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OMB No 1545-0047

## Form **990**

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

• •			iciidai yea	C Name of organization	,, or root, and end	ing oo so			D Er	nployer i	dentification number
_	Check if ap ddress ch		Please use IRS	Delaware Valley College of	Science and Agriculture				2:	3-13526	565
_		-	label or	Number and street (or P O	box if mail is not delivere	d to street a	ddres	s) Room/s		lephone	
_	lame chai	-	print or type. See	700 East Butler Ave				, , , , , ,		15)345	5-1500
_	nıtıal retui		Specific Instruc-	City or town, state or coun							nethod Cash Accrual
_	inal returi		tions.	Doylestown, PA 18901269	7						pecify) 🕨
Α	mended i	return									
_ A	pplication	pending									t 527
				501(c)(3) organizations a nust attach a completed So			ble				section 527 organizations or affiliates?
				·							of affiliates 🟲
G \	Web site	e: 🕨 www	w delval edi	u 				H(c) A	are all affiliat	es include	ed?
J	Organiza	ation type	e (check only	one) 🕨 🔽 🕏 501(c) (3) 🖣	(insert no )	(1) or	527	(	If "No," atta	ich a list	See instructions )
<b>K</b> (	Check her	re ▶ □ ıf	the organizat	tion is not a 509(a)(3) suppor	ting organization <b>and</b> its gr	oss receints	are				n filed by an organization
1	normally <b>r</b>	<b>not</b> more		A return is not required, but if					overed by a		<u> </u>
	be suite to	The a con	inplete return						Group Exe	<u>'</u>	ganization is <b>not</b> required to
L (	Gross re	eceipts	Add lines 6	5b, 8b, 9b, and 10b to lin	e 12 ► 65,195,559						90, 990-EZ, or 990-PF)
P	art I	Reve	nue, Exp	enses, and Change	s in Net Assets o	r Fund	Bala	nces (	See the	instru	uctions.)
	1	Contrib	utions, gift	s, grants, and sımılar am	ounts received		_				
	а	Contrib	utions to d	onor advised funds .		1a					
	b	Direct	public supp	ort (not included on line	1a)	1b			2,552,74	6	
	С	Indirec	t public sup	pport (not included on lin	e 1a)	<b>1</b> c					
	d	Govern	ment contr	ibutions (grants) (not inc	luded on line 1a)	1d			1,592,50	2	
	e	Total (a	add lines 1a	a through 1d) (cash \$ <u>3,</u> 8	352,347 noncash	\$ 292,89	9	)		1e	4,145,246
	2	Progran	n service re	evenue including govern	ment fees and contrac	ts (from P	art V	II, line 9	3) .	2	42,556,676
	3	Membe	rship dues	and assessments						3	
	4	Interes	t on saving	s and temporary cash in	vestments					4	43,748
	5	Dividen	nds and inte	erest from securities .						5	531,119
	6a	Gross	ents			6a			358,20	4	
	Ь	Less r	ental exper	ises		6b					
	c	Net rental income or (loss) subtract line 6b from line 6a						6с	358,204		
¥	7	Other	nvestment	ıncome (describe 🟲 )						7	
Heven	8a	Gross	amount fron	n sales of assets	(A) Securities			<b>(B)</b> 0	ther		
Y				ry	5,626,7						
	b	Less cos	st or other bas	sis and sales expenses	5,036,0						
	С		, , ,	· L	590,7						
	d	_		Combine line 8c, column						8d	590,717
	9	Special	events and	d activities (attach sche	dule) If any amount is	from <b>gan</b>	ning,	check he	re ► 🦳		
	а			t including \$	of	1 1	ı				
	.		•	rted on line 1b) 🕏 .		9a				2	
	b		•	ses other than fundraisi		9b			120,82	_	400.000
	100		,	s) from special events S		1 1	I		1 220 02	9c	-120,826
	10a b			entory, less returns and		10a 10b			893,99		
	C		•	rom sales of inventory (attach			L 10a		093,99	10c	434,938
	11		• •	m Part VII, line 103)	•				•	11	10,604,885
	12			lines 1e, 2, 3, 4, 5, 6c,						12	59,144,707
	13			(from line 44, column (B						13	50,923,994
<u>د</u>	14			general (from line 44, col						14	7,067,195
Expenses sas	15	_	•	line 44, column (D))						15	883,586
Ä,	16			ites (attach schedule)						16	<u> </u>
	17			d lines 16 and 44, colun						17	58,874,775
νį.	18			for the year Subtract lin						18	269,932
ij Ž	19	Netass	sets or fund	balances at beginning o	f year (from line 73, c	olumn (A )	) .			19	35,245,683
a B	20	Othero	:hanges ın ı	net assets or fund baland	es (attach explanatio	n) 📆 .				20	-1,698,680
ž 	21			balances at end of year				<u></u> .	<u>.</u>	21	33,816,935
	Daire	. A at a	d Danamuss	k Poduction Act Notice	the consusts inst	tions		s+ No. 1	12024	-	Form 990 (2007)

Part II Statement of Functional Expenses

If "Yes," enter (i) the aggregate amount of these joint costs \$\_\_\_\_

(iii) the amount allocated to Management and general \$

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions.)

	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	( <b>B)</b> Program services	(C) Management and general	( <b>D)</b> Fundraising
22a	Grants paid from donor advised funds (attach Schedule)					
	(cash \$noncash \$) If this amount includes foreign grants, check here	22a				
22b	Other grants and allocations (attach schedule) 🕏					
	(cash \$ \frac{16,999,248}{} noncash \$)					
	If this amount includes foreign grants, check here	22b	16,999,248	16,999,248		
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25a	Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	25a	391,976	71,165	320,811	
Ь	Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	25b				
c	Compensation and other distributions not icluded above to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$ (attach schedule)	25c				
26	Salaries and wages of employees not included on lines 25a, b and c	26	18,041,079	14,665,313	2,841,556	534,210
27	Pension plan contributions not included on lines 25a, b and c	27	914,164	732,434	155,162	26,568
28	Employee benefits not included on lines 25a - 27	28	2,668,161	2,169,949	419,162	79,050
29	Payroll taxes	29	1,447,870	1,160,043	245,748	42,079
30	Professional fundraising fees	30				
31	Accounting fees	31				
32	Legal fees	32				
33	Supplies	33	3,995,672	3,783,516	182,138	30,018
34	Telephone	34	109,037	92,027	12,833	4,177
35	Postage and shipping	35	356,387	292,648	46,932	16,807
36	Occupancy	36	1,974,533	1,974,533		
37	Equipment rental and maintenance	37	1,959,908	1,698,855	252,290	8,763
88	Printing and publications	38	404,497	327,721	58,800	17,976
39	Travel	39	419,213	322,467	73,739	23,007
Ю	Conferences, conventions, and meetings	40	11,137	9,505	1,632	
<b>l</b> 1	Interest	41	1,838,893	1,581,822	257,071	
12	Depreciation, depletion, etc (attach schedule) 🕏	42	2,517,296	1,771,738	745,558	
13	Other expenses not covered above (Itemize)					
а	See Additional Data Table	43a				
Ь		43b				
с		43c				
d		43d				
e		43e				
f		43f				
g	Takel functional common and discovery 200 there. 1 40	43g				
14	<b>Total functional expenses.</b> Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13—15)	44	58,874,775	50,923,994	7,067,195	883,586

