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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

2012

OMB No 1545-0047

Open to Public Inspection

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

A Fo	r the 2	2012 cal	endar year, or tax year beginnin	g 07-01-2012 ,2012, and end	ling 06-30)-2013			
_		pplicable	C Name of organization WILMINGTON UNIVERSITY INC				D Emplo	yer ide	ntification number
Add	lress ch	nange	Doing Business As				51-0	107088	3
Naı	me cha	nge	Doing Business As						
Init	ıal retu	m		naıl ıs not delivered to street address)	Room/suit	te	E Teleph	one num	ber
Ter	mınate	d	320 NORTH DUPONT HIGHWAY				(302	356-6	814
- Am	ended	return	City or town, state or country, and NEW CASTLE, DE 19720	ZIP + 4			(302	, 330 0	014
- App	lication	n pending	NEW CASTLE, DE 19720				G Gross	receipts \$	5 147,217,762
			F Name and address of pri	ncıpal officer		H(a) Is t	hıs a group	return	for
			HEATHER A O'CONNELL 320 NORTH DUPONT HIGI	Η WΔ Υ			iates?		┌ Yes 🗸 No
			NEW CASTLE, DE 19720	IWAT		H(b) Are	all affiliate	se inclu	ded?
									(see instructions)
Ta	x-exem	npt status	▼ 501(c)(3)	(insert no) 4947(a)(1) or 5	527				
W	ebsite	e:► WIL	_MU EDU			H(c) Gro	oup exemp	tion nur	nber F
			Corporation Trust Association	on Other ►		L Year of t	formation 19	968 M	State of legal domicile DE
Pa	rt I	Sum	mary						
caoyemanoe	E	ESTABL: EDUCAT	escribe the organization's missi ISHED IN 1968, WILMINGTON TION WITH LOCATIONS IN DI CTORAL DEGREES	NUNIVERSITY, INC IS AN OF	PEN ACC				
Ē	-								
<u> </u>	-	<u> </u>				<u> </u>	250/ 51		
	2 (Check th	nis box দ if the organization di	scontinued its operations or di	sposea o	r more than	25% OF ITS	net as	sets
6 11	1 ε	Number	of voting members of the goverr	ning body (Part VI, line 1a)				з	14
ACHMINES &	4 1	Number	of independent voting members	of the governing body (Part VI,	, line 1b)			4	9
5	5 1	Total nur	mber of individuals employed in	calendar year 2012 (Part V, Iır	ne 2a) .			5	2,025
τ	6 1	Total nur	mber of volunteers (estimate if r	necessary)				6	0
	7a ¹	Total uni	related business revenue from P	art VIII, column (C), line 12				7a	0
	ь	Net unre	lated business taxable income t	from Form 990-T, line 34 .				7b	0
						Pri	or Year		Current Year
aı.	8						12,467,		13,086,776
en E	9		m service revenue (Part VIII, I		90,154,428		98,944,997		
Revenue	10	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `						822	2,252,156
	11 12		revenue (Part VIII, Column (A), revenue—add lines 8 through 11				45,	.022	52,688
	12						103,507,	315	114,336,617
	13		s and similar amounts paid (Part					0	0
	14		ts paid to or for members (Part :					0	0
ø	15	Salarıe 5-10)	es, other compensation, employ	ee benefits (Part IX, column (A), lines		53,820,	286	56,608,419
Expenses	16a	•	sional fundraising fees (Part IX	column (A.) line 11e)			33,020,	0	0
Φ ⊕	ь		ndraising expenses (Part IX, column (E						
ம	17		expenses (Part IX, column (A),	•			38,074,	621	42,352,492
	18		expenses Add lines 13–17 (mu				91,894,		98,960,911
	19		ue less expenses Subtract line				11,612,		15,375,706
5 %						Beginni	ng of Curre		End of Year
3 2			_			<u> </u>	Year		
rechases or Fend Balances	20		assets (Part X, line 16)				145,384,		166,346,339
3 5	21		iabilities (Part X, line 26)			· 	43,116,		47,658,419
	22		sets or fund balances Subtract	ine 21 from line 20			102,267,	022	118,687,920
Inde ny ki	nowled	alties of p	ature Block perjury, I declare that I have ex belief, it is true, correct, and cor nowledge						
		****	**			<u> </u>	2014-01-29		
Sign	1	Signa	ature of officer				Date		
ler			HER A O'CONNELL VICE PRESIDENT AN	ID CFO					
		<u> </u>	or print name and title						
_	_		nnt/Type preparer's name IICHAEL A TROLIO	Preparer's signature	Da		neck / ıf lf-employed	PTIN P00357	
Paid		F	irm's name GUNNIP & COMPANY	LLP	I		m's EIN 🕨 5	1	
	pare	er 📙							
Jse	Onl	ly F	irm's address ► 2751 CENTERVILLE RD) STE 300		Ph	one no (30)	2) 225-50	000
		1	WILMINGTON, DE 198	308					

