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DLN: 93493135059864

Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

benefit trust or private foundation)

Internal F	Revenue Service	► The organization may have to use a copy of this return to satisfy st	ate reportin	g requireme	ents	Inspection
A For	the 2012 c	alendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30)-2013	_		
C he	ck if applicable	C Name of organization WIDENER UNIVERSITY		D Employ	yer iden	tification number
Add	ress change	Doing Business As		23-13	86178	
Nam	ne change	Doing business As				
Initia	al return	Number and street (or P O box if mail is not delivered to street address) Room/suit	te	E Telepho	ne numl	per
Terr	nınated	ONE UNIVERSITY PLACE				
- Ame	ended return	City or town, state or country, and ZIP + 4		(610)	499-4	396
- App	lication pendin	CHESTER, PA 19013		G Gross re	eceipts \$	211,872,831
		F Name and address of principal officer	H(a) is th	nis a group		
		JOSEPH J BAKER		ates?	recuiii	┌ Yes ┌ No
		ONE UNIVERSITY PLACE CHESTER,PA 19013	ш/Ь) .			
		·				ded? Tyes No (see instructions)
Tax	-exempt statu	IS				
We	ebsite: 🕨 W	/WW WIDENER EDU	H(c) Gro	up exemptı	on nun	nber 🟲
Form	of organization	DON	L Year of f	ormation 182	21 M	State of legal domicile Pi
Par		mmary	- rear or r	omadon 101		otate or legal dollinene 17
70	SEE SO OUR M CONN OF LIE ACAD PERSO WHO [describe the organization's mission or most significant activities CHEDULE O FOR COMPLETE MISSION STATEMENT AS A LEADING MISSION AT WIDENER UNIVERSITY BY CREATING A LEARNING ENVIECTED TO SOCIETAL ISSUES THROUGH CIVIC ENGAGEMENT WE LEARNING ENTER AND PROFESSIONAL EDUCATION IN A CHALLENGING, EMIC COMMUNITY WE ENGAGE OUR STUDENTS THROUGH SYNAMI ONAL ATTENTION, AND EXPERIENTAL LEARNING WE INSPIRE OUR SEMONSTRATE PROFESSIONAL AND CIVIC LEADERSHIP WE CONTROLLED OMMUNITIES WE SERVE	RONMENT EAD BY PR SCHOLARL C TEACHIN STUDENTS	WHERE CLOVIDING A Y, AND CU IG, ACTIVI TO BE CII	JRRICU A UNIO LTURA E SCHO TIZENS	JĹA ARE QUE COMBINATION ALLY DIVERSE OLARSHIP, 5 OF CHARACTER
:						
	2 Check	this box 🛏 if the organization discontinued its operations or disposed of	f more than	25% of its	net as:	sets
		,				
		r of voting members of the governing body (Part VI, line 1a)			3	2
		r of independent voting members of the governing body (Part VI, line 1b)			4	2
		number of individuals employed in calendar year 2012 (Part V, line 2a) .			5	3,27
		number of volunteers (estimate if necessary)			6	5(
		related business revenue from Part VIII, column (C), line 12 related business taxable income from Form 990-T, line 34			7a	-39,524
\dashv	b Net un	related business taxable income non-rollin 990-1, line 34			7b	-48,787
	• Cont	ributions and grants (Part VIII, line 1h)	Pri	or Year 8,423,4	4.2	Current Year 8,656,584
<u> </u>		ram service revenue (Part VIII, line 2g)		190,386,6	_	191,928,909
		stment income (Part VIII, column (A), lines 3, 4, and 7d)		1,214,4		-565,749
		er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,964,6		2,178,845
		l revenue—add lines 8 through 11 (must equal Part VIII, column (A), line				
		<u> </u>		201,989,2	02	202,198,589
		its and similar amounts paid (Part IX, column (A), lines 1–3)		46,298,0	14	50,213,428
		efits paid to or for members (Part IX, column (A), line 4)			0	(
,	15 Sala 5-1	ries, other compensation, employee benefits (Part IX, column (A), lines		102,955,0	10	111,132,130
		essional fundraising fees (Part IX, column (A), line 11e)			0	(
4		fundraising expenses (Part IX, column (D), line 25) •4,314,301				
ا د		er expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		50,145,8	56	50,392,892
		l expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		199,398,8	_	211,738,450
		enue less expenses Subtract line 18 from line 12		2,590,3	_	-9,539,861
9			Beginnir	ng of Currer	_	End of Year
Fund Balances				Year		
8		l assets (Part X, line 16)		330,524,7	_	339,224,947
<u> </u>		I liabilities (Part X, line 26)		163,840,3		164,009,869
		assets or fund balances Subtract line 21 from line 20		166,684,4	45	175,215,078
y kn	owledge and rer has any	**** nature of officer	an officer) is			•
J. 6		SEPH J BAKER SRVP FINANCE & ADMINSTRATION pe or print name and title				
	<u> </u>	Print/Type preparer's name Preparer's signature Da	ate Ch	eck I if	PTIN	
aid		KAREN GRIES	se	lf-employed	P00078	
	parer	Firm's name F CLIFTONLARSONALLEN LLP	Fır	m's EIN 🟲 41	-074674	19
	Only	Firm's address ► 610 WGERMANTOWN PIKE STE400	Ph	one no (215)	643-39	00

PLYMOUTH MEETING, PA 19462

Form	n 990 (2012)					Page :
Par		nt of Program Serv hedule O contains a res				٦
1	Briefly describe th	he organization's missio	n			
SEE	SCHEDULE O FOR	COMPLETE MISSION	STATEMENT			
2	Did the organization	, -		ervices during the year	which were not listed on	┌ Yes ┌ No
	If "Yes," describe	these new services on S	Schedule O			
3		on cease conducting, or			nducts, any program	┌ Yes ┌ No
	If "Yes," describe	these changes on Sche	dule O			
4	expenses Section		(4) organızatıon	s are required to report	ee largest program services, a the amount of grants and alloc	•
4a	(Code) (Expenses \$	133,070,233	ıncludıng grants of \$	50,213,428) (Revenue \$	170,917,449)
	INSTRUCTIONAL/GRA	ANTS- EXPENSES INCURRED	WITH THE ACADEM	IIC INSTRUCTION OF OUR S	TUDENT BODY AS WELL AS GRANTS TO	O STUDENTS
4b	(Code) (Expenses \$	17,032,761	ıncludıng grants of \$) (Revenue \$	355,449)
	ACADEMIC SUPPORT	- COSTS INCURRED WITH TH	HE MAINTENANCE O	OF PROGRAMS AND ACTIVITE	ES FOR FACULTY AND STUDENTS	
4c	(Code) (Expenses \$	16,224,338	ıncludıng grants of \$) (Revenue \$	630,160)
	STUDENT SERVICES-	COSTS INCURRED WITH TH	IE MAINTENANCE O	F PROGRAMS THAT SERVICE	OUR STUDENT BODY	
	(Code) (Expenses \$	19,802,335	ıncludıng grants of \$) (Revenue \$	19,782,662)
	AUXILIARY SERVICES	, , , , , ,	· ·			

) (Revenue \$

Other program services (Describe in Schedule O)

Total program service expenses ►

19,802,335 including grants of \$

186,129,667

4d

4e

(Expenses \$

19,782,662)

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^{\bullet}	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	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 1	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 for escrow or custodial account liability, 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			
а	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		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
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 and XII	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 and XII 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		No
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, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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

GI I	Statements Regarding Other 1R5 Fillings and Tax Compliance			-
	Check if Schedule O contains a response to any question in this Part V	•	Yes	No
la	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 253			.10
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
_	gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	by this return	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		N
)	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			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
)	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
:	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	E_		
-	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		No
đ	organization nave annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	od		IN
)	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	<u></u>		
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
,	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to		103	
	file Form 8282?	7c		N
I	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the everywhere were use the finder divertily as individually to pay many many and a proposal benefit			
•	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		N
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
ı	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	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		
	Sponsoring organizations maintaining donor advised funds.	-		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
)	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
,	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?			
-	Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
:	Enter the amount of reserves on hand			
ı	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

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

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	'
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		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?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ıe Cod	e.)
				· /
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		
10a				No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a	Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes Yes	No No

- 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 Own website Another's website Upon request Other (explain in Schedule O)
- 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 during the tax year
- $State\ the\ name,\ physical\ address,\ and\ telephone\ number\ of\ the\ person\ who\ possesses\ the\ books\ and\ records\ of\ the\ organization$ ►JOSEPH J BAKER ONE UNIVERSITY PLACE CHESTER, PA (610) 499-4156

Form	990	(2012)
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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

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

	1	1								
(A) Name and Title	(B) Average hours per week (list any hours for related	more t perso and	han o	one l both ector	box, an o	officer stee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2,1033 MI3C)	MISC)	organization and related organizations
See Additional Data Table										
	•	•	•							Form 990 (2012)

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

	(A) Name and Title	(B) Average hours per week (list any hours	more than one box, unless person is both an officer from the and a director/trustee) and a director/trustee) compensation compensation from relate organization (W-organizations)							Reportable compensation from related organizations (W-	-	(F) Estima imount o compens from t	ted f other ation he
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)		rganizati relate organiza	ed
1b	Sub-Total			•	-			▶ -					
c d	Total from continuation sheet Total (add lines 1b and 1c) .			۱. 	٠.	٠.		•	3,048,985		0		436,569
2	Total number of individuals (in \$100,000 of reportable comp	cluding but not	lımıted				d abov	e) w	ho received more th	nan	 		
												Yes	No
3	Did the organization list any f oon line 1a? <i>If</i> "Yes," complete 5					key	emplo	yee, •	or highest compen	sated employee	3		No
4	For any individual listed on lin organization and related organ individual	e 1a, is the sum izations greater	of repo than \$	rtabl 150,0	e co 000	mpe ? <i>If</i> •	nsatioi " <i>Yes," (</i>	n and	d other compensation of the second of the se	on from the uch	4	Yes	
5	Did any person listed on line 1 services rendered to the organ									or individual for	5		No
Se	ection B. Independent Co												
1	Complete this table for your fire											tax vear	

