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DLN: 93493139004141

Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

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

benefit trust or private foundation)

2009

OMB No 1545-0047

Open to Public

Internal	Revenue	Service	ne or	ganization may have to us	e a copy of this return to	o satisfy sta	ite reporting	requirements	Inspe	ection
A Fo	r the	2009 calenda	ar yea	r, or tax year beginning 07	-01-2009 and ending (06-30-2010		D Flaviani	dti6ti	
		pplicable Pleas		C Name of organization Delaware Valley College of So	cience and Agriculture			D Employer I	dentification	number
☐ Add	lress ch	nange use : labe		Doing Business As	-			23-13526 E Telephone		
Nar	ne cha		tor . See	Doing Business As				-		
Init	ıal retu	rn Spec	ific	Number and street (or P O b	ox if mail is not delivered to	street address) Room/suite	(215) 489		
☐ Ter	mınate	d tions		700 East Butler Ave				G Gloss receip	ts \$ 74,129,682	
┌ Am	ended	return		City or town, state or country	, and ZIP + 4		1			
┌ _{App}	lication	n pending		Doylestown, PA 189012697						
		F	Nan	ne and address of principal	officer		H(a) Is th	l Is a group reti	ırn for	
				RGLASS			affilia			s 🔽 No
		I		st Butler Ave town, PA 189012697			U/h\ A===	l =461:=4== :::=1:		Yes No
			·				• •	I affiliates incl o," attach a lis		•
I Ta	x-exem	npt status 🔽	501(c)	(3) ◄ (Insert no)	a)(1) or			ıp exemption i		4001137
	ebsit e	e: ► www.delv	/al edu	ı			(-/			
<u> </u>						l	1 V 6 6-		M Chata at land	
	n of or rt I	Summary		ion Trust Association C	itner 🖛		L Year of fo	rmation 1896	M State of lega	al domicile PA
			•	e organization's mission or	most significant activit	ties				
	_			-YEAR COLLEGE PROVII	-		IDIVIDUAL	S SEEKING A	DVANCEME	NT
<u>မှ</u>										
룓										
ją.	2	Check this h	ov ⊫ F	if the organization discor	tinued its operations or	· disnosad o	f more than	25% of its ne	t assets	
Governance				nembers of the governing l					3	26
	4		-	dent voting members of th					4	
<u>e</u>						vi, iiile ib)		•		
Activities &	5			nployees (Part V, line 2a)						
হ	7-			lunteers (estimate if nece: ted business revenue from		lina 10			6	رو (
		•		ted business revenue from ness taxable income from	, , , , , ,		•		7a 7b	
	В	Net umerate	u Dusi	ness taxable income nom	101111 9 90 - 1 , IIII e 34 .	•	D.:i-		I	
		Contribution	nc	laranto (Dart VIII lino 1 h	\		Prio	2 612 00 E	Curren	
<u>o</u>	8 9			d grants (Part VIII, line 1h				3,612,905		2,141,364
Rayenue				revenue (Part VIII, line 2g					;	50,132,913
歪	10			ne (Part VIII, column (A),				-2,149,935 10,647,064		605,462
	12	 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 						10,047,004		11,586,595
	12							59,093,833		64,466,334
	13			ır amounts paıd (Part IX, c				17,546,456	:	18,358,231
	14	Benefits paid to or for members (Part IX, column (A), line 4)								0
υħ	15	•	herco	mpensation, employee be	nefits (Part IX, column (A), lines 5-	-	24 604 024		25 002 150
δ.		10)		6 (5) 17 ((4)			24,691,834	•	25,993,159
Expenses	16a			raising fees (Part IX, colui						0
五	ь			enses (Part IX, column (D), line						
	17			Part IX, column (A), lines				18,734,512		18,470,662
	18			Add lines 13–17 (must eq				60,972,802		62,822,052
. 02	19	Revenue less expenses Subtract line 18 from line 12						-1,878,969		1,644,282
Net Assets or Fund Balances								g of Current 'ear	End of	Year
Tage Tage	20	Total asset	s (Par	t X, line 16)				71,674,454		69,859,576
35 25 25	21			Part X, line 26)				41,080,454		37,002,492
200	22			d balances Subtract line 2				30,594,000		32,857,084
Par	t II	Signatur	e Blo	ock						
		Under penaltie	s of pe	rjury, I declare that I have exan						
		and belief, it is	s true, o	correct, and complete Declaration	n of preparer (other than off	icer) is based	on all informat	on of which prep	arer has any kr	nowledge
Sign	ı	*****					2011	0F 10		
Here		Signature of	of office	r			Date	05-19		
		Arthur Glas	s VP F(OR FINANCE AND ADMINISTRATI	ON					
		Type or pri			○11					
		Preparer's			Date	Ch	eck if	Preparer's idei	ntıfyıng number	
Paid		signature	Julius (Green CPA	"	sel	lf	(see instructio		
	arer's	Firm's name (c	r vour	▶ ParenteBeard LLC		em	npolyed 🕨 🦳			
Use (ıf self-employe	ed),	P				EIN 🕨		
		address, and Z	1P + 4	1650 Market Street Suite 4	500			Phone no	(215) 972-070:	1
				Philadelphia, PA 19103					· ,	
May t	he IR	S discuss this	s retu	rn with the preparer shown	above? (see instruction	ns)			▼ Yes 「	[−] No