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

✓ Yes No

	990 (2	.012)				Page 2
Par	t III	Statement of Program S Check if Schedule O contains a				
1	Briefl	y describe the organization's mi				·
ATTI OPP PRO AND AND FROI	ENTIO ORTUN VIDES DIVER AT AN M THE	N TO STUDENTS AS AN INST ITY FOR HIGHER EDUCATION A RANGE OF EXEMPLARY CAF SE STUDENT POPULATION I AFFORDABLE PRICE A HIGH	TUTION WITH AD NOTED STUDENTS OF REER-ORIENTED L TOELIVERS THES LY QUALIFIED FU TOTHE UNIVERSIT	DMISSIONS POLICIES F VARYING AGES, IN JNDERGRADUATE AN GE PROGRAMS AT LOC LL-TIME FACULTY WO Y'S PROGRAMS PREP	EVANCY OF THE CURRICULUM, STHAT PROVIDE ACCESS FOR A TERESTS AND ASPIRATIONS THE DEGREE PROGRAM CATIONS AND TIMES CONVENIORKS CLOSELY WITH PART-TIMES ARE STUDENTS TO BEGIN OR CELLING LEARNING	ALL, IT OFFERS HE UNIVERSITY MS FOR A GROWING ENT TO STUDENTS E FACULTY DRAWN
2	the pr	e organization undertake any sig ior Form 990 or 990-EZ? s," describe these new services			which were not listed on	「Yes ▼ No
3	Did th	e organization cease conducting	ı, or make sıgnıfıca	nt changes in how it co	nducts, any program	┌ Yes ┌ No
4	Descr expen		ervice accomplishr (c)(4) organization	s are required to report	ree largest program services, as m the amount of grants and allocation	
4a	PROV. AND S EDUC UNIVE DEGR THE C FISCA ADDIT AND \ IN TH COMP MASTI DOCT UNIVE 860 B FRIEN ACADI UNIVE PROC IDENT AND C STUDI ESPEC INCLL	INGTON UNIVERSITY IS COMMITTED TO IDING EDUCATIONAL OPPORTUNITY IS OF TUDENT SERVICES, WE SUPPORT INNOTATION FOCUSED ON PRACTICAL APPLICATION FOCUSED ON THE COLLEGE OF ART OLLEGE OF SOCIAL AND BEHAVIORAL SELECTION OF THE FOLLOWING WERE ACCOMPLICATION THE FOLLOWING WERE ACCOMPLICATION THE NACATE EXAMINERS RECOMPLICATION FOR THE SIX STANDARDS, OUTCOMPLICATION OF THE FIRST OF THE SIX STANDARDS, OUTCOMPLICATION OF THE FIRST OF THE SECURING FOR THE FOR THE FIRST OF THE SECURING FOR THE FOR THE FIRST OF THE SECURING FOR THE FIRST OF THE	DUR PRIMARY PURPOSE DVATION AND ACTIVELY LATION WILMINGTON UI GREE PROGRAMS AT T S AND SCIENCES, THE CIENCES AND THE COLI FIPLE LOCATIONS IN DE SHED IN FISCAL 2013 MENDED FULL, UNCONL IST HE COHORT ENRO ALTH COUNSELING REC COURSE OFFERING IN D NUTURE ITS COOPER INTS THE UNIVERSITY JUL SERVICEMEMBER OI JUL SERVICEMEMBER OI FORING IN MATH AND S A MULTI STAGE APPROA FACULTY, STAFF AND SI JURPOSE FIELDS TO SER IR STUDENTS WITH AN IS R STUDENTS WITH AN IS R STUDENTS AS CUSTO 757 GRADUATE STUDE	E, AND RESPONSIVENESS TO SEEK FACULTY WITH EXPERITY IS CLASSIFIED BY HE ASSOCIATE'S, BACHELOR COLLEGE OF BUSINESS, THI LEGE OF TECHNOLOGY THE ELAWARE, NEW JERSEY AND THE COLLEGE OF EDUCATIO DITIONAL NCATE ACCREDITALITY AND GOVERNANCE AN IDULING FOR THE FALL SEMES EVENED ITS CACREP ACCRED IN JANUARY 2013 SIXTEEN STATIVE EDUCATION PROGRA SUPPORTS THE MILITARY AND POPORTUNITY COLLEGES ON JUNITY COLLEGES IN PENNSY 1 (22%), AND DEVELOPED STATISTICS THE UNIVERSITY CHE FIRST PHASE, WHIFUDENT ATHLETES THE UNIVERSITY CHE THE UNIVERSITY SHEN NOT THE FIRST PHASE, WHIFUDENT ATHLETES THE UNIVERSITY SHEN NOT THE UNIVERSITY SHEN THE UNIVERSITY SHEN NOT THE UNIVERSITY SHEN THE UNIVERSITY SHEN THE UNIVERSITY SHEN NOT THE UNIVERSITY SHEN THE) (Revenue \$ OTHER IS PARAMOUNT, INTEGRITY GUIDI COMMUNITY NEEDS IS KEY IN DESIGNIN RIENCE IN THEIR FIELDS WHO CAN PROVII THE CARNEGIE COMMISSION AS A DOCTO S, MASTER'S AND DOCTORAL LEVELS THE COLLEGE OF EDUCATION, THE COLLEGE UNIVERSITY SERVED 17,749 (UNDUPLICA MARYLAND AS WELL AS PROVIDING AN ON SUCCESSFULLY COMPLETED A NACATE A STION THROUGH 2020, WITH COMMENDAT EDD IN HIGHER EDUCATION LEADERSHIP NOT THE COLLEGE OF SOCIAL A SITATION THE COLLEGE OF HEALTH PROPE TUDENTS WERE ACCEPTED INTO THIS INA M WHICH CURRENTLY HAS RELATIONSHIP ND DURING FISCAL 2013 SECURED RECOR SORTIUM MEMBERSHIP THE UNIVERSITY LVANIA, AND HOWARD COMMUNITY COLLE OF IS CURRENTLY IMPLEMENTING AN IDENT CH HAS BEEN COMPLETED, WAS ISSUING VERSITY OPENED A NEW 20,000 SQUARE IS SAND WOMENS SOCCER AND LACROSSE TUDY OR GATHER AND SOCIALIZE WITH TH UCH THE UNIVERSITY SERVED A TOTAL OF THE UNIVERSITY AWARDED 2,359 TOTAL D	IG ACADEMIC PROGRAMS DE STUDENTS WITH AN DRAL/RESEARCH E UNIVERSITY OFFERS OF HEALTH PROFESSIONS, TED) STUDENTS DURING I-LINE MODALITY IN ACCREDITATION REVIEW IONS FOR THE COLLEGE WILL BE AVAILABLE AS A ND BEHAVIORAL SCIENCES ESSIONS INITIATED A UGURAL COHORT THE S WITH APPROXIMATELY SINITION AS A MILITARY DEVELOPED THREE NEW IGE IN MARYLAND THE IS AN 18% INCREASE THE OFFICIATION CARD SMARTCARD FOOT ATHLETIC FACILTY TEAMS IN ADDITION A HEIR PEERS WE ARE 17,749 STUDENTS
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
	O+b-	r program services (Describe in	Schedule O \			
- r u		enses \$	including grants o	f\$) (Revenue \$)

4e Total program service expenses ▶

74,769,408

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? *	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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,			No
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II L Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		No
	complete Schedule D, Part III 🕏	8		"
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
	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
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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		No
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 1^2 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		No
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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	Yes	
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		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
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		Νo
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		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "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		Νo
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "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	

Par	Statements Regarding Other 1R5 Fillings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V	•	 Yes	l No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 166			110
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
E	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	E ₂		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		No
		5b		100
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 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	7a	Yes	
	services provided to the payor?	7u 7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7.5		
	file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	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		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	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		
LO	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
.1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
l3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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			
С	Enter the amount of reserves on hand			
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		ı

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	I	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		res	No
	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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
	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	evenu	ie Cod	e.)
			Yes	No
L0a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
b	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
L2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
L4	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
L6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," 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?	16b		
Se	ection C. Disclosure	<u>'</u>		
L7	List the States with which a copy of this Form 990 is required to be filed▶MD			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply			

- - 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 HEATHER A O'CONNELL VP & CFO 320 NORTH DUPONT HIGHWAY NEW CASTLE, DE (302)356-6814

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

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

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

- ◆ 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

										(=)
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is a linetitutional	one bot ecto	not box h ar or/tr	change of the Highest compensated	ess er e)	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		ā·	Trustee			nsated				
(1) ROBERT C COLE JR	0 00	х						0	0	0
TRUSTEE		_ ^						0	0	0
(2) ALAN D ELLINGSWORTH TRUSTEE	0 00	х						0	0	0
(3) FLORENCE W GARVIN	0 00									
TRUSTEE		X						0	0	0
(4) LARRY D GEHRKE	0 00								_	
TRUSTEE		X						0	0	0
(5) G DEAN MACEWEN MD	0 00	Х						0	0	0
TRUSTEE										
(6) LAWARENCE H MILLER TRUSTEE	0 00	×						0	0	0
(7) DANA P ROBINSON	0 00									
TRUSTEE		X						0	0	0
(8) RICHARD P SANGER	0 00	Х						0	0	0
TRUSTEE							_			
(9) RONALD C WATTS EDD	0 00	x						0	0	0
TRUSTEE (10) JACK P VARSALONA	40 00									
, ,	40 00			х				804,184	0	334,264
PRESIDENT (11) HEATHER A O'CONNELL	40 00									
SR VP	10 00			х				311,228	0	34,286
(12) IRENEE DU PONT JR	0 00									
CHAIRMAN				Х				0	0	0
(13) THOMAS S SHAW	0 00			<u> </u>						
VICE CHAIRMAN & TREASURER				×				0	0	0
(14) JOSEPH J FARNAN JR	0 00			х				0	0	0
VICE CHAIRMAN								U	O	
(15) THOMAS E LEIPOLD PHD	0 00			x				0	0	0
SECRETARY				<u> </u>				,	,	
(16) DAVID F MARVIN	0 00			x				0	0	0
VICE CHAIRMAN										
(17) LAVERNE T HARMON	40 00				×			295,651	0	167,077
VP										Form 000 (3013)
										Form 990 (2012)