(A) Name and business address	(B) Description of services	(C) Compensation
NASON CONSTRUCTION INC 2000 FOULK ROAD SUITE F WILMINGTON DE 19810	CONSTRUCTION	6,293,191
ARAMARK SERVICES INC ONE UNIVERSITY PLACE CHESTER PA 19013	FOOD SERVICE	5,814,629
ARAMARK FACILITY SERVICES ONE UNIVERSITY PLACE CHESTER PA 19013	HOUSEKEEPING	1,965,257
HSC BUILDERS & CONSTRUCTION 304 NEW MILL LANE EXTON PA 19341	CONSTRUCTION	1,741,824
HARMELIN MEDIA 525 RIGHTERS FERRY ROAD BALA CYNWYD PA 19004	ADVERTISING	1,369,438
Total number of independent controllers (including but not limited to those lighted abo	wal who recoved more than	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization >32

Form 99								Page 9
Part V	<u> </u>	Statement o Check if Schedu	o f Revenue ule O contains a respon	ise to any question	in this Part VIII .			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
92 P	1a	Federated cam	paigns 1a					
am	b	Membership du	ies 1b					
Θğ	С	Fundraising eve	ents 1c	22,187				
iffs ar /	d	Related organiz	zations 1d					
9 :≘ E:	е	Government grants	s (contributions) 1e	2,701,894				
Contributions, Giffs, Grants and Other Similar Amounts	f	All other contribution	ons, gifts, grants, and 1f ot included above	5,932,503				
년 된 등	g		ons included in lines	103,872	i	i		İ
ont nd (h	1a-1f \$ Total. Add lines	c 1 a_1 f	<u> </u>	8,656,584			
		Totali Add Illies	, , , , , , , , , , , , , , , , , , ,	Duamas Cada	-,,			
e	2a	TUITION/ FESS		Business Code 611600	170,689,176	170,689,176		
Program Service Revenue	ь	AUXILIARY ENTERF	PRISES	713940	19,773,206	19,773,206		
	c	FEES, PARKING, E	-	900099	1,088,853	1,088,853		
	d	INTEREST FEES ON	-	900099	243,189	_,		243,189
<u> </u>	е	FEES/CONTRACTS	GOVERNMENT	900099	134,485	134,485		,
<u> </u>	f	AGENCIE All other progra	am service revenue		· ·			
နို		, -						
	g 3		s 2a-2f		191,928,909			
			ar amounts)		4,057,079		-40,484	4,097,563
	4		stment of tax-exempt bond p	proceeds -				
	5	Royalties	() P					
	6a	Gross rents	(ı) Real 1,088,985	(II) Personal				
	ь	Less rental	256,388					
	c	expenses Rental income	832,597					
	d	or (loss) Net rental inco	me or (loss)		832,597			832,597
	_		(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	4,631,683					
		assets other than inventory	1,031,003					
	ь	Less cost or other basis and	9,041,804	212,707				
		sales expenses						
	d	Gain or (loss)	-4,410,121 (SS)	-212,707	-4,622,828			-4,622,828
	8a	Gross income f		· · · · >	1,022,020			1,022,020
e E		events (not ınc	luding					
Other Revenue		т	s reported on line 1c)					
Ä		See Part IV, lin	ne 18					
<u> </u>	ь	Local direct ov	penses b	128,687				
₹	c		(loss) from fundraising (163,343 events .	-34,656			-34,656
	9a		rom gaming activities	1				
		See Part IV, lin	ne 19 a l					
	ь	Less direct ex	penses b					
	С		' (loss) from gamıng actıv	/ities .þ -				
	10a	Gross sales of						
		returns and allo	owances . a					
	ь	Less cost of g	oods sold b					
	С		ا loss) from sales of ۱nve)	entory 🛌				
		Miscellaneous	s Revenue	Business Code				
	11a	MISCELLANEC	ous	525990	1,380,904		960	1,379,944
	b							
	C	A II						
	d e	All other reven	L	🕨				
					1,380,904			
	12	iotai revenue.	See Instructions		202,198,589	191,685,720	-39,524	1,895,809

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) Check if Schedule O contains a response to any question in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fund raising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 50,213,428 50,213,428 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and 2,162,085 2,162,085 key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 79,088,500 71,350,284 5,731,194 2,007,022 Pension plan accruals and contributions (include section 401(k) 6,042,716 5,456,177 433,061 and 403(b) employer contributions) 153.478 18,466,441 16,648,003 1,350,144 Other employee benefits 468,294 10 5,372,388 4,826,130 410,503 135,755 11 Fees for services (non-employees) Management 862,367 5,309 857,058 Legal 218,077 218,077 100,200 Lobbying 100,200 Professional fundraising services See Part IV, line 17 Investment management fees 121,549 121,549 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 11,615,782 8,640,813 2,329,830 645,139 Schedule O) Advertising and promotion . . 2,247,212 482,911 1,516,857 12 247,444 13 Office expenses 1,871,001 1,422,468 336,612 111,921 4,264,347 949,174 3,312,512 14 Information technology . . 2,661 15 Royalties . 4,911,383 4,700,529 202,577 8,277 16 Occupancy **17** 1,750,322 1,531,893 159,288 59,141 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . . . 330,803 215,557 94,656 20,590 20 4,019,799 4,019,799 Payments to affiliates 21 10,949,420 22 Depreciation, depletion, and amortization . 10,949,420 23 893,060 893,060 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a LIBRARY BOOKS & PERIODI 2,415,688 2,415,688 MISCELLANEOUS 2,216,572 344,202 1,743,514 128,856 STUDENT, FACULTY & ALUM 899,120 633,658 52,871 212,591 d FEES AND DUES 706,190 431,164 262,094 12,932 e All other expenses Total functional expenses. Add lines 1 through 24e 186,129,667 25 211.738.450 21,294,482 4,314,301 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► [if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Par	t X	Balance Sheet Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	33,558,198	1	28,385,984
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	12,547,198	3	9,503,930
	4	Accounts receivable, net	3,936,326	4	2,911,815
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
Assets	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
SS	7	Notes and loans receivable, net	13,766,775	7	13,694,609
¥	8	Inventories for sale or use	10,700,770	8	10,004,000
	9	Prepaid expenses and deferred charges	2,545,099		2,700,348
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 345,903,960			2,700,040
	ь	Less accumulated depreciation	183,800,750	10c	192,876,278
	11	Investments—publicly traded securities	74,460,401	11	82,148,198
	12	Investments—other securities See Part IV, line 11	5,150,238	12	5,719,072
	13	Investments—program-related See Part IV, line 11		13	· · ·
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	759,804	15	1,284,713
	16	Total assets. Add lines 1 through 15 (must equal line 34)	330,524,789		339,224,947
-	17	Accounts payable and accrued expenses	16,538,658	17	20,815,447
	18	Grants payable	7,481,624		7,301,160
	19	Deferred revenue	5,923,620		6,215,317
	20	Tax-exempt bond liabilities	78,793,147	20	77,431,995
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
<u>a</u>		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	151,848	23	132,162
	24	Unsecured notes and loans payable to unrelated third parties		24	
	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	E4 0E1 447	25	52.113.788
	26	D	54,951,447 163,840,344	25	, ,
-S	26	Total liabilities. Add lines 17 through 25	103,640,344	26	164,009,869
or Fund Balance	27	lines 27 through 29, and lines 33 and 34. Unrestricted net assets	118,439,827	27	122,046,315
<u> </u>	28	Temporarily restricted net assets	12,141,200	28	15,050,292
<u> </u>	29	Permanently restricted net assets	36,103,418	29	38,118,471
Ĭ	23	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and	30,100,410	23	
<u>-</u>		complete lines 30 through 34.			
0	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
ASS	32	Retained earnings, endowment, accumulated income, or other funds		32	
-		Total net assets or fund balances	166,684,445	33	175,215,078
Net	33	Total net assets of fully balances	100,004,440		175,215,076

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				৮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		202,1	.98,589
2	Total expenses (must equal Part IX, column (A), line 25)	2		211,7	38,450
3	Revenue less expenses Subtract line 2 from line 1	3	-9,539,8		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			84,445
5	Net unrealized gains (losses) on investments	5			384,731
6	Donated services and use of facilities	6			•
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		8,1	.85,763
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		175,2	215,078
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. \sqsubset
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ewed or	1		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	▼ Separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of th	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
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?	ne	За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	require	d 3b	Yes	

Software ID: **Software Version:**

EIN: 23-1386178

Name: WIDENER UNIVERSITY

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list	Positio more unless an	than	not one on i r an	box s bot d a	,		(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
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			related organizations
JAMES T HARRIS PRESIDENT	60 00 30	х		х				920,004	0	99,520
NICHOLAS TRAINOR CHAIRMAN OF THE BOARD	2 00	х		х				0	0	0
JOHN H TILELLI JR VICE CHAIR OF THE BOARD	2 00	х		х				0	0	0
PAUL BEIDEMAN TREASURER OF THE BOARD	0 00	х		х				0	0	0
EUGENE MCGURK JR SECRETARY OF THE BOARD	0 00	х		х				0	0	0
DANIEL BORISLOW TRUSTEE	2 00	х						0	0	0
THOMAS BOWN II TRUSTEE	0 00	х						0	0	0
ANTHONY BRITTON JR TRUSTEE	0 00	х						0	0	0
ROBERT SAMUEL TRUSTEE	2 00	х						0	0	0
JAMES HARGADON TRUSTEE	2 00	х						0	0	0
IRA HARKAVY TRUSTEE	2 00	х						0	0	0
JAMES HIRSCHMANN III TRUSTEE	2 00	х						0	0	0
JAMES MACK III TRUSTEE	0 00	х						0	0	0
DAVID OSKIN HONORARY CHAIR	2 00	х						0	0	0
DERRICK PITTS TRUSTEE	2 00	х						0	0	0
CYNTHIA SARNOSKI TRUSTEE	2 00	х						0	0	0
JOHN SCHMUTZ TRUSTEE	2 00 0 00	х						0	0	0
RONALD STEAD TRUSTEE	2 00 0 00	х						0	0	0
MIN SUH ESQ TRUSTEE	2 00 0 00	х						0	0	0
VITO VERNI TRUSTEE	2 00 0 00	х						0	0	0
RICHARD TAN TRUSTEE	2 00 0 00	х						0	0	0
STEPHEN WYNNE TRUSTEE	2 00	х						0	0	0
PETER ZACHARKIW TRUSTEE	2 00 0 00	х						0	0	0
BRIAN TIERNEY TRUSTEE	2 00 0 00	х						0	0	0
BARBARA CHAMBERLAIN	2 00	l x						0	0	0