\_, **(ii)** the amount allocated to Program services \$\_\_

, and (iv) the amount allocated to Fundraising \$

#### Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

				1
All organ oublicatio	the organization's primary exempt purpose achiever ins issued, etc. Discuss achievements that are not meet trusts must also enter the amount of grants and allo	ments ieasura	INDIVIDUALS SEEKING ADVANCEMENT IN a clear and concise manner State the number of clients served, ble (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt	Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for
a Del Doy full phy the Col deg	aware Valley College (the "college") operatives town, Bucks County, Pennsylvania The time undergraduate students The College sical sciences, liberal arts, teacher educat College offers Associate of Science degree lege, a Weekend College and Summer Sess	tes a e Coll e focus tion a e prog sions tional	private coeducational four-year institution located in ege was founded in 1896 and currently enrolls over 1,600 is is in the areas of high-science agriculture, biological and ind business. Besides its full-time undergraduate programs, grams, Continuing Education programs including an Evening. In addition, the College offers three graduate education. Leadership, a Master of Business Administration degree in	others )
(Gr	ants and allocations \$ 16,999,248)		If this amount includes foreign grants, check here 🕨 🦵	50,923,994
(Gr	ants and allocations \$	)	If this amount includes foreign grants, check here 🕨 🦵	
(Gr	ants and allocations \$	)	If this amount includes foreign grants, check here 🟲 🦵	
(Gr	ants and allocations \$	)	If this amount includes foreign grants, check here 🕨 🦵	
	er program services (attach schedule) ants and allocations \$	)	If this amount includes foreign grants, check here 🕨 🦵	
f Tot	al of Program Service Expenses (should equ	ual lır	ne 44, column (B), Program services) 🕨	50,923,994

Part IV Balance Sheets (See the instructions.)	Part IV	Balance	Sheets	(See the	instructions.)
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Pā	rt IV	Balance Sheets (See the instru	ctions	.)			
Not	e:	Where required, attached schedules and amou column should be for end-of-year amounts on		hin the description	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing			8,900	45	7,200
	46	Savings and temporary cash investments			1,072,258	46	3,375,230
			1 1				
		Accounts receivable	47a	2,531,194			
	b	Less allowance for doubtful accounts	47b	460,185	1,411,723	47c	2,071,009
	48a	Pledges receivable	48a	570,666			
	ь	Less allowance for doubtful accounts	48b	4,175	459,353	48c	566,491
	49	Grants receivable				49	
	50a	Receivables from current and former office key employees (attach schedule)				50a	
	ь	Receivables from other disqualified person 4958(c)(3)(B) (attach schedule)	s (as de	fined under section		50b	
	51a	Other notes and loans receivable (attach	1	,			
. 6		schedule)	51a	2,137,491			
Assets		Less allowance for doubtful accounts	51b		2,062,534	51c	2,137,491
Š	52	Inventories for sale or use			1,237,386	52	939,461
	53	Prepaid expenses and deferred charges .			1,051,802	53	1,142,383
		Investments—publicly-traded securities		Cost FMV	18,352,953	54a	15,273,692
		Investments—other securities (attach sch	edule) l	Cost   FMV		54b	
	55a	Investments—land, buildings, and equipment basis	55a				
	ь	Less accumulated depreciation (attach schedule)	55b			55c	
	56	Investments—other (attach schedule) .			3,854,268	56	3,614,588
	57a	Land, buildings, and equipment basis	57a	79,201,765			
	ь	Less accumulated depreciation (attach schedule)	57b	32,627,917	45,261,287	57c	46,573,848
	58	Other assets, including program-related in					
		(describe ►	2,804	58	0		
	59	Total assets (must equal line 74) Add line	c 45 thi	rough 58	74,775,268	59	75,701,393
	60	Accounts payable and accrued expenses			2,380,585	60	2,883,341
	61	Grants payable			2,000,000	61	2,000,011
	62	Deferred revenue		<u> </u>	1,357,586	62	1,493,546
.a	63	Loans from officers, directors, trustees, an		F	.,,		.,
(A) 		schedule)				63	
Ļ;	64a	Tax-exempt bond liabilities (attach schedu			29,414,276	64a	28,697,839
	ь	Mortgages and other notes payable (attack	•		4,035,962	64b	6,318,319
	65			,	2,341,176	65	2,491,413
				,			
	66	<b>Total liabilities</b> Add lines 60 through 65			39,529,585	66	41,884,458
	Orga	anizations that follow SFAS 117, check here 67 through 69 and lines 73 and 74	<b>►</b> ▼ a	nd complete lines			
Š	67	Unrestricted			27,966,921	67	26,501,190
Balances	68	Temporarily restricted		[	3,482,700	68	3,346,331
層の	69	Permanently restricted		[	3,796,062	69	3,969,414
Fund	Orga	nnizations that do not follow SFAS 117, chec					
E		complete lines 70 through 74					
ò	70	Capital stock, trust principal, or current fu		70			
sets	71	Paid-in or capital surplus, or land, building		71			
Ass	72	Retained earnings, endowment, accumulate		72			
ĕ	73	Total net assets or fund balances Add line through 72 (Column (A) must equal line 19	_				
		line 21)		<u> </u>	35,245,683	73	33,816,935
	74	Total liabilities and net assets / fund balances	s Add line	s 66 and 73	74,775,268	74	75,701,393

Total revenue, gains, and other support per audited financial statements	Part	t IV-A Reconciliation of Revenue the instructions.)	nue per Audited Finan	icial Sta	tements \	With Reven	ue per	Return (See
1 Net unrealized gains on investments   b1   -1,656,426   b2   283,371   b3   Recoveries of prory year grants   b3   -16,115,431   b4   -16,115,431   b4   -16,115,431   b4   -16,115,431   b4   -16,115,431   b4   -16,115,431   b4   -16,115,431   b5   -17,488,486   c5 Subtract line b from line a   d1   d1   d2   d2   -1,014,823   d3   -17,488,486   d4   d1   d2   -1,014,823   d4   d1   d2   -1,014,823   d4   d1   d2   -1,014,823   d5   d2   -1,014,823   d6   -17,488,486   d8   d1   d1   d2   -1,014,823   d6   -17,488,486   d8   d1   d1   d2   -1,014,823   d7   d7   d7   d7   d7   d7   d7   d			port per audited financial stat	ements			a	42,671,044
Donated services and use of facilities	b	A mounts included on line <b>a</b> but not	on Part I, line 12					
Donated services and use of facilities	1	Net unrealized gains on investment	·	b1		-1,656,426		
Add lines bithrough b4	2			b2		283,371	1	
Add lines bithrough b4	3			b3		,	1	
Add lines bithrough b4	4						1	
c Subtract line b from line a		Add by a believe be				· · · · ·	┨.	17 400 406
A mounts included on Part I, line 12, but not on line a  1 Investment expenses not included on Part I, line 6 b								
1 Investment expenses not included on Part I, line 6b							c	60,159,530
Signature of the first of the f				ı	I			
Add lines d1 and d2	1	·	on Part I, line	d1				
Add lines d1 and d2	2						1	
Add lines d1 and d2	-	Other (specify)		d2		-1,014,823		
Total revenue (Part I, line 12) Add lines c and d		Add lines d1 and d2					4	-17.488.486
Part IV-B   Reconciliation of Expenses per Audited Financial Statements With Expenses Per Return	_						<del>-</del> -	
Total expenses and losses per audited financial Statements With Expenses per Return   Total expenses and losses per audited financial statements	•						e	33,144,707
b Amounts included on line a but not on Part I, line 17  1 Donated services and use of facilities	Part			ncial St	atements	With Expe	nses pe	r Return
1 Donated services and use of facilities	а	Total expenses and losses per audi	ted financial statements .				а	44,099,792
2 Prior year adjustments reported on Part I, line 20	b	A mounts included on line <b>a</b> but not	on Part I, line 17					
20	1	Donated services and use of facility	es	<b>b1</b>		283,371		
20	2	Prior year adjustments reported on	Part I, line			·	1	
Add lines b1 through b4			,	b2			]	
Add lines b1 through b4	3							
Add lines b1 through b4	_		•	<b>D3</b>			-	
Add lines b1 through b4	4	Other (specify)		h4		014 072		
c Subtract line b from line a		Add to a let the court let		D4		814,823	1.1	1 000 104
A mounts included on Part I, line 17, but not on line a:  1								
Investment expenses not included on Part I, line 6b  Other (specify)  Add lines d1 and d2							c	43,001,598
Other (specify)  Add lines d1 and d2		, , , , , , , , , , , , , , , , , , ,	•	1	ı			
Other (specify)  Add lines d1 and d2	1	·	on Part I, line	d1				
Add lines d1 and d2	2	- <del></del>			15,873,177		1	
Add lines d1 and d2	_	Other (specify)		d2				
Total expenses (Part I, line 17) Add lines cand d		Add lines <b>d1</b> and <b>d2</b>						15,873,177
Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)  (A) Name and address  (B) Title and average hours per week devoted to position (If not paid, enter -0)  (C) Compensation (If not paid, enter -0)  (D) Contributions to employee benefit plans & deferred compensation plans	e	Total expenses (Part I. line 17) Add	d lines <b>c</b> and					
Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)  (A) Name and address  (B) Title and average hours per week devoted to position reweek devoted to position (If not paid, enter -0)  (C) Compensation employee benefit plans & deferred compensation plans  (E) Expense account and other allowances							e	/ /
(A) Name and address  (B) Title and average hours per week devoted to position per week devoted to position per week devoted to position plans  (C) Compensation employee benefit plans & deferred compensation plans	Pari	dırector, trustee, or key e				they were i	not comp	ensated.) <i>(See the</i>
See Additional Data Table		(A) Name and address				employee ben deferred com	efit plans & pensation	account and other
	See A	dditional Data Table						
						-		
				_			_	