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

	(A) Name and Title	(B) A verage	Pos	sition	(C		chec	k	(D) Reportable	(E) Reportable		F) nated
		hours per week (list any hours	more pers	than on is	one bot	box thar	k, unle n offic rustee	ess er	compensation from the organization	compensation from related organizations	amount compe from	of other nsation n the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	and re	zation elated zations
(18) (CAROLE D PITCHER	40 00				х			295,092		o	100,304
	PETER BAILEY	40 00				х			181,670		0	240,044
	AMES WILSON JR	40 00				х			179,420		0	183,845
	ERIN DIMARCO	40 00				х			184,670		0	91,647
(22)	EILEEN DONNELLY	40 00					х		194,812		0	15,013
` '	ANGELA SUCHANIC	40 00					х		196,499		0	29,531
` '	RICHARD GOCHNAUER	40 00					х		198,537		0	9,608
. ,	ACK CUNNINGHAM	40 00					х		183,368		0	8,965
	THOMAS CUPPLES	40 00					х		195,550		0	74,676
	BETTY J CAFFO ER PROVOST & VP	40 00						х	2,192,049		0	14,421
1b c	Sub-Total	VII, Section A		•	•		*					
<u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (including b \$100,000 of reportable compensation f				ed al	bove	e) who	rec	5,412,730 eived more than	0		1,303,681
											Yes	No
3	Did the organization list any former office on line 1a? <i>If</i> "Yes," complete Schedule J			e, ke	y em	nploy •	yee, o	r hıg	ghest compensate		3 Yes	
4	For any individual listed on line 1a, is the organization and related organizations of individual									om the	Yes	
5	Did any person listed on line 1a receive	or accrue com	pensat	ion f	rom	any	unrel	ated	l organization or i	ndıvıdual for		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A)	(B)	(C)
Name and business address	Description of services	Compensation
MARVIN & PALMER ASSOCIATES 1201 NORTH MARKET STREET SUITE 230 WILMINGTON DE 19801	FINANCIAL SERVICES	199,779
ROBERT'S PAINTING & WALLPAPERING 127 HONORA DRIVE BEAR DE 19701	INDEPENDENT PAINTER	115,225
GUNNIP & COMPANY LLC 2751 CENTERVILLE ROAD SUITE 300 WILMINGTON DE 19808	AUDITING SERVICES	110,350
·	·	

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 ►3

services rendered to the organization? If "Yes," complete Schedule J for such person . . .

Νo

Part V	4 🛊 🖠 1	Statement of Revenue Check if Schedule O contains a respo	nse to any question	ın 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
(0	1a	Federated campaigns 1a	1				911
ons, Giffs, Grants Similar Amounts	ь	Membership dues 1b	,				
9 0 13 13 13 13 13 13 13 13 13 13 13 13 13	c	Fundraising events 10	30,881				
ffs, FA	d	Related organizations 1d					
nija	e	Government grants (contributions) 1e					
Sin	ءَ ا						
tributio Other	T	All other contributions, gifts, grants, and similar amounts not included above					
를등	g	Noncash contributions included in lines 1a-1f \$					
Contributions, and Other Sim	h	Total. Add lines 1a-1f		13,086,776			
			Business Code				
Program Serwce Revenue	2a	TUITION AND FEES	611600	93,883,687	93,883,687		
ek ek	ь	SALES OF AUXILIARY SVCS	900099	4,893,582			4,893,582
- Ce	С	MISCELLANEOUS INCOME	900099	155,478			155,478
er E	d	FACILITIES RENTAL INCOME	900099	12,250			12,250
S =	e						
	f	All other program service revenue					
Š	g	Total. Add lines 2a-2f		98,944,997			
	3	Investment income (including divider		496,370			496,370
	4	and other similar amounts) Income from investment of tax-exempt bond	F	130,370			130,370
	5	Royalties	<u>.</u>				
		(ı) Real	(II) Personal				
	6a	Gross rents					
	ь	Less rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)					
		(ı) Securities	(II) O ther				
	7a	Gross amount from sales of 34,556,210 assets other than inventory	16,225				
	b	Less cost or other basis and sales expenses 32,798,022	18,627				
	С	Gain or (loss) 1,758,188	-2,402				
	d	Net gain or (loss)		1,755,786	1,755,786		
Other Revenue	8a	Gross income from fundraising events (not including \$ 30,881 of contributions reported on line 1c) See Part IV, line 18					
her	ь	Less direct expenses b	117,104				
ᅙ	c	Net income or (loss) from fundraising	5.7.50	52,688			52,688
	9a	Gross income from gaming activities See Part IV, line 19					
	ь	Less direct expenses b					
	c	Net income or (loss) from gaming act					
	10a	Gross sales of inventory, less returns and allowances .					
	h	Less cost of goods sold b					
	b c	Less cost of goods sold b Net income or (loss) from sales of inv	rentory				
	<u> </u>	Miscellaneous Revenue	Business Code				
	11a						
	ь						
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d					
	12	Total revenue. See Instructions .		114,336,617	95,639,473	0	5,610,368
					,,		3,010,000

		Statement of Functional Expenses				
Sectio	n 501(c)(3) and 501(c)(4) organizations must complete all columns All	other organizati	ons must comp	lete column (A)	
	Cł	neck if Schedule O contains a response to any question in this Pai	rt IX			<u> </u>
		e amounts reported on lines 6b, d 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1		and other assistance to governments and organizations Jnited States See Part IV, line 21				
2		and other assistance to individuals in the States See Part IV , line 22				
3	organız	and other assistance to governments, zations, and individuals outside the United See Part IV, lines 15 and 16				
4	Benefit	s paid to or for members				
5		ensation of current officers, directors, trustees, and apployees	3,655,912	1,632,407	2,023,505	
6	(as def	ensation not included above, to disqualified persons fined under section 4958(f)(1)) and persons ped in section 4958(c)(3)(B)	1,074,318	790,773	283,545	
7	Others	salaries and wages	43,465,009	37,631,120	5,833,889	
8		n plan accruals and contributions (include section 401(k) 3(b) employer contributions)	1,408,992	1,115,061	293,931	
9	Other	employee benefits	3,648,601	2,255,153	1,393,448	
10		ltaxes	3,355,587	2,849,824	505,763	
11		or services (non-employees)			, 1	
а		ement	3,500	3,500		
b			174,598	_,	174,598	
c		nting	132,630		132,630	
d		ng	57,000		57,000	
e		sional fundraising services See Part IV, line 17	37,000		37,000	
f		ment management fees	227,341		227,341	
g	Other	(If line 11g amount exceeds 10% of line 25, n (A) amount, list line 11g expenses on	227,341		227,541	
		le O)	1,209,229	436,093	773,136	
12	Advert	ising and promotion	1,737,185	1,607,137	130,048	
13	Office	expenses	6,767,084	1,528,797	5,238,287	
14	Inform	ation technology	1,449,380	155,724	1,293,656	
15	Royaltı	ies				
16	Occup	ancy	5,647,700	1,179,775	4,467,925	
17	Travel		1,016,238	925,962	90,276	
18		nts of travel or entertainment expenses for any federal, or local public officials				
19		ences, conventions, and meetings	595,765	420,628	175,137	
20	Interes	st				
21		nts to affiliates				
22	Deprec	ciation, depletion, and amortization	3,792,795	3,333,867	458,928	
23		nce	381,419		381,419	
24	Other o	expenses Itemize expenses not covered above (List laneous expenses in line 24e If line 24e amount exceeds 10% 25, column (A) amount, list line 24e expenses on Schedule O)				
а		LARSHIPS	13,559,161	13,559,161		
b		IARY ENTERPRISES	3,819,941	3,819,941		
c		ENT ACTIVITIES	1,133,454	1,133,454		
d		RY MEDIA	383,703	383,703		
		er expenses	264,369	7,328	257,041	
25		unctional expenses. Add lines 1 through 24e	98,960,911	74,769,408	24,191,503	
<u>26</u>	Joint o	osts. Complete this line only if the organization ed in column (B) joint costs from a combined clonal campaign and fundraising solicitation. Check	99,900,911	/4,/09,408	24,191,503	0