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

Compensated Employees, and Indepen	ndent Contra (B)	(C)				(D)	(E)	(F)		
Name and Title	A verage hours per week (list any	dire	on (do than pers office ctor/t	o not n one son i er an trust	e box is bot nd a tee)	(, th		Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related
	hours for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Ke) employee	Highest compensated employee	Former			organizations
JUSTIN GORDON TRUSTEE	2 00 0 00	х						0	0	0
KATHLEEN MCNICHOLAS TRUSTEE	2 00 0 00	х						0	0	0
THOMAS SAGER TRUSTEE	2 00 0 00	х						0	0	0
LESLIE A BRUN TRUSTEE	2 00 0 00	х						0	0	0
LEANNE CARET TRUSTEE	2 00 0 00	х						0	0	0
CHRISTINA DELVA TRUSTEE	2 00 0 00	х						0	0	0
JEFFERY FLYNN TRUSTEE	2 00 0 00	х						0	0	0
JOSEPH J BAKER SR VP FINANCE & ADMIN	60 00 1 30			х				296,173	0	42,814
STEVE WILHITE SR VP PROVOST	60 00 0 00			х				283,067	0	73,890
LINDA S DURANT SR VP ADVANCEMENT	60 00 0 00			х				248,265	0	31,492
LINDA L AMMONS DEAN SCHOOL OF LAW	60 00 0 00				х			292,153	0	34,622
FRED A AKL DEAN SCHOOL OF ENGINEERING	40 00 0 00					х		209,129	0	29,716
MICHEAL SLINGER ASSOCIATE DEAN SCHOOL OF LAW	40 00 0 00					х		203,156	0	38,357
ROBYN MEADOWS VICE DEAN/ PROFESSOR	40 00 0 00					х		191,630	0	39,323
SAVAS OZATALAY DEAN SCHOOL OF BUSINESS	40 00 0 00					х		197,742	0	34,589
SUK-CHUNG YOON PROFESSOR	40 00 0 00					х		207,666	0	12,246

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As Filed Data -

DLN: 93493135059864

Employer identification number

OMB No 1545-0047

SCHEDULE A

Name of the organization

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

WIDENER UNIVERSITY

Public Charity Status and Public Support

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

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

2012

Open to Public Inspection

									23-13861				
	rt I			blic Charity Sta		•		•		nstruction	ns.		
	organı —		•	te foundation becaus	•			•	•				
1			-	on of churches, or a				ection 170	(b)(1)(A)(i).				
2	굣	A scho	ol described	in section 170(b)(1	l)(A)(ii). (At	tach Sched	ule E)						
3	Γ	A hosp	ıtal or a coo	perative hospital se	rvice organiz	zatıon descr	ıbed ın sectio	n 170(b)(1	.)(A)(iii).				
4	\sqcap	A medi	cal researcl	h organization opera	ted ın conjun	ction with a	hospital des	cribed in se	ection 170(b)(1)(A)(iii)	. Enter the		
_	_			ty, and state									
5	ı		•	erated for the benefi	-	or universi	ty owned or o	perated by	a government	tal unit de	scribed in		
		section	170(b)(1)(A)(iv). (Complete P	art II)								
6	Г	A feder	al, state, or	local government o	government	al unit desc	rıbed ın sect i	ion 170(b)(1)(A)(v).				
7	Г			at normally receives			support from	a governm	ental unit or f	rom the ge	neral public		
8	г			n 170(b)(1)(A)(vi). described in sectio r			mplete Part II	[)					
9	Ē		-	at normally receives			-	-	butions, mem	bership fe	es, and gross		
	·	_		ities related to its e					· <u>·</u> ·	-	-		
		•		oss investment inco	· ·	=							
				ganızatıon after June						,			
10	Г	•	,	ganized and operated	•			•	•				
11	, T	_		ganized and operated						o carry ou	t the nurnoses of		
	'			ly supported organiz									
		the box	that descri	bes the type of supp	orting organ	ızatıon and	complete line	s 11e thro	ugh 11h				
		a │ Type I b │ Type II c │ Type III - Functionally integrated d │ Type III - Non-functionally integrated											
e	Γ	,	_	ox, I certify that the	_				, ,	•	•		
				on managers and ot	her than one	or more pub	olicly support	ed organiza	ations describ	ed in sect	on 509(a)(1) or		
f			1509(a)(2)	received a written de	etermination	from the IP	S that it is a	Type I Ty	ne II or Type	III sunno	rting organization		
•			this box	received a writteri d	ecerminacion	mom the riv	S that it is a	Type I, Ty	se II, or Type	III Suppo			
g				2006, has the organ	ızatıon accep	ted any gift	or contributi	on from any	y of the		•		
			ng persons?										
				irectly or indirectly o	•		-	persons de	escribed in (ii)	_	Yes No		
				governing body of th		_	n?				lg(i)		
		(ii) A f	amıly memb	er of a person descr	ıbed ın (ı) abı	ove?				11	.g(ii)		
		(iii) A	35% contro	lled entity of a perso	n described	ın (ı) or (ıı)	above?			11	g(iii)		
h		Provide	the followi	ng information about	the supporte	ed organızat	tion(s)						
	i) Nan		(::) ETN	(III) Tuna af	(:.) To ((v) Did you		(1.12) To	.	() A manumb of		
•	i) Naii Suppoi		(ii) EIN	(iii) Type of organization	(iv) Is t organızatı		the organi	•	(vi) Is organizat		(vii) A mount of monetary		
	rganiz			(described on	col (i) list		ın col (i) d		col (i) org		support		
	_			lines 1 - 9 above	your gove		suppor	•	ın the U				
				or IRC section	docume	nt?							
		(see		`									
				instructions))	Yes	No	Yes	No	Yes	No			
= :						 	1	1	1	1			

Sch	edule A (Form 990 or 990-EZ) 2012							Page 2
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	<u>iplete Pa</u>	rt III.)	
	ection A. Public Support endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2	312	(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							
6	(f) Public support. Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	business activities, whether or not							
	the business is regularly carried							
	on							
10	Other income Do not include gain or loss from the sale of capital							
	assets (Explain in Part IV)							
11	Total support (Add lines 7 through							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	First five years. If the Form 990 is this box and stop here							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and stop here. The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	► □
b	33 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and stop here. The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,	▶ □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							▶ ┌

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt

	purpose								
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								
3	furnished by a governmental unit to								
	the organization without charge								
6	Total. Add lines 1 through 5								
	Amounts included on lines 1, 2,								
<i>7</i> a	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								
С	Add lines 7a and 7b								
8	Public support (Subtract line 7c								
	from line 6)								
Section B. Total Support									
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total		
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai		
9	A mounts from line 6								
10a	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties								
	and income from similar								
	sources								
Ь	Unrelated business taxable 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)			Librari Corretto con	6.01	E04(-)(2)			
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►		
	check this box and stop here	a Cunnaut Da					<u> </u>		
	ction C. Computation of Public			1.2		T I			
15	Public support percentage for 2012			13, column (T))		15			
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16			
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge					
17	Investment income percentage for 20				nn (f))	17			
					. , ,				
18	Investment income percentage from					18			
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□		

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

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

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493135059864

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection

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

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

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

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

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** WIDENER UNIVERSITY 23-1386178 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes 3 Was a correction made? ☐ Yes ┌ No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 4 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

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

f Grassroots lobbying expenditures

Sch	nedule C (Form 990 or 990-EZ) 2012					Page 2
Pa	art II-A Complete if the organization	is exempt under	section 501(c)(3) and fil	ed Form 5768	(election
_	under section 501(h)). Check ► if the filing organization belongs to a	an affiliated group (and	lict in Part IV os	ach affiliated are	un mambar's nam	o addross EIN
	expenses, and share of excess lobb	ying expenditures)		_	up member s nam	e, address, LTN
<u>B</u>	Check Frifthe filing organization checked box	x A and "limited contro	ıl" provisions apı	oly		
	Limits on Lobbying E (The term "expenditures" means an		l .)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobb	yıng)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	O ther exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1c	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo					
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	Not over \$500,000 20% of the amount on line 1e				
	Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000					
	Over \$1,000,000 but not over \$1,500,000	e excess over \$1,000	0,000			
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000					
	Over \$17,000,000	\$1,000,000				
	Grassroots nontaxable amount (enter 25% of lin	e 1f)				
_	Subtract line 1g from line 1a If zero or less, ente	•		-		
i	Subtract line 1f from line 1c If zero or less, ente			-		
_	If there is an amount other than zero on either lin		organization file	Form 4720 rep	ortina	1
-	section 4911 tax for this year?					┌ Yes ┌ No
_	4-Voor Av	veraging Period U	Inder Section	F01/b)		
	(Some organizations that made a scolumns below. See the	section 501(h) el	ection do not	have to cor		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		1
	Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontavable amount					

chedale e (i	om 550 or 550 E2/2012		га
Part II-B	Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)).	NOT	
		7-1	(1-)

For a	For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(6	a)	(b)	
activ		Yes	No	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?		No		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No		
c	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?		No		
е	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?		No		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		100,20	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No		
i	O ther activities?		No		
j	Total Add lines 1c through 1i			100,20	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
b	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	TIMEA Complete if the organization is exempt under section $501(c)(4)$, section	n 501(c)(5). o	r section	