	Support Officers Division	. T	· F	·			Page C
	t V-A Current Officers, Director			-		Yes	No
75a	Enter the total number of officers, director	rs, and trustees permitted	l to vote on organizatioi	n business at board			
	meetings						
b	Are any officers, directors, trustees, or ke	y employees listed in For	m 990, Part V-A, or high	jhest compensated			
	employees listed in Schedule A, Part I, or	highest compensated pro	ofessional and other ind	ependent			
	contractors listed in Schedule A , Part II-	A or II-B, related to each	other through family or	business			
	relationships? If "Yes," attach a statemen	it that identifies the indivi	duals and explains the	relationship(s) .	75b		Νo
c	Do any officers, directors, trustees, or key	employees listed in Forr	n 990, Part V-A, or hig	hest compensated			
	employees listed in Schedule A, Part I, or	highest compensated pro	ofessional and other ind	ependent			
	contractors listed in Schedule A, Part II-	A or II-B, receive comper	nsation from any other o	organizations, whether			
	tax exempt or taxable, that are related to	the organization? See the	ınstructions for the de	finition of "related	75c		Νo
	organization"						
	If "Yes," attach a statement that includes						
d	Does the organization have a written conf				75d	Yes	
raı	t V-B Former Officers, Director Benefits (If any former officers) (described below) during the benefits in the appropriate of the second secon	cer, director, trustee, e year, list that person	or key employee red below and enter the	eived compensation	or oth	ner bei	nefits
	(A) Name and address	(B) Loans and Advances	(C) Compensation (If not paid enter -0-)	employee benefit plans and deferred compensation plans		ense acc er allowa	ount and inces
Par	<b>Other Information</b> (See the	instructions.)				Yes	No
76	Did the organization make a change in its activities	or methods of conducting activ	rities? If "Yes," attach a				
	detailed statement of each change				76		Νo
77	Were any changes made in the organizing	or governing documents	but not reported to the	IRS?	77		Νo
	If "Yes," attach a conformed copy of the c	hanges					
78a	<b>8a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?						
ь	<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?						
							_
	a statement				79		Νo
<b>80a</b> Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?							
L		· · · · ·			80a	Yes	
D	If "Yes," enter the name of the organization		ether It Is Fexempt				
81a	Enter direct or indirect political expenditu			or i nonexempt			
	Did the organization file Form 1120-POL for		81b		Νo		

Dar	t VI Other Information (continued)		<b>W</b> = =	No.
			Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		V	
_	,	82a	Yes	<u> </u>
Ь	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue			
	ın Part I or as an expense ın Part II(See ınstructions ın Part III)	_		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Yes	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Yes	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
ь	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	If "Yes," was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year			
c	Dues assessments, and similar amounts from members 85c			
	Section 162(e) lobbying and political expenditures	1		
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e	1		
		-		
	, 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	65		
_	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		<u> </u>
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?			
		85h		<u> </u>
86	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12	4		
b	Gross receipts, included on line 12, for public use of club facilities 86b	_		
87	501(c)(12) orgs. Enter <b>a</b> Gross income from members or shareholders <b>87a</b>			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Part IX	88a		No
Ь	At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes complete Part XI			
		88b		No
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under			
	section 4911 ► , section 4912 ► , section 4955 ► 0			
Ь	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		No
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization			
	All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter			
Ĭ	transaction?			
		89e		No
f	All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?			
		89f		No
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time			
	during the year?			
		89g		No
90a	List the states with which a copy of this return is filed 🕨 PA			
Ь	Number of employees employed in the pay period that includes March 12, 2007 (See instructions)			847
91a	The books are in care of ▶ BUSINESS AND FINANCE OFFICE Telephone no ▶ (215)	345-1	500	
	700 EAST BUTLER AVE  Located at ► DOYLESTOWN, PA  ZIP + 4 ► 18901			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	,		
_	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	91b		No
	If "Yes," enter the name of the foreign country 🛌			
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts			