Part X Balance Sheet

		Check if Schedule O contains a response to any question in this Part X	1		<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	20,469	1	30,672
	2	Savings and temporary cash investments	29,268,326	2	31,681,227
	3	Pledges and grants receivable, net	1,292,615	3	1,032,844
	4	Accounts receivable, net	26,530,133	4	29,082,463
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	y	-	
ts	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	240,000	6	255,000
Assets	7	Notes and loans receivable, net		7	
ď	8	Inventories for sale or use	1.243.820		1,371,365
	9	Prepaid expenses and deferred charges	1,224,022	9	2,297,270
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 88,640,62	, ,		2,201,210
	Ь	Less accumulated depreciation	5 54,488,808	10c	57,453,280
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11	30,926,304	12	42,982,218
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	150,000	15	160,000
	16	Total assets. Add lines 1 through 15 (must equal line 34)	145,384,497	16	166,346,339
	17	Accounts payable and accrued expenses	9,060,566	17	9,902,469
	18	Grants payable		18	<u> </u>
	19	Deferred revenue	28,056,309	19	32,058,287
	20	Tax-exempt bond liabilities		20	
ر م	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
<u>, a</u>	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
Liabilit		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	6,000,000	23	5,697,663
	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		25	
	26	D	43,116,875	26	47,658,419
	26	Organizations that follow SFAS 117 (ASC 958), check here ► ✓ and complete lines 27 through 29, and lines 33 and 34.	45,110,075	26	47,000,419
ĕ	27	Unrestricted net assets	101,466,588	27	117,751,494
<u>ප</u>	28	Temporarily restricted net assets	801,034	28	936,426
<u> </u>	29	Permanently restricted net assets	001,001	29	
Fund Balances	29	Organizations that do not follow SFAS 117 (ASC 958), check here ► and		23	
<u>.</u>		complete lines 30 through 34.			
Assets or	30	Capital stock or trust principal, or current funds		30	
Ř	31	Paid-in or capital surplus, or land, building or equipment fund		31	
As:	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net ,	33	Total net assets or fund balances	102,267,622	33	118,687,920
Ż	34	Total liabilities and net assets/fund balances	145,384,497	34	166,346,339
	1		.40,004,407	57	. 50,0,0,000

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		114,3	336,617
2	Total expenses (must equal Part IX, column (A), line 25)	2		98.9	960,911
3	Revenue less expenses Subtract line 2 from line 1	3			375,706
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				
5	Net unrealized gains (losses) on investments	5			267,622 044,592
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			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		118,6	587,920
Par	t XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. 区
				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 the	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	3a	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	

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493034007094

Employer identification number

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Name of the organization

WILMINGTON UNIVERSITY INC

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

Open to Public Inspection

									51-0107		
Pa				blic Charity Sta						nstruction	IS.
The c	rganı			te foundation becaus			= -				
1		A chur	ch, convent	ion of churches, or a	ssociation o	f churches o	described in s	section 170(b)(1)(A)(i).		
2		A scho	ol described	d in section 170(b)(1	L)(A)(ii). (A	ttach Sched	lule E)				
3	\sqcap	A hosp	oital or a coo	perative hospital se	rvice organi:	zatıon desci	rıbed ın secti o	on 170(b)(1)(A)(iii).		
4	\sqcap	A med	ical researc	h organization opera	ted ın conjur	nction with a	hospital des	cribed in se	ction 170(b)	(1)(A)(iii).	Enter the
	_			ity, and state							
5	ļ	_	•	erated for the benefi	_	e or univers	ity owned or o	operated by	a governmer	ntal unit des	scribed in
	_			(A)(iv). (Complete P	•						
6		A fede	ral, state, or	local government o	r governmen	tal unit des	cribed in sect	ion 170(b)(1)(A)(v).		
7	Γ			at normally receives			support from	n a governm	ental unıt or	from the ge	neral public
8	_			on 170(b)(1)(A)(vi). : described in sectio i			mploto Bart I	т \			
9	<u>'</u>		-	at normally receives			-	-	hutions man	nharchin fac	as and dross
9	'										
				rities related to its e							
				oss investment inco						tax) Irom t	ousinesses
10	_			ganızatıon after June							
10	<u> </u>	_		ganızed and operate							
11	ı			ganized and operated ly supported organiz							
			•	ibes the type of supp				•		see section	309(a)(3). Check
			Type I							on-function	nally integrated
е	\sqcap	By che	cking this b	ox, I certify that the							
	·			on managers and ot							
_			n 509(a)(2)								
f				received a written d	etermination	from the IF	RS that it is a	Type I, Typ	e II, or Type	e III suppoi	ting organization,
g			this box	2006, has the organ	ization accei	nted any dif	t or contribut	ion from any	ofthe		ı
9			ng persons?		izacion acce	pred dily gii	c or continue	ion nom any	or the		
		(i) A p	erson who d	irectly or indirectly o	controls, eith	ner alone or	together with	persons de	scribed in (ii)	Yes No
		and (III) below, the	governing body of th	ne supported	organizatio	n?			11	.g(i)
		(ii) A f	amıly memb	er of a person descr	ıbed ın (ı) ab	ove?				11	g(ii)
		(iii) A	35% contro	lled entity of a perso	n described	ın (ı) or (ıı)	above?			11	g(iii)
h		Provid	e the followi	ng information about	the support	ed organiza	tion(s)				<u> </u>
(i) Nan	ne of	(ii) EIN	(iii) Type of	(iv) Is	the	(v) Did yo	u notify	(vi) Is	the	(vii) A mount of
	uppo			organization	organizat		the organ		organiza		monetary
10	ganiz	ation		(described on	col (i) lıs		ın col (i)	'	col (i) or		support
				lines 1-9 above or IRC section	your gove docume		suppo	rt /	in the U) 5 /	
				(see	uocuille	:116'					
				instructions))	-	T		T			\dashv
					Yes	No	Yes	No	Yes	No	
							1				
Total								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	iplete Pa	rt III.)	
	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,						
/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)						
_Se	ction 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						
11	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: 93493034007094

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** WILMINGTON UNIVERSITY INC 51-0107088 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 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	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on li	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	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					

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

	med Ferm 57 50 (election diluce section 501(ii)).	- /-	a)		(b)	
For e activ	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying ity.	Yes	No	<u> </u>	Amoun	ıt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?		Νo			
ь	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	1		
С	Media advertisements?		No	1		
d	Mailings to members, legislators, or the public?		Νo			
е	Publications, or published or broadcast statements?		Νo			
f	Grants to other organizations for lobbying purposes?		Νo			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes			5	7,000
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo			
i	O ther activities?		Νo			
j	Total Add lines 1c through 1i				5	7,000
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo			
Ь	If "Yes," enter the amount of any tax incurred under section 4912			1		
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	t III-A Complete if the organization is exempt under section $501(c)(4)$, section 5	01(c)(5),	or s	ectio	n
	501(c)(6).					
			-		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
	t III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."	No" C				
1	Dues, assessments and similar amounts from members	1				
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).					
a h	Current year Carryover from last year	2a 2b				
b C	Total	20 2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
<i>3</i>	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				

Part IV Supplemental Information

Taxable amount of lobbying and political expenditures (see instructions)

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, 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

