES PERFORMS AN ANNUAL REVIEW AND APPROVAL OF TOP MANAGEMENT COMPENSATION AS WELL AS OFFICERS AND / OR KEY EMPLOYEES. BENCHMARK DATA FROM COLLEGE AND UNIVERSITY PROFESSIONAL ASSOCIATION FOR HUMAN RESOURCES (CUPA) IS USED FOR COMPARATIVE PURPOSES FOR EXECUTIVE POSITIONS. THE LAST BENCHMARKING COMPARISON WAS COMPLETED IN DECEMBER 2011. THE UNIVERSITY KEEPS WRITTEN DOCUMENTATION OF ITS DELIBERATION AND DECISION MAKING PROCESS.
GOVERNING DOCUMENTS	Part VI, Section C, Line 19	WILKES UNIVERSITY MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.
OTHER CHANGES IN NET ASSETS	FORM 990, PART XI, LINE 5	UNREALIZED GAIN \$(4,427,021) CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS \$(713,364) STUDENT LOANS DISBURSED \$205,200 ===== TOTAL \$(4,935,185) =====

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
WILKES UNIVERSITY

Employer identification number
24-0795506

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) WU REAL ESTATE LLC 170 S FRANKLIN STREET WILKESBARRE, PA 18766 20-5799312	STUDNT RENTAL	PA	64,492	12,335,768	WILKES UNIV

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

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

Part III

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

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

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) CRUT (3)	ANNUITY			Trust			
(2) CRAT	ANNUITY	PA		Trust			

Part V

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

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

1

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

a

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

b

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

c

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

d

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

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

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

j

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

k

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

l

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

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

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

r

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

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

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

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

Schedule R (Form 990) 2011

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

[illegible]

Part VII

Supplemental Information

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

Identifier	Return Reference	Explanation
SCHEDULE R, PART IV, LINE 1	LEGAL DOMICILE OF CRUTS	TWO OF THE CRUTS ARE DOMICILED IN PENNSYLVANIA ONE CRUT IS DOMICILED IN MARYLAND

Form

4562

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2011

Attachment
Sequence No 179

Department of the Treasury
Internal Revenue Service (99)

See separate instructions. Attach to your tax return.

Name(s) shown on return WILKES UNIVERSITY	Business or activity to which this form relates GENERAL DEPRECIATION	Identifying number 24-0795506
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	\$ 500,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	\$ 2,000,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost	
7 Listed property Enter the amount from line 29	7		
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8		
9 Tentative deduction Enter the smaller of line 5 or line 8	9		
10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10		
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11		
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12		
13 Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12	13		

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	2,970,595

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A		
17 MACRS deductions for assets placed in service in tax years beginning before 2011	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	2,970,595
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No						24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost	
25Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25		
26 Property used more than 50% in a qualified business use									
		%							
		%							
		%							
27 Property used 50% or less in a qualified business use									
		%			S/L -				
		%			S/L -				
		%			S/L -				
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28			
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29		

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2011 tax year (see instructions)					
43 Amortization of costs that began before your 2011 tax year				43	
44 Total. Add amounts in column (f) See the instructions for where to report				44	

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
THOMAS RALSTON TRUSTEE	1 0	X						0	0	0	
HEDY RITTENMEYER TRUSTEE	3 0	X						0	0	0	
STEVEN ROTH TRUSTEE	3 0	X						0	0	0	
JAY S SIDHU TRUSTEE	4 0	X						0	0	0	
VIRGINIA P SIKES TRUSTEE	7 0	X						0	0	0	
ELIZABETH A SLAUGHTER PHD TRUSTEE	3 0	X						0	0	0	
MATTHEW R SORDONI TRUSTEE	1 0	X						0	0	0	
JOSEPH GILMOUR PRESIDENT	75 0	X		X				249,670	0	86,993	
G REYNOLD VERRET PROVOST	60 0			X				205,923	0	54,153	
LOREN PRESCOTT VP FINANCE & LEGAL	60 0			X				183,522	0	37,998	
PAUL ADAMS VP STUDENT AFFAIRS	50 0			X				129,860	0	18,532	
MICHAEL WOOD VP ADVANCEMENT	50 0			X				126,226	0	60,045	
MELANIE WADE VP ENROLLMENT SERVICES	50 0			X				121,271	0	14,248	
BERNARD GRAHAM DEAN PHARMACY NURSING	50 0				X			172,569	0	23,022	
MICHAEL SPEZIALE DEAN GRADUATE STUDIES	50 0				X			168,473	0	25,508	
SYED KALIM PROFESSOR	50 0					X		177,451	0	16,125	
JAMAL GHORIESHI PROFESSOR	50 0					X		164,363	0	16,479	
DALE BRUNS DEAN/CHAIR COLLEGE OF SCIENC	50 0					X		145,031	0	19,853	
JEFFREY ALVES DEAN BUSINESS SCHOOL	50 0					X		140,175	0	18,715	
TERI OOMS DIR JOINT URBAN STUDIES	50 0					X		143,603	0	13,002	

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

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

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

4d. Other program services				
(Code) (Expenses \$	1,188,067	including grants of \$) (Revenue \$
PUBLIC SERVICE - SEE SCHEDULE O				

Additional Data

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

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

4d. Other program services				
(Code)	(Expenses \$	9,297,830	including grants of \$	(Revenue \$)
ACADEMIC SUPPORT - SEE SCHEDULE O				
(Code)	(Expenses \$	1,255,386	including grants of \$	(Revenue \$)
RESEARCH - SEE SCHEDULE O				