	30 (2007)							T age 0
Part '	VI Other Information (cons	tinued)					Yes	No
<b>c</b> A	t any time during the calendar year	, dıd the organızat	ion maintair	ı an office outside	of the United	States? 91	.с	No
Ιí	f "Yes," enter the name of the foreigi	n country ►						
<b>92</b> S	ection 4947(a)(1) nonexempt charitab	le trusts filing Fori	m 990 ın lıeu	of <b>Form 1041—</b> C	heck here .			<b>►</b> □
а	nd enter the amount of tax-exempt	interest received	or accrued o	luring the tax yea	r	. 🕨   92		
Part \	Analysis of Income-Pro	ducing Activi	ties <i>(See</i>	the instruction	ons.)			
Note: E	Enter gross amounts unless otherwise	e ındıcated.		d business income	<u> </u>	ection 512, 513, or 514	( <b>E</b> Relate	
			(A) Business	<b>(B)</b> Amount	(C) Exclusion	( <b>D)</b> Amount	exempt f	function
	_		code	74Hodile	code	ranount	incor	<u>ne</u>
	Program service revenue						4	1 545 000
-	PROGRAM SERVICE REVENUE				+			1,545,890 1,010,786
-	ORGANIZED EDUCATIONAL ACT	IVITIES						1,010,700
c -								
d e								
-	Medicare/Medicaid payments .							
	Fees and contracts from governmen							
_	Membership dues and assessments	_						
	Interest on savings and temporary cash inv				14	43,748		
	Dividends and interest from securit				14	531,119		
	Net rental income or (loss) from rea							
	debt-financed property							
ь	non debt-financed property				16	358,204		
98	Net rental income or (loss) from personal p	roperty						
99	Other investment income							
100	Gain or (loss) from sales of assets other tha	n inventory			18	590,717		
101	Net income or (loss) from special ev	ents			01	-120,826		
	Gross profit or (loss) from sales of i	·			03	434,938		
	Other revenue <b>a</b> See Additional Da	ata Table						
Ь.								
с								
d -								
е -		(5))				12 420 902		 2,568,659
	Subtotal (add columns (B), (D), and					12,430,802		<del></del>
	<b>otal</b> (add line 104, columns (B), (D) ine 105 plus line 1e, Part I, should eq		line 12 Part			· · · · · —	54,9	99,461
Part			•		ant Durnos	es (See the inst	ruction	<u> </u>
	Explain how each activity for which					_		
▼	of the organization's exempt purp							
93A	REVENUE RECEIVED TO ENAB			DE HIGHER EDU	ICATION AND	)		
93B 103	A LEARNING ENVIRONMENT FOOTBALL TICKET SALES REV			SALENEGATET	TICKETS AT H	IOME FOOTBALL G	AMES	
103	TOOTBALL TICKET SALES KEY	NEO RECEIVED	TITICOGII	SALE OF GATE I	ITCKETSATT	TOME TO OTBALL C	IAMES	
Part	IX Information Regarding	Taxable Sub	sidiaries	and Disregar	ded Entities	s (See the instr	uctions.	.)
Ne	(A)	(B)		(C)		(D)	(E	:)
	me, address, and EIN of corporation, partnership, or disregarded entity	Percentage of ownership interest		Nature of activities	s	Total income	End-of asse	•
			%					
			% %					
			%					
Part		Transfers As	sociated	with Persona	l Benefit Co	ntracts (See th	e	
	instructions.)					_		<u></u>
	id the organization, during the year, receive							✓ No
	id the organization, during the year,			lirectly, on a pers	onal benefit co	ontract?	☐ Yes	l No
NOTE:	If "Yes" to <b>(b),</b> file Form 8870 <b>and</b>	Form 4720 (see in	structions).					

	Old the reporting organization <b>make</b> any the Code? if "Yes," complete the sched:			efined in section 5	12(b)(13) of	Yes	No		
	(A) Name and address of each controlled entity	Employer	(B) Identification umber	(C) Description transfe	I Amou	(D) nt of trans	fer		
•									
	Totals								
						Yes	No		
	Did the reporting organization <b>receive</b> a the Code? if "Yes," complete the sched:	•	•	as defined in sect	ion 512(b)(13) of				
	(A) Name and address of each controlled entity		(B) Identification	(C) Description transfer	A mou	(D) Amount of transfer			
:									
•	Totals								
	Oid the organization have a binding writ oyalties and annuities described in que			2006 covering the	interests, rents,	Yes	No		
	Under penalties of perjury, I declare that I hand belief, it is true, correct, and complete								
lease	*****		,	2010	-06-23	·			
ign ere	Signature of officer			Date					
	Arthur Glass V P FOR FINANCE AND ADN	11N							
aid	Preparer's signature Julius Green CPA		Date	Check if self-empolyed	Preparer's SSN or PTI	eparer's SSN or PTIN (See Gen Inst W)			
reparer's	Firm's name (or yours ParenteBeard LLC			<u>'</u>	EIN Þ				
se Only	If self-employed), address, and ZIP + 4 1650 Market Street Suite 4500								
•	address, and ZIF + 4 1050 Market Sties	et Suite 4500							

#### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

\$50,000

#### **Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2007

Name of the organization Delaware Valley College of Science and Agriculture **Employer identification number** 

23-1352665

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.") (d) Contributions to employee (e) Expense (a) Name and address of each employee (b) Title and average hours (c) Compensation account and other benefit plans & deferred paid more than \$50,000 per week devoted to position allowances compensation John A EricksoN VP-BusinessFinance 134,804 18,714 0 700 East Butler Ave 40 00 Doylestown, PA 189012697 Dorothy A Prisco VP-AcadAffairs 128,035 18.216 0 700 East Butler Ave 40 00 Doylestown, PA 189012697 Robert J Yapsuga VP- Enrollment Mgmt 107,620 0 16.730 700 East Butler Ave 40 00 Doylestown, PA 189012697 William A Brichta VP-Technology&CIO 105,835 12,968 0 700 East Butler Ave 40 00 Doylestown, PA 189012697 Garry L Flower Assoc ProfTenured 103,197 0 13,407 700 East Butler Ave 40 00 Doylestown, PA 189012697 Total number of other employees paid over

Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individual or firms). If there are none, enter "None.")

110

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
RPA Inc		
2895 SOUTH REACH ROAD	Prof Job SearchConsulting	107,686
WILLIAMSPORT,PA 17701		
Hamburg Golden PC		
1601 MARKET STREET- SUITE 3310	Lawyers	98,097
PHILADELPHIA,PA 19102		
Goldenberg Rosenthal LLP		
101 WEST AVENUE PO BOX 458	A countingA uditing	95,557
JENKINTOWN,PA 19046		
Cintas Fire Protection		
21 Bonair Drive	Fire ProtectionInspectionEquip	75,487
_Warminster, PA 18974		
Capital Associates Inc		
PO BOX 1085	Lobbying	62,670
HARRISBURG,PA 17108		
Total number of others receiving over \$50,000 for		
professional services		

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page 2 for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000 **(b)** Type of service (c) Compensation Sodexho Operations LLC Food SERVICES 2,375,546 PO BOX 905374 CHARLOTTE, NC 28290 Datatel Inc Computer SoftwareLicenceMaint 274,616 4375 Fair Lakes Court Fairfax, VA 22033 Adams Bickel Associates Construction 218.931 3770 RIDGE PIKE COLLEGEVILLE, PA 19426 Life Science Products Floor Installation in Mandell 177,288 115 South Lynchburg Street Chestertown, MD 21620 JH Greene Son Inc Construction 120.848 537 North York Road Hatboro, PA 19040 Total number of other contractors receiving over \$50,000 for other services

Par	<b>Statements About Activities</b> (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, include any attempt			
	to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred	ın		
	connection with the lobbying activities 🛰 62,670 (Must equal amounts on line 38, Part VI-A, or line			
	ı of Part VI-B )	1	Yes	
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other			
	organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the			
	lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any			
	substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with			
	any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or	_		
	principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) $rac{a}{b}$	۱ ا		
а	Sale, exchange, or leasing property?	2a		Νo
b	Lending of money or other extension of credit?	2b		Νo
c	Furnishing of goods, services, or facilities?	2c	Yes	
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? 🍠	2d	Yes	
е	Transfer of any part of its income or assets?	2e		Νo
3a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation			
	of how the organization determines that recipients qualify to receive payments ) $^{2\!\!\!\!/}$	3a	Yes	
ь	Did the organization have a section 403(b) annuity plan for its employees?	3b	Yes	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement	3с		Νo
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		Νo
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete line 4f and 4g	4a	Yes	
ь	Did the organization make any taxable distributions under section 4966?	4b		
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		
d	Enter the total number of donor advised funds owned at the end of the tax year			
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			