I dentifier	Return Reference	Explanation
EXPLANATION OF LOBBYING ACTIVITIES	, and the second	WILMINGTON UNIVERSITY, INC HAS RETAINED THE SERVICES OF LAIRD STABLER & ASSOCIATES, LLC OF MONTCHANIN, DELAWARE AND RICHARD S MROZ OF TRENTON, NEW JERSEY FOR THE PURPOSE OF MONITORING AND INFORMING THE UNIVERSITY OF STATE LEGISLATIVE ACTIONS THAT MAY IMPACT THE UNIVERSITY THE TOTAL EXPENSE INCURRED IN CONNECTION WITH THIS ACTIVITY WAS \$27,000 AND \$30,000 RESPECTIVELY THIS REPRESENTS THE TOTAL AMOUNT OF MONIES THAT WILMINGTON UNIVERSITY INC PAID TO LAIRD STABLER & ASSOCIATES, LLC AND RICHARD S MROZ

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493034007094

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

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

Open to Public

emai i	Revenue Service F Attach to For	m 990. F See separate instructions.		Inspection
	ne of the organization MINGTON UNIVERSITY INC		Emp	loyer identification number
				0107088
Par	organizations Maintaining Donor Advorganization answered "Yes" to Form 990		Funds	or Accounts. Complete if the
		(a) Donor advised funds		(b) Funds and other accounts
L	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
ŀ	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the organization's		nor adv	rsed Tyes TNo
i	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the benef			r purpose
_	conferring impermissible private benefit?			☐ Yes ☐ No
ar	t II Conservation Easements. Complete if		to Forn	n 990, Part IV, line 7.
	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation	or education)		ically important land area
	Protection of natural habitat	Preservation of a	certifie	d historic structure
	Preservation of open space			
	Complete lines 2a through 2d if the organization held a	a qualified conservation contribution in	the forn	n of a conservation
	easement on the last day of the tax year			Hold at the Fud of the Vacu
а	Total number of conservation easements		2a	Held at the End of the Year
	Total acreage restricted by conservation easements		2a 2b	
		oric structure included in (a)		
с	Number of conservation easements on a certified history	, ,	2c	
d	Number of conservation easements included in (c) acc historic structure listed in the National Register		2d	
	Number of conservation easements modified, transferr	ed, released, extinguished, or termina	ted by th	ne organization during
	the tax year ►			
	Number of states where property subject to conservat	ion easement is located ►		
i	Does the organization have a written policy regarding tenforcement of the conservation easements it holds?	the periodic monitoring, inspection, ha	ndling of	violations, and Yes No
	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation ease	ements o	during the year
	▶			
,	A mount of expenses incurred in monitoring, inspecting	,, and enforcing conservation easemen	ts durin	g the year
	▶ \$	· -		-
i	Does each conservation easement reported on line 2(or and section 170(h)(4)(B)(ii)?	d) above satisfy the requirements of se	ection 17	70(h)(4)(B)(ı)
)	In Part XIII, describe how the organization reports colbalance sheet, and include, if applicable, the text of th			
	the organization's accounting for conservation easeme			
art	Organizations Maintaining Collection Complete if the organization answered "Y		, or Ot	her Similar Assets.
.a	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			▶ \$
<u>!</u>	If the organization received or held works of art, histor following amounts required to be reported under SFAS			
а	Revenues included in Form 990, Part VIII, line 1			- \$
	,			

b Assets included in Form 990, Part X

i e l'i	Organizations Maintaining Co	ilections of Ar	τ, HIS	torical	reasu	ires, or O	tne	r Similar As	ssets (d	<u>continued)</u>
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other reco	rds, ch	neck any o	f the fol	lowing that a	re a	significant us	e of its	
а	Public exhibition		d	┌ Loa	norexo	:hange progr	ams			
b	Scholarly research		e	┌ Oth	er					
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expl	aın hov	w they furtl	ner the	organızatıon	's ex	empt purpose	ın	
5	During the year, did the organization solicit							ılar	_	_
	assets to be sold to raise funds rather than t								┌ Yes	No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an					n answere	a "Y	es" to Form	990,	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?		•			or other ass	ets r	not	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	II and complete the	e follov	wing table		_				
								Aı	mount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, Iır	ne 21?						☐ Yes	☐ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	e expla	anation has	s been p	provided in P	art X	(III		Γ
Pa	rt V Endowment Funds. Complete									
_		(a)Current year	(b)	Prior year				hree years back		years back
1a	Beginning of year balance	28,851,994		21,742,41		15,460,166		11,769,016		15,727,797
Ь	Contributions	9,007,500		7,553,75	1	2,000,000		3,000,000		
С	Net investment earnings, gains, and losses	3,088,935		-444,16	9	4,282,247		691,150		-3,958,781
d	Grants or scholarships									
е	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance	40,948,429		28,851,99	4	21,742,413		15,460,166		11,769,016
2	Provide the estimated percentage of the cur	rent year end balan	ice (lin	ne 1g, colu	mn (a))	held as				
а	Board designated or quasi-endowment 🕨	100 000 %								
b	Permanent endowment ►									
c	Temporarily restricted endowment ▶									
	The percentages in lines 2a, 2b, and 2c sho	•								
3 a	Are there endowment funds not in the posse organization by	ssion of the organiz	zation	that are he	eld and	administered	d for	the	Yes	i No
	(i) unrelated organizations							3a	(i)	No
	(ii) related organizations								(ii)	No
b	If "Yes" to 3a(II), are the related organizatio							3	b	
4	Describe in Part XIII the intended uses of th									
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	90, Pa	art X, line		(h)Cost or ot	har I	(a) Assumulator	1 (4) 0	ank value
	Description of property			basis (inve		(b) Cost or ot basis (othe		(c) Accumulated depreciation	a (a) B	ook value
1 a	Land					7,419	,963			7,419,963
b	Buildings		•			59,206	,266	15,602,02	25	43,604,241
C	Leasehold improvements									
	Equipment					18,018	,540	12,696,40)3	5,322,137
						3,995	,856	2,888,93		1,106,939
Tota	I. Add lines 1a through 1e <i>(Column (d) must e</i>	equal Form 990, Part	X, colu	ımn (B), lın	e 10(c).)		🕨		57,453,280

Part IX Other Assets. See Form 990, Part X, line 15. (a) Description	(c) Method of valuation Cost or end-of-year market value F
(2) Closely-held equity interests (2) Closely-held equity interests (3) Other (A) INVESTMENTS 42,982,218 Total. (Column (b) must equal form 990, Part X, col. (8) Ime 12) 42,982,218 Part VIII Investments—Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value Total. (Column (b) must equal form 990, Part X, col. (8) Ime 12) Part IX Other Assets. See Form 990, Part X, line 15. (a) Description Total. (Column (b) must equal form 990, Part X, col. (8) Ime 15) Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of liability (b) Book value	
(2)Closely-held equity interests (3)Other (A)INVESTMENTS 42,982,218 Total. (Column (b) must equal Form 990, Part X, col. (b) line 12) Total. (Column (b) must equal Form 990, Part X, col. (b) line 12) 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 15) Total. (Column (b) must equal Form 990, Part X, col. (b) line 15, Total. (Column (b) must equal Form 990, Part X, col. (b) line 15, Total. (Column (b) must equal Form 990, Part X, col. (b) line 15, Total. (Column (b) must equal Form 990, Part X, col. (b) line 15, Total. (Column (b) must equal Form 990, Part X, col. (b) line 15, Total. (Column (b) must equal Form 990, Part X, col. (b) line 15, Total. (Column (b) must equal Form 990, Part X, col. (b) line 15, Total. (Column (b) must equal Form 990, Part X, col. (b) line 15, Total. (Column (b) must equal Form 990, Part X, col. (b) line 15, Total. (Column (b) must equal Form 990, Part X, col. (b) line 15, Total. (Column (b) must equal Form 990, Part X, col. (b) line 15, Total. (Column (b) must equal Form 990, Part X, col. (b) line 15, Total. (Column (b) must equal Form 990, Part X, col. (b) line 15, Total. (Column (b) must equal Form 990, Part X, col. (b) line 15, Total. (Column (b) must equal Form 990, Part X, col. (b) line 15, Total. (Column (b) must equal Form 990, Part X, col. (b) line 15, Total. (Column (b) must equal Form 990, Part X, col. (b) line 15, Total. (Column (b) must equal Form 990, Part X, col. (b) line 15, Total. (Column (b) must equal Form 990, Part X, col. (b) line 15, Total. (Column (b) must equal Form 990, Part X, col. (b) line 15, Total. (Column (b) must equal Form 990, Part X, col. (b) line 15, Total. (Column (b) must equal Form 990, Part X, col. (b) line 15, Total. (Column (b) must equal Form 990, Part X, col. (b) line 15, Total. (Column (b) must equal Form 990, Part X, col. (b) line 15, Total. (Column (b) must equal Form 990, Part X, col. (b) line 15, Total. (Column (b) must equal For	F
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Federal income taxes	
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Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Fin 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organizat	

