Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

DLN: 93493136019831 OMB No. 1545-0047

Open to Public

Department of the Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020 D Employer identification number B Check if applicable: WIDENER UNIVERSITY ☐ Address change 23-1386178 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite ONE UNIVERSITY PLACE ☐ Amended return ☐ Application pending (610) 499-4396 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 283,355,423 Name and address of principal officer: H(a) Is this a group return for JOSEPH J BAKER □Yes ☑No subordinates? ONE UNIVERSITY PLACE H(b) Are all subordinates CHESTER, PA 19013 ☐ Yes ☐No included? 4947(a)(1) or If "No," attach a list. (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW.WIDENER.EDU L Year of formation: 1821 M State of legal domicile: PA **K** Form of organization: lacktriangle Corporation lacktriangle Trust lacktriangle Association lacktriangle Other lacktriangleSummary 1 Briefly describe the organization's mission or most significant activities: EMPOWERING OUR COMMUNITY OF LEARNERS TO DISCOVER AND CREATE BETTER FUTURES Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) . 26 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 25 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 **6** Total number of volunteers (estimate if necessary) 6 50 Total unrelated business revenue from Part VIII, column (C), line 12 **7**a 101,827 **b** Net unrelated business taxable income from Form 990-T, line 39 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 8,925,408 9,982,933 Ravenue 230,154,102 9 Program service revenue (Part VIII, line 2g) . 234,336,033 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,539,471 1,904,301 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,951,964 1,053,719 247,752,876 243,095,055 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 87,205,286 91,017,540 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 95,437,028 99,113,508 Expenses 0 16a Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line 25) ▶2,799,307 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 56,113,556 54,928,871 238,755,870 245,059,919 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 . 8,997,006 -1,964,864 Net Assets or Fund Balances Beginning of Current Year End of Year 380,332,156 372,673,637 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 178,394,855 180,102,664 22 Net assets or fund balances. Subtract line 21 from line 20 . 201,937,301 192,570,973 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Sign Here JOSEPH J BAKER SR VP FINANCE & ADMINISTRATION Type or print name and title Print/Type preparer's name Preparer's signature Check | if 2021-05-16 P00481097 Paid self-employed

Firm's name ► CLIFTONLARSONALLEN LLP

Firm's address ▶ 610 W GERMANTOWN PIKE SUITE 400

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

PLYMOUTH MEETING, PA 19462

Preparer Use Only Firm's EIN ► 41-0746749

Phone no. (215) 643-3900

☑ Yes ☐ No

Form	990 (2019)					Page 2
Pa	rt III Stateme	ent of Program Servi	ce Accomplis	hments		
	Check if S	chedule O contains a resp	onse or note to	any line in this Part III		🗹
1	Briefly describe t	he organization's mission:				
EMPO	OWERING OUR CON	MMUNITY OF LEARNERS T	O DISCOVER AN	D CREATE BETTER FU	TURES.	
2	-	ion undertake any signific		vices during the year	which were not listed on	
		90 or 990-EZ?				☐ Yes 🗹 No
	•	these new services on So				
3	Did the organizat	ion cease conducting, or	make significant	changes in how it con	ducts, any program	
	services?					∐ Yes 🗹 No
	If "Yes," describe	these changes on Sched	ule O.			
4	Section 501(c)(3)		ions are required	to report the amount	e largest program services, as me of grants and allocations to other	
4a	(Code:) (Expenses \$	165,618,992	including grants of \$	91,017,540) (Revenue \$	211,170,499)
	See Additional Data					
4b	(Code:) (Expenses \$	21,578,559	including grants of \$	0) (Revenue \$	17,543,946)
	See Additional Data					
4c	(Code:) (Expenses \$	19,452,722	including grants of \$	0) (Revenue \$	1,439,657)
	See Additional Data					
	(Code:) (Expenses \$	13,711,063	including grants of \$	0) (Revenue \$	0)
	ACADEMIC SUPPOR DEVELOPMENT.	T - EXPENSES INCURRED TO	SUPPORT THE LIBR	ARY AND ACADEMIC ADM	INISTRATION, INCLUDING PROVOST, D	EANS, AND FACULTY
4d	Other program se	ervices (Describe in Sched	dule O.)			
	(Expenses \$	13,711,063 inc	cluding grants of	\$	0) (Revenue \$	0)
4e	Total program s	service expenses >	220,361,3	36		

Par	tiv 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 2	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 2	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? <i>If "Yes," complete Schedule D</i> ,Part 93.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
	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	
	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 2	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	Yes	
	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		No
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	Yes	
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	163	No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No

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Parl	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
	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	
	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 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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
	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L,Part III	27	Yes	
	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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	Yes	
•	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			NI-
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31		No No
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
1	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
ā	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
5	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
	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
8	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	·	<u> </u>		
	Check if Schedule O contains a response or note to any line in this Part V			
	Entrath, worth and the Born 2 of Francisco Fisher 0 of the Born 1 of the		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 348 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
D	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0			1

1c

Par	statements Regarding Other IRS Filings and Tax Compliance (continued)			
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	2,953		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
_	At any time during the calendar year, did the organization have an interest in, or a signature or other authority of financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ►CS		Yes	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBA	R).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	on 6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts a not tax deductible?	were 6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and so provided to the payor?	ervices 7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to Form 8282?	o file 7 c		No
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		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Formula 1098-C?	orm 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	. 8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	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			
11	Section 501(c)(12) organizations. Enter:			
a	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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	· 13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	_		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or exparachute payment(s) during the year?	. 15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . If "Yes," complete Form 4720, Schedule O.	16		No

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Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	" respo	onse to	lines
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 26			
	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 1b 25			
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	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		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	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	e.)	
			Yes	No
.0a	Did the organization have local chapters, branches, or affiliates?	10a		No
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			
.2a	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	
.4	Did the organization have a written document retention and destruction policy?	14	Yes	
.5	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
.6a	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	Yes	
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	Yes	
Se	ction C. Disclosure			
.7	List the states with which a copy of this Form 990 is required to be filed ► PA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A 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)			
.9	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.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: >JOSEPH J BAKER ONE UNIVERSITY PLACE CHESTER, PA 19013 (610) 499-4156			

 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. Isist 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 organizations. List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable 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 \$100,000 of reportable compensation from the organizations. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours below dotted line) (B) Average hours per week (list any hours per week (list any hours below dotted line) (B) Average hours per week (list any hours per week (list any hours below dotted line) (C) Average hours per week (list any hours per week list any hours per week lis	Form 990 (2019)											Pag	ge 7
As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. ■ 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 organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations for the order in which to list the persons above. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Name and title ■ (C) Position (do not check more than spendal properties of the organization of other organization of the organization o			Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	yees,		
La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. 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 furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 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 organization and any related organization or any current officer, director, or trustee. (A) Name and title A Reportable compensation from the organization or any related organization organiz	Check if Schedule O contains a	response or no	te to an	y line	in t	his	Part VI	١.				. [
■ 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, more than \$10,000 of reportable compensation from the organization, more than \$10,000 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 all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization. ■ List all of the organization which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Average hours per week (list any hours for related organizations below dotted line) ■ (C) Reportable compensation from the organization organization organization organization organizations organi	Section A. Officers, Directors, Tru	istees, Key E	mploy	ees,	an	d H	lighe	st C	Compensated En	nployees			
■ 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 freportable compensation 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. Sie instructions for the order in which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line) ■ Check this box if neither the organization below dotted line) ■ Check this box if neither the organization or any related organization of from the organization of from the organization of the compensation from the organization and related organizations below dotted line) ■ Check this box if neither the organization or any related organization organization organization organization organization organization organization	year.		•						, ,		-	n's ta	Κ
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 organization and any related organization. ● List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization. ● List all of the organization than \$10,000 of reportable compensation from the organization nor any related organization and any related organization compensated any current officer, director, or trustee.	of compensation. Enter -0- in columns (D), (E), and (F) if no	compe	nsati	on w	/as	oaid.		.,				
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 from the organization and any related organizations. ■ List all of the organization from the organization and any related organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 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 organizations. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization nor any related organization nor any related organization nor any related organization nor any neither the organization nor any neither than the organization nor any neither the organization nor any neither the organization nor any neither than the organization n													
■ 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. See instructions for the order in which to list the persons above. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours below dotted line) (C) (D) (E) Reportable compensation from the organization (do not check more than one box, unless person is both an officer and a director/trustee) (C) (D) (E) Reportable compensation from the organization (W-2/1099-MISC) (W-2/1099-MISC) MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations.													
Average hours per week (list any hours for related organizations) below dotted line) Continue to the person of the order in which to list the persons above. Continue to the order in which to list the persons above.	of reportable compensation from the organiz	ation and any re	elated o	rgani	zatio	ons.			. ,	·	·		
(A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) (B) Average hours per week (list any hours for related organizations below dotted line) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (B) Average hours per week (list any hours for related organization (W-2/1099-MISC) (B) Reportable compensation from the organizations (W-2/1099-MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations)	organization, more than \$10,000 of reportab	le compensatio	n from t								Э		
Name and title Average hours per week (list any hours for related organizations below dotted line) Name and title Average hours per week (list any hours for related organizations below dotted line) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer	Check this box if neither the organizatio	n nor any relate	d organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.			
it st		Average hours per week (list any hours	than o is b	ne bo oth a direct	o no ox, u n of or/t	t che inles ficer	s pers	on	Reportable compensation from the organization	Reportable compensation from related organizations	Estir amount compe fror	nated of oth nsation the	n
See Additional Data Table		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		` '	rel	ated	
	See Additional Data Table												
													—
													—

Form	990 (2019)													Page 8
Pai	t VII Section A. Officers, Direct	ors, Trustees	, Key l	Empl	oye	es,	and	High	nest Co	mpensate	ed Employees	(con	tinued)	
	(A) Name and title Av hou wee		than c is b	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (C) Report (C) Report (C) Comparison (C) Report (C) Comparison (C)							(E) Reportable compensation from related organizations		(F) Estimated amount of other compensation from the	
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	`	2/1099- ISC)	(W-2/1099- MISC)		organizati relat organiza	ed
See	Additional Data Table													
												\dashv		
												\dashv		
1b Sub-Total										623,843				
2	Total number of individuals (including of reportable compensation from the			e liste	ed al	bove	e) who	rece	eived mo	ore than \$1	00,000			
3	Did the organization list any former of line 1a? <i>If "Yes," complete Schedule 3</i>			ee, k	ey e	mplo	oyee,	or hic	ghest co	mpensated	employee on	3	Yes	No No
4	For any individual listed on line 1a, is organization and related organization individual										n the	4	Yes	
5	Did any person listed on line 1a receive services rendered to the organization									tion or indi	vidual for	5	163	No
	ction B. Independent Contract Complete this table for your five high		d indon	d	.+	n+v-	ata va	+h =+	rossivod		#100 000 of cor		antion	
1	from the organization. Report comper	nsation for the c									n's tax year.	преп		
		(A) and business addre	ess								(B) ription of services		(C Comper	sation
	BUILDERS & CONSTRUCTION									CONSTRUCT	TION MANAGEMENT		8	,291,752
EXTO	EW MILL LANE N, PA 19341													
	ARK SERVICES INC JNIVERSITY PLACE									FOOD SERV	ICE		6	,417,328
CHES	TER, PA 19013									CENEDAL C	ONTRACTORS		2	401.160
DALE CORPORATION GENERAL CONTRACTORS 2,481,168 70 LIMEKILN PIKE								,481,168						
GLEN	GLENSIDE, PA 19038 NASON CONSTRUCTION CONSTRUCTION MANAGEMENT 1,545,174													
	ASSON CONSTRUCTION ANAGEMENT 1,543,174													
WILM	LMINGTON, DE 19810 RMAN GOLDNER MECHANICAL CONTRACTOR 1,378,642													
	77 BREWSTER AVE													
PHILA	DELPHIA, PA 19153 otal number of independent contractor	s (includina but	not lim	ited t	o th	ose	listed	abov	ve) who i	eceived m	ore than \$100.00	00 of		
	ompensation from the organization > 9							- •	,		1		Form 99	n (2010)
													COLIL AA	U (∠UI9)