Pa	art I'	Reason for Non-Private	Foundation Status	(See pages 4 th	rough 7 of the	instructions.)	)
Icert	ify th	at the organization is not a private four	ndation because it is (P	lease check only <b>C</b>	<b>NE</b> applicable be	ох )	
5	Γ	A church, convention of churches, or	association of churches	Section 170(b)(1	)(A )(ı)		
6	<u> </u>	A school Section 170(b)(1)(A)(II) (A	lso complete Part V )				
7	Γ	A hospital or a cooperative hospital s	ervice organization Sec	ction 170(b)(1)(A)	(111)		
8	$\vdash$	A federal, state, or local government	or governmental unit So	ection 170(b)(1)(A	)(v)		
9	Γ	A medical research organization oper	ated in conjunction with	a hospital Section	170(b)(1)(A)(ı	π) Enter the ho	ospital's name, city,
10	Γ	An organization operated for the bene Section 170(b)(1)(A)(iv) (Also comp	<del>-</del>		ated by a govern	mental unit	
11a	Γ	An organization that normally receive Section 170(b)(1)(A)(vi) (Also comp	·	· · ·	overnmental uni	t or from the ge	neral public
11b	Γ	A community trust Section 170(b)(1	)(A)(vı) (Also complete	the <b>Support Sched</b>	<b>lule</b> ın Part IV-A	)	
12	Γ	An organization that normally receive receipts from activities related to its its support from gross investment incacquired by the organization after Jun	charitable, etc , function ome and unrelated busi	ns—subject to certa ness taxable incom	ain exceptions, a ne (less section	and <b>(2) no more</b> 511 tax) from b	e than 331/3% of ousinesses
13	Γ	An organization that is not controlled requirements of section 509(a)(3) C		•	_	•	se meets the
		Type I Type II Typ	e III - Functionally Inte	egrated 7	ype III - Other		
		Provide the following informa	tion about the supporte	ed organizations. (s	see page 7 of the	instructions.)	
r	lame(	(a) (s) of supported organization(s)	(b) Employer ident if icat ion number	(c) Type of organization (described in lines 5 through 12 above or	(d) Is the sup organization li supporting org governing do	ported isted in the ganization's	(e) A mount of support?
				IRC section)	Yes	No	
				1			
				+		<del>                                     </del>	
				1			
Total						<b>•</b>	

An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions )

	You may use the worksheet in the instructions for co					of accounting.
	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2005	(c) 2004	(d) 2003	(e) Total
15	Gifts, grants, and contributions received (Do not	(4) 2000	(2) 2000	(5) 255 1	(1) 2000	(5) 1 5141
	ınclude unusual grants See line 28 )					
16	Membership fees received					
17	Gross receipts from admissions, merchandise					
	sold or services performed, or furnishing of					
	facilities in any activity that is related to the organization's charitable, etc., purpose					
18	Gross income from interest, dividends, amounts					
	received from payments on securities loans					
	(section 512(a)(5)), rents, royalties, and					
	unrelated business taxable income (less section					
	511 taxes) from businesses acquired by the organization after June 30, 1975					
19	Net income from unrelated business activities					
	not included in line 18					
20	Tax revenues levied for the organization's benefit					
	and either paid to it or expended on its					
24	behalf The value of services or facilities furnished to					
21	the organization by a governmental unit without					
	charge Do not include the value of services or					
	facilities generally furnished to the public without					
	charge					
22	Other income Attach a schedule Do not include					
23	gain or (loss) from sale of capital assets Total of lines 15 through 22					
<u>23                                    </u>	Line 23 minus line 17					
	Enter 1% of line 23					
25 26	Organizations described on lines 10 or 11: a En	tar 2% of amous	t in column (a) li	no 24	26a	
c	Prepare a list for your records to show the name of than a governmental unit or publicly supported org 2005 exceeded the amount shown in line 26a <b>Do</b> of all these excess amounts  Total support for section 509(a)(1) test Enter line	anızatıon) whose not file this list	total gifts for 200 with your return.	02 through	26b 26c	(
d	Add Amounts from column (e) for lines 18		_ 19			
	22 _		26b		26d	
е	Public support (line 26c minus line 26d total)			•	26e	
f	Public support percentage (line 26e (numerator) d	ivided by line 26	c (denominator))	<u> </u>	26f	
27	Organizations described on line 12: a For amou	nts included in l	ınes 15, 16, and 1	17 that were recei	ved from a "dıs	qualıfıed person,"
	prepare a list for your records to show the name of,	and total amour	nts received in eac	ch year from, each	n "disqualified p	erson "
	Do not file this list with your return. Enter the sum	n of such amount	s for each year			
	(2006)(2005)		(2004)		(2003)	
ь	For any amount included in line 17 that was receiv	ed from each per	son (other than "c	disqualified persor	ns"), prepare a	lıst for your
	records to show the name of, and amount received	for each year, th	at was more than	the larger of (1) t	he amount on li	ne 25 for the year
	or (2) \$5,000 (Include in the list organizations de return. A fter computing the difference between the these differences (the excess amounts) for each year (2006)(2005)	amount receive	= -	mount described ii	•	
	Add A		4.0			
С	Add Amounts from column (e) for lines 15		16		<b>s</b> 1 1	l
	17 20		21		► 27c	
_	Add Line 27a total	and line 27b to			► 27d	
	Public support (line 27c total minus line 27d total)				► 27e	
f	Total support for section 509(a)(2) test Enter am			27f		
f g	Total support for section 509(a)(2) test Enter am  Public support percentage (line 27e (numerator) d  Investment income percentage (line 18, column (e	ivided by line 27	f (denominator))	▶	27g	

prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief

description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15

Pa	Private School Questionnaire (See page 7 of the instructions.)  (To be completed ONLY by schools that checked the box on line 6 in Part IV)			
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
	other governing instrument, or in a resolution of its governing body?	29	Yes	
30	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?	30	Yes	
31	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?	31	Yes	
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )			
22	THE NON DISCRIMINATION POLICY OF THE COLLEGE IS INCLUDED IN ALL EXTERNALLY TARGETED PUBLICATIONS, THE COLLEGE CATALOG AND THE WEBSITE  Does the organization maintain the following			
	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	Yes	
		32a	Tes	<u> </u>
b	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory	_		
	basis?	32b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	ļ		
	with student admissions, programs, and scholarships?	32c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	Yes	
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
а	Students' rights or privileges?	33a		No
b	Admissions policies?	33b		No
c	Employment of faculty or administrative staff?	33c		No
d	Scholarships or other financial assistance?	33d	l	No
e	Educational policies?	33e		No
f	Use of facilities?	33f		No
g	Athletic programs?	33g		No
h	Other extracurricular activities?	33h		No
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency? 🕏	34a	Yes	
b	Has the organization's right to such aid ever been revoked or suspended?	34b		No
	If you answered "Yes" to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05	25	Vaa	
	of Rev Proc 75-50, 1975-2 CB 587, covering racial nondiscrimination? If "No," attach an explanation	35	Yes	

i Total lobbying expenditures (Add lines c through h.)