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

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

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

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

Part IV Supplemental Information

Dues, assessments and similar amounts from members

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

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

1

DLN: 93493135059864

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Open to Public Inspection

Name of the organization WIDENER UNIVERSITY			Employer identification number				
AATL	pener University		23-	1386178			
Pa	rt I Organizations Maintaining Donor Adv						
	organization answered "Yes" to Form 990		T	/b) Funda and ather accounts			
1	Total number at end of year	(a) Donor advised funds		(b) Funds and other accounts			
	Aggregate contributions to (during year)						
2 3	Aggregate grants from (during year)						
4	Aggregate value at end of year			<u> </u>			
5	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or		or advi	Yes No			
5	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the beneficonferring impermissible private benefit?						
Pa	rt II Conservation Easements. Complete if	the organization answered "Yes" to	o Forn	n 990, Part IV, line 7.			
1	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a	or education) Preservation of an Preservation of a c	certifie	d historic structure			
	easement on the last day of the tax year	Г		Held at the End of the Year			
а	Total number of conservation easements		2a	neid at the End of the Year			
a b	Total acreage restricted by conservation easements		2b				
c	Number of conservation easements on a certified histo	oric structure included in (a)	2c				
d	Number of conservation easements included in (c) acc	` '	20				
u	historic structure listed in the National Register	quired after 0/1//00, and not on a	2d				
3	Number of conservation easements modified, transferr	red, released, extinguished, or terminate	d by th	ie organization during			
	the tax year ▶						
4	Number of states where property subject to conservat	ion easement is located 🕨					
5	Does the organization have a written policy regarding t		— Hina of	violations, and			
	enforcement of the conservation easements it holds?			☐ Yes ☐ No			
6	Staff and volunteer hours devoted to monitoring, inspe	cting, and emorcing conservation easen	ilelits t	iding the year			
	^			n Alba yanan			
7	Amount of expenses incurred in monitoring, inspecting \$\blue\$	g, and emorcing conservation easements	s during	g the year			
8	Does each conservation easement reported on line 2(a and section 170(h)(4)(B)(ii)?	d) above satisfy the requirements of sec	tion 17	70(h)(4)(B)(ı)			
9	In Part XIII, describe how the organization reports colbalance sheet, and include, if applicable, the text of th			nse statement, and			
	the organization's accounting for conservation easeme						
Par	Complete if the organization answered "Y	es" to Form 990, Part IV, line 8.					
1a	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide, in Part XIII, the text of the footnote to	ts held for public exhibition, education,	or rese	arch in furtherance of public			
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide the following amounts relating to thes	ts held for public exhibition, education,					
	(i) Revenues included in Form 990, Part VIII, line 1			- \$			
	(ii) Assets included in Form 990, Part X			► \$			
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS		r finan	· -			
а	Revenues included in Form 990, Part VIII, line 1	- -		► \$			
				· т			

b Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art,	Histo	rical Trea	asures, or Ot	her Similar	Asset	5 (co	ntınued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other record	s, chec	k any of the	following that ai	re a significant	use of it	s	
а	Public exhibition		d 「	Loan or	exchange progra	ims			
b	Scholarly research		e 🔽	Other C	OMMUNITY EN	IRICHMENT			
c	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how th	ey further t	he organization's	s exempt purpo	se in		
5	During the year, did the organization solicit of						_		_
Do	assets to be sold to raise funds rather than t	<u>.</u>						es	✓ No
Par	Part IV, line 9, or reported an an					res to ron	11 990,		
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					ts not		es	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the f	ollowing	j table	_				
							Amoun	<u>t </u>	
С	Beginning balance				<u> :</u>	Lc			
d	Additions during the year				1	Ld			
е	Distributions during the year				_	le			
f	Ending balance				<u>[:</u>	Lf			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?				┌ Y	es	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the e	explanat	tion has bee	en provided in Pa	art XIII			Γ
Pa	rt V Endowment Funds. Complete								
_		(a)Current year	(b)Prioi		(c)Two years back				ars back
1a	Beginning of year balance	72,815,005		8,927,608	61,283,688	58,431,5			2,228,438
Ь	Contributions	3,197,551		1,076,830	9,461,518	950,6	99		1,239,811
С	Net investment earnings, gains, and losses	9,003,383		3,085,387	12,047,684	6,097,3	18	-2	0,434,062
d	Grants or scholarships	758,226		799,024	741,734	790,3	14		933,419
e	Other expenditures for facilities and programs	3,467,468		3,305,022	3,123,548	3,405,5	93		3,669,190
f	Administrative expenses								
g	End of year balance	80,790,245	7.	2,815,005	78,927,608	61,283,6	88	5	8,431,578
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1	g, column (a)) held as				
а	Board designated or quasi-endowment 🕨	50 200 %							
b	Permanent endowment ► 49 800 %								
c	Temporarily restricted endowment ►								
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%							
3a	Are there endowment funds not in the posses	ssion of the organizat	tion tha	t are held aı	nd admınıstered	for the	_		
	organization by					Г		Yes	No No
	(i) unrelated organizations					<u> </u>	3a(i) 3a(ii)		No
ь	(ii) related organizations					`. `. [.] .	3b		110
4	Describe in Part XIII the intended uses of the	•							
Par	t VI Land, Buildings, and Equipme	ent. See Form 990), Part	X, line 10.	ı				
	Description of property			a) Cost or othe sis (investmer				1) Boo	ok value
1a	_and				15,190,3	885		1!	5,190,385
	Buildings		.		273,941,6		,567		9,933,089
c	_easehold improvements		. \vdash			<u> </u>			-
	Equipment		. \vdash		50,784,8	311 44,666	,522		5,118,289
e	Other				5,987,1		,593		1,634,515
	I. Add lines 1a through 1e <i>(Column (d) must e</i>			(B), line 10					2,876,278
		· '				Schedu	le D (Fo		90) 2012

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1.	<u>2. </u>	
(a) Description of security or category	(b) Book value		od of valuation
(including name of security)		Cost or end-o	f-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	-		
Part VIII Investments—Program Related. Se	e Form 990 Part X line	13	
(a) Description of investment type	(b) Book value		od of valuation
(a) Description of investment type	(b) Book value		f-year market value
		0.000.00.000	, , , , , , , , , , , , , , , , , , , ,
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, li			
	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, II (a) Descri	ne 15. ption		(b) Book value
Part IX Other Assets. See Form 990, Part X, II (a) Descri	ne 15. ption 5.)		(b) Book value
Part IX Other Assets. See Form 990, Part X, II (a) Description (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X	ne 15. ption 5.) X, line 25.		(b) Book value
Part IX Other Assets. See Form 990, Part X, II (a) Descri	ne 15. ption 5.)		(b) Book value
Part IX Other Assets. See Form 990, Part X, II (a) Description (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X	ne 15. ption 5.) X, line 25.		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	5.) X, line 25. (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes ACCRUED POST RETIREMENT BENEFITS	ne 15. ption 5.) X, line 25. (b) Book value 47,766,020		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes ACCRUED POST RETIREMENT BENEFITS ASSET RETIREMENT OBLIGATION	ne 15. ption 5.) X, line 25. (b) Book value 47,766,020 3,706,630		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes ACCRUED POST RETIREMENT BENEFITS	ne 15. ption 5.) X, line 25. (b) Book value 47,766,020		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes ACCRUED POST RETIREMENT BENEFITS ASSET RETIREMENT OBLIGATION	ne 15. ption 5.) X, line 25. (b) Book value 47,766,020 3,706,630		(b) Book value
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Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes ACCRUED POST RETIREMENT BENEFITS ASSET RETIREMENT OBLIGATION	ne 15. ption 5.) X, line 25. (b) Book value 47,766,020 3,706,630		(b) Book value
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Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes ACCRUED POST RETIREMENT BENEFITS ASSET RETIREMENT OBLIGATION	ne 15. ption 5.) X, line 25. (b) Book value 47,766,020 3,706,630		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes ACCRUED POST RETIREMENT BENEFITS ASSET RETIREMENT OBLIGATION	ne 15. ption 5.) X, line 25. (b) Book value 47,766,020 3,706,630		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes ACCRUED POST RETIREMENT BENEFITS ASSET RETIREMENT OBLIGATION	ne 15. ption 5.) X, line 25. (b) Book value 47,766,020 3,706,630		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes ACCRUED POST RETIREMENT BENEFITS ASSET RETIREMENT OBLIGATION	ne 15. ption 5.) X, line 25. (b) Book value 47,766,020 3,706,630		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes ACCRUED POST RETIREMENT BENEFITS ASSET RETIREMENT OBLIGATION	ne 15. ption 5.) X, line 25. (b) Book value 47,766,020 3,706,630		(b) Book value

Palt	Reconciliation of Revenue per Audited Financial Statements with Revenue	регн	eturn
1	Total revenue, gains, and other support per audited financial statements	1	163,061,805
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII) 2d 557,914	7	
e	Add lines 2a through 2d	2e	10,442,645
3	Subtract line 2e from line 1	3	152,619,160
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 121,549	1	
b	Other (Describe in Part XIII)	J	
c	Add lines 4a and 4b	4c	49,579,429
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	202,198,589
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expense	s per	Return
1	Total expenses and losses per audited financial statements	1	162,716,935
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments	7	
c	Other losses	7	
d	Other (Describe in Part XIII) 2d 557,91	4	
e	Add lines 2a through 2d	2e	557,914
3	Subtract line 2e from line 1	3	162,159,021
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 121,549	∍	
b	Other (Describe in Part XIII)	5	
c	Add lines 4a and 4b	4c	49,579,429
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	211,738,450
	Complemental Information		