Par	XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Retu	ırn
1	Total revenue, gains, and other support per audited financial statements	1	102,693,459
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	1,044,593
3	Subtract line 2e from line 1	3	101,648,866
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		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	12,687,75
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	114,336,617
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	turn
1	Total expenses and losses per audited financial statements	1	86,273,16
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	-227,34
3	Subtract line 2e from line 1	3	86,500,502
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		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	12,460,409
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	98,960,91

Part XIII 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
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE INTENDED USE OF THE UNIVERSITY'S ENDOWMENT FUNDS ARE TO SUPPORT THE UNIVERSITY'S MISSION ON AN AS NEEDED BASIS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	FOR THE YEARS ENDED JUNE 30, 2013 AND 2012, THE UNIVERSITY HAS DETERMINED IT DID NOT HAVE A MATERIAL TAX LIABILITY FOR UNCERTAIN TAX POSITIONS
PART XI, LINE 4B - OTHER ADJUSTMENTS		PELL & TEACH GRANTS 12,524,906 INVESTMENT FEE RECLASSIFICATION 227,341 RECLASSIFACATION OF DIRECT FUNDRAISING EXPENSE -64,496
PART XII, LINE 2D - OTHER ADJUSTMENTS		INVESTMENT FEE RECLASSIFICATION -227,341
PART XII, LINE 4B - OTHER ADJUSTMENTS		PELL, & TEACH GRANTS 12,524,905 RECLASSIFACATION OF DIRECT FUNDRAISING EXPENSE -64,496

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As Filed Data -

DLN: 93493034007094

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Schools

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

► Attach to Form 990 or Form 990-EZ.

Employer identification number

WILMINGTON UNIVERSITY INC 51-0107088 Part I YES NO 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 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 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? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 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 4d Yes d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? Νo 5a **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo 5h Νo h Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a 6a Does the organization receive any financial aid or assistance from a governmental agency? Yes b Has the organization's right to such aid ever been revoked or suspended? Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

Yes

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)

Identifier	Return Reference	Explanation
EXPLANATION OF GOVERNMENT FINANCIAL ASSISTANCE	SCHEDULE E, PART I, LINE 6	THE UNIVERSITY RECEIVES PELL, SEOG, FWS AND VARIOUS OTHER LOAN OR GRANT PROCEEDS FROM THE GOVERNMENT THOSE PROCEEDS ARE IN TURN AWARDED TO STUDENTS BASED ON APPROPRIATE REGULATIONS THESE PROGRAMS ALLOW NUMEROUS STUDENTS TO ATTEND COLLEGE THAT NORMALLY WOULD BE UNABLE TO AFFORD THE COST OF ATTENDENCE

Schedule E (Form 990 or 990-EZ) 2012

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493034007094

OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

WILMINGTON UNIVERSITY INC

SCHEDULE G

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.

Supplemental Information Regarding

Open to Public Inspection

						51-0107088	
Pa	rt I Fundraising Act	ivities. Complete	e if the oi	rganızatı	on answered "Yes" t	to Form 990, Part IV	, line 17.
a b c d 2a	Indicate whether the organ Mail solicitations Internet and email solic Phone solicitations In-person solicitations Did the organization have a or key employees listed in If "Yes," list the ten highes 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 n any Indi in connec	Solicitation of non Solicitation of gov Special fundraisin vidual (including officei	rs, directors, trustees	FYes FN o
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
			Yes	No			
Tot	al						
3	List all states in which the dicensing	organization is regis	tered or li	censed to	o solicit funds or has be	ı en notified it is exempt	from registration or

Sche	edule	G (Form 990 or 990-EZ) 2012				Page 2
Pa	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts g	aising event contributi			
			(a) Event #1 GREEN & WHITE	(b) Event #2 SCHOLARSHIP GOLF	(c) O ther events	(d) Total events (add col (a) through col (c))
			BALL	CLASSIC	(total number)	(6)
Ф			(event type)	(event type)		+
Revenue	1	Gross receipts	108,995	39,070		148,065
Æ	2	Less Contributions	20,950	9,931		30,881
	3	Gross income (line 1 minus line 2)	88,045	29,139		117,184
	4	Cash prizes				
မွာ	5	Noncash prizes				
ense.	6	Rent/facility costs				
Expenses	7	Food and beverages .				
Direct	8	Entertainment				
莅	9	Other direct expenses .	44,477	20,019		64,496
	10	Direct expense summary Add lir	nes 4 through 9 ın column	(d)	•	(64,496
	11	Net income summary Combine li	ine 3, column (d), and line	10		52,688
Par	t II	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted more than
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u> ₹</u>	1	Gross revenue				
enses	2	Cash prizes				
cben	3	Non-cash prizes				
Direct Exp	4	Rent/facility costs				
즈	5	Other direct expenses				
	6	Volunteer labor	Г Yes Г No	Г Yes Г No	┌ Yes	
	7	Direct expense summary Add line	es 2 through 5 in column (d)		
	8	Net gaming income summary Com				
_	<u> </u>					
9 a		er the state(s) in which the organization the organization licensed to operate				Г _{Yes} Г _{No}
b		No," explain				
10a	We	re any of the organization's gaming				
b	If"	Yes," explain				

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	gaming?		· · · · 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	ed by the third party 🟲 \$		
C	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	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?			Г _{Yes} Г _{No}
b	Enter the amount of distributions	required under state law distributed t	to 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

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DLN: 93493034007094

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Compensation Information

Part IV, question 23. ► Attach to Form 990. ► See separate instructions. Open to Public Inspection

Name of the organization WILMINGTON UNIVERSITY INC **Employer identification number**

51-0107088

Pa	Tt I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments Value Va			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
	,(- g,,,,,			
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		Νo
b	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		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of			
а	The organization?	5a		Νo
b	Any related organization?	5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, 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	Yes	
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 in Part III	_		
		8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

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

Note. The sum of columns (B)(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	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	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