	(To be completed ON eck a lifthe organization belon	L <b>Y</b> by an eligible o	rganızatıon tl	hat filed Form 5	768)				" provisions apply
Che		obbying Expend	itures		ecked	( A ffiliate	a) ed group tals		(b) To be completed for all electing organizations
36	Total lobbying expenditures to influ	ence public opinion (	arassroots lobb	ovina)	36				organizations
37			-		37				
38	Total lobbying expenditures (add lin	-	., (,		38				
39	, , , , , , , , , , , , , , , , , , , ,	,			39				
40			1)		40				
	Lobbying nontaxable amount Enter	•	•		10				
41	If the amount on line 40 is—	The lobbying nonta	_						
	Not over \$500,000	20% of the amount on		15—					
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of		500 000					
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of	•	·	41				
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	·		41				
	Over \$17,000,000 But not over \$17,000,000	\$1,000,000	ile excess over \$1	,300,000					
42					42				
42	·	•			43				
43								+	
44	Subtract line 41 from line 38 Enter	-U- IT line 41 is more	tnan line 38		44				
	See the	instructions for lines		bbying Expenditu				aging F	Period
	Calendar year (or fiscal year beginning in) 🕨		<b>(a)</b> 2007	<b>(b)</b> 2006	;	(c) 2005		( <b>d)</b> 004	(e) Total
45	Lobbying nontaxable amount								
46	Lobbying ceiling amount (150% of	line 45(e))							
<u>47</u>	Total lobbying expenditures								
48	Grassroots nontaxable amount								
49	Grassroots ceiling amount (150%	of line 48(e))							
50 Da	Grassroots lobbying expenditures	v Nonelecting P	ublic Charit	ies					
	(For reporting only by				) (Se	e page 1	.1 of th	e ınst	ructions.) 🕏
	ring the year, did the organization atte empt to influence public opinion on a l	mpt to influence nati	onal, state or l	ocal legislation, ir			Yes	No	A mount
а	Volunteers							Νo	
b	Paid staff or management (Include	compensation in exp	enses reported	d on lines <b>c</b> throug	jh <b>h.</b> )			Νo	
c								Νo	
d	, , ,	·						Νo	
e	, ,							Νo	
f	Grants to other organizations for lo						Yes		62,67
g	Direct contact with legislators, the				_			No No	

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

62,670

## Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting organization to a noncharitable exempt organization of No Yes (i) Cash 51a(i) Νo (ii) Other assets a(ii) Nο **b** Other transactions (i) Sales or exchanges of assets with a noncharitable exempt organization b(i) Νo (ii) Purchases of assets from a noncharitable exempt organization b(ii) Νo (iii) Rental of facilities, equipment, or other assets b(iii) Νo (iv) Reimbursement arrangements b(iv) Νo (v) Loans or loan guarantees b(v) Νo (vi) Performance of services or membership or fundraising solicitations b(vi) Νo c Sharing of facilities, equipment, mailing lists, other assets, or paid employees Νo d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (a) (b) (c) Description of transfers, transactions, and sharing Line no A mount involved Name of noncharitable exempt organization arrangements 52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations ☐ Yes described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? **b** If "Yes," complete the following schedule (a) (b) (c) Name of organization Type of organization Description of relationship

#### **Additional Data**

Software ID: Software Version:

**EIN:** 23-1352665

Name: Delaware Valley College of Science and Agriculture

#### Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a DUES AND SUBSCRIPTIONS	43a	105,446	52,981	49,695	2,770
b CONTRACT SERVICES	43b	1,321,165	640,958	631,977	48,230
c MISCELLANEOUS FEES	43c	268,245	113,191	109,317	45,737
d BANK FEES	43d	35,088	7,755	27,333	
e ADVERTISING EXPENSE	43e	835,357	786,494	48,589	274
f MISCELLANEOUS EXPENSES	43f	726,440	552,113	174,327	
g PROFESSIONAL SERVICES	43g	291,162	47,016	241,426	2,720
h INSURANCE EXPENSE	43h	639,022	637,822		1,200
i JUDGING AND EQUESTRIAN	43i	15,990	15,990		
j DORMITORY EXPENSES	43j	179,390	179,390		
k STUDENT GOVERNMENT	43k	237,300	237,300		
I ADMINISTRATIVE EXPENSE	431	105,868		105,868	
m BAD DEBT EXPENSE	43m	58,907		58,907	
n INVESTMENT FEES	43n	6,324		6,324	

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
James F Trainer PhD 700 East Butler Ave Doylestown, PA 189012697	Chairperson 40 00	0	0	0
Robert T Pras 700 East Butler Ave Doylestown, PA 189012697	Vice Chairperson 10 00	0	0	0
Jere W Hohmann PhD 700 East Butler A ve Doylestown, PA 189012697	Vice Chairperson 10 00	0	0	0
Joseph S Brosnan 700 East Butler Ave Doylestown, PA 189012697	President 55 00	224,766	32,334	0
William S Bartles 700 East Butler Ave Doylestown, PA 189012697	SecretaryTreasurer 2 00	0	0	0
Nancy J Schuyler 700 East Butler Ave Doylestown, PA 189012697	Assistant Secretary 40 00	53,543	10,168	0
Baruch S Blumberg MD PhD 700 East Butler Ave Doylestown, PA 189012697	TRUSTEE 0 25	0	0	0
Martin Brooks 700 East Butler Ave Doylestown, PA 189012697	TRUSTEE 0 25	0	0	0
Joseph S Brosnan EdD 700 East Butler Ave Doylestown, PA 189012697	TRUSTEE 0 25	0	0	0
Thomas D Clemens 700 East Butler Ave Doylestown, PA 189012697	TRUSTEE 0 25	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Joshua Feldstein PhD 700 East Butler Ave Doylestown, PA 189012697	TRUSTEE 0 25	0	0	0
Diane Frances 700 East Butler Ave Doylestown, PA 189012697	TRUSTEE 0 25	0	0	0
Edward A Gastineau 700 East Butler Ave Doylestown, PA 189012697	TRUSTEE 0 25	0	0	0
Patricia C Hilton 700 East Butler Ave Doylestown, PA 189012697	TRUSTEE 0 25	0	0	0
Kevin L Keim PhD MSc 700 East Butler Ave Doylestown, PA 189012697	TRUSTEE 0 25	0	0	0
Jean Work Kenneally 700 East Butler Ave Doylestown, PA 189012697	TRUSTEE 0 25	0	0	0
Joseph C Krauskopf 700 East Butler Ave Doylestown, PA 189012697	TRUSTEE 0 25	0	0	0
Morton S Mandell MD 700 East Butler Ave Doylestown, PA 189012697	TRUSTEE 0 25	0	0	0
Gerard A Marını 700 East Butler Ave Doylestown, PA 189012697	TRUSTEE 0 25	0	0	0
David M McGhee 700 East Butler Ave Doylestown, PA 189012697	TRUSTEE 0 25	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
William J Mullin 700 East Butler Ave Doylestown, PA 189012697	TRUSTEE 0 25	0	0	0
Donald C Richardson 700 East Butler Ave Doylestown, PA 189012697	TRUSTEE 0 25	0	0	0
Lance J Sussman PhD 700 East Butler Ave Doylestown, PA 189012697	TRUSTEE 0 25	0	0	0
Ronald R Thoma 700 East Butler Ave Doylestown, PA 189012697	TRUSTEE 0 25	0	0	0
Leon J Thompson Jr 700 East Butler Ave Doylestown, PA 189012697	TRUSTEE 0 25	0	0	0
Thomas M Trycieki 700 East Butler Ave Doylestown, PA 189012697	TRUSTEE 0 25	0	0	0
Susan B Ward MD 700 East Butler Ave Doylestown, PA 189012697	TRUSTEE 0 25	0	0	0
William L Wilson 700 East Butler Ave Doylestown, PA 189012697	TRUSTEE 0 25	0	0	0
David Whelan 700 East Butler Ave Doylestown, PA 189012697	ASSOCIATE PROFESSOR 4000	61,854	9,311	0
Harvey J Gushner 700 East Butler A ve Doylestown, PA 189012697	Honorary Trustees 0 25	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Joel Hillman II 700 East Butler Ave Doylestown, PA 189012697	Honorary Trustees 0 25	0	0	0
Joseph L Krauskopf 700 East Butler Ave Doylestown, PA 189012697	Honorary Trustees 0 25	0	0	0
Edward M Mazze Dr 700 East Butler Ave Doylestown, PA 189012697	Honorary Trustees 0 25	0	0	0
William H Merz 700 East Butler Ave Doylestown, PA 189012697	Honorary Trustees 0 25	0	0	0
Richard H Woodring 700 East Butler Ave Doylestown, PA 189012697	Honorary Trustees 0 25	0	0	0
Mark W Hartman 700 East Butler Ave Doylestown, PA 189012697	Emeritus Trustees 0 25	0	0	0
Kenneth I Lipton 700 East Butler Ave Doylestown, PA 189012697	Emeritus Trustees 0 25	0	0	0
Arthur Poley 700 East Butler Ave Doylestown, PA 189012697	Emeritus Trustees 0 25	0	0	0
Peter G Rolland 700 East Butler Ave Doylestown, PA 189012697	Emeritus Trustees 0 25	0	0	0
David Washko 700 East Butler Ave Doylestown, PA 189012697	Emeritus Trustees 0 25	0	0	0