orm 9° Part		(2019) Statement	of R	evenue						Page 9
					a respo	onse or note to any	line in this Part VIII			🗆
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
10	1a	Federated campa	aigns		1 a	l		revenue		312 - 314
ons, Giffs, Grants Similar Amounts	ŀ	• Membership dues	s.		1b					
֓֞֞֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	(Fundraising even	nts .		1c	4,500				
oms, iilar A	(d Related organiza	tions		1d					
5 <u>≅</u>	•	Government grants	(cont	ributions)	1e	2,043,536				
Sir	f	All other contributio	ns, gi	fts, grants,						
Other !		above			1f	7,934,897				
Contributions, and Other Sirr	٩	Noncash contributio lines 1a - 1f:\$	ons inc	cluded in	1 g					
and	1	h Total. Add lines :	1a-1f	·		•	9,982,933			
						Business Code	5,502,500			
	2a	TUITION/ FEES				611600	211,170,499	211,170,499		
ne ne	b	AUXILIARY ENTERPRI	ISES				17,543,946	17,543,946		
e ve	_					721310				
ce E	C	FEES, PARKING, ETC				900099	1,040,626	1,040,626		
ğ.	d	ATHLETICS INCOME				611710	395,351	395,351		
S						611710	2.000	2.505		
Program Service Revenue	е	FEES/CONTRACTS GO	OVERN	MENT AGEN	CIE	900099	3,680	3,680		
Ğ		All ast				+				
		All other program				220 451 127				
\dashv		Total. Add lines 2 Investment income				230,154,102	1	I		
	ر د	imilar amounts) .	• (11101	· · ·	• ·	interest, and other		1	101,407	5,509,541
		Income from invest			•					
	51	Royalties	ı.	(i) Re:		(ii) Personal				
		(i) Real				(II) I CI Solidi				
	b Less: rental expenses 6b 359,52				845,598	3				
					359,529	•				
	c	Rental income or (loss)	6c		486,069					
	d	Net rental income			• • •		_ 486,069	,		486,069
			П	(i) Secur		(ii) Other				
	7a	Gross amount from sales of	7a	36	124,835		7			
		assets other than inventory		30,	124,050					
	b	Less: cost or	_							
		other basis and sales expenses	7b	39,	831,482	2				
	_	Gain or (loss)	7c	-3	706,647	,				
		Net gain or (loss)	\Box					,		-3,706,647
a,	8a	Gross income from fu	undrais							
ğ		(not including \$contributions reported	d on li	4,500 of ine 1c).						
eve		See Part IV, line 18	٠		8a	7,822				
تر ا		Less: direct expen			8b	69,357				64.53
Other Revenue	С	Net income or (los	ss) rrc	om tunarais	ing ev	ents 🕨	-61,535			-61,535
		Gross income from			.					
		See Part IV, line 19			9a		_			
		Less: direct expen Net income or (los			9b activit	ies				
	_		,	gag		, , , , , , , , , , , , , , , , , , ,				
:	10a	Gross sales of inve								
	h	Less: cost of good			10a 10b		\dashv			
		Net income or (los					_			
Į		Miscellaneo	us Re			Business Code				
	11	a MISCELLANEOUS				52599	497,729			497,729
	b	INTEREST FEES O	N LO	ANS		90009	9 131,036			131,036
						71394	0 100		100	
	C	WELLNESS CENTE	:R			/1394	0 420		420	
		All other reverse					+			
		All other revenue Total. Add lines 1				•				
		Total revenue. S					629,185			
		rotal reveilue, 5	ee in	ou actions	• •	• • • •	243,095,055	230,154,102	101,827	2,856,193 Form 990 (2019)
										Form 990 (2019

Part IX	Statement of Functional Expenses				-
	Section 501(c)(3) and 501(c)(4) organizations must c	'	-		mn (A).
	Check if Schedule O contains a response or note to an	y line in this Part IX			<u> 🗆</u>
	clude amounts reported on lines 6b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	s and other assistance to domestic organizations and stic governments. See Part IV, line 21				
	s and other assistance to domestic individuals. See	91,017,540	91,017,540		
gover	s and other assistance to foreign organizations, foreign ments, and foreign individuals. See Part IV, lines 15				
4 Benef	its paid to or for members				
	ensation of current officers, directors, trustees, and mployees	2,853,261		2,853,261	
define	ensation not included above, to disqualified persons (as ed under section $4958(f)(1)$) and persons described in $4958(c)(3)(B)$				
	salaries and wages	70,839,920	63,967,701	5,345,409	1,526,810
8 Pensi	on plan accruals and contributions (include section 401 and 403(b) employer contributions)	5,705,988	4,952,954	634,815	118,219
9 Other	employee benefits	14,524,462	12,607,631	1,615,906	300,925
10 Payro	taxes	5,189,877	4,504,956	577,395	107,526
L 1 Fees	for services (non-employees):				
a Mana	gement				
b Legal	·	1,125,236		1,125,236	
_	inting	103,945		103,945	
d Lobby	ring				
e Profe	ssional fundraising services. See Part IV, line 17				
	tment management fees	79,379		79,379	
g Other	(If line 11g amount exceeds 10% of line 25, column mount, list line 11g expenses on Schedule 0)	14,763,305	10,356,517	4,057,957	348,831
L 2 Adver	tising and promotion	1,668,955	447,964	1,196,802	24,189
L3 Office	expenses	1,651,914	1,220,867	384,948	46,099
L4 Inform	nation technology	3,916,682	1,435,352	2,311,020	170,310
L 5 Royal	ties				
L 6 Occup	pancy	4,021,999	3,959,995	60,306	1,698
L7 Trave		1,626,535	1,507,947	91,124	27,464
	ents of travel or entertainment expenses for any al, state, or local public officials				
L 9 Confe	rences, conventions, and meetings	304,320	220,955	72,923	10,442
20 Inter	est	3,849,474	3,849,474		
21 Paym	ents to affiliates				
22 Depre	eciation, depletion, and amortization	12,603,875	12,603,875		
23 Insur	ance	1,499,304	1,499,304		
misce excee	expenses. Itemize expenses not covered above (List illaneous expenses in line 24e. If line 24e amount ids 10% of line 25, column (A) amount, list line 24e				
•	nses on Schedule O.) RARY BOOKS & PERIODI	1,750,994	1,750,994		
b STU	DENT, FACULTY & ALUM	1,408,615	1,125,008	181,153	102,454
c FEE	S AND DUES	883,938	718,501	156,461	8,976
d					
e All c	other expenses	3,670,401	2,613,801	1,051,236	5,364
25 Total	functional expenses. Add lines 1 through 24e	245,059,919	220,361,336	21,899,276	2,799,307
repor educa	costs. Complete this line only if the organization ted in column (B) joint costs from a combined tional campaign and fundraising solicitation.				
Check	chere ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Form 990 (2019)

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Liabilities 22

Fund Balances

ō 29

Assets 30 Intangible assets .

Grants payable .

Deferred revenue . .

Tax-exempt bond liabilities .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses

Total assets. Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

Organizations that follow FASB ASC 958, check here <a> \square and

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here > \(\begin{align*} \text{and} \\ \text{and} \end{align*}

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

40,276,811

5.361.905

1,028,766

215,470,569

75,901,824

18.229.494

6,254,519

372,673,637

16,562,021

5.825.554

12,107,839

75.352.346

70,254,904

180.102.664

134,203,352

58,367,621

192,570,973

372,673,637

Form 990 (2019)

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1,204,522

212,116,505

79,441,885

19.863.763

7,710,193

380,332,156

20,786,101

6.632.255

10,564,465

77.385.841

63,026,193

178.394.855

141,198,579

60,738,722

201,937,301

380,332,156

Page **11**

Check if Sche	edule O con	tains a res	ponse or r	note to an	y line in th	nis Part IX .

	(A) Beginning of year		(B) End of year
Cash-non-interest-bearing	49,502,004	1	40,
2 Savings and temporary cash investments		2	-

3.622.490 3 3 Pledges and grants receivable, net . 6.870.794 10.149.749 Accounts receivable, net 4 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled 5 Loans and other receivables from other disqualified persons (as defined under 6

section 4958(f)(1)), and persons described in section 4958(c)(3)(B). Notes and loans receivable, net . . . Assets Inventories for sale or use . . Prepaid expenses and deferred charges . 10a Land, buildings, and equipment: cost or other 10a 449,772,842 basis. Complete Part VI of Schedule D 10b 234,302,273 b Less: accumulated depreciation 11 Investments—publicly traded securities . 12 Investments—other securities. See Part IV, line 11 . 13 Investments—program-related. See Part IV, line 11

Yes

Yes

Yes (2019)

2c

3a

3b

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

Audit Act and OMB Circular A-133?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

Additional Data

Software ID:

Software Version:

INSTRUCTIONAL/GRANTS - EXPENSES INCURRED WITH THE ACADEMIC INSTRUCTION OF OUR STUDENT BODY AS WELL AS GRANTS TO STUDENTS. THE UNIVERSITY COMPRISES OF EIGHT SCHOOLS AND COLLEGES THAT OFFER LIBERAL ARTS AND SCIENCES, PROFESSIONAL, AND PREPROFESSIONAL CURRICULA. A METROPOLITAN TEACHING INSTITUTION, THE UNIVERSITY IS A THREE CAMPUS UNIVERSITY OFFERING 147 PROGRAMS OF STUDY LEADING TO ONE OF 62 ASSOCIATE, BACHELORS, MASTERS, OR DOCTORAL DEGREES, IN THE FALL SEMESTER OF 2019, THE UNIVERSITY HAD ENROLLED 6.496 STUDENTS COMPRISED OF 3,215 UNDERGRADUATE, 2,248

EIN: 23-1386178 Name: WIDENER UNIVERSITY

GRADUATE, AND 1,033 SCHOOL OF LAW STUDENTS.

Form 990, Part III, Line 4a:

Form 990 (2019)

Form 990, Part III, Line 4b: AUXILIARY SERVICES - EXPENSES INCURRED PRIMARILY FOR HOUSING AND FEEDING ON AVERAGE OF 1,600 STUDENTS PER SEMESTER.

Form 990, Part III, Line 4c: STUDENT SERVICES - EXPENSES INCURRED FOR PROGRAMS THAT SERVICE WIDENER'S STUDENT BODY, SUCH AS ATHLETICS, STUDENT ORGANIZATIONS, CAREER PLACEMENT, STUDENT HEALTH, AND STUDENT COUNSELING. IN ADDITION, THIS INCLUDES DEPARTMENTS THAT SUPPORT STUDENT ADMISSIONS, FINANCIAL AID, THE

BURSAR, AND REGISTRAR.

(A) (E) (B) (C) (D) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the compensation from related any hours and a director/trustee) organization organizations from the

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

	formulated	and a director, trastee)						(14, 2/1000	(14/ 2/1000	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
JULIE E WOLLMAN PHD PRESIDENT	60.00	Х		х				598,119	0	92,497
PRESIDENT	0.30									
RODNEY SMOLLA DEAN, DELAWARE LAW	60.00				х			335,588	0	92,616
JOSEPH J BAKER SR VP FINANCE & ADMIN	60.00			x				366,358	0	51,655
CHRISTIAN JOHNSON DEAN SCHOOL OF LAW	40.00					х		310,198	0	53,745

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SR VP FINANCE & ADMIN
CHRISTIAN JOHNSON
DEAN SCHOOL OF LAW
FRED AKL
SR VP PROVOST

THERESA TRAVIS

JAYATI GHOSH

ANNE KROUSE

ERIC BEHRENS

MICHAEL SLINGER

SR VP ADVANCEMENT

DEAN SCHOOL OF BUSINESS

DEAN SCHOOL OF NURSING

VP FOR LIBRARY & INFORMATION SYSTEMS

ASSOCIATE DEAN SCHOOL OF LAW

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and Independent Contractors

(A) (E) (B) (C) (D) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation week (list person is both an officer from the from related compensation from the

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

and Independent Contractors

VICE CHAIR OF THE BOARD

VICE CHAIR OF THE BOARD

EUGENE D MCGURK JR ESQ

SECRETARY OF THE BOARD

TREASURER OF THE BOARD

ANTHONY R BRITTON JR

CYNTHIA H SARNOSKI

JARED BECKER

TRUSTEE

TRUSTEE

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JAMES J MACK III

	any hours	and	a dir	ecto	or/tr	ustee))	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	I O	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
KATHRYN HERSHEDE	60.00			x				202,781	0	30,955
VP FOR STRATEGIC INITIATIVES	0.00									
SUSAN GOLDBERG	40.00					X		211,418	0	20,124
ASSOCIATE DEAN OF STUDENT SERVICES	0.00									
ANDREW WORKMAN	60.00			,,				140 500	0	10.140

SUSAN GOLDBERG	40.00			v	211,418	0	
ASSOCIATE DEAN OF STUDENT SERVICES	0.00			^	211,110		
ANDREW WORKMAN	60.00						
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ANDREW WORKMAN	60.00							
SR VP PROVOST	0.00		Х		148,583	0	18,148	
JOHN H TILELLI JR	2.00	×	Y		0	0		
CHAIRMAN OF THE BOARD	0.00		^			9		
PAUL S BEIDEMAN	2.00							

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SUSAN GOLDBERG	40.00						
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JOHN H TILELLI JR	2.00						
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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

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SAMIR MEHTA

PATRICK MURPHY ESQ

NANCY G HESSE

JAMES HIRSCHMANN

JAMES J HARGADON

JOHN MATTHEW HARTLEY PHD

......