Identifier	Return Reference	Explanation
	PART I, LINE 4B	EFFECTIVE JULY 1, 2002, THE UNIVERSITY ADOPTED THE SUPPLEMENTAL RETENTION AND RETIREMENT PLAN (SERRP), AN UNFUNDED DEFINED BENEFIT RETIREMENT PLAN FOR SENIOR EXECUTIVES THE PURPOSE OF THE PLAN IS TO REWARD PERFORMANCE, LOYALTY AND CONTINUOUS SERVICE OF THOSE INDIVIDUALS SELECTED AS PARTICIPANTS IN THE PLAN UNDER THE TERMS OF THE PLAN, THE UNIVERSITY WILL PAY PARTICIPANTS THE LUMP SUM EQUIVALENT VALUE OF A LIFE ANNUITY PAYING 60% OF THE PARTICIPANT'S THREE-YEAR AVERAGE OF BASE SALARY AND ANNUAL INCENTIVE COMPENSATION THE BENFIT IS OFFSET FOR EMPLOYER CONTRIBUTIONS (AND RELATED EARNINGS) TO THE 403(B) SAVINGS PLAN AS WELL AS THE EMPLOYER-PROVIDED PORTION OF SOCIAL SECURITY SERRP BENEFITS VEST UPON A PARTICIPANT ATTAINING AGE 65 WITH 25 YEARS OF SERVICE ANY PARTICIPANT WHO LEAVES THE SERVICE OF THE UNIVERSITY BEFORE REACHING BOTH OF THESE MILESTONES IS NOT ELIGIBLE TO RECEIVE A BENEFIT FROM THE PLAN THE AMOUNTS REPORTED IN THIS FORM 990 REPRESENT THE INCREASE IN THE PRESENT VALUE OF THE ACCRUED BENEFIT (WITHOUT REGARD TO VESTING) THE NET INCREASE IN THE PRESENT VALUE OF THE ACCRUED BENEFIT BY PARTICIPANT INCLUDED ON SCHEDULE JIS JACK P VARSALONA, \$306,028, HEATHER A O'CONNELL, \$0, LAVERNE T HARMON, \$136,965, CAROLE D PITCHER, \$59,830, PETER BAILEY \$227,615, ERIN DIMARCO, \$68,752 AND JAMES WILSON, JR \$158,699 BETTY J CAFFO IS NO LONGER LISTED AS SHE HAS RETIRED AND RECEIVED HER PLAN DISTRIBUTION
	PART I, LINE 7	THE UNIVERSITY PROVIDES BONUSES TO THE INDIVIDUALS LISTED ON SCHEDULE J IT UTILIZES A NUMBER OF PERFORMANCE OBJECTIVES TO DETERMINE THE BONUS AMOUNTS THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES MEETS TO SPECIFICALLY DISCUSS EXECUTIVE BONUS AMOUNTS THE COMMITTEE UTILIZES AN INDEPENDENT COMPENSATION CONSULTANT THAT PROVIDES INFORMATION FROM A VARIETY OF COMPENSATION STUDIES AND SURVEYS INCLUDING 990'S THE COMMITTEE FOLLOWED THE PROCESS TO ESTABLISH THE PRESUMPTION THAT COMPENSATION PAID TO THE ORGANIZATION'S PRESIDENT AND OTHER TOP MANAGEMENT FOR PURPOSES OF SECTION 4958 BY RELYING ON PROFESSIONAL ADVICE IN THE WRITTEN OPINION OF REASONABLENESS FROM THE INDEPENDENT COMPENSATION CONSULTANT ONCE ALL OF THIS INFORMATION IS GATHERED AND REVIEWED, THE COMMITTEE APPROVES THE BONUS FOR EACH EXECUTIVE THE APPROVED BONUSES ARE REPORTED TO THE FULL BOARD OF TRUSTEES

Software ID: Software Version:

EIN: 51-0107088

Name: WILMINGTON UNIVERSITY INC

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

(A) Name (B) Proceedings of Weil and Jor 1999 MISC componential (C) Deferred (D) Nontavable (E) Total of columns of Weil and Jor 1999 MISC componential (D) Nontavable (E) Total of columns of Weil and Jor 1999 MISC componential (D) Nontavable (E) Total of columns of Weil and Jor 1999 MISC componential (D) Nontavable (E) Total of columns of Weil and Jor 1999 MISC componential (D) Nontavable (E) Total of columns of Weil and Jor 1999 MISC componential (D) Nontavable (E) Total of columns of Weil and Jor 1999 MISC componential (D) Nontavable (E) Total of columns of Weil and Jor 1999 MISC componential (D) Nontavable (E) Total of columns of Weil and Jor 1999 MISC componential (D) Nontavable (E) Total of columns of Weil and Jor 1999 MISC componential (D) Nontavable (E) Total of columns of Weil and Jor 1999 MISC componential (D) Nontavable (E) Total of columns of Weil and Jor 1999 MISC componential (D) Nontavable (E) Total of columns of Weil and Jor 1999 MISC componential (D) Nontavable (E) Total of columns of Weil and Jor 1999 MISC componential (D) Nontavable (E) Total of columns of Weil and Jor 1999 MISC componential (D) Nontavable (E) Total of columns of Weil and Jor 1999 MISC componential (D) M

(i) Base Compensation	(ii) Bonus &		compensation	benefits	(B)(ı)-(D)	reported in prior Form
	ıncentıve compensatıon	(iii) O ther compensation		Delicino	(6)(1)-(6)	990 or Form 990-EZ
420,672 0	376,710 0	6,802 0	320,728 0	13,536 0	1,138,448 0	0
190,946 0	111,150 0	9,132 0	12,051	22,235 0	345,514 0	0 0
183,358 0	105,450 0	6,843 0	148,398 0	18,679 0	462,728 0	0
189,150 0	102,030	3,912 0	71,203 0	29,101 0	395,396 0	0
175,383 0	0	6,287 0	238,415 0	1,629 0	421,714 0	0
172,307 0	0 0	7,113 0	169,499 0	14,346 0	363,265 0	0 0
176,940 0	0 0	7,730 0	79,552 0	12,095 0	276,317 0	0 0
138,342 0	46,513 0	9,957 0	8,409 0	6,604 0	209,825 0	0 0
127,199 0	45,513 0	23,787	8,397 0	21,134 0	226,030 0	0 0
138,833 0	51,513 0	8,191 0	8,430 0	1,178 0	208,145 0	0 0
128,167 0	43,513 0	11,688 0	7,716 0	1,249 0	192,333 0	0 0
129,700 0	48,513 0	17,337 0	73,582 0	1,094 0	270,226 0	0
0	146,060 0	2,045,989	0	14,421 0	2,206,470 0	2,045,989 0
	190,946 0 183,358 0 189,150 0 175,383 0 172,307 0 176,940 0 138,342 0 127,199 0 138,833 0	Compensation 376,710	Compensation Comp	Compensation Comp	190,946	190,946

DLN: 93493034007094

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

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

Open to Public Inspection

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٧	ΤI	MIN	IGT	ONI	INTV	FRS	TTY	TN	(

Employer identification number

	Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 e of (b) Relationship with organization of foan or from the organization? SPLIT												
				Relationsh	ıp between d	lisqualified						(d) Corre	
				person	and organiza	tion					,	Yes	<u>No</u>
2 Enter the 4958 .	amount of tax i	incurred by	organ	ızatıon ma	nagers or di		_		ınder:	section F \$			
	amount of tax,	ıf any, on l	ine 2, a	above, reii	mbursed by t				•	> \$			
Co	mplete if the o	rganızatıo	nansw	ered "Yes	" on Form 99		line 38a, or Fo	rm 99	0, Par	t IV, lın	e 26, o	rıfthe	
(a) Name of interested person	(b) Relations	hıp (c) Pı	ırpose	(d) Loa or from	n to the	(e)O riginal principal				Appro by boa	ved rd or	1	
				То	From			Yes	No	.	1	Yes	No
1) LAVERNE IARMON		DOLL/ LIFE	٩R		X	75,000	85,000		No	Yes		Yes	
2) HEATHER)'CONNELL		SPLIT DOLL/ LIFE	١R		Х	75,000	85,000		No	Yes		Yes	
3) CAROLE PITCHER		SPLIT DOLL/ LIFE	A R		Х	75,000	85,000		No	Yes		Yes	
												_	
					1		255.000					- ¬	
				fitting I	nterested								
(a) Name of I	nterested ((b) Relatio nterested	nship b person	etween and the		•	 		tance	(e)	Purpos	e of assı	stance
		orga	nızatıo	n									
							- -						
							_						