#### Form 990, Part VII, Line 103 - Other revenue:

Note: Enter and a mount of the series	Unrelated	business income	Excluded by	(E) Related or	
Note: Enter gross amounts unless otherwise indicated.	(A) Business code	(B) A mount	(C) Exclusion code	(D) A mount	exempt function income
a MISCELANEOUS INCOME			01	10,927	
<b>b</b> Dining Services INCOME			03	5,047,681	
c Residence Halls			03	4,540,164	
<b>d</b> Student Technology			03	783,354	
e VENDOR REBATES			01	14,819	
f UTILITIES REBATES			01	37,323	
g REIMBURSEMENT FOR PROVIDING BUS DRIVERS			03	1,095	
h FOOTBALL TICKET SALES					11,983
i Traffic FineS			01	6,615	
i STUDENT CENTER INCOME			0.3	150.924	

DLN: 93490174001500

OMB No 1545-

Department of the Treasury Internal Revenue Service

**Depreciation and Amortization** (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return. Attachment Sequence No 67

Name(s) shown on return Delaware Valley College o	f Science and A	<b> </b>	ictivity to which	this form rela	ates	Ident if	fying	number
belaware valley conlege o	i Selence and A	Form 990 Pa	ge 2			23-13	5266	5
	-	Certain Property Un						
Note: If y	ou have any li	sted property, comple	ete Part V befo	ore you con	iplete Part	<u>: I</u>		
<b>1</b> Maximum amount See	the instructions	for a higher limit for cert	aın busınesses			·  _	1	125,000
2 Total cost of section 1	79 property plac	ed in service (see instru	ctions) .			· L	2	
<b>3</b> Threshold cost of sect	ion 179 property	/ before reduction in limit	ation				3	500,000
4 Reduction in limitation	Subtract line 3	from line 2 If zero or les	s, enter - 0 -				4	
5 Dollar limitation for tax	year Subtract	line 4 from line 1 If zero	or less, enter - (	D- If married	filing			
separately, see instruc	tions						5	
(a) D	escription of pro	nerty	(b) Cost	(business use	(c) Fla	cted co	ne t	
(a) D				only)	(6) [16			
6								
7 Listed property Enter				. 7				
<b>8</b> Total elected cost of s	ection 179 prop	erty Addamounts in coli	umn (c), lines 6	and 7.		·  _	8	
<b>9</b> Tentative deduction E	nter the <b>smaller</b>	of line 5 or line 8 .				. ⊢	9	
10 Carryover of disallowed	d deduction from	line 13 of your 2006 Fo	rm 4562FY			- L:	10	
11 Business income limitation	Enter the smaller of	business income (not less tha	n zero) or line 5 (se	ee instructions)		. :	11	
12 Section 179 expense of	deduction Add I	nes 9 and 10, but do not	enter more tha	n line 11 •		· [:	12	
13 Carryover of disallowed	d deduction to 2	008 Add lines 9 and 10,	less line 12	.▶ 13				
Note: Do not use Part				se Part V.				
		Allowance and Othe			: include list	ted prop	perty	) (See instructions )
14 Special depreciation al	lowance for qua					g the		,
15 Property subject to see	•	lection				<b>⊢</b>	14 15	
		riection				-	-	
16 Other depreciation (inc		On not include listed i	roporty \ (So	· · · ·	nc \	<u> </u>	16	
Parturi MACKS DE	preciation (i	ر <mark>Do not</mark> include listed Se	ction A	e ilisti uctio	115.)			
17 MACRS deductions for	assets placed i			007 -			17	
<b>18</b> If you are electing t					one or m			
general asset accou		•	e during the t	ax year inco		_		
	· · · · · · · · · · · · · · · · · · ·	Service During 200		llsing the	· · · · · ·	, ,	ciat	ion System
Section B Ass.	ots i lacca iii	Service Burning 20	or rux reur	osing the	General	Берге	Ciuc	ion bystem
(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convent	ion <b>(f)</b> N	M ethod		( <b>g)</b> Depreciation deduction
<b>19a</b> 3-year property								
<b>b</b> 5-year property								
<b>c</b> 7 - year property								
<b>d</b> 10-year property							$\perp$	
<b>e</b> 15-year property	1						_	
<b>f</b> 20-year property	1						_	
<b>g</b> 25-year property			25 yrs			5/L	+	
<b>h</b> Residential rental			27 5 yrs	ММ		5/L	_	
property			27 5 yrs	MM		5/L	+	
i Nonresidential real			39 yrs	MM		5/L	+	
property	. C. A			MM		5/L		
20a Class life	n C—Assets Plac	ced in Service During 2003	/ lax fear using	the Aiterna			ystei	m .
<b>b</b> 12-year	-		12 yrs			5/L 5/L	-	
<b>c</b> 40-year			12 yrs	ММ		5/L	+	
	ı <b>y</b> (see ınstruc	tions)	40 yrs	1 1919		·, -		
21 Listed property Enter							21	
22 Total. Add amounts fro	m line 12, lines	14 through 17, lines 19			e 21 Enter	here	22	2,517,296
and on the appropriate 23 For assets shown abov		urn Partnerships and S of service during the curren				· · · ·		2,317,296
portion of the basis att	•	<del>-</del>	, , ,	23				

Form 4562-FY (2007) Page 2 Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No (c) (i) (e) (b) Business/ (d) (h) (a) (g) Basis for depreciation Flected Type of property (list Date placed in investment Cost or other Recovery Method/ Depreciation/ section 179 (business/investment Convention deduction vehicles first) service basis use period use only) cost percentage 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 26 Property used more than 50% in a qualified business use % 27 Property used 50% or less in a qualified business use S/L -% S/L -28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 1 Vehicle 5 Vehicle 6 year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes No Yes No Yes No Yes No Yes No during off-duty hours? . . . 35 Was the vehicle used primarily by a more than 5% owner or related person? . . . . . **36** Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No **38** Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . . . . 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) . . . Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI **Amortization** (b) (e) (d) (f) (c) (a) Date A mortization A mortizable Code A mortization for Description of costs amortization period or amount section this year

#### beains percentage 42 A mortization of costs that begins during your 2007 tax year (see instructions) 43 Amortization of costs that began before your 2007 tax year 43 44 Total. Add amounts in column (f) See the instructions for where to report 44