ANTOINETTE LEATHERBERRY

	any hours			r/tr	ustee)		organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
BARBARA CHAMBERLAIN RN PHD TRUSTEE	2.00	Х					0	0	0
DOMENIC COLASANTE TRUSTEE	2.00	Х					0	0	0
ANDREW ELIA	2.00	v					0	0	0

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(W- 2/1099-

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organization and

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

	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
MIGUEL O PENA	2.00	Х						0	0	0
TRUSTEE	0.00									
CATHERINE PULOS	2.00	Х						0	0	0
TRUSTEE	0.00									
LOUIS RODRIGUEZ JR	2.00	x							-	0
TDIICTEE		_ ^						l "	o di	I

CATHERINE PULOS	2.00	X			0	
TRUSTEE	0.00				-	
LOUIS RODRIGUEZ JR	2.00					
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TRUSTEE	0.00	^				

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for related

and Independent Contractors

RICHARD LP TAN

BRIAN P TIERNEY ESQ

DOUGLAS M WOLFBERG ESO

TRUSTEE

TRUSTEE

TRUSTEE

efil	e GR/	APHIC pri	nt - DO NOT PROCESS	As Filed Data -								
SCI	HED	ULE A	- Dublic (Charity Statu	e and Dul	olic Supp	ort	OMB No. 1545-0047				
	m 99		Complete if the or	ganization is a sect 4947(a)(1) nonexe ▶ Attach to Form	ion 501(c)(3) c empt charitable 990 or Form 99	organization or trust. 00-EZ.	· a section	2019				
		the Treasury	► Go to <u>www.irs</u>	. <u>gov/Form990</u> for i	nstructions and	I the latest info	ormation.	Open to Public Inspection				
Nam	e of th	nie Service ne organiza IVERSITY	tion				Employer identific	ation number				
		IVERSITI					23-1386178					
	rt I		for Public Charity Statu				See instructions.					
1 ne c	rganiz		a private foundation because onvention of churches, or as	`			(A)(:)					
		,	,									
2	✓		scribed in section 170(b)(,	, ,						
3		·	or a cooperative hospital serv	-			-					
4		A medical r name, city,	esearch organization operate and state:	ed in conjunction with	a hospital descri	ibed in section :	170(b)(1)(A)(iii). E	nter the hospital's				
5		_	ation operated for the benefit (iv). (Complete Part II.)	of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	ped in section 170				
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)										
8		A communi	ty trust described in section	170(b)(1)(A)(vi).	(Complete Part I	I.)						
9		An agricultural research organization described in 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:										
10		An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)										
11		An organiza	ation organized and operated	exclusively to test fo	r public safety. S	See section 509	(a)(4).					
12		more public	ation organized and operated by supported organizations on through 12d that describes	escribed in section 5	09(a)(1) or sec	ction 509(a)(2). See section 509(a					
а		organizatio	supporting organization opera n(s) the power to regularly a Part IV, Sections A and B.	ppoint or elect a majo								
b		manageme	supporting organization sup nt of the supporting organiza plete Part IV, Sections A a	ition vested in the sar								
С		Type III f	unctionally integrated. A sorganization(s) (see instructi	upporting organizatio				ted with, its				
d		Type III n	on-functionally integrated integrated integrated. The organization in You must complete Par	I. A supporting organi generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar					
e		Check this	box if the organization receiver Type III non-functionally	red a written determir	ation from the I		pe I, Type II, Type II	I functionally				
f	Enter				-		<u> </u>					
g			ing information about the su	· · · · · · · · · · · · · · · · · · ·	r '							
	(i) N	Name of supported of the second of the secon		organization in your governing document? monetary s			(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
					Yes	No						
Tota			tion Act Notice, see the Ir		Cat. No. 11285			 90 or 990-EZ) 2019				

	membership rees received. (Do not	0,041,047	7,072,037	0,550,500	0,525,400		5,502,555	41,015,01
	include any "unusual grant.")							
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	0.044.647	7.672.657	5 006 260	0.035.400		0.000.000	44.640.04
4	Total. Add lines 1 through 3	8,041,647	7,672,657	6,996,368	8,925,408		9,982,933	41,619,01
5	The portion of total contributions by							
	each person (other than a							
	governmental unit or publicly							115 53
	supported organization) included on							115,52
	line 1 that exceeds 2% of the							
	amount shown on line 11, column (f)							
_	Public support. Subtract line 5							
•	from line 4.							41,503,48
_	Section B. Total Support							
_	Calendar year							
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e)	2019	(f) Total
7	Amounts from line 4	8,041,647	7,672,657	6,996,368	8,925,408		9,982,933	41,619,01
8	Gross income from interest,	0,011,017	7,072,007	0,220,000	0,523,100		3,302,300	11,015,01
0	dividends, payments received on							
	securities loans, rents, royalties and	7,253,313	7,036,279	5,902,440	7,336,693		6,355,139	33,883,86
	income from similar sources							
9								
_	activities, whether or not the							
	business is regularly carried on							
10	_ , , , , , , , , , , , , , , , , , , ,							
	or loss from the sale of capital	1,422,411	1,261,510	1,104,763	1,321,657		628,765	5,739,10
	assets (Explain in Part VI.)							
11	Total support. Add lines 7 through							81,241,98
	10							01,241,50
12	Gross receipts from related activities,	etc. (see instructio	ns)			12		1,092,579,71
13	First five years. If the Form 990 is fo	or the organization'	s first, second, thi	rd. fourth, or fifth	tax year as a sec	tion 501	(c)(3) ora	anization.
		-			•			•
	check this box and stop here					<u></u>		
	Section C. Computation of Public	• •	_					
	Public support percentage for 2019 (li					14		51.090 ^c
15	Public support percentage for 2018 Sc	hedule A, Part II, li	ine 14			15		48.030 ^q
16:	33 1/3% support test—2019. If the	organization did n	ot check the box of	on line 13, and line	e 14 is 33 1/3% o	r more, c	heck this	box
_	and stop here. The organization qual							· · —
Ł	33 1/3% support test—2018. If th	ie organization did	not cneck a box o	n line 13 or 16a, a	ina iine 15 is 33 1	/3% or n	iore, chec	_
	box and stop here. The organization							, , ▶□
17:	10%-facts-and-circumstances test							
'	is 10% or more, and if the organizatio							
	in Part VI how the organization meets							
	organization							▶□

h 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see Schedule A (Form 990 or 990-EZ) 2019

Р	art III Support Schedule for						
	(Complete only if you cl						er Part II. If
S	the organization fails to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)		
30	Calendar year	() 2015	(1) 2016	() 2247	(1) 2010	() 2010	(O.T.)
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.").						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
•	organization's benefit and either paid						
_	to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
L	3 received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6.)						
Se	ection B. Total Support		1				Г
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975.						
С	Add lines 10a and 10b.						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
12	(Explain in Part VI.) Total support. (Add lines 9, 10c,						
13	11, and 12.).						
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>
	check this box and stop here						▶ ⊔
	ection C. Computation of Public S			! (6))		1 1	
15	Public support percentage for 2019 (lin		•			15	
16	Public support percentage from 2018 S	-	<u> </u>			16	
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17	
17 10	Investment income percentage for 201	-		-		17	
18 10-	331/3% support tests—2019. If the		•			18 33 1/3% and lin	e 17 is not
	more than 33 1/3%, check this box and s						
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the						
ט	not more than 33 1/3%, check this box	-			•		_
20	Private foundation. If the organization	-	-				
	Frivate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCGONS	. 📂 📖

Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete

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the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,	
	describe the designation. If historic and continuing relationship, explain.	1

Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described

in section 509(a)(1) or (2). 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.

3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. 3b

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support

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Schedule A (Form 990 or 990-EZ) 2019

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported 5a amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

5c Substitutions only. Was the substitution the result of an event beyond the organization's control?

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in

section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

9b Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. 10a

	edule A (101111 330 01 330 E2) 2013			age 3
Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
		11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-		
2	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization.			
S	ection C. Type II Supporting Organizations			
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
S	ection D. All Type III Supporting Organizations		v	
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
_		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax			
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b			
•	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No
•	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
ı	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's			
	involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
•	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.	3h		

3b

	ule A (Form 990 or 990-EZ) 2019			Pag
ar	Type III Non-Functionally Integrated 509(a)(3) Supporting O)rgani:	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter $1-1/2\%$ of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
5	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
3	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in instructions)	ntegrate	ed Type III supporting o	rganization (see

2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions	
7	Total annual distributions. Add lines 1 through 6.	

7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to wh details in Part VI). See instructions			
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI).			

8 Distributions to attentive supported organizations to wh details in Part VI). See instructions	ich the organization is respon	sive (provide	
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
b From 2015			
c From 2016		-	

10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			

h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a Applied to underdistributions of prior years **b** Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4.

instructions)

d Excess from 2018. e Excess from 2019.

\$

5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.		
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.		
7 Excess distributions carryover to 2020. Add lines 3j and 4c.		
8 Breakdown of line 7:		
a Excess from 2015		
b Excess from 2016		
c Excess from 2017.		

Schedule A (Form 990 or 990-EZ) (2019)

Schedule A (Form 990 or 9	190-EZ) 2019	Page 8
Section A, lin Part IV, Secti	tal Information. Provide the explanations required by Part II, line 10; Part II, line 1, line 10; Part II, line 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, li ion D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; nes 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for the section E, lines 2, and 6. Also complete the section E, lines	nes 1 and 2; Part IV, Section C, line 1; Part V, Section B, line 1e; Part V
	Facts And Circumstances Test	
990 Schedule A, Supj	plemental Information	
Return Reference	Explanation	
SCHEDULE A, PART II, LII EXPLANATION OF OTHER	· •	T: \$ 1,261,510. 2017 AMOUNT: \$

INCOME:

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

DLN: 93493136019831

Inspection

Department of the Treasury Internal Revenue Service

EZ)

5

SCHEDULE C (Form 990 or 990-

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

▶Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on 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" on 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of the organization **Employer identification number** WIDENER UNIVERSITY 23-1386178 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") Political campaign activity expenditures (see instructions) 2 3 Volunteer hours for political campaign activities (see instructions) 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 1 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? 3 ☐ Yes ☐ No Was a correction made? ☐ Yes ☐ No If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b.......

(a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds. If none, enter and promptly and -0-. directly delivered to a separate political organization. If none, enter -0-. 2 5

Did the filing organization file Form 1120-POL for this year?

fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

Sche	dule C (Form 990 or 990-EZ) 2019					Р	age 3
Pa		ganization is exempt under section 501(c)(3) and has NOT fill to under section 501(h)).	led				
For e	ach "Yes" response on lines 1a thro	ough 1i below, provide in Part IV a detailed description of the lobbying	(;	a)	+	(b)	
activ		. , ,	Yes	No		Amour	nt
1		anization attempt to influence foreign, national, state or local legislation, public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?			No			
b	Paid staff or management (include	e compensation in expenses reported on lines 1c through 1i)?		No	1		
c	Media advertisements?			No	1		
d	Mailings to members, legislators,	or the public?		No			
е	Publications, or published or broad	dcast statements?		No			
f	Grants to other organizations for	lobbying purposes?		No			
g	Direct contact with legislators, the	eir staffs, government officials, or a legislative body?		No			
h	Rallies, demonstrations, seminars	, conventions, speeches, lectures, or any similar means?		No			
i	Other activities?		Yes				900
j	Total. Add lines 1c through 1i						900
2a	Did the activities in line 1 cause the	ne organization to be not described in section 501(c)(3)?		No			
b		tax incurred under section 4912			1		
С		tax incurred by organization managers under section 4912					
d	•	a section 4912 tax, did it file Form 4720 for this year?					
Pai		ganization is exempt under section 501(c)(4), section 501(c)	(5), o	r sect	ion		
	501(c)(6).	3	X - 77 -				
						Yes	No
1	Were substantially all (90% or mo	ore) dues received nondeductible by members?			1		
2	Did the organization make only in	-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carr	y over lobbying and political expenditures from the prior year?			3		
	and if either (a) Board "Yes."	ganization is exempt under section 501(c)(4), section 501(c) OTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part	III-A	r sect , line	ion : 3, is	501(c	:)(6)
1	•	nounts from members	1				
2	expenses for which the section						
a	Current year		2a				
b	,		2b				
C			2c				
3		ction 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3				
4	the organization agree to carryov	ant on line 2c exceeds the amount on line 3, what portion of the excess does er to the reasonable estimate of nondeductible lobbying and political	4				
5		political expenditures (see instructions)	5				
	• • • • • • • • • • • • • • • • • • • •						
		art l-A, line 1; Part l-B, line 4; Part l-C, line 5; Part II-A (affiliated group list); , complete this part for any additional information.	Part II-	·A, line:	s 1 ar	id 2 (s∈	ee
	Return Reference	Explanation					
PAR	II-B, LINE 1:	THE UNIVERSITY IS A MEMBER OF THE ASSOCIATION OF INDEPENDENT COLPENNSYLVANIA (AICUP). THE ASSOCIATION IS THE ONLY STATEWIDE ORGA EXCLUSIVELY THE INTERESTS OF PRIVATE HIGHER EDUCATION WITHIN THE EXISTS TO COMPLEMENT AND SUPPORT THE WORK OF CAMPUS LEADERS. T	NIZATI COMM HE FIGU	ON THA ONWEA JRE DIS	AT SE ALTH, SCLOS	RVES AND SED ON	N

ASSOCIATION TO SUPPORT ATTEMPTS TO INFLUENCE LEGISLATION WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ("LOBBYING").