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

We are inspired by the ideals of our founder who, in 1896, emphasized respect for all people and ideas, who honored knowledge with practice, progress and the common good. Our historical commitment to experiential learning integrates theory and practice and prepares undergraduate and graduate students to meet the challenges of a complex global environment and to engage in lifelong learning. We provide students with the requisite skills and a spirit of inquiry that enrich and inform their lives, prepare them to pursue meaningful careers, and fulfill societal, community and family responsibilities.

4e	Total program service ex	xpenses ⊁ \$	55,142,001		
	(Expenses \$		ding grants of \$) (Revenue \$)
4d	Other program services	•	· ·		
	(5540	, (Expenses #	including grants of	+ / / (incremite p	,
 4с	(Code) (Expenses \$	ıncludıng grants of	\$) (Revenue \$)
4b	(Code) (Expenses \$	ıncludıng grants of	\$) (Revenue \$)
41	(Cada) /F	w L L) (Davis	
	founded in 1896 and currently physical sciences, liberal arts, and continuing education pro-	y enrolls over 1,600 full- teacher education and l grams including an even degree in Educational Le	time undergraduate students The (business Besides its full-time under ing college, a weekend college and	cution located in Doylestown, Bucks Cou College focus is in the areas of high-scie graduate programs, the College offers a summer sessions In addition, the colle ninistration degree in Food and Agribusi	ence, agriculture, biological and associate of science degree programs age offers three graduate education
4a	(Code) (Expenses \$	55,142,001 including grants of		
	Section 501(c)(3) and 50) 01(c)(4) organizatio		three largest program services rusts are required to report the a gram service reported	
	If "Yes," describe these o	hanges on Schedule	e O		
	Did the organization ceas services?		ike significant changes in hov	wit conducts, any program	┌ Yes ┌ No
	If "Yes," describe these r				
	the prior Form 990 or 99	0-EZ?		· · · · · · · · · · ·	┌ Yes ┌ No

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ 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.			
	◆ 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.			
	◆ 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.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A No	ļ	ļ	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Part II</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Νο
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
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		N o
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		Νο
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 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		N o
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		N o
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νο
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		Νo
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> " <i>Yes," complete Schedule N, Part II</i>	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		N o
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		N o
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 99 0	(2009)

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Part V	Statements Regarding Other IRS Filings and Tax Compliance	
		 Г

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
	1a 75			
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this			
h	return			
D	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Νo
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
ā	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
,	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
3	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
•	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
LO	Section 501(c)(7) organizations. Enter			
	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			
	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)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