Supplemental Information

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

Identifier	Return Reference	Explanation
	PART III, LINE 1A	THE UNIVERSITY HAS ELECTED PURSUANT TO SFAS 116 NOT TO REPORT IN ITS REVENUE STATEMENT AND BALANCE SHEET WORKS OF ART THE FOOTNOTE READS "THE UNIVERSITY HOUSES A COLLECTION OF AMERICAN PAINTINGS AND THE ALFRED O DESHONG COLLECTION OF EUROPEAN PAINTINGS AND ORIENTAL ART OBJECTS AT THE WIDENER UNIVERSITY ART COLLECTION AND GALLERY THAT IT DOES NOT CAPITALIZE THESE COLLECTIONS ADHERE TO THE UNIVERSITY'S POLICY TO (A) MAINTAIN THEM FOR PUBLIC EXHIBITION, EDUCATION, OR RESEARCH, AND (B) PROTECT, KEEP UNENCUMBERED, CARE FOR, AND PRESERVE THEM "
	PART III, LINE 4	LOCATED IN THE UNIVERSITY CENTER, THE WIDENER UNIVERSITY ART COLLECTION AND GALLERY HOUSES THE UNIVERSITY'S DIVERSE COLLECTION OF AMERICAN PAINTINGS AND ALFRED O DESHONG COLLECTION OF EUROPEAN PAINTINGS AND ORIENTAL ART OBJECTS IN ADDITION TO THE PERMANENT COLLECTION ON DISPLAY, ROTATING EXHIBITIONS OF CONTEMPORARY ART ARE HELD THROUGHOUT THE YEAR ALONG WITH RECEPTIONS TO MEET THE ARTISTS THE ART MUSEUM PROVIDES NUMEROUS EDUCATIONAL OPPORTUNITIES TO OUR STUDENTS THROUGH ITS EXISTING COLLECTION AND DIVERSE ROTATING EXHIBITS AND SPECIAL SHOWINGS IT ALSO PROVIDES CULTURAL ENRICHMENT TO THE FACULTY, STAFF AND SURROUNDING COMMUNITIES AS THE MUSEUM IS FREE AND OPEN TO THE PUBLIC
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	ENDOWMENT FUNDING SUPPORTS SCHOLARSHIPS, FACULTY DEVELOPMENT, CHAIRS, AWARDS, THE LIBRARY, AS WELL AS OTHER INITIATIVES
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	THE UNIVERSITY HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS A TAX-EXEMPT ORGANIZATION DESCRIBED IN SECTION 501 (C)(3) OF THE INTERNAL REVENUE CODE AS SUCH, IT IS SUBJECT TO TAX ONLY ON INCOME FROM ACTIVITIES UNRELATED TO ITS TAX-EXEMPT MISSION FOR THE YEARS ENDED JUNE 30, 2012 AND 2011, THE UNIVERSITY GENERATED NO SIGNIFICANT UNRELATED BUSINESS INCOME SUBJECT TO TAX, AND NO PROVISION FOR INCOME TAXES WAS PROVIDED THE UNIVERSITY BELIEVES IT HAS TAKEN NO SIGNIFICANT UNCERTAIN TAX POSITIONS THE UNIVERSITY'S FEDERAL AND STATE RETURNS FOR THE YEARS ENDED JUNE 30, 2010, 2011 AND 2012 ARE OPEN FOR REVIEW BY FEDERAL AND STATE AUTHORITIES
PART XI, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSE 256,388 NET SPECIAL FUNDRAISING EXPENSE 88,819 LOSS ON DISPOSAL OF BUILDING 212,707
PART XI, LINE 4B - OTHER ADJUSTMENTS		SCHOLARSHIPS 49,457,880
PART XII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSE 256,388 NET SPECIAL FUNDRAISING EXPENSE 88,819 LOSS ON DISPOSAL OF BUILDING 212,707
PART XII, LINE 4B - OTHER ADJUSTMENTS		SCHOLARSHIPS 49,457,880 Schedule D (Form 990) 2012

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As Filed Data -

DLN: 93493135059864

OMB No 1545-0047

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.

2012

Open to Public Inspection

Name of the organization WIDENER UNIVERSITY

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Employer identification number

	23-13861/8			
Pa	rt I		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II	3	Yes	
		- - -		
	Does the organization maintain the following?	4.	Vas	
	Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4a 4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Part II	-		
	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
C	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
	Educational policies?	5e		No
	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II	<u>5h</u>		No
		-		
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		Νo
7	If you answered "Yes" to either line 6a or line 6b, explain on Part II Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7	Yes	
	/		1 . 2	

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

ldentifier	Return Reference	Explanation
EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION	SCHEDULE E, PART I, LINE 3	OUR POLICY IS PUBLISHED IN ALL CATALOGS, PRINTED MATERIALS AND RADIO ADVERTISEMENTS
EXPLANATION OF GOVERNMENT FINANCIAL ASSISTANCE	SCHEDULE E, PART I, LINE 6	IN THE NORMAL COURSE OF BUSINESS, THE UNIVERSITY ROUTINELY RECEIVES FUNDING FROM FEDERAL, STATE, AND LOCAL GOVERNMENTS FOR STUDENT FINANCIAL AID ADDITIONALLY, THE UNIVERSITY RECEIVES GRANTS, INCLUDING EARMARKS FOR A NUMBER OF DIFFERENT INITIATIVES, PROGRAMS AND PROJECTS

Schedule E (Form 990 or 990-EZ) 2012

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As Filed Data -

DLN: 93493135059864

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

2012

Open to Public Inspection

(f) Total expenditures

No

Name	of th	e o	rgan	ızatıc
WIDE	NER	UN	IVE	RSIT

(a) Region

SCHEDULE F

Department of the Treasury

Internal Revenue Service

(Form 990)

Employer identification number

23-1386178

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

- **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 (The following Part I, line 3 table can be duplicated if additional space is needed)

(d) Region	offices in the region	employees, agents, and independent contractors in region	region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	program service, describe specific type of service(s) in region	for and investments in region
EUROPE				LAW SCHOOL SUMMER PROGRAM	137,296
EAST ASIA AND THE PACIFIC				LAW SCHOOL SUMMER PROGRAM	32,946
EAST ASIA AND THE PACIFIC				SHSP INTERNATIONAL TRIP	65,229
EUROPE			PROGRAM SERVICES	CEICS INTERNATIONAL TRIP	38,867
CENTRAL AMERICA AND THE CARIBBEAN			PROGRAM SERVICES	CAS INTERNATIONAL TRIP	1,500
3a Sub-total	0	0			275,838
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			275,838

(c) Number of (d) Activities conducted in (e) If activity listed in (d) is a

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2				ted above that are r e or counsel has pro					
3	Enter total nur	mber of other or	ganizations or en	tities					

Schedule F (Form 990) 2012

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. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
							appraisal, other)

Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	굣	Yes	Γ	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Γ	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)	Г	Yes	<u> </u>	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Г	Yes	<u> </u>	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Г	Yes	<u> </u>	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).	Г	Yes	<u> </u>	Νo

Schedule F (Form 990) 2012

Part V	Sup	plementa	al Info	rmatio
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Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	ReturnReference	Explanation

DLN: 93493135059864

Employer identification number

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Name of the organization

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. Form 990-EZ filers are not required to complete this part.

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

Open to Public Inspection

WID	ENER UNIVERSITY						23-1386178	
Pa	rt I Fundraising Act	ivities. Complete	e if the o	rganızat	ion answered "Yes"	to Form	990, Part IV	, line 17.
a b c d	Indicate whether the organications Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations Did the organization have a or key employees listed in lif "Yes," list the ten highest to be compensated at least	citations written or oral agre Form 990, Part VII t paid individuals or	ement witl) or entity entities (f	e f g h any Indi In connec	Solicitation of nor Solicitation of government Special fundraising office ction with professional f	n-govern vernment ng events rs, direct fundraisi	ment grants grants s tors, trustees ng services?	FYes FN o
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai cust cont	Did ser have ody or trol of outions?	(iv) Gross receipts from activity	(or r	mount paid to etained by) niser listed in col (i)	(vi) A mount paid to (or retained by) organization
			Yes	No				
Tota	 al			>				
3	List all states in which the o	organization is regis	tered or lı	censed to	l o solicit funds or has be	<u>l</u> een notifi	ed it is exempt	l from registration or

Sche	dule	e G (Form 990 or 990-EZ) 2012				Page 2
Pai	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts g	aising event contribut			
		<u> </u>	(a) Event #1 GOLF OUTING (event type)	(b) Event #2 LAW NIGHT (event type)	(c) O ther events 4 (total number)	(d) Total events (add col (a) through col (c))
₽	1	Gross receipts	36,500	46,206	68,168	150,874
Revenue	2	Less Contributions	22,187	7 0	0	22,187
ž	3	Gross income (line 1				
		minus line 2)	14,313	46,206		
	4	Cash prizes			30	30
မှာ	5	Noncash prizes	558	3		558
Expenses	6	Rent/facility costs	12,132	12,897	13,897	38,926
ğ Ö	7	Food and beverages .				
Direct	8	Entertainment				
₫	9	Other direct expenses .	1,623	9,871	112,335	123,829
	10	Direct expense summary Add lir	nes 4 through 9 in column	ı (d)		(163,343)
	11	Net income summary Combine li				
Par	t II	I Gaming. Complete if the o	rganization answered	"Yes" to Form 990, Pa	ırt IV, line 19, or repo	-34,656 rted more than
	ı	\$15,000 on Form 990-EZ, li	ne 6a.			T
Revenue			(a) Bıngo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u>R</u>	1	Gross revenue				
မှ လ	2	Cash prizes				
xpenses	3	Non-cash prizes				
Direct B	4	Rent/facility costs				
<u>ā</u>	5	Other direct expenses				
	6	Volunteer labor	┌ Yes ┌ No	Г Yes Г Nо	Г Yes Г No	
	7	Direct expense summary Add line	s 2 through 5 ın column (d)		
	8	Net gaming income summary Com	nbine lines 1 and 7 in colu	ımn (d)		
9 a b	Is	ter the state(s) in which the organize the organization licensed to operate 'No," explain	gaming activities in eac	h of these states?		
10a b	, and the second					