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

As Filed Data -

DLN: 93493136019831

OMB No. 1545-0047

2019

Supplemental Financial Statements

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

Open to Public

Department of the Treasury

(Form 990)

tern	al Revenue Service	1990 for instructions and the latest infor	mation.	In	spection
	me of the organization DENER UNIVERSITY		Employer id	entification	ı number
			23-1386178		
Pa	Organizations Maintaining Donor Advis Complete if the organization answered "Ye		r Accounts.		
	complete if the organization answered Te	(a) Donor advised funds	(b) Fund	ds and other	accounts
	Total number at end of year				
2	Aggregate value of contributions to (during year)				
1	Aggregate value of grants from (during year)				
Ļ	Aggregate value at end of year				
	Did the organization inform all donors and donor adviso	re in writing that the assets held in donor ad	viced funds are	the	
,	organization's property, subject to the organization's ex				Yes 🗌 No
•	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose of			
	private benefit?			L	Yes L No
Pa	rt II Conservation Easements. Complete if the organization answered "Ye	s" on Form 990, Part IV, line 7.			
	Purpose(s) of conservation easements held by the organ	nization (check all that apply).			
	\square Preservation of land for public use (e.g., recreation	or education) \square Preservation of an	historically imp	ortant land	area
	☐ Protection of natural habitat	☐ Preservation of a c	ertified historic	structure	
	☐ Preservation of open space				
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservation contribution in the for		ation at the End o	-64b - W
а	Total number of conservation easements	I	2a Heid	at the End o	or the Year
b	Total acreage restricted by conservation easements		2b		
	Number of conservation easements on a certified historic		2c		
C	Number of conservation easements included in (c) acqui		2d		
d	structure listed in the National Register	red after 7/25/06, and not on a historic			
3	Number of conservation easements modified, transferre tax year ▶	d, released, extinguished, or terminated by t	the organization	n during the	
ļ	Number of states where property subject to conservatio	n easement is located 🕨			
;	Does the organization have a written policy regarding th	ne periodic monitoring, inspection, handling o	of violations.		
	and enforcement of the conservation easements it holds		,	☐ Yes	□ No
•	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing co	nservation eas	ements durir	ng the year
,	Amount of expenses incurred in monitoring, inspecting, \$ \\$	handling of violations, and enforcing conserv	vation easemen	its during the	e year
ı	Does each conservation easement reported on line 2(d)	above satisfy the requirements of section 17	70(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?			☐ Yes	□ No
)	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the organization's financial state			
ar	t III Organizations Maintaining Collections		er Similar A	ssets.	
	Complete if the organization answered "Ye				
.a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	public exhibition, education, or research in f			
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publ	6 (ASC 958), to report in its revenue statem			
,	following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1		▶ ¢		
(ı	ii)Assets included in Form 990, Part X		_		
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1	l16 (ASC 958) relating to these items:		ide the	
а	Revenue included on Form 990, Part VIII, line 1		· —		
b	Assets included in Form 990, Part X		> \$		

Cat. No. 52283D

Schedule D (Form 990) 2019

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

b Buildings

 ${f c}$ Leasehold improvements ${f d}$ Equipment

e Other . .

Sche	dule D	(Form 990) 2019								Page 2
Par	t III	Organizations Ma	aintaining Collections	of Art, His	torical Ti	reası	ures, or Otl	her Similar A	ssets (c	ontinued)
3		the organization's acq (check all that apply):	uisition, accession, and other	r records, ch	neck any of	the fo	ollowing that a	are a significant	use of its	collection
а	✓	Public exhibition			d 🗌	Loan	or exchange	programs		
b		Scholarly research			e 🗸	Othe	rCOMMUNIT	Y ENRICHMENT	•	
С	✓	Preservation for future	e generations							
4	Provid Part)		organization's collections and	d explain ho	w they furth	ner the	e organizatior	n's exempt purp	ose in	
5			anization solicit or receive donds rather than to be mainta						☐ Yes	s 🗹 No
Pa	rt IV		codial Arrangements. ganization answered "Yes	s" on Form	990, Part	IV, li	ine 9, or rep	oorted an amo		
1a			t, trustee, custodian or other X?						☐ Yes	5 🗆 No
b	If "∀e	es " evolain the arrange	ement in Part XIII and compl	ete the follo	wing table:			T .	Amount	
c					_		1c	+	Amount	
d							1d			
е			r				-			
f							4.5			
2a	Did th	he organization include	an amount on Form 990, Pa	rt X, line 21	, for escrow	or cu	ıstodial accou	nt liability?	. 🗌 Yes	s 🗆 No
b	If "Ye	es," explain the arrange	ement in Part XIII. Check her	e if the expl	anation has	been	provided in F	Part XIII	. 🗆	
Pa	rt V	Endowment Fund					·			
		Complete if the or	ganization answered "Yes					. [
1-	Roginn	ing of year balance .	(a) Curre	nt year 1,623,615	(b) Prior yea 91,760	-	(c) Two years to 87,07:		ears back (0,886,359	(e) Four years back 87,246,742
	-	outions		279,925	1,724		•	<u> </u>	1,207,667	2,565,459
		/estment earnings, gair	ns and losses	-207,474	6,440		•		0,883,656	-2,907,195
		or scholarships	· —	1,375,993	1,277	7,786	1,219	9,400	1,172,402	1,141,851
	Other 6	expenditures for facilition	es 3	3,148,308	4,023	3,668	3,013	3,105	1,733,974	4,876,796
f		istrative expenses .								
g	End of	year balance	90	0,171,765	94,623	3,615	91,766	0,452 87	7,071,306	80,886,359
2	Provid	de the estimated perce	ntage of the current year end	d balance (li	ne 1g, colu	mn (a)) held as:	•		
а	Board	d designated or quasi-e	ndowment ► 38.400 %							
b	Perm	anent endowment ►	56.640 %							
c	Temp	orarily restricted endo	wment ▶ 4.960 %							
	The p	ercentages on lines 2a	, 2b, and 2c should equal 10	0%.						
3а		here endowment funds nization by:	not in the possession of the	organizatior	that are h	eld an	ıd administere	ed for the		Yes No
	(i) ur	nrelated organizations								(i) No
b		elated organizations .es" on 3a(ii), are the re	lated organizations listed as	· · · required on	 Schedule R	· ? .				(ii) No
4	Descr	ribe in Part XIII the inte	ended uses of the organization	n's endowm	nent funds.					
Pa	rt VI	Land, Buildings,			000 5-1	T) / !:	ine 11- C	. Faure 000 5	V - 1! -	- 10
	Descri	Complete if the orginial complete if the orginial complete if the orginial complete.	ganization answered "Yes (a) Cost or other basis		990, Part other basis (e Form 990, Pated depreciation		e 10. d) Book value
	DESCI	poor or property	(investment)	(5) 0030 01	carer basis (t	- circi)	(c) Accumula	acca depreciation	"	a, book value
_	Land				19,46	50,228				19,460,228

353,224,607

66,426,869

10,661,138

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

185,621,993

9,083,402

1,304,946

215,470,569

167,602,614

57,343,467

9,356,192

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on Form 990,	Part IV II	ne 111	n.See Form aan i	Part X. line 12
	(a) Description of security or category (including name of security)	(b) Book	111	(c) Metho	d of valuation: -year market value
(4) 5:		value		2000 01 0110 01	,
	held equity interests				
(3)Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					_
(G)					
(H)					_
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.)	•			
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, I	Part IV, li	ne 110	c. See Form 990,	Part X, line 13.
	(a) Description of investment	r ···		(b) Book value	(c) Method of valuation: Cost or end-of-year market
(4)					value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col.(B) line 13.)		•		
Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 990, P	Part IV. lir	ne 11d	. See Form 990. Par	t X. line 15.
	(a) Description				(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
					•
Part X	Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P	Part IV, lir	ne 11e	or 11f.See Form	990, Part X, line 25.
1.	(a) Description of liability				(b) Book value
	income taxes				
	D POST RETIREMENT BENEFITS ETIREMENT OBLIGATION				3,909,151
(4) OBLIGAT	TONS UNDER CAPITAL LEASE				897,550
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Total. (Column	n (b) must equal Form 990, Part X, col.(B) line 25.)			•	70,254,904

1

2

C

d

е 3

b

Part XIII

See Additional Data Table

4

5

а

Schedule D (Form 990) 2019

Page 4

-511,328

153,134,136

89,960,919

243,095,055

152,983,342

-979,658

153,963,000

91,096,919

245.059.919

Schedule D (Form 990) 2019

Donated services and use of facilities 2b b 2c Recoveries of prior year grants d Other (Describe in Part XIII.) 2d 420,644

2a

2a 2b

2c

2d

4a

4b

Explanation

-931.972

-1,176,946

197,288

79.379 91.017.540 2e

3

4c

5

e 2e 3 3

4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 79,379 Investment expenses not included on Form 990, Part VIII, line 7b . 4a

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

4b 89,881,540 b Add lines **4a** and **4b** 4c C

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

Total expenses and losses per audited financial statements

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Add lines **4a** and **4b**

Supplemental Information

Donated services and use of facilities . .

Prior year adjustments

Other (Describe in Part XIII.) . . .

Add lines 2a through 2d .

Return Reference

Subtract line 2e from line 1 .

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Net unrealized gains (losses) on investments

5

chedule D (Form 990) 2019	Page 5
Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2019

Additional Data

Software ID: Software Version:

EIN: 23-1386178

Name: WIDENER UNIVERSITY

Supplemental Information

Return Reference	Explanation
PART III, LINE 1A:	THE UNIVERSITY HAS ELECTED PURSUANT TO GENERALLY ACCEPTED ACCOUNTING STANDARDS NOT TO REPORT IN ITS REVENUE STATEMENT AND BALANCE SHEET WORKS OF ART. THE FOOTNOTE READS "THE UNIVER SITY HOUSES A COLLECTION OF AMERICAN PAINTINGS AND THE ALFRED O. DESHONG COLLECTION OF EUR OPEAN PAINTINGS AND ORIENTAL ART OBJECTS AT THE WIDENER UNIVERSITY ART COLLECTION AND GALL ERY THAT IT DOES NOT CAPITALIZE. THESE COLLECTIONS ADHERE TO THE UNIVERSITY'S POLICY TO (A) MAINTAIN THEM FOR PUBLIC EXHIBITION, EDUCATION, OR RESEARCH; AND (B) PROTECT, KEEP UNENC UMBERED. CARE FOR AND PRESERVE THEM "

Supplemental Information	
Return Reference	Explanation
PART III, LINE 4:	LOCATED IN THE UNIVERSITY CENTER, THE WIDENER UNIVERSITY ART COLLECTION AND GALLERY HOUSES THE UNIVERSITY'S DIVERSE COLLECTION OF AMERICAN PAINTINGS AND ALFRED O. DESHONG COLLECTION OF EUROPEAN PAINTINGS AND ORIENTAL ART OBJECTS. IN ADDITION TO THE PERMANENT COLLECTION ON DISPLAY, ROTATING EXHIBITIONS OF CONTEMPORARY ART ARE HELD THROUGHOUT THE YEAR ALONG WITH RECEPTIONS TO MEET THE ARTISTS. THE ART MUSEUM PROVIDES NUMEROUS EDUCATIONAL OPPORTUNITIES TO OUR STUDENTS THROUGH ITS EXISTING COLLECTION AND DIVERSE ROTATING EXHIBITS AND SPECIAL SHOWINGS. IT ALSO PROVIDES CULTURAL ENRICHMENT TO THE FACULTY, STAFF AND SURROUNDING C

OMMUNITIES AS THE MUSEUM IS FREE AND OPEN TO THE PUBLIC.