Arthur Glass VP Finance & Admin

700 EAST BUTLER AVE DOYLESTOWN, PA 18901

(215) 489-2456

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

Se	ection A. Governing Body and Management			
			Yes	No
		1		
1-	Enter the number of voting members of the governing body 1a 26			
1a b	Enter the number of voting members of the governing body	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any	1		
_	other officer, director, trustee, or key employee?	2		Νo
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 organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo
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		Νο
	ection B. Policies (This Section B requests information about policies not required by the Internal			
ке	evenue Code.)		Yes	No
102	Does the organization have local chapters, branches, or affiliates?	10a	162	No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	100		110
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶PA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of th	ie orga	nızatıor	ı -

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

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

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

Check this box if the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Key employee Key employee Office Institutional Trustee or director		Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations		
See add'l data										

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►13

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes</i> ," <i>complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	_		
	marviaga	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
SODEXHO INC & AFFILIATES 4880 PAYSHERE CIRCLE CHICAGO, IL 60674	FOOD SERVICE PROVIDER	2,533,646
DELRAN BUILDERS COMPANY 7909 FLOURTOWN AVE WYNDMOOR, PA 19038	CONSTRUCTION SERVICES	202,683
Premier Communications 3907 Brandon Ave roanoke, VA 24018	education consultants	148,685
ADAMS BICKEL ASSOCIATES 3770 RIDGE PIKE COLLEGEVILLE, PA 19426	ARCHITECT & ENGINEER SERVICES	142,873
Art & Science Group LLC 6115 Falls Road Suite 101 Baltimore, MD 21209	Education consultants	122,174
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►7) who received more than	

64,466,334

50,094,648

	990 (2009)				Page 10
Part	Statement of Functional Expenses		-1		
А	Section 501(c)(3) and 501(c)(4) organizations m Il other organizations must complete column (A) but are not required to			(D).	
Do no	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	18,358,231	18,358,231		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	501,490		501,490	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	19,703,314	16,520,921	2,724,189	458,204
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,024,469	864,478	136,015	23,976
9	Other employee benefits	3,295,300	2,707,067	513,153	75,080
10	Payroll taxes	1,468,586	1,203,182	232,034	33,370
11	Fees for services (non-employees)				
а	Management				
b	Legal	200,476		200,476	
c	Accounting	68,425		68,425	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	91,173	91,173		
g	Other	2,051,617	1,341,152	589,582	120,883
12	Advertising and promotion	693,789	681,332	12,457	
13	Office expenses	1,674,209	1,358,793	272,853	42,563
14	Information technology				
15	Royalties				
16	Occupancy	1,543,382	1,543,382		
17	Travel	374,691	310,392	47,604	16,695
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	18,241	17,284	957	
20	Interest	1,729,182	1,605,939	123,243	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,709,001	2,082,200	626,801	
23	Insurance	493,884	492,684		1,200
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Meals	2,364,456	2,317,484	41,878	5,094
b	Equipment & Repairs	1,857,646	1,739,801	115,483	2,362
c	Livestock expenses	477,111	477,111		
d	Events	399,809	302,914	28,999	67,896
e	BAD DEBT EXPENSE	375,488		375,488	
f	All other expenses	1,348,082	1,126,481	209,134	12,467
25	Total functional expenses. Add lines 1 through 24f	62,822,052	55,142,001	6,820,261	859,790
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		-	-	

Part X Balance Sheet (A) (B) Beginning of year End of year 100.736 236.669 1 1 Cash—non-interest-bearing 1.194.496 2 575,168 2 465,983 167,694 3 3 4 1.981.704 1.306.687 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 Notes and loans receivable, net 7 833,893 783.120 Prepaid expenses and deferred charges 1,028,622 914,132 Land, buildings, and equipment cost or other basis Complete 83.008.346 10a 10a Part VI of Schedule D 10b 37.870.234 46,259,343 45.138.112 b Less accumulated depreciation 10c 13,884,792 11 14.893.929 11 12 12 Investments—other securities See Part IV, line 11 5,643,911 13 5,564,499 13 Investments—program-related See Part IV, line 11 . . 14 14 280.974 15 15 279.566 16 71,674,454 16 69,859,576 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 3.335.840 17 4.029.886 17 Accounts payable and accrued expenses . 18 18 1,558,588 19 990,132 19 27,036,195 20 27,943,374 20 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 1,919,002 1,278,978 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 Unsecured notes and loans payable to unrelated third parties 3,800,000 24 1,200,000 2.523.650 2.467.301 25 Other liabilities Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 41,080,454 37,002,492 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 23,238,182 25.351.388 27 27 Unrestricted net assets 28 3.027.521 28 2.987.509 Temporarily restricted net assets Fund 4.328.297 4.518.187 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here 📂 🥅 and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 30,594,000 33 Total net assets or fund balances 33 32,857,084 34 Total liabilities and net assets/fund balances 71.674.454 69.859.576 34