70ES	the organization operate gaming	activities with nonlinelinders		· · I Yes I No
.2		neficiary or trustee of a trust or a men		
	formed to administer charitable of	gamıng [,]		· · · · Fyes F No
.3	Indicate the percentage of gamir	ng activity operated in		
а	The organization's facility			13a
b	An outside facility			13b
.4	Enter the name and address of th	ne person who prepares the organizati	on's gaming/special events books	and records
	Name ►			
	Address 🟲			
	revenue?	ntract with a third party from whom the		
	amount of gaming revenue retain	ied by the third party 🟲 \$		
С	If "Yes," enter name and address	s of the third party		
	Name 🟲			
	Address 🟲			
. 6	Gaming manager information			
	Name 🟲			
	Gaming manager compensation I	* \$		
	Description of services provided	>		
	☐ Director/officer	F Employee	Independent contractor	
.7	Mandatory distributions			
а	Is the organization required unde	er state law to make charitable distrib	utions from the gaming proceeds to	
	retain the state gaming license?			Yes Γ_{No}
b		required under state law distributed t	o other exempt organizations or sp	ent
		activities during the tax year > \$		
Par	columns (III) and (v), a	mation. Complete this part to pr and Part III, lines 9, 9b, 10b, 15b ditional information (see instructi	, 15c, 16, and 17b, as applical	
	Identifier	Return Reference	Explana	tion

Schedule I

(Form 990)

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

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

OMB No 1545-0047

DLN: 93493135059864

Open to Public

Department of the Treasury Attach to Form 990 Inspection Internal Revenue Service Name of the organization Employer identification number WIDENER UNIVERSITY 23-1386178 **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and √ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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. Part II can be duplicated if additional space is needed. (f) Method of (a) Name and address of **(b)** EIN (d) A mount of cash (g) Description of (h) Purpose of grant (c) IRC Code (e) A mount of nonvaluation non-cash assistance or assistance organization section grant cash or government if applicable assistance (book, FMV, appraisal, other) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Schedule I (Form 990) 2012					Page ∡
Part III Grants and Other Assista Part III can be duplicated if			. Complete if the org	ganızatıon answered "Yes"	to Form 990, Part IV, line 22.
(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) STUDENT FINANCIAL AID/GRANTS/AWARDS	3187	49,457,880		FMV	
(2)				FMV	

Part IV Supplemental Informat

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier **Return Reference Explanation**

Schedule I (Form 990) 2012

DLN: 93493135059864

OMB No 1545-0047

Schedule J (Form 990)

Compensation Information

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

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization WIDENER UNIVERSITY

Department of the Treasury

Internal Revenue Service

Employer identification number

23-1386178

Pa	rt 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			
	First-class or charter travel Housing allowance or residence for personal use			
	▼ Travel for companions			
	Discretionary spending account Personal services (e g , maid, chauffeur, chef)			
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 of 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 filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	✓ Compensation committee			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
	,,,			
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			
а	Receive a severance payment or change-of-control payment?	4a		No
ь	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
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			
а	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			
а	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 accured pursuant to a contract that was			
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		Νo
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations			
	section 53 4958-6(c)?	9		

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

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

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of	f W-2 and/or 1099-MI:	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation	
	(i) Base compensation	'' I incentive I		other deferred compensation	benefits	columns (B)(ı)-(D)	reported as deferred in prior Form 990	
See Additional Data Table								

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Also complete this part for any ad	ultional illiorillation	
Identifier	Return Reference	Explanation
	PART I, LINE 1A	FIRST-CLASS OR CHARTER TRAVEL THE UNIVERSITY MAINTAINS A WRITTEN ACCOUNTABLE POLICY REGARDING THE PAYMENT OR REIMBURSEMENT OF TRAVEL AND ENTERTAINMENT EXPENSES, INCLUDING AIRLINE AND RAIL TRAVEL, COMPANION TRAVEL, INTERNATIONAL TRAVEL, SOCIAL AND HEALTH CLUBS, MAID SERVICE, AND BUSINESS MEALS, MEETINGS AND ENTERTAINMENT THE UNIVERSITY'S PRESIDENT REVIEWS AND APPROVES THE TRAVEL AND ENTERTAINMENT EXPENSES FOR ALL UNIVERSITY VICE PRESIDENTS THE UNIVERSITY'S VICE PRESIDENTS REVIEW AND APPROVE THE TRAVEL AND ENTERTAINMENT EXPENSES FOR THEIR RESPECTIVE STAFF IT IS IMPORTANT TO NOTE THE PRESIDENT'S TRAVEL AND ENTERTAINMENT EXPENSES ARE REVIEWED AND APPROVED BY THE UNIVERSITY'S BOARD CHAIRPERSON HOUSING ALLOWANCE OR RESIDENT FOR PERSONAL USE THE PRESIDENT OF THE UNIVERSITY IS PROVIDED HOUSING AS REQUIRED AS PART OF HIS EMPLOYMENT THE USE OF THE HOUSE IS EXCLUDED FROM INCOME PURSUANT TO INTERNAL REVENUE CODE SECTION 119 (A)(2) THE FAIR RENTAL VALUE OF THE HOUSING IS \$35,000 BUSINESS EXPENSES ARE COVERED UNDER THE UNIVERSITY'S TRAVEL AND ENTERTAINMENT POLICY PERSONAL SERVICES OFFICERS AND KEY EMPLOYEES MAY USE A CAR SERVICE FOR EXTENDED TRAVEL IN ORDER TO CONDUCT UNIVERSITY BUSINESS
	PART I, LINE 4B	THE BOARD OF TRUSTEES HAS APPROVED A SUPPLEMENTAL RETIREMENT PLAN FOR THE PRESIDENT THE UNIVERSITY ACCRUED A CONTRIBUTION OF \$100,000 ANNUALLY FROM 2008 THROUGH 2012 WHICH WAS PREVIOUSLY REPORTED ON SCHEDULE J FOR EACH OF THE APPLICABLE YEARS THE PRESIDENT VESTED IN THE PLAN AND RECEIVED PAYMENT IN JUNE 2012 THIS PAYMENT IS INCLUDED IN FORM W-2 FOR 2012 AND IS REPORTED IN THIS FORM 990

Schedule J (Form 990) 2012

Software ID: Software Version:

EIN: 23-1386178

Name: WIDENER UNIVERSITY

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Form 990, Schedule 3, Part II - Officers, Directors, Trustees, Rey Employees, and Highest Compensated Employees												
(A) Name	(B) Breakdown of	W-2 and/or 1099-MIS	C compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form					
	(i) Base Compensation	(ii) Bonus & ıncentive compensation	(iii) O ther compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ					
JAMES T HARRIS ((375,324 1) 0	0	544,680 0	22,384 0	77,136 0	1,019,524 0	500,000 0					
l .	261,124 I) 0	0	35,049 0	23,598 0	19,216 0	338,987 0	0 0					
l	253,419 0	0 0	29,648 0	22,267 0	51,623 0	356,957 0	0 0					
l .	209,132 I) 0	0	39,133 0	23,604 0	7,888 0	279,757 0	0					
LINDA L AMMONS ((254,215 (i) 254,215	0	37,938 0	25,000 0	9,622 0	326,775 0	0 0					
1.3	179,923 1) 0	0	29,206 0	19,971 0	9,745 0	238,845 0	0 0					
l .	1) 192,712 1) 0	0	10,444 0	19,855 0	18,502 0	241,513 0	0 0					
_ ·	181,565 1) 0	0	10,065 0	18,018 0	21,305 0	230,953 0	0					
_ ·	177,714 1) 0	0	20,028	20,015 0	14,574 0	232,331 0	0 0					
SUK-CHUNG YOON ((192,515	0	15,151 0	10,779 0	1,467 0	219,912 0	0					

DLN: 93493135059864

OMB No 1545-0047

2012

23-1386178

Schedule K (Form 990)

Department of the Treasury

WIDENER UNIVERSITY

Internal Revenue Service Name of the organization **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 Part VI.

► Attach to Form 990. ► See separate instructions. Open to Public **Inspection**

Employer identification number

Bond Issues

	(a) Issuer name	(b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Desc		(f) Description of purpose	(g) Defease		(h) On d behalf of issuer			Pool ncing		
							Yes	No	Yes	No	Yes	No
A	PHEFA REVENUE BONDS SERIES 2003	23-2243852	70917NXJ8	10-01-2003	51,590,981	SCIENCE & ENGINEERING FACILITY		Х		Х		Х
В	PHEFA REVENUE BONDS SERIES 2005	23-2243852	70917NZ56	02-01-2005	1 32 230 000	DORMITORY & PHYSICAL EDUCATION		×		Х		Х

Proceeds

		Α	В	С	D
1	A mount of bonds retired	4,585,000	2,050,000		
2	A mount of bonds legally defeased				
3	Total proceeds of issue	51,590,981	34,239,090		
4	Gross proceeds in reserve funds	4,687,859	3,346,310		
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows	32,218,908			
7	Issuance costs from proceeds	277,558	227,750		
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	14,054,101	30,449,130		
11	O ther spent proceeds				
12	O ther unspent proceeds				
13	Year of substantial completion				
		1 1	ı	l I	1 1

Yes

Χ

Χ

Χ

allocation of proceeds? Drivate Business Use

14

15

16

17

13611	Private business use								
		Α			В		С		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?		×		×				
2	Are there any lease arrangements that may result in private business use of bond- financed property?		×		Х				
For E	Panerwork Reduction Act Notice see the Instructions for Form 990		at No 5019	33E			Sch	adula K (For	m 990) 2012

Were the bonds issued as part of a current refunding issue?

Has the final allocation of proceeds been made?

Were the bonds issued as part of an advance refunding issue?