Cumplemental Information

Supplemental Information						
Return Reference	Explanation					
PART V, LINE 4:	ENDOWMENT FUNDING SUPPORTS SCHOLARSHIPS, FACULTY DEVELOPMENT, CHAIRS, AWARDS, THE LIBRARY, AS WELL AS OTHER INITIATIVES.					

Return Reference	Explanation				
	THE UNIVERSITY HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS A TAX-EXEMPT ORGANIZ ATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. AS SUCH, IT IS SUBJECT TO TAX ONLY ON INCOME FROM ACTIVITIES UNRELATED TO ITS TAX-EXEMPT MISSION. FOR THE YEARS E NDED JUNE 30, 2020 AND 2019, THE UNIVERSITY GENERATED NO SIGNIFICANT UNRELATED BUSINESS IN				

Supplemental Information

TO TAX ONLY ON INCOME FROM ACTIVITIES UNRELATED TO ITS TAX-EXEMPT MISSION. FOR THE YEARS E NDED JUNE 30, 2020 AND 2019, THE UNIVERSITY GENERATED NO SIGNIFICANT UNRELATED BUSINESS IN COME SUBJECT TO TAX, AND NO PROVISION FOR INCOME TAXES WAS PROVIDED. THE UNIVERSITY BELIEV ES IT HAS TAKEN NO SIGNIFICANT UNCERTAIN TAX POSITIONS.

Supplemental Information						
Return Reference	Explanation					
PART XI, LINE 2D - OTHER ADJUSTMENTS:	RENTAL EXPENSE 472,760. NET SPECIAL FUNDRAISING EXPENSE -61,676. REVENUE OF AFFILIATE 9,560.					

Supplemental Information						
Return Reference	Explanation					
PART XI, LINE 4B - OTHER ADJUSTMENTS:	SCHOLARSHIPS 89,881,540.					

È

Supplemental Information Return Reference Explanation PART XII, LINE 2D - OTHER RENTAL EXPENSE 359,529. NET SPECIAL FUNDRAISING EXPENSE -61,676. EXPENSE OF AFFILIATE REPORTED ON A SEPARATE RETURN -100,565. I ADJUSTMENTS:

upplemental Information						
Return Reference	Explanation					
PART XII, LINE 4B - OTHER ADJUSTMENTS:	SCHOLARSHIPS 89,881,540.					

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493136019831 OMB No. 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. Open to Public ▶ Go to www.irs.gov/Form990EZ for the latest information. Inspection Department of the Treasury Namel Retherosganization **Employer identification number** WIDENER UNIVERSITY 23-1386178 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? 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," 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 4c Yes **d** Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: 5a Nο **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? . 5c Νo **d** Scholarships or other financial assistance? . 5d Νo e Educational policies? . . 5e No f Use of facilities? . . 5f No **g** Athletic programs? 5g Νo 5h Νo If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. **6a** Does the organization receive any financial aid or assistance from a governmental agency? Yes 6a b Has the organization's right to such aid ever been revoked or suspended? No 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. Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Cat. No. 50085D Schedule E (Form 990 or 990-EZ) (2019)

Schedule E (Form 990 or 990EZ) (2019)				
Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.				
Return Reference Explanation				
SCHEDULE E, PART I, LINE 3	OUR POLICY IS PUBLISHED IN ALL CATALOGS, PRINTED MATERIALS AND ON THE UNIVERSITY'S WEBSITE.			
SCHEDULE E, PART I, LINE 6	IN THE NORMAL COURSE OF BUSINESS, THE UNIVERSITY ROUTINELY RECEIVES FUNDING FROM FEDERAL, STATE, AND LOCAL GOVERNMENTS FOR STUDENT FINANCIAL AID.			

Schedule F (Form 990 or 990-FZ) (2019)

000571 (2010)

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493136019831 OMB No. 1545-0047 SCHEDULE F Statement of Activities Outside the United States (Form 990) 2019 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** WIDENER UNIVERSITY 23-1386178 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance 2 outside the United States. Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) 3 (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures offices in the employees, agents, region (by type) (such as, program service, describe for and investments region and independent fundraising, program specific type of in the region contractors in the services, investments, grants service(s) in the region region to recipients located in the region) See Add'l Data 11.111.954 3a Sub-total . b Total from continuation sheets to Part I . . . 11,111,954 c Totals (add lines 3a and 3b)

	uplicated if addit	(c) Number of		(a) Mannay of az -!-	(f) Amount of	(a) Decembring	(h) Math
ype of grant or assistance	(b) Region	recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other

Sche	dule F (Form 990) 2019		Page 4
Par	t IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	✓ Yes	□No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	□Yes	✓ No
		□ 162	E 140
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	✓ Yes	Пио
		IVI TES	LI NO
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).	Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		
	(see Instructions for Form 6005)	☐ Yes	✓ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the		
	organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).	Yes	☑ No

chedule F (Foi	n 990) 2019 Page 5				
Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to any additional information. See instructions.					
90 Schedule F, Supplemental Information					
Return Refer	ce Explanation				

THE UNIVERSITY USES THE ACCRUAL METHOD OF ACCOUNTING TO REPORT EXPENDITURES OUTSIDE THE U.S.

PART I, LINE 3:

990 Schedule F, Supplemental Information Return Reference Explanation

PART III ACCOUNTING METHOD:

Deturn Deference

Return Reference	Explanation			
SCHEDULE F,	THE UNIVERSITY IS INVESTED IN FOREIGN PARTNERSHIPS AND PASS-THROUGH ENTITIES THAT PERIODICALLY INCLUDE			
PART IV. LINE 1:	ACTIVITY RELATED TO MAKING TRANSFERS TO FOREIGN CORPORATIONS, NO TRANSFERS, SEPARATE OR COMBINED, ROSE TO			

THE LEVEL OF TRIGGERING A FORM 926 FILING REQUIREMENT.

Evalenation

Additional Data

CARIBBEAN

EAST ASIA AND THE PACIFIC

Software ID: Software Version:

EIN: 23-1386178

Name: WIDENER UNIVERSITY

STUDENT TRIP

27,671

Form 990 Schedule F Par	orm 990 Schedule F Part 1 - Activities Outside The United States									
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region					
CENTRAL AMERICA AND THE	•	0	PROGRAM SERVICES	STUDENT TRIP	76.201					

0 PROGRAM SERVICES

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (e) If activity listed in (d) (f) Total expenditures (d) Activities conducted offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of reaion agents in fundraising, program services, grants to service(s) in region region recipients located in the reaion) CENTRAL AMERICA AND THE 0 INVESTMENTS 11,008,082 CARIBBEAN

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493136019831 OMB No. 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. **Employer identification number** Name of the organization WIDENER UNIVERSITY 23-1386178 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants Internet and email solicitations ☐ Solicitation of government grants Phone solicitations ☐ Special fundraising events ☐ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col. (i) contributions? Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 50083H Schedule G (Form 990 or 990-EZ) 2019

	t II Fundraising Events. Comple				
	than \$15,000 of fundraising e gross receipts greater than \$5		gross income on Form	1 990-EZ, lines 1 and	bb. List events with
	g. ooc i sooi,pee greener siinii qu	(a)Event #1	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through
		150TH ANNIVERSARY	HOMECOMING (event type)	(total number)	col. (c))
Reverne		(event type)			
	1 Gross receipts	5,005	7,317		12,322
	2 Less: Contributions		4,500		4,500
	3 Gross income (line 1 minus line 2)	5,005	2,817		7,822
	4 Cash prizes				
ses	5 Noncash prizes				
pens	7 Food and beverages	4,894	4,000		8,894
3	8 Entertainment				
			50.440		40.445
nred Jred	9 Other direct expenses	2,015	58,448		60,463
Direct	9 Other direct expenses10 Direct expense summary. Add lines 4 t	,		•	69,357
Direct Expenses	'	through 9 in column (d)		>	69,357
	10 Direct expense summary. Add lines 4 t	through 9 in column (d)		> > V, line 19, or reported	69,357 -61,535
Par	10 Direct expense summary. Add lines 4 t 11 Net income summary. Subtract line 10 t III Gaming. Complete if the organization	through 9 in column (d)			69,357 -61,535
Par	10 Direct expense summary. Add lines 4 t 11 Net income summary. Subtract line 10 till Gaming. Complete if the organization.	through 9 in column (d) from line 3, column (d) anization answered "Ye	s" on Form 990, Part I		69,357 -61,535 d more than \$15,000 (d) Total gaming (add
S Revenue	10 Direct expense summary. Add lines 4 t 11 Net income summary. Subtract line 10 11 Gaming. Complete if the organism on Form 990-EZ, line 6a.	through 9 in column (d) from line 3, column (d) anization answered "Ye	s" on Form 990, Part I		69,357 -61,535 d more than \$15,000 (d) Total gaming (add
s Revenue	10 Direct expense summary. Add lines 4 t 11 Net income summary. Subtract line 10 till Gaming. Complete if the orga on Form 990-EZ, line 6a. 1 Gross revenue	through 9 in column (d) from line 3, column (d) anization answered "Ye	s" on Form 990, Part I		69,357 -61,535 d more than \$15,000 (d) Total gaming (add
s Revenue	10 Direct expense summary. Add lines 4 t 11 Net income summary. Subtract line 10 till Gaming. Complete if the orga on Form 990-EZ, line 6a. 1 Gross revenue	through 9 in column (d) from line 3, column (d) anization answered "Ye	s" on Form 990, Part I		69,357 -61,535 d more than \$15,000 (d) Total gaming (add
Par	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 11 Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	through 9 in column (d) from line 3, column (d) anization answered "Ye	s" on Form 990, Part I		69,357 -61,535 d more than \$15,000 (d) Total gaming (add
S Revenue	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 11 Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	through 9 in column (d) from line 3, column (d) anization answered "Ye	s" on Form 990, Part I		69,357 -61,535 d more than \$15,000 (d) Total gaming (add
S Revenue	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 11 Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	hrough 9 in column (d) from line 3, column (d) anization answered "Ye (a) Bingo	s" on Form 990, Part I (b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	69,357 -61,535 d more than \$15,000 (d) Total gaming (add
S Revenue	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 11 Net income summary. Subtract line 10 to 11 Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	hrough 9 in column (d) from line 3, column (d) anization answered "Ye (a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	69,353 -61,538 d more than \$15,000 (d) Total gaming (add
s Keverkie	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 11 Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	hrough 9 in column (d) from line 3, column (d) anization answered "Ye (a) Bingo Yes% No hrough 5 in column (d)	s" on Form 990, Part I (b) Pull tabs/Instant bingo/progressive bingo Yes % No	(c) Other gaming Yes % No	69,35 -61,53! d more than \$15,000 (d) Total gaming (add
S Revenue	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 11 Gaming. Complete if the organization on Form 990-EZ, line 6a. 1 Gross revenue	hrough 9 in column (d) from line 3, column (d) anization answered "Ye (a) Bingo Yes	(b) Pull tabs/Instant bingo/progressive bingo Yes	(c) Other gaming Yes % No	69,357 -61,538 d more than \$15,000 (d) Total gaming (add col.(a) through col.(c))

Sche	dule G (Form 990 or 990-EZ) 20	19				F	age 3
11	Does the organization conduct	gaming activities with nonmembers	5?		Yes	Пио	
12	Is the organization a grantor, be formed to administer charitable		member of a partnership or other entity		Yes		
13	Indicate the percentage of gam	ning activity conducted in:					
а	The organization's facility .			13a			%
b	An outside facility			13b			%
14	Enter the name and address of	the person who prepares the organ	nization's gaming/special events books and	records:			
	Name •						
	Address >						
15a			m the organization receives gaming		· Yes	Пио	
b	If "Yes," enter the amount of g	aming revenue received by the orgained by the third party $ ightharpoons$	anization 🕨 \$ and	the			
c	If "Yes," enter name and addre	ss of the third party:					
	Name •						
	Address ▶						
16	Gaming manager information:						
	Name 🟲						
	Gaming manager compensation	1 ▶ \$					
	Description of services provided	d ▶					
	☐ Director/officer	☐ Employee	☐ Independent contractor				
17	Mandatory distributions:						
а	<u>-</u>		stributions from the gaming proceeds to		□Yes	Пио	
b	Enter the amount of distributio	ns required under state law distribu	ited to other exempt organizations or spent	:	☐ 1e3		
		pt activities during the tax year					
Pai			ions required by Part I, line 2b, colum licable. Also provide any additional inf				s.
	Return Reference		Explanation				

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

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I | Content of the select landscape mode (21" x 8.5") when printing.