#### **TY 2007 Cash Grants Paid Schedule**

Name: Delaware Valley College of Science and Agriculture

Class of Activity	Recipient's name	Address	Amount	Relationship
STUDENT SCHOLARSHIP	VARIOUS STUDENTS	700 East Butler Ave Doylestown, PA 189012697	16,881,565	STUDENT
Keystone Innovation GRAnt	,	3805 Old Easton Road Doylestown, PA 18901	117,683	NONE

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

## TY 2003 Gain/Loss from Sale of Nonpublic Securities Schedule

Name: Delaware Valley College of Science and Agriculture

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

**EIN:** 23-1352665

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Sales Expenses	Total (net)
SALE OF VARIOUS SECURITIES	2007-12	PURCHASED	2007-12		5,626,745	5,036,028	0	590,717

DLN: 93490174001500

efile GRAPHIC print - DO NOT PROCESS As Filed Data	DLN: 93490174001500
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### **TY 2007 Investments - Other Schedule**

Name: Delaware Valley College of Science and Agriculture

Description	Book Value	Cost/FMV
BENEFICIAL INTEREST IN A RELATED ENTITY	3,353,472	F
BENEFICIAL INTEREST IN CHARITABLE REMAINDER TRUST	261,116	F

#### TY 2007 Land etc. Schedule

Name: Delaware Valley College of Science and Agriculture

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
Land	2,994,337		2,994,337
Buildings and improvements	58,334,278	22,054,405	36,279,873
Furniture and equipment	17,363,942	10,573,512	6,790,430
Livestock	471,000		471,000
Construction in progress	38,208		38,208

## **TY 2007 Mortgages and Notes Payable Schedule**

Name: Delaware Valley College of Science and Agriculture

**EIN:** 23-1352665

**Total Mortgage Amount:** 6318319



#### **TY 2007 Other Assets Schedule**

Name: Delaware Valley College of Science and Agriculture

Description	Beginning of Year Amount	End of Year Amount
ASSETS RESTRICTED TO INVESTMENT IN PLANT	2,804	0

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## **TY 2007 Other Changes in Net Assets Schedule**

Name: Delaware Valley College of Science and Agriculture

Description	Amount
NET UNREALIZED LOSSES FROM INVESTMENTS	-1,656,426
Loss on beneficial interest in related party	-242,254
ASSET IMPAIRMENT	200,000

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## **TY 2007 Other Expenses Included Schedule**

Name: Delaware Valley College of Science and Agriculture

Description	Amount
COST OF GOODS SOLD	893,998
SPECIAL EVENTS	120,825
ASSET IMPAIRMENT	-200,000

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## TY 2007 Other Expenses Not Included Schedule

Name: Delaware Valley College of Science and Agriculture

Description	Amount
GRANTS	15,873,177

#### **TY 2007 Other Liabilities Schedule**

Name: Delaware Valley College of Science and Agriculture

Description	Beginning of Year Amount	End of Year Amount
FUNDS HELD IN CUSTODY FOR OTHERS	588,588	667,574
REFUNDABLE ADVANCES FOR LOAN PROGRAM	1,752,588	1,823,839

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### **TY 2007 Other Revenues Included Schedule**

Name: Delaware Valley College of Science and Agriculture

Description	Amount
CHANGE IN BENEFICIAL INTEREST RELATED ENTITY BUCKS COUNTY BIOTECH CENTER	-242,254
GRANTS	-15,873,177

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93490174001500

# **TY 2007 Other Revenues Not Included Schedule**

Name: Delaware Valley College of Science and Agriculture

Description	Amount
COST OF GOODS SOLD	-893,998
SPECIAL EVENTS	-120,825

## **TY 2007 Tax-Exempt Bond Liabilities Schedule**

Name: Delaware Valley College of Science and Agriculture

Item No.	1
Name of Issue	
Purpose	ADVANCE REFUND OF SERIES 1994 AND 1997 BONDS FUND VARIOUS CAPITAL PROJECTS
Amount Outstanding	10901240
Unexpeded Bond Proceeds	
Third Party Use	
Space Percentage	
Maturity Date	2028-04
Repayment Terms	INTEREST PAYABLE SEMI-ANNUALLY
Interest Rate	535.00 %
Security	PLEDGE AND LIEN ON ALL UNRESTRICTED RECEIPTS AND REVENUE

Item No.	2
Name of Issue	
Purpose	FINANCE REPLACEMENTS UPGRADE AND IMPROVEMENTS TO FACILITIES
Amount Outstanding	577571
Unexpeded Bond Proceeds	
Third Party Use	
Space Percentage	
Maturity Date	2010-12
Repayment Terms	INTEREST PAYABLE MONTHLY
Interest Rate	585.00 %
Security	PLEDGE AND LIEN ON ALL UNRESTRICTED RECEIPTS AND REVENUE

Item No.	3
Name of Issue	
Purpose	PAY THE COSTS OF CONSTRUCTING EQUIPPING AND FURNISHING A NEW DORMATORY
Amount Outstanding	12087699
Unexpeded Bond Proceeds	
Third Party Use	
Space Percentage	
Maturity Date	2033-04
Repayment Terms	INTEREST PAYABLE SEMI-ANNUALLY
Interest Rate	580.00 %
Security	PLEDGE AND LIEN ON ALL UNRESTRICTED RECEIPTS AND REVENUE

Item No.	4
Name of Issue	
Purpose	PAY THE COSTS OF CONSTRUCTING EQUIPPING AND FURNISHING A NEW DORMATORY
Amount Outstanding	5131329
Unexpeded Bond Proceeds	
Third Party Use	
Space Percentage	
Maturity Date	2034-04
Repayment Terms	INTEREST PAYABLE SEMI-ANNUALLY
Interest Rate	575.00 %
Security	PLEDGE AND LIEN ON ALL UNRESTRICTED RECEIPTS AND REVENUE

## **TY 2007 Scholarship Award Statement**

Name: Delaware Valley College of Science and Agriculture

**EIN:** 23-1352665

Statement: STUDENTS MAY APPLY FOR SCHOLARSHIPS AND GRANTS, WHICH

ARE AWARDED BASED ON CRITERIA ESTABLISHED BY THE BOARD

OF TRUSTEES.

#### **TY 2007 Non Electing Public Charities Statement**

Name: Delaware Valley College of Science and Agriculture

**EIN:** 23-1352665

Statement: THE COLLEGE HIRED CAPITAL ASSOCIATES, INC. AS AN

INDEPENDENT CONSULTANT INCONNECTION WITH PUBLIC AFFAIRS

SERVICES AND STRATEGIC PLANNING. THE BASIC STRATEGY

DEVELOPED WAS TO RAISE THE COLLEGE'S PROFILE AMONG THE PUBLIC AND STATE GOVERNMENTAL POLICY MAKERS (1) AS AN AGRICULTURAL COLLEGE, (2) AS A BUSINESS COLLEGE, (3) AS A RESOURCE TO GOVERNMENT AGENCIES AND THE PRIVATE SECTOR FOR RESEARCH AND TRAINING AND (4) AS A UNIQUE EDUCATIONAL RESOURCE WHICH IS DEVELOPING PROGRAMS ACROSS A VARIETY

OF DISCIPLINES THAT DO NOT FIT INTO TRADITIONAL CURRICULA. IT IS ESTIMATED THAT 10% OF THE EXPENDITURES WERE FOR

CONSULTING AND 90% FOR LOBBYING.



## **TY 2007 Self Dealing Statement**

Name: Delaware Valley College of Science and Agriculture

Line Number	Explanation
2c	THE COLLEGE REQUIRES ITS PRESIDENT TO LIVE ON CAMPUS AND IN TURN, PROVIDES HOUSING.