Does the organization maintain adequate books and records to support the final

No

Χ

Yes

Χ

Χ

No

Χ

Χ

Yes

Yes

No

No

Sche	dule K (Form 990) 2012									Page 2
Par	Private Business Use (Continued)									
				Α		В		<u>C</u>		D
За	Are there any management or service contracts that may result in private	husiness use	Yes	No	Yes	No	Yes	No	Yes	No
Ja .	of bond-financed property?			Х		Х				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the fina property?									
С	Are there any research agreements that may result in private business use financed property?	e of bond-		х		х				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed proper									
4	Enter the percentage of financed property used in a private business use bother than a section $501(c)(3)$ organization or a state or local government			0%		0%		%		%
5	Enter the percentage of financed property used in a private business use a unrelated trade or business activity carried on by your organization, anothor (c)(3) organization, or a state or local government			%		%		%		%
6	Total of lines 4 and 5			0%		0 %		%		%
7	Does the bond issue meet the private security or payment test?		Х		Х					
8a	Has there been a sale or disposition of any of the bond financed property to nongovernmental person other than a 501(c)(3) organization since the bor issued?		х		х					
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or	disposed of		%		%		%		%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations 1 141-12 and 1 145-2?									
9	Has the organization established written procedures to ensure that all non- bonds of the issue are remediated in accordance with the requirements und Regulations sections 1 141-12 and 1 145-2?		Х		Х					
Do-										
Par	t IV Arbitrage	Α			В		С		D	
		Yes	No	Yes	No	Yes		No	Yes	No
1	Has the Issuer filed Form 8038-T?		Х		Х					
2	If "No" to line 1, did the following apply?				I	I				
а	Rebate not due yet?		X		Х					
b	Exception to rebate?	X		Х						
С	No rebate due?		Х		Х					
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed			•	•	•	•	•	•	
3	Is the bond issue a variable rate issue?		Χ		Х					
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х		х					
b	Name of provider									
С	Term of hedge									
d	Was the hedge superintegrated?									
e	Was a hedge terminated?									
					•	•	· · · · · ·	•	•	

Part IV Arbitrage (Continued)

Identifier

Return Reference

		Α		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		Х				
b	Name of provider								
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		х		Х				
7	Has the organization established written procedures to monitor the requirements of section 148?		х		Х				
Pa	rt V Procedures To Undertake Corrective Action								
		Α		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has 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?	X		Х					
D:	art VI Supplemental Information. Complete this part to pro	vide addition	al informatio	n for resnon	ses to quest	ions on Sche	dule K (see	instructions)	

Schedule K (Form 990) 2012

Explanation

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493135059864

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

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, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. 2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service **Employer identification number** Name of the organization WIDENER UNIVERSITY

		··				04(-)(2)		F04/-\/4\ -		-138				
								501(c)(4) org 5a or 25b, or 1					10b	
1 (a) Name						oetween disc		(c) Descrip					(d) Corr	ected?
	-	•		persor	and	lorganızatıo	n						Yes	No
2 Enter the am	nount of ta	x incurre	d by organiza	ition m	nana	gers or dısqı	ualified pers	ons during the	yearι	ınder	ection			
4958				•	• .					•	- \$			
3 Enter the am	nount of ta	x, if any,	on line 2, abo	ove, re	ımbı	irsed by the	organizatio	n		•	> \$			
Part III Loa	ns to ar	id/or F	rom Inter	ested	l Pe	rsons.								
							EZ, Part V,	line 38a, or Fo	rm 99	0, Par	t IV, lın	e 26, o	rıfthe	
		•	n amount on I				T .							
(a) Name of interested		tıonshıp anızatıon	(c) Purpose of loan	(d) l or fr			(e)Origina principal	(f) Balance due		In ult?	(h		(i)Wr	
person	With orga	31112411011	Orioan	organ			amount	due	ueia	iuit	by boa		agreer	illelit.
·											commi			
				То		From			Yes	No	Yes	No	Yes	No
											ļ		_	
								ļ			<u> </u>		_	
													_	
								-			<u> </u>		_	
											<u> </u>	-	_	
- 4 - 1											1		_	
otal Gran	· · · · · · · · · · · · · · · ·	:	aa Damafit	▶										
			ce Benefit					t IV, line 27.						
(a) Name of inte			ationship bet		_			(d) Type o		tance	(e)	Purpos	e of ass	istance
person	.,		ted person an		``	, mount of	abbibtance	(4) 1 / pc s	. 45515	carroo	()	. 4.705	c 0, 455	, io curio c
			organization											
1)OFFICERS & F	HIGHEST			ST	61,	543		DISCOUNTE	D TUI	TION				
OMP PERSONS		COMPP	ERSONS											
					\vdash			ı						
								_						
					t			_						
								_						

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh organiz reven	f zatıon's
				Yes	No
(1) BRIAN COMMUNICATIONS	BRIAN TIERNEY, A WIDENER UNIVERSITY TRUSTEE, OWNS BRIAN COMMUNICATIONS	817,287	ADVERTISING CONTRACT		No

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

Identifier	Return Reference	Explanation

Schedule L (Form 990 or 990-EZ) 2012

DLN: 93493135059864

Employer identification number

23-1386178

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

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

Noncash Contributions

Internal Revenue Service Name of the organization WIDENER UNIVERSITY

Part I Types of Property (d) (a) (b) (c) Check Number of contributions Noncash contribution Method of determining ıf or items contributed amounts reported on noncash contribution amounts applicable Form 990, Part VIII, line 1 g 1 Art—Works of art 2 Art—Historical treasures 3 Art-Fractional interests 4 Books and publications Clothing and household goods Cars and other vehicles . . **7** Boats and planes . . . Intellectual property . . . 103,872 MARKET VALUE Securities—Publicly traded . Χ 6 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 . . . Real estate—Residential . 16 Real estate—Commercial . 17 Real estate—Other . . . 18 Collectibles Food inventory . . . 19 20 Drugs and medical supplies . **21** Taxidermy Historical artifacts 23 Scientific specimens . . Archeological artifacts . 24 25 Other ► (__ 26 Other ▶(___ **27** Other ►(___ 28 Other ► (_ Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement . Yes No

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a No **b** If "Yes," describe the arrangement in Part II 31 Yes 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash **32a** | Yes **b** If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

describe in Part II For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 51227J

Schedule M (Form 990) (2012)

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
THIRD PARTY USE	,	THE UNIVERSITY OCCASSIONALLY RECEIVES GIFTS OF STOCK THE UNIVERSITY SELLS THE STOCK THROUGH A BROKERAGE ACCOUNT

Schedule M (Form 990) (2012)

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As Filed Data -

DLN: 93493135059864

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.

2012

Open to Public Inspection

Name	of t	he o	orgai	nızat	ıon
WIDEN	ER U	INIVE	RSIT	Υ	

Employer identification number

23-1386178

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 1	AN EXECUTIVE COMMITTEE, WHICH MAY BE CONVENED AT ANY TIME AT THE CALL OF ITS CHAIRMAN, SHALL HAVE AND EXERCISE AUTHORITY OF THE BOARD IN THE MANAGEMENT OF ITS AFFAIRS, TO THE EXTENT PERMITTED BY THE DELAWARE CORPORATION LAW AND THE PENNSYLVANIA CORPORATION NOT-FOR-PROFIT CODE, EXCEPT THAT THE EXECUTIVE COMMITTEE SHALL NOT HAVE AUTHORITY TO * FILL VACANCIES IN THE BOARD OF TRUSTEES, * ADOPT, AMEND OR REPEAL THE BY LAWS, * AMEND OR REPEAL ANY RESOLUTION OF THE BOARD, * TAKE ANY ACTION ON MATTERS COMMITTED BY THE BY LAWS OR RESOLUTION OF THE BOARD OF TRUSTEES TO ANOTHER COMMITTEE OF THE BOARD, * AMEND THE CERTIFICATE OF INCORPORATION, * ADOPT AN AGREEMENT OF MERGER OR CONSOLIDATION, * RECOMMEND THE SALE, LEASE, OR EXCHANGE OF ALL OR SUBSTANTIALLY ALL OF THE CORPORATION'S PROPERTY, * RECOMMEND A DISSOLUTION OF THE CORPORATION, OR * REVOKE A DISSOLUTION OF THE CORPORATION THE EXECUTIVE COMMITTEE SHALL CONSIST OF THE OFFICERS OF THE BOARD, THE PRESIDENT OF THE CORPORATION, THE CHAIRMEN OF THE ACADEMIC, DEVELOPMENT AND FINANCE COMMITTEES AND THE CHAIRMAN OF THE LAW SCHOOL BOARD OF OVERSEERS UPON INVITATION OF THE CHAIRMAN, ANY MEMBER OF THE BOARD MAY ATTEND AND VOTE AT AN EXECUTIVE COMMITTEE MEETING

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	DAVID OSKIN AND RICHARD TAN - BUSINESS RELATIONSHIP

Identifier	Return Reference	Explanation	
	· '	ONCE A DRAFT OF THE IRS FORM 990 IS COMPLETED AND REVIEWED BY OUR INDEPENDENT TAX ADVISORS, IT IS REVIEWED BY BOTH THE AUDIT AND FINANCE & ADMINISTRATION COMMITTEES OF THE BOARD OF TRUSTEES IT IS THEN REVIEWED WITH THE FULL BOARD OF TRUSTEES AT ITS NEXT MEETING (NORMALLY THE FEBRUARY MEETING) THE FORM 990 IS NOT FILED UNTIL THE FULL BOARD OF TRUSTEES HAS REVIEWED IT WITH MANAGEMENT	

ldentifier Retur Refere	Explanation	
FORM 99 PART VI, SECTION LINE 12C	THE UNIVERSITY HAS CONFLICT OF INTEREST POLICIES FOR THE EMPLOYEES, FULL-TIME STAFF, AND PART-TIME STAFF INVOLCOMPLETE THE CONFLICT OF INTEREST DISCLOSURE FORM ON FORMS ARE RECEIVED AND REVIEWED. THE PROCESS, REVIEWED EMPLOYEES IS THE SAME AS THE BOARD OF TRUSTEES ALL INVOLVED IN PURCHASING COMPLETE A DISCLOSURE FORM A REVIEWED BY THE EXECUTIVE DIRECTOR OF HUMAN RESOURCE FINDINGS TO THE SENIOR VICE PRESIDENT-ADMINISTRATION & UNIVERSITY. A REPORT IS THEN MADE BY THE SENIOR VICE PRESIDENCE AND ADMINISTRATION COMMITTEE OF THE BOARD, WE BOARD OF TRUSTEES.	VED IN PURCHASING THE BOARD OF TRUSTEES I AN ANNUAL BASIS, AND THE DISCLOSURE IV, AND REPORTING FOR THE OFFICERS AND KEY FULL-TIME STAFF AND PART-TIME STAFF NNUALLY, AND THESE ARE COLLECTED AND CES THIS INDIVIDUAL THEN REPORTS THE FINANCE AND THE PRESIDENT OF THE RESIDENT-ADMINISTRATION & FINANCE TO THE