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

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

Attach to Form 990.

► Go to <u>www.irs.gov/Form990</u> for the latest information.

OMB No. 1545-0047

2019

DLN: 93493136019831

Open to Public Inspection

nternal Revenue Service							
ame of the organization VIDENER UNIVERSITY						Employer identifica	ation number
						23-1386178	
Part I General Inform	ation on Grants	and Assistance					
Does the organization main the selection criteria used to						ce, and	☑ Yes ☐ No
Describe in Part IV the organic	•	_	=				
Part II Grants and Other I	Assistance to Dom	restic Organizations a	and Domestic Governme ditional space is needed.	nts. Complete if the or	rganization answered "Yes	on Form 990, Part IV, line	21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
1)							
2)							
3)							
4)							
5)							
6)							
7)							
8)							
9)							
10)							
11)							
12)							
2 Enter total number of secti	on 501(c)(3) and go	overnment organization:	s listed in the line 1 table			-	
3 Enter total number of othe	r organizations liste	d in the line 1 table .				-	

(Form 990)

Department of the

Part III

(2)

(3)

(4)

(5)

(6)

(7)

Part IV

Return Reference PART I, LINE 2:

Schedule I (Form 990) 2019

Explanation

STUDENT FINANCIAL AID/GRANTS/AWARDS

recipients 4174

(b) Number of

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

ACADEMIC PROGRESS IS MAINTAINED CONSISTENT WITH THE UNIVERSITY'S POLICY.

(c) Amount of

cash grant

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

89.881.540

SCHOLARSHIPS AND GRANTS FOR STUDENTS ARE APPLIED DIRECTLY TO A STUDENT'S UNIVERSITY ACCOUNT AND APPLIED TO TUITION, FEES, ROOM AND BOARD.

SATISFACTORY ACADEMIC PROGRESS MUST BE MAINTAINED ACCORDING TO STANDARDS PRESCRIBED BY THE UNIVERSITY. ANNUAL RENEWAL OF FINANCIAL AID IS CONTINUOUS IF INSTITUTIONAL FINANCIAL NEED REMAINS. ALL REOUIRED DOCUMENTS ARE COMPLETED BY THE PUBLISHED DEADLINE AND SATISFACTORY

ALL FINANCIAL AID IS SUBJECT TO REVISION BASED ON AVAILABILITY, CHANGES IN FAMILY CONTRIBUTION, HOUSING STATUS, AND/OR CREDIT LOAD.

O N/A

(d) Amount of

noncash assistance

(e) Method of valuation (book,

FMV, appraisal, other)

N/A

Page 2

(f) Description of noncash assistance

Schedule I (Form 990) 2019

efil	e GRAPHIC pr	int - DO NOT PROCESS A	s Filed Dat	a -	DLN: 934	19313	86019	831
Sch	edule J	Com	npensati	ion Information	01	1B No.	1545-0	0047
(For	n 990)	For certain Officers,	Directors, T	rustees, Key Employees, and Highes	st			
		➤ Complete if the organi		ated Employees vered "Yes" on Form 990, Part IV, lir	ne 23.	20	19)
			▶ Attach	to Form 990. instructions and the latest informat			to Pul	
•	tment of the Treasury al Revenue Service	▶ Go to <u>www.irs.gov/r</u>	- <u>07111990</u> 101	instructions and the latest informat	lion.		ectio	
	me of the organiza ENER UNIVERSITY	ation		En	nployer identificat	ion nu	ımber	
WIL	PENER UNIVERSITY			23	-1386178			
Pa	rt I Questi	ons Regarding Compensatio	n					
					_		Yes	No
1a				the following to or for a person listed o y relevant information regarding these i				
		or charter travel	lacksquare	Housing allowance or residence for per				
	_	companions		Payments for business use of personal				
		nification and gross-up payments	✓	Health or social club dues or initiation f				1
	☐ Discretion	ary spending account	V	Personal services (e.g., maid, chauffeu	r, cner)			
b				follow a written policy regarding payme ve? If "No," complete Part III to explain	nt or	1b	Yes	
2				or allowing expenses incurred by all	- 2	2	Yes	
	airectors, truste	es, officers, including the CEO/Exec	cutive Directo	r, regarding the items checked on Line 1	.a?			
3				ed to establish the compensation of the				
		EO/Executive Director. Check all the d organization to establish compens		CEO/Executive Director, but explain in P	art III.			
	✓ Compensa	ation committee	П	Written employment contract				
	_ '	ent compensation consultant	<u></u>	Compensation survey or study				
	Form 990	of other organizations	\checkmark	Approval by the board or compensation	n committee			
4	During the year related organiza		, Part VII, Se	ction A, line 1a, with respect to the filing	g organization or a			
а	Receive a sever	ance payment or change-of-control	payment? .			4a		No
b		· ·		ified retirement plan?		4b		No
C				nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and pr	ovide the app	olicable amounts for each item in Part III	l.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) or	ganizations	must complete lines 5-9.				
5		ed on Form 990, Part VII, Section A	_	•				
	compensation c	ontingent on the revenues of:						
а		1?				5a		No
b		anization?				5b		No
6	For persons liste	ed on Form 990, Part VII, Section A	, line 1a, did	the organization pay or accrue any				
	compensation c	ontingent on the net earnings of:						
a	-	1?				6a		No
b		anization?				6b		No
7	•	·	line 1a did	the organization provide any nonfixed				
•				rt III		7		No
8				red pursuant to a contract that was	ه ما نا			
				section 53.4958-4(a)(3)? If "Yes," desci		8		No
9	If "Yes" on line	8 did the organization also follow th	ne rehuttable	presumption procedure described in Rec	gulations section	L.		INO
,				· · · · · · · · · · · · · · · · · · ·		9		
For F	Paperwork Redu	ction Act Notice, see the Instru	ctions for Fo	orm 990. Cat. No. 500.	53T Schedule J	(Form	990)	2019

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 on Schedule J. report compensation from the organization on row (i) and from related organizations, described in the

For each individual whose compensation must be reported on Schedule J, report instructions, on row (ii). Do not list any individuals that are not listed on Form 99	compen: 30. Part	sation fro VII.	om the organization	on row (i) and fro	m related organiza	tions, described i	n the			
Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual. (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC (C) Retirement (D) Nontaxable (E) Total of (F)										
(A) Name and Title	(compensation			and other	(D) Nontaxable benefits	columns	Compensation in		
	(i) comp	Base ensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990		
See Additional Data Table										
	_									
	+-									

Page 3

Schedule 1 (Form 990) 2019

Schedule J (Form 990) 2019

EXPENSES FOR ALL UNIVERSITY VICE PRESIDENTS. THE UNIVERSITY'S VICE PRESIDENTS REVIEW AND APPROVE THE TRAVEL AND ENTERTAINMENT EXPENSES FOR THEIR RESPECTIVE STAFF. IT IS IMPORTANT TO NOTE THE PRESIDENT'S TRAVEL AND ENTERTAINMENT EXPENSES ARE REVIEWED AND APPROVED BY THE UNIVERSITY'S BOARD CHAIR. HOUSING ALLOWANCE OR RESIDENT FOR PERSONAL USE: THE PRESIDENT OF THE UNIVERSITY IS PROVIDED HOUSING AS REQUIRED AS PART OF THEIR EMPLOYMENT. THE USE OF THE HOUSE IS EXCLUDED FROM INCOME PURSUANT TO INTERNAL REVENUE CODE SECTION 119 (A)(2). THE FAIR RENTAL VALUE OF THE HOUSING IS \$35.000. BUSINESS EXPENSES ARE COVERED UNDER THE UNIVERSITY'S TRAVEL AND ENTERTAINMENT POLICY. THE HOUSING ALLOWANCE IS NOT INCLUDED IN TAXABLE INCOME AS THE HOUSING ASSIGNMENT IS REQUIRED BY THE COLLEGE AS A CONDITION OF EMPLOYMENT. PERSONAL SERVICES: OFFICERS AND KEY EMPLOYEES MAY USE A CAR SERVICE FOR EXTENDED TRAVEL IN ORDER TO CONDUCT UNIVERSITY BUSINESS.

Software ID:

Software Version:

EIN: 23-1386178

Name: WIDENER UNIVERSITY

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

(A) Name and Title

(B) Breakdown of W-2 and/or 1099-MISC compensation

(C) Retirement and

(D) Nontaxable

(A) Name and Title	L		of W-2 and/or 1099-MIS	compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
PRESIDENT	(i)	486,776 	50,000 	61,343	28,000	64,497	690,616 	0
	(ii)	0	0	0	0	0	0	0
1RODNEY SMOLLA DEAN, DELAWARE LAW	(i)	313,178	0	22,410	28,000	64,616	428,204 	0
	(ii)	0	0	0	0	0	0	0
2JOSEPH J BAKER SR VP FINANCE & ADMIN	(i)	299,846 	30,000	36,512	28,000	23,655	418,013	0
	(ii)	0	0	0	0	0	0	0
3CHRISTIAN JOHNSON DEAN SCHOOL OF LAW	(i)	291,600	0	18,598	28,000	25,745	363,943 	0
	(ii)	0	0	0	0	0	0	0
4 FRED AKL SR VP PROVOST	(i)	258,374 	0	38,249	28,000	22,072	346,695	0
	(ii)	0	0	0	0	0	0	0
5 THERESA TRAVIS SR VP ADVANCEMENT	(i)	227,389	0	21,888	12,773	50,424 	312,474 	0
	(ii)	0	0	0	0	0	0	0
6 JAYATI GHOSH DEAN SCHOOL OF BUSINESS	(i)	229,219	0	27,337	25,561	11,657	293,774	0
	(ii)	0	0	0	0	0	0	0
7 ANNE KROUSE DEAN SCHOOL OF NURSING	(i)	227,477	0	14,863	15,487	11,370	269,197 	0
	(ii)	0	0	0	0	0	0	0
8 ERIC BEHRENS VP FOR LIBRARY & INFORMATION SYSTEMS	(i)	190,397	10,000	11,451	20,550	24,394	256,792 	0
	(ii)	0	0	0	0	0	0	0
9MICHAEL SLINGER ASSOCIATE DEAN SCHOOL OF LAW	(i)	200,433	0	11,170	20,756	21,059	253,418 	0
	(ii)	0	0	0	0	0	0	0
10 KATHRYN HERSHEDE VP FOR STRATEGIC INITIATIVES	(i)	177,870	5,000 	19,911	20,000	10,955	233,736	0
	(ii)	0	0	0	0	0	0	0
11SUSAN GOLDBERG ASSOCIATE DEAN OF STUDENT SERVICES	(i)	201,604	0	9,814	18,043	2,081	231,542	0
	(ii)	0	0	0	0	0	0	0
12ANDREW WORKMAN SR VP PROVOST	(i)	134,924	0	13,659	6,563	11,585	166,731	0
	(ii)	0	0	0	0	0	0	0

(F) Compensation in

(E) Total of columns

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

DLN: 93493136019831

Open to Public

Schedule K

(Form 990)

Department of the Treasury

Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

▶Go to www.irs.gov/Form990 for instructions and the latest information.