Part IV Business Transactions Involving Interested Persons.						
Complete if the organization	<u>on answered "Yes" on I</u>	<u>Form 990, Part IV, lı</u>	ne 28a, 28b, or 28c.			
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
				Yes	No	
See Additional Data Table						

Part V Supplemental Information

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

Ident if ier	Return Reference	Explanation	
		Cahadula I /Farm 000 ar 000 F7) 2012	

Schedule L (Form 990 or 990-EZ) 2012

Software ID: Software Version:

EIN: 51-0107088

Name: WILMINGTON UNIVERSITY INC

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) DAVID C CAFFO	CHILD OF FORMER KEY EMPLOYEE, BETTY CAFFO	87,752	COMPENSATION OF UNIVERSITY EMPLOYEE		No
(2) LAURA MORRIS	CHILD OF TRUSTEE, THOMAS E LEIPOLD	103,472	COMPENSATION OF UNIVERSITY EMPLOYEE		No
(3) ROBERT MILLER	CHILD OF TRUSTEE, LA WRENCE H MILLER	102,986	COMPENSATION OF UNIVERSITY EMPLOYEE		No
(4) CHRISTOPHER PITCHER	SPOUSE OF KEY EMPLOYEE, CAROLE D PITCHER	180,558	COMPENSATION OF UNIVERSITY EMPLOYEE		No
(5) LUCIA NEMETH	CHILD OF TRUSTEE, DANA P ROBINSON	57,611	COMPENSATION OF UNIVERSITY EMPLOYEE		No
(6) SCOTT SHAW	CHILD OF TRUSTEE, THOMAS S SHAW	114,911	COMPENSATION OF UNIVERSITY EMPLOYEE		No
(7) JACQUE VARSALONA	CHILD OF OFFICER, JACK P VARSALONA	129,646	COMPENSATION OF UNIVERSITY EMPLOYEE		No
(8) LORI BAILEY	SPOUSE OF KEY EMPLOYEE, PETER BAILEY	85,321	COMPENSATION OF UNIVERSITY EMPLOYEE		No
(9) MARVIN & PALMER	COMPANY OWNER MEMBER OF BOARD OF TRUSTEES	199,779	INVESTMENT ADVISORY SERVICES		No
(10) ROBERT C PEOPLES INC	COMPANY OWNER FORMER MEMBER OF BOARD OF TRUSTEES	2,354,985	CONSTRUCTION SERVICES		No
(11) JOSEPH A GABAY	SPOUSE OF OFFICER, HEATHER A O'CONNELL	84,804	LEGAL SERVICES		No
(12) JOSEPH BAILEY	CHILD OF KEY EMPLOYEE, PETER BAILEY	456	COMPENSATION OF UNIVERSITY EMPLOYEE		No
(13) THOMAS BAILEY	CHILD OF KEY EMPLOYEE, PETER BAILEY	1,368	COMPENSATION OF UNIVERSITY EMPLOYEE		No
(14) BERNARDO DIMARCO	SPOUSE OF KEY EMPLOYEE, ERIN DIMARCO	9,108	COMPENSATION OF UNIVERSITY EMPLOYEE		No
(15) ROSE MCNAMARA	PARENT OF KEY EMPLOYEE, ERIN DIMARCO	4,251	COMPENSATION OF UNIVERSITY EMPLOYEE		No
(16) LINDSAY RICE	SON IN LAW OF KEY EMPLOYEE, JAMES WILSON, JR	84,279	COMPENSATION OF UNIVERSITY EMPLOYEE		No
(17) MEGAN RICE	CHILD OF KEY EMPLOYEE, JAMES WILSON, JR	21,400	COMPENSATION OF UNIVERSITY EMPLOYEE		No
(18) MATTHEW WILSON	CHILD OF KEY EMPLOYEE, JAMES WILSON, JR	96,198	COMPENSATION OF UNIVERSITY EMPLOYEE		No

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OMB No 1545-0047

SCHEDULE 0 (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.

Open to Public Inspection

Name of the organization WILMINGTON UNIVERSITY INC **Employer identification number**

51-0107088

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE UNIVERSITY'S FORM 990 IS PREPARED BY THE FINANCE STAFF OF THE UNIVERSITY THE REVIEW PROCESS INCLUDES THE UNIVERSITY'S CFO, PRESIDENT AND DISTRIBUTING A COPY OF THE 990 TO EVERY BOARD MEMBER TO READ THE UNIVERSITY'S INDEPENDENT AUDITOR ALSO REVIEWS AND SIGNS THE 990 PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE
	FORM 990, PART VI, SECTION B, LINE 12C	TRUSTEES, OFFICERS, DIRECTORS, AND KEY EMPLOYEES ARE REQUIRED, ON AN ANNUAL BASIS, TO READ, DISCLOSE CONFLICTS IN WRITING AND SIGN THE UNIVERSITY'S CONFLICT OF INTEREST STATEMENT
	FORM 990, PART VI, SECTION B, LINE 15	THE PROCESS FOR DETERMINING COMPENSATION FOR THE ORGANIZATION'S PRESIDENT AND OTHER TOP MANAGEMENT IS MODELED AFTER THE REQUIREMENTS IN INTERNAL REVENUE CODE 4958 TO ESTABLISH THE PRESUMPTION OF REASONABLE COMPENSATION THE BOARD OF TRUSTEES DELEGATES THE AUTHORITY TO REVIEW AND APPROVE THE PRESIDENTS AND OTHER TOP MANAGEMENTS COMPENSATION TO A COMPENSATION COMMITTEE (THE COMMITTEE) THE COMMITTEE IS COMPRISED OF INDEPENDENT MEMBERS OF THE BOARD OF TRUSTEES AND MEETS AT LEAST TWICE A YEAR BY ENGAGING AN INDEPENDENT COMPENSATION CONSULTANT, THE COMMITTEE CONSIDERED COMPARABLE MARKET DATA FROM PUBLISHED SURVEYS AND FORM 990 OF COMPARABLE ORGANIZATIONS IN EVALUATING THE COMPENSATION FOR EACH INDIVIDUAL THE COMMITTEE CONDUCTED A REVIEW OF THIS COMPARABILITY DATA AND DOCUMENTED ITS DELIBERATION AND DISCUSSION IN MINUTES THAT ARE RETAINED WITH OTHER GOVERANCE MATERIALS OF THE ORGANIZATION THE COMMITTEE FOLLOWED THE PROCESS TO ESTABLISH THE PRESUMPTION THAT COMPENSATION PAID TO THE ORGANIZATION'S PRESIDENT AND OTHER TOP MANAGEMENT FOR PURPOSES OF SECTION 4958 BY RELYING ON PROFESSIONAL ADVICE IN THE WRITTEN OPINION OF REASONABLENESS FROM THE INDEPENDENT COMPENSATION CONSULTANT THE COMMITTEE INFORMS THE BOARD OF ITS DECISIONS AT THE NEXT BOARD MEETING
	FORM 990, PART VI, SECTION C, LINE 18	THE UNIVERSITY MAKES ITS 1023 (OR 1024) AVAILABLE TO THE PUBLIC UPON REQUEST THE UNIVERSITY'S 990 IS AVAILABLE UPON REQUEST AND IS ALSO AVAILABLE ON GUIDESTAR'S WEBSITE
	FORM 990, PART VI, SECTION C, LINE 19	THE UNIVERSITY MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST
	FORM 990, PAGE 11, PART XI, LINE 2 C PROCESS FOR OVERSIGHT OF THE AUDIT	THE PROCESS HAS NOT CHANGED FROM THE PREVIOUS YEAR