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	IT IS THE POLICY OF WIDENER UNIVERSITY AND ITS BOARD OF TRUSTEES (BOARD) TO COMPENSATE ITS EXECUTIVES IN ACCORDANCE WITH THE MARKET AND IN RELATION TO EXPERIENCE, SERVICE AND ACCOMPLISHMENT BOTH PRIOR TO, AND DURING, THEIR SERVICE TO THE UNIVERSITY WHILE THE UNIVERSITY DOES NOT HAVE A FORMAL COMPENSATION COMMITTEE, MEMBERS OF THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES ACT IN THIS CAPACITY AND THEN PRESENT THE COMPENSATION DATA OF ALL DISQUALIFIED PERSONS TO THE BOARD OF TRUSTEES THE BOARD'S USE OF CUPA AND SIMILIAR INDICES IS FOR GUIDANCE PURPOSES, TAKING INTO CONSIDERATION THAT THE POSITIONS REPORTED THEREIN ARE NOT, IN MANY INSTANCES, EQUIVALENT TO THE EXECUTIVE POSITIONS AT THE UNIVERSITY THUS, WHEN AN INDIVIDUAL EXECUTIVE ACQUIRES ADDITIONAL RESPONSIBILITIES ABOVE AND BEY OND THOSE TRADITIONALLY ASSOCIATED WITH THE GENERAL CATEGORY SET FORTH IN THE COMPARATIVE INDICIES, THE BOARD MAY CONSIDER AND AWARD APPROPRIATE COMPENSATION EXCEPTIONS TO THIS POLICY CAN OCCUR WHERE SPECIAL EXPERTISE, ACCOMPLISHMENT OR EXPERIENCES ARE REQUIRED IN A PARTICULAR POSITION OR AN URGENT NEED HAS ARISEN JUSTIFY ING, IN THE BOARD'S ANALYSIS, COMPENSATION AT A LEVEL IN EXCESS OF THE POLICY RANGE ADOPTED BY THE BOARD WHEN SUCH EXCEPTIONS ARISE, THE BOARD SHALL SET FORTH A STATEMENT OF THEIR REASONING SUPPORTING THE DEPARTURE FROM THE ESTABLISHED EXECUTIVE COMPENSATION POLICY FINALLY, THE BOARD, IN EVERY THIRD YEAR, WILL ENGAGE AN OUTSIDE CONSULTANT TO VERIFY THAT TOTAL COMPENSATION PAID TO THE EXECUTIVES OF THE UNIVERSITY IS FAIR AND REASONABLE

Identifier	Return Reference	Explanation
	SECTION C, LINE 19	THE UNIVERSITY MAKES AVAILABLE TO THE PUBLIC ON ITS WEBSITE THE UNIVERSITY'S ARTICLES OF INCORPORATION, THE CONFLICT OF INTEREST POLICY, THE EXECUTIVE COMPENSATION POLICY, THE FORM 990, THE FORM 990-T AND THE UNIVERSITY'S AUDITED FINANCIAL STATEMENTS

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	CHANGE IN PENSION 8, 185, 763

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

ldentifier	Return Reference	Explanation
		THE BOND WAS ORIGINALLY ISSUED IN 2005 WITH STAGGERING MATURITY DATES FROM 2007-2039 EACH MATURITY DATE HAS BEEN ASSIGNED A UNIQUE CUSIP NUMBER

DLN: 93493135059864

2012

OMB No 1545-0047

Open to Public Inspection

Related Organizations and Unrelated Partnerships

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

Department of the Treasury Internal Revenue Service

(Form 990)

SCHEDULE R

Employer identification number Name of the organization WIDENER UNIVERSITY

It I Identification of Disregarded Entities (C (a)	(b)	(c)	(d)	(e)	(f)		_
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)		nd-of-year assets	Direct controlling entity		
							_
art II Identification of Related Tax-Exempt Or or more related tax-exempt organizations du			_		t IV, line 34 because i	t had on	е
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity stat (if section 501(c)(Section (13) col enti	512 ntro
.) THE NEUROPSYCHOLOGY ASSESSMENT CENTER	EDUCATION	PA	501(C)(3)	LINE 9	WIDENER UNIVERSITY	Yes	
NE UNIVERSITY PLACE							
HESTER, PA 19013 2-1682886							
2) THE WIDENER PARTNERSHIP CHARTER SCHOOL	SCHOOL	PA	501(C)(3)	LINE 2	WIDENER UNIVERSITY	Yes	Г
NE UNIVERSITY PLACE							
HESTER, PA 19013 2-1705892							L
r Paperwork Reduction Act Notice, see the Instructions for Fon		 Cat No 501	257		Schedule R (For	000) 2	

	e related organizations trea								,		1	,		
(a) Name, address, and related organizati	EIN of on	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	rect Predomina rolling income(rela tity unrelated excluded f tax unde sections 5		(f) Share of total incon		(h Disprop r allocat	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	partner K-1		(k) Percentage ownership
					514)			Yes	No		Yes	No	
						_								
Part IV Identification of Related line 34 because it had one	or more related organizati	ons treated a			r trust du	iring th	ne tax y	/ear.)					Part	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domici (state or fo country	le oreign		(d) t controlling entity	Type of	e) of entity , S corp, rust)	(f) Share of total income	Share	(g) of end- year assets	of- Percen owner	tage		(i) ection 512 (b)(13) controlled entity?
(1) PROVIDENCE	INACTIVE			WIDEN	IED	C			-		100 00	0.07		Yes No
ENTERPRISES INC	INACTIVE	PA		UNIVE							100 00	JU %		NO
ONE UNIVERSITY PLACE CHESTER, PA 19013 51-0260604														
(2) ACNP CORPORATION ONE UNIVERSITY PLACE CHESTER, PA 19013 23-2540747	RESTAURANT	PA		WIDEN UNIVE		C		19,042		40,9	014 100 00	00 %		No
(3) UNIVERSITY TECHNOLOGY PARK INC	REAL ESTATE			WIDEN		С		31,745		3,116,9	993 50 000) %		No
1350 EDGEMONT AVENUE SUITE 1300 CHESTER, PA 19013 23-3045605		PA												
									1					

(5) THE NEUROPSYCHOLOGY ASSESSMENT CENTER

Part V	Transactions With Related Organizations (Complete if the organizations)	on answered "Yes" to Fo	rm 990, Part IV, line	e 34, 35b, or 36.)					
Note	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes	No			
1 During	the tax year, did the organization engage in any of the following transactions with one o	r more related organizations	listed in Parts II-IV?						
a Rec	eipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			14	Yes				
b Gift, grant, or capital contribution to related organization(s)									
c Gıft	, grant, or capital contribution from related organization(s)			10	=	No			
d Loa	ns or loan guarantees to or for related organization(s)			10	1	No			
e Loa	ns or loan guarantees by related organization(s)			10	9	No			
f Divi	dends from related organization(s)			11	Ŧ	No			
g Sale	e of assets to related organization(s)			19)	No			
h Pur	chase of assets from related organization(s)			11		No			
i Excl	nange of assets with related organization(s)			1	i	No			
j Leas	se of facilities, equipment, or other assets to related organization(s)			1	Yes				
k Lease of facilities, equipment, or other assets from related organization(s)									
l Performance of services or membership or fundraising solicitations for related organization(s)									
m Perf	ormance of services or membership or fundraising solicitations by related organization(s	;)		11	n	No			
n Shar	ring of facilities, equipment, mailing lists, or other assets with related organization(s)			1	n Yes				
o Sha	ring of paid employees with related organization(s)			10		No			
p Reii	mbursement paid to related organization(s) for expenses			11)	No			
q Reii	mbursement paid by related organization(s) for expenses			10	Yes	<u> </u>			
r Oth	er transfer of cash or property to related organization(s)			1	r	No			
s Oth	er transfer of cash or property from related organization(s)			1:	5	No			
2 If th	e answer to any of the above is "Yes," see the instructions for information on who must o	complete this line, including	covered relationships	and transaction thresholds					
	(a) Name of other organization (b) Transaction Transaction type (a-s) (c) Amount involved Method of determining an								
(1) THE WI	DENER PARTNERSHIP CHARTER SCHOOL	J	900,000						
(2) THE WI	DENER PARTNERSHIP CHARTER SCHOOL	L	200,776						
(3) THE WI	DENER PARTNERSHIP CHARTER SCHOOL	Q	5,094,224						
(4) THE NE	JROPSYCHOLOGY ASSESSMENT CENTER	L	9,016						

Q

189,709

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross)

revenue) that was not a related organization See instructions re	garding exclu	sion for ce		nent	partnerships				•	,		Ī	
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512- 514)	org	(e) (f) all partners section 501(c)(3) income anizations?		end-of-year assets	ear allocations		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	_	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	

Additional Data Return to Form

Software ID: Software Version:

EIN: 23-1386178

Name: WIDENER UNIVERSITY

Schedule R (Form 990) 2012

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Part VII Supplemental Information

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

Identifier	Return Reference	Explanation
	· ·	THE UNIVERSITY LEASES TO ITS SOCIAL WORK CONSULTATION SERVICES DEPARTMENT SPACE IN A BUILDING OWNED BY UNIVERSITY TECHNOLOGY PARK INC
	SCHEDULE R, PART V, LINE 1N	THE UNIVERSITY SHARES ITS FACILITIES WITH NEUROPSYCHOLOGY ASSESSMENT CENTER AT WIDENER UNIVERSITY