	of the organization	▶G	o to <u>www.irs.gov/</u>	Form990 for instruct	ions and th	e latest	infor	mation.		Emplo	ver iden		n numbe		
	NER UNIVERSITY									'	886178				
Par	Bond Issues														
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Issue	price	((f) Descripti	on of purpose	(g) D	efeased	beh	On alf of suer		Pool ncing
										Yes	No	Yes	No	Yes	No
	PHEFA REVENUE BONDS SERIES 2014	23-2243852	70917SLC5	09-01-2014	20,3	396,446	REFIN	NANCING			Х		Х		Х
	PHEFA REVENUE BONDS SERIES 2013	23-2243852	70917SHA4	08-01-2013	11,5	555,277	DORM	MITORY			Х		Х		Х
	PHEFA REVENUE BONDS SERIES 2013A	23-2243852	70917SHW6	11-01-2013	57,2	258,483	REFIN	NANCING			×		Х		Х
Par	III Proceeds					l				ı		l	1		
						Α		l	В					D	
1	Amount of bonds retired					3,646	,446				10,668	,483			
2	Amount of bonds legally defease														
3	Total proceeds of issue					20,396	,446		11,555,277		57,258	,483			
4	Gross proceeds in reserve funds														
5	Capitalized interest from procee														
6	Proceeds in refunding escrows .														
7	Issuance costs from proceeds .					305	,429		246,668		328	,764			
8	Credit enhancement from proce	eds													
9	Working capital expenditures from	m proceeds													
10	Capital expenditures from proce	eds							10,000,318						
11	Other spent proceeds					20,091	,017				56,929	,719			
12	Other unspent proceeds														
13	Year of substantial completion .				2	014		20	15	20	13				
					Yes	No)	Yes	No	Yes	No		Yes		No
14	Were the bonds issued as part of bonds (or, if issued prior to 201	f a current refunding 3, a current refundin	g issue of tax-exemp ng issue)? . . .	t 	Х				х	Х					
15 ——	Were the bonds issued as part of bonds (or, if issued prior to 201)					X			х		Х				
16	Has the final allocation of proceed	eds been made? .			X			Χ		Χ					
17	Does the organization maintain proceeds?				Х			Х		Х					
Par															
						A			В					D	
	Mary the community of			latala a	Yes	No	•	Yes	No	Yes	No		Yes		No
1	Was the organization a partner if financed by tax-exempt bonds?					X			X		Х				

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

Χ

Χ

Χ

Schedule K (Form 990) 2019

b

C

d

6

8a

Part IV

b

C

Arbitrage

Page 2

No

D

D

Schedule K (Form 990) 2019

No

Yes

Yes

В

No

Х

Χ

0 %

0 %

0 %

Χ

Х

Yes

Χ

Yes

Χ

No

Χ

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C

counsel to review any management or service contracts relating to the financed property?

Are there any research agreements that may result in private business use of bond-financed

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

Enter the percentage of financed property used in a private business use by entities other than

counsel to review any research agreements relating to the financed property?

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a

nongovernmental person other than a 501(c)(3) organization since the bonds were

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12

Has the organization established written procedures to ensure that all nongualified bonds of

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

CUSTP NUMBER.

Page 3

No

D

D

Nο

Yes

Yes

В

No

Explanation

THE BOND WAS ORIGINALLY ISSUED IN 2014 WITH STAGGERING MATURITY DATES FROM 2015-2034. EACH MATURITY DATE HAS BEEN ASSIGNED A UNIQUE

No

Yes

Yes

Nο

No

Yes

Χ

Nο

Yes

No

Χ

Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

Yes

Χ

Schedule K (Form 990) 2019

(GIC)?

period?

Part V

Part VI

2014

Arbitrage (Continued)

requirements of section 148? . . .

Return Reference

FORM 990, SCHEDULE K, PART I:

PHEFA REVENUE BOND, SERIES OF

Return Reference	Explanation
I PART I PHEFA REVENUE	THE BOND WAS ORIGINALLY ISSUED IN 2013 WITH STAGGERING MATURITY DATES FROM 2035-2043. EACH MATURITY DATE HAS BEEN ASSIGNED A UNIQUE CUSIP NUMBER.

Return Reference	Explanation
IPARI I PHEFA REVENUE I	THE BOND WAS ORIGINALLY ISSUED IN 2013 WITH STAGGERING MATURITY DATES FROM 2015-2038. EACH MATURITY DATE HAS BEEN ASSIGNED A UNIQUE CUSIP NUMBER.

	C print - DO	NOT PROCE	SS	As File	d Data -				U	LN: 93	4931	360198
Schedule L		Tra	nsac	tions	with Ir	ntereste	d Person	ıs		01	МВ No.	1545-004
(Form 990 or 990	-EZ) ► Com	plete if the or	ganizat	tion ans	wered "Yes	on Form 99	90, Part IV, li	nes 25a	25b, 2	6,	20	19
		27, 28				0-EZ, Part V, 0 or Form 99	, line 38a or 4 0-EZ.	10b.			4 U	ノノフ
Department of the Trea nternal Revenue Servi	•	►Go to <u>www</u>					the latest inf	ormatio	n.	9		to Publi ection
Name of the orga								Emp	oyer id	entifica	ition n	umber
WIDENER UNIVERS	T I A							23-1	86178			
		ransactions										
		nization answer										
1 (a)) Name of disc	qualified person		(b) Rel		etween disqual organization	lified person ar	, , ,	Descrip transac		_ <u>`</u>) Correcte es N
											1	es in
		ncurred by the o		<u> </u>		1161						
4958. 		f any, on line 2				· • • •			: >	\$ — \$ —		
Down III		ov Evons Inte		d Daves								
Com	nplete if the oi	or From Integration answord on Form 990	vered "Y	es" on Fo	orm 990-EZ,	Part V, line 3	8a, or Form 99	90, Part I	/, line 2	6; or if	the org	anization
Com repo (a) Name of	nplete if the or orted an amou (b) Relations	ganization ansv nt on Form 990 ship (c) Purpos	vered "Y , Part X,	es" on Fo , line 5, 6	orm 990-EZ, 6, or 22 or from the	Part V, line 3 (e) Original principal amount	8a, or Form 99 (f) Balance due	(g) In default	Appr	6; or if (h) oved by ard or	(i	anization) Written reement?
Com repo (a) Name of	nplete if the or orted an amou (b) Relations	ganization ansv nt on Form 990 ship (c) Purpos	vered "Y , Part X, se (d)	es" on Fo , line 5, 6 Loan to o organiza	orm 990-EZ, 6, or 22 or from the ation?	(e) Original principal	(f) Balance	(g) In default	Appr boo	(h) oved by ard or mittee?	(i ag) Written reement?
Com repo (a) Name of	nplete if the or orted an amou (b) Relations	ganization ansv nt on Form 990 ship (c) Purpos	vered "Y , Part X, se (d)	es" on Fo , line 5, 6 Loan to o	orm 990-EZ, 6, or 22 or from the	(e) Original principal	(f) Balance	(g) In	Appr boo	(h) oved by ard or mittee?	(i) Written
Com repo (a) Name of	nplete if the or orted an amou (b) Relations	ganization ansv nt on Form 990 ship (c) Purpos	vered "Y , Part X, se (d)	es" on Fo , line 5, 6 Loan to o organiza	orm 990-EZ, 6, or 22 or from the ation?	(e) Original principal	(f) Balance	(g) In default	Appr boo	(h) oved by ard or mittee?	(i ag) Written reement?
Com repo (a) Name of	nplete if the or orted an amou (b) Relations	ganization ansv nt on Form 990 ship (c) Purpos	vered "Y , Part X, se (d)	es" on Fo , line 5, 6 Loan to o organiza	orm 990-EZ, 6, or 22 or from the ation?	(e) Original principal	(f) Balance	(g) In default	Appr boo	(h) oved by ard or mittee?	(i ag) Written reement?
Com repo (a) Name of	nplete if the or orted an amou (b) Relations	ganization ansv nt on Form 990 ship (c) Purpos	vered "Y , Part X, se (d)	es" on Fo , line 5, 6 Loan to o organiza	orm 990-EZ, 6, or 22 or from the ation?	(e) Original principal	(f) Balance	(g) In default	Appr boo	(h) oved by ard or mittee?	(i ag) Written reement?
Com repo (a) Name of	nplete if the or orted an amou (b) Relations	ganization ansv nt on Form 990 ship (c) Purpos	vered "Y , Part X, se (d)	es" on Fo , line 5, 6 Loan to o organiza	orm 990-EZ, 6, or 22 or from the ation?	(e) Original principal	(f) Balance	(g) In default	Appr boo	(h) oved by ard or mittee?	(i ag) Written reement?
Comrepo (a) Name of nterested person	nplete if the or orted an amou (b) Relations	ganization ansv nt on Form 990 ship (c) Purpos	vered "Y , Part X, se (d)	es" on Fo , line 5, 6 Loan to o organiza	orm 990-EZ, 6, or 22 or from the ation? From	(e) Original principal amount	(f) Balance	(g) In default	Appr boo	(h) oved by ard or mittee?	(i ag) Written reement?
Comrepo (a) Name of nterested person	nplete if the or orted an amou (b) Relations with organiza	ganization ansv nt on Form 990 ship (c) Purpos tion of loan	vered "Y, Part X, ie (d)	Yes" on Fo , line 5, 6 Loan to o organiza	orm 990-EZ, 6, or 22 or from the ation?	(e) Original principal amount	(f) Balance	(g) In default	Appr boo	(h) oved by ard or mittee?	(i ag) Written reement?
Comrepore (a) Name of nterested person Total . Part III Gra	nplete if the or orted an amou (b) Relations with organiza	ganization ansv nt on Form 990 ship (c) Purpos tion of loan	vered "Y , Part X, ie (d) T	Yes" on Fo , line 5, 6 Loan to o organiza	orm 990-EZ, 6, or 22 or from the ation? From	(e) Original principal amount	(f) Balance due	(g) In default	Appr boo	(h) oved by ard or mittee?	(i ag) Written reement?
Comrepo (a) Name of nterested person fotal . Part III Gra Com	nplete if the or orted an amou (b) Relations with organiza	ganization answint on Form 990 Ship (c) Purposition of loan	vered "Y , Part X, ie (d) T inswere hip between and	Yes" on Fo , line 5, 6 Loan to coorganiza	orm 990-EZ, 6, or 22 or from the ation? From ted Person on Form 9	(e) Original principal amount	(f) Balance due	(g) In default	Appr boccom O Yes	(h) oved by ard or mittee? No	Yes) Written reement?
Comrepo (a) Name of interested person Total Part III Gra Com (a) Name of interested person	nplete if the or orted an amou (b) Relations with organiza	ganization answint on Form 990 ship (c) Purposition of loan tion of loan stance Beneforganization a (b) Relationsh	vered "Y , Part X, ie (d) T inswere hip between and	Yes" on Fo , line 5, 6 Loan to coorganiza	orm 990-EZ, 6, or 22 or from the ation? From ted Person on Form 9	(e) Original principal amount **State of the image of th	(f) Balance due	(g) In default Yes N	Appropries	(h) oved by ard or mittee? No	Yes Yes) Written reement? No
Comrepo (a) Name of interested person Fotal Part III Gra Com (a) Name of interested	nplete if the or orted an amou (b) Relations with organiza	ganization answint on Form 990 Ship (c) Purposition of loan	vered "Y , Part X, ie (d) T inswere hip between and	Yes" on Fo , line 5, 6 Loan to coorganiza	orm 990-EZ, 6, or 22 or from the ation? From ted Person on Form 9	(e) Original principal amount **State of the image of th	(f) Balance due	(g) In default Yes N	Appropries	(h) oved by ard or mittee? No (e) Pu	Yes Yes) Written reement? No
Comrepo (a) Name of nterested person Fotal Part III Gra Com (a) Name of interested	nplete if the or orted an amou (b) Relations with organiza	ganization answint on Form 990 Ship (c) Purposition of loan	vered "Y , Part X, ie (d) T inswere hip between and	Yes" on Fo , line 5, 6 Loan to coorganiza	orm 990-EZ, 6, or 22 or from the ation? From ted Person on Form 9	(e) Original principal amount **State of the image of th	(f) Balance due	(g) In default Yes N	Appropries	(h) oved by ard or mittee? No (e) Pu	Yes Yes) Written reement? No
Comrepo (a) Name of interested person	nplete if the or orted an amou (b) Relations with organiza	ganization answint on Form 990 Ship (c) Purposition of loan	vered "Y , Part X, ie (d) T inswere hip between and	Yes" on Fo , line 5, 6 Loan to coorganiza	orm 990-EZ, 6, or 22 or from the ation? From ted Person on Form 9	(e) Original principal amount **State of the image of th	(f) Balance due	(g) In default Yes N	Appropries	(h) oved by ard or mittee? No (e) Pu	Yes Yes) Written reement? No

Complete if the organizatio	n answered "Yes" on Forr	n 990, Part IV, line 28a	a, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sh o organiz rever	f ation's
				Yes	No
(1) BRIAN COMMUNICATIONS	BRIAN TIERNEY, A WIDENER UNIVERSITY TRUSTEE, OWNS BRIAN COMMUNICATIONS.	134,490	ADVERTISING CONTRACT		No
(2) DAN KING	SPOUSE OF PRESIDENT	30,000	CONSULTING SERVICES		No

Explanation

Schedule I (Form 990 or 990-F7) 2019

Provide additional information for responses to questions on Schedule L (see instructions).

Part V **Supplemental Information**

Return Reference

efile GRAPH	IC prin	t - DO NOT PROCESS	As Filed Data -		DLN:	93493136019831
(Form 990 or 990- EZ) Complete to pro			vide information fo r 990-EZ or to prov ▶ Attach to Forn	on to Form 990 or 9 r responses to specific questi ide any additional informatio n 990 or 990-EZ. 90 for the latest information.	ons on n.	2019 Open to Public Inspection
WIDENER UNIVERS	SITY	pplemental Informatio	n		23-1386178	fication number
Return Reference				Explanation		
FORM 990, PART VI, SECTION A, LINE 1	AND EXTED BY EXCEP BOARD ION OF THE BO RE OR E SOULU MMITT NT OF ARD M. A MAY, TEND THE CH. THE CH. THE COMM	XERCISE AUTHORITY OF T Y THE DELAWARE CORPO Y THAT THE EXECUTIVE O O OF TRUSTEES; (2) ADOP' F THE BOARD; (4) TAKE AN OARD OF TRUSTEES TO A ATION; (6) ADOPT AN AGRE EXCHANGE OF ALL OR SUE ITION OF THE UNIVERSITY EE SHALL CONSIST OF TH THE UNIVERSITY, AND TH AY ATTEND AN EXECUTIV JORITY VOTE SHALL BE SU THE EXECUTIVE COMMITTIE THE EXECUTIVE COMMITTIE THE MEETINGS OF THE EX AIR OF EACH STANDING OF COMMITTEE CHAIRS SHAL ITTEE. IF THE CHAIR FIND	THE BOARD IN THE MEATION LAW AND THE COMMITTEE SHALL NOTHER COMMITTE SHAND OR REPEATE OF MERGE STANTIALLY ALL OID FOR TO THE COMMITTE COMMITTE MEET OF THE COMMITTE MEET OF THE COMMITTE ATTEND AND THE COMMITTE OF THE COMMIT	T ANY TIME AT THE CALL OF MANAGEMENT OF ITS AFFAIR HE PENNSYLVANIA CORPORATOR HAVE AUTHORITY TO: (1) AL THE BYLAWS; (3) AMEND CERS COMMITTED BY THE BYLE OF THE BOARD; (5) AMEND ROOR CONSOLIDATION; (7) REFORE THE UNIVERSITY'S PROPERSOLUTION OF THE UNIVERS RS, THE TREASURER, THE SINVITATION OF THE CHAIR, AND THE CHAIR, AND THE CHAIR AND THE CHAIR OF THE STAND THE FOR THE FOLLOWING YEAR AT LEAST ONE EXECUTIVE CONGINTO EXECUTIVE CONGINTO EXECUTIVE CONGINTO EXECUTIVE SESSIONED.	S, TO THE EXTENT ATION NOT-FOR-FOR-FOR-FOR-FOR-FOR-FOR-FOR-FOR-FOR	IT PERMIT PROFIT CODE, IN THE RESOLUT JTION OF TE OF INCO SALE, LEAS END A DI TIVE CO PRESIDE HE BO E A QUORUM ING IN S WILL AT TO HAVE T FING A YEAR ECUTIVE IE COMM

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Explanation Return Reference

FORM 990. THE UNIVERSITY AMENDED ITS BYLAWS IN MAY OF 2020. SIGNIFICANT CHANGES WERE AS FOLLOWS: 1. PART VI. REFERENCES TO THE PRESIDENT OF THE UNIVERSITY ALUMNI ASSOCIATION'S BOARD APPOINTMENT AND R SECTION A. IGHTS TO SERVE ON THE BOARD HAVE ALL BEEN REMOVED.

990 Schedule O, Supplemental Information

LINE 4

Return Explanation

FORM 990, PART VI, SERVE AS A MEMBER OF THE BOARD DURING HIS INCUMBENCY.

LINE 7A

Return Explanation
Reference

FORM 990,	ONCE A DRAFT OF THE IRS FORM 990 IS COMPLETED AND REVIEWED BY OUR INDEPENDENT TAX ADVISORS
PART VI,	, IT IS REVIEWED BY THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES. THE FORM 990 IS NOT FILE
SECTION B,	D UNTIL THE FULL BOARD OF TRUSTEES HAS REVIEWED IT WITH MANAGEMENT.
LINE 11B	

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE UNIVERSITY HAS CONFLICT OF INTEREST POLICIES FOR THE BOARD OF TRUSTEES, OFFICERS, KEY EMPLOYEES, FULL-TIME STAFF, AND PART-TIME STAFF INVOLVED IN PURCHASING. THE BOARD OF TRUST EES COMPLETE THE CONFLICT OF INTEREST DISCLOSURE FORM ON AN ANNUAL BASIS, AND THE DISCLOSU RE FORMS ARE RECEIVED AND REVIEWED BY THE TRUSTEESHIP COMMITTEE, WHO FORWARD ANY CONFLICTS ON TO THE EXECUTIVE COMMITTEE OF THE BOARD FOR THEIR REVIEW. BOARD OF TRUSTEES MEMBERS WI TH CONFLICTS ARE EXPECTED TO ABSTAIN FROM VOTING ON ISSUES FOR THEIR CONFLICT. THE PROCESS , REVIEW, AND REPORTING FOR THE OFFICERS AND KEY EMPLOYEES IS THE SAME AS THE BOARD OF TRU STEES. ALL FULL-TIME STAFF AND PART-TIME STAFF INVOLVED IN PURCHASING COMPLETE A DISCLOSUR E FORM ANNUALLY, AND THESE ARE COLLECTED AND REVIEWED BY THE EXECUTIVE DIRECTOR OF HUMAN R ESOURCES. THIS INDIVIDUAL THEN REPORTS THE FINDINGS TO THE SENIOR VICE PRESIDENT-ADMINISTR ATION & FINANCE AND THE PRESIDENT OF THE UNIVERSITY. A REPORT IS THEN MADE BY THE SENIOR V ICE PRESIDENT-ADMINISTRATION & FINANCE TO THE FINANCE AND ADMINISTRATION COMMITTEE OF THE BOARD, WHICH THEN REPORTS THE FINDINGS TO THE FULL BOARD OF TRUSTEES.

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

Return Explanation
Reference

FORM 990, PART VI, SECTION C, LINE 19

990 Schedule O, Supplemental Information Return Explanation Reference

FORM 990, CHANGE IN PENSION -8,172,595.

PART XI. LINE 9:

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R**

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

DLN: 93493136019831

Open to Public Inspection

Internal	Re	venu	e Servi
Name	of	the	orgar

(Form 990)

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Treasury nization Employer identification number

WIDENER UNIVERSITY							23-13861	.78				
Part I Identification of Disregarded Entities. Co	mplete if the orgai	nization ansv	vered "Yes	s" on Form	n 990, Part	IV, line 3						,
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary a	ctivity	Legal dom or foreigr	c) icile (state i country)	(d) Total inco	me End	(e) -of-year a	essets	(1 Direct co ent	f) ontrolling tity	
Part II Identification of Related Tax-Exempt Orga	nizations. Compl	ete if the ord	anization	answered	"Yes" on F	Form 990,	Part IV, li	ne 34 b	ecause	e it had one or	more	
related tax-exempt organizations during the tag (a) Name, address, and EIN of related organization	x year.	(b) ary activity	(Legal don	c) nicile (state n country)	(d) Exempt Code	e section	(e) Public charity (if section 501	status	l	(f) rect controlling entity	Section (13) col	512(b) ntrolled ity?
(1)THE NEUROPSYCHOLOGY ASSESSMENT CENTER ONE UNIVERSITY PLACE CHESTER, PA 19013	EDUCATION	V		PA	501(C)(3)	L	INE 12A, I		WIDENE	R UNIVERSITY	Yes	No
42-1682886 (2)THE WIDENER PARTNERSHIP CHARTER SCHOOL ONE UNIVERSITY PLACE CHESTER, PA 19013	SCHOOL			PA	501(C)(3)	L	INE 2		WIDENE	R UNIVERSITY	Yes	
42-1705 8 92												
											+	_
											_	
For Paperwork Reduction Act Notice, see the Instructions fo	or Form 990.		Ca	t. No. 5013	5Y				Sche	edule R (Form	990) 20	019

chedule R (Form 990) 2019													Page 2
Part III Identification of Related Or one or more related organizat				ete if the or	ganization	answered "	res" on Form	า 990,	Part I\	/, line 34,	beca	use it	had
(a) Name, address, and EIN of related organization		(b) Primary activity	Primary Legal	(d) Direct controlling entity	(e) Predomini income(rela unrelate excluded fi tax unde sections 2	ated, total incor d, irom er		Disprop	ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		al or ging	(k) Percentag ownership
					514)			Yes	No		Yes	No	
Part IV Identification of Related Or because it had one or more re							swered "Yes	s" on F	Form 99	90, Part IV	, line	34	
(a) Name, address, and EIN of related organization	(b) Primary activity	Lo dor (state o	(c) egal micile or foreign untry)			(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income		(g) of end-of year assets	(h F- Percer owner	ntage	(13	(i) ction 512(3) controlle entity?
1)ACNP CORPORATION	RESTAURANT			WIDEN	IED (_	14,895		55,160	100.00	0.9/-	-	'es No es
DNE UNIVERSITY PLACE CHESTER, PA 19013 3-2540747	RESTAURANT		PA		RSITY		14,693		33,100	7 100.00	U 76	11	es
2)PROVIDENCE ENTERPRISES INC	INACTIVE	ŀ	PA	WIDEN		С				100.00	0 %	Y	es
DNE UNIVERSITY PLACE CHESTER, PA 19013 C1-0260604													
3)PIONEER PUB OF WIDENER INC ONE UNIVERSITY PLACE HESTER, PA 19013	REAL ESTATE	·	PA		IER (RSITY	C			648,68	5 100.00	0 %	Y	es
3-2777365 4) CARES TWENTY ONE SRL	REAL ESTATE		CS		ER PUB OF (С			734,249	9 100.00	0 %	Y	es
DNE UNIVERSITY PLACE CHESTER, PA 19013													

(1)THE WIDENER PARTNERSHIP CHARTER SCHOOL

(2)THE WIDENER PARTNERSHIP CHARTER SCHOOL

(3)THE WIDENER PARTNERSHIP CHARTER SCHOOL

(4)THE NEUROPSYCHOLOGY ASSESSMENT CENTER

Schedule R (Form 990) 2019		Pa	age 3
Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to related organization(s)	1 b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1 d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1 g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1 i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	\vdash	No
l Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	10		No
p Reimbursement paid to related organization(s) for expenses	1 p		No
q Reimbursement paid by related organization(s) for expenses	1 q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No

k Lease	of facilities, equipment, or other assets from related organization(s)	1k		No
l Perfort	mance of services or membership or fundraising solicitations for related organization(s)	11	Yes	
m Perform	mance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharin	g of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharir	ng of paid employees with related organization(s)	10		No
p Reimb	pursement paid to related organization(s) for expenses	1 p		No
q Reimb	oursement paid by related organization(s) for expenses	1 q	Yes	
r Other	transfer of cash or property to related organization(s)	1r		No
s Other	transfer of cash or property from related organization(s)	1 s		No
2 If the	answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization

(b) Transaction type (a-s)

Q

(c) Amount involved

700,000

118,677

5,726,323

144,313

(d) Method of determining amount involved

CONTRACT PRICE

CONTRACT PRICE

CONTRACT PRICE

CONTRACT PRICE

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that

was not a related organization. See instructions regarding exc	clusion for certain inv	/estment p	partnerships.										
(a) Name, address, and EIN of entity	(b) Primary activity	domicile income (state or (related, foreign unrelated, country) excluded from		Primary activity Legal domicile income section total section foreign country) Legal Predominant Are all partners share of section total income organizations? Are all partners share of total organizations?		(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General managir partner	(k) Percentage ownership		
			sections 512- 514)	Yes	No			Yes	No		Yes	No	
									<u> </u>	Schedul	e R (Forn	n 99	0) 2019

Schedule R (Form 990) 2019						
Part VII Supplemental Information						
Provide additional information for responses to questions on Schedule R. (see instructions).						
Return Reference	Explanation					
SCHEDULE R, PART V, LINE 1N:	THE UNIVERSITY SHARES ITS FACILITIES WITH NEUROPSYCHOLOGY ASSESSMENT CENTER AT WIDENER UNIVERSITY.					