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

Form **990** (2009)

Employer identification number

SCHEDULE A (Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Delaw	are Vall	ey College of Science	and Agriculture						
						23-1352665			
	rt I				must complete this pai		ictions		
The	organız —				ugh 11, check only one box)			
1		A church, conver	ntion of churches, or as:	sociation of churches	section 170(b)(1)(A)(i).				
2	굣	A school describ	ed in section 170(b)(1)	(A)(ii). (Attach Sched	ule E)				
3	Г	A hospital or a co	ooperative hospital serv	vice organization descr	ıbed ın section 170(b)(1)(A)(iii).			
4	Γ	A medical resear hospital's name,	-	ed in conjunction with a	hospital described in secti	on 170(b)(1)(A)(iii). Ente	rthe	
5	Г	An organization o	pperated for the benefit	of a college or universi	ty owned or operated by a g	jovernmental ur	nıt describe	_ ed in	
		section 170(b)(1)(A)(iv). (Complete Pa	rt II)					
6	Γ	A federal, state, o	or local government or	governmental unit desc	ribed in section 170(b)(1)(A)(v).			
7	Γ	described in	hat normally receives a	·	support from a government	al unit or from t	he general	public	
8	Г		st described in section	·	nnlete Part II)				
9	<u></u>	•			of its support from contribu	tions, members	hip fees, ai	nd aros	5.5
_	•				t to certain exceptions, and				
		•		· -	ess taxable income (less se	• •			
		• • • • • • • • • • • • • • • • • • • •	_		509(a)(2). (Complete Part :	•			
10	Г		-	•	public safety See section 5	•			
11	, T	-	•	·	efit of, to perform the functi		rv out the	purpos	ses of
	·	one or more publi	icly supported organiza	tions described in sect orting organization and	ion 509(a)(1) or section 50 complete lines 11e through [- Functionally integrated	9(a)(2) See se 11h		a)(3).	Check
e	Γ	other than founda	ition managers and oth	_	rolled directly or indirectly blicly supported organizatio	•	•	•	
f		section 509(a)(2 If the organization	•	termination from the IR	S that it is a Type I, Type I	TorType III s	upportina o	raanız	ation.
-		check this box				, , , , ,		. 9	
g		following persons	7		or contribution from any of				
			·	•	ogether with persons descr	ribed in (ii)		Yes	No
		and (III) below, th	e governing body of the	the supported organiz	ation?		11g(i)		<u> </u>
		(ii) a famıly mem	ber of a person describ	ed ın (ı) above?			11g(ii)		<u> </u>
		(iii) a 35% contr	olled entity of a person	described in (i) or (ii) a	above?		11g(iii)		<u> </u>
h		Provide the follow	ving information about t	he supported organizat	ion(s)				
	(i)		(iii) Type of organization	(iv) Is the	(v) Did you notify the	(vi) Is the		_	

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is th organizat col (i) lis your gove docume	e ion in ted in erning	(v) Did you not organizat col (i) of suppor	ion in your	(vi) Is the organizati col (i) orga in the U	on in anized	(vii) A mount of support?
		ınstructions))	Yes	No	Yes	No	Yes	No]
Total									

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	÷·/		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
_	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ation qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						▶ ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

▶□

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

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

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

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DLN: 93493139004141

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

F Attacil to F	offili 330. F See Separate Histructions.			ziiop o o	
Name of the organization		Emple	oyer identificati	on numbe	er
Delaware Valley College of Science and Agriculture		23-1	352665		
Part I Organizations Maintaining Donor A				Comple	te if the
organization answered "Yes" to Form 99	30, Part IV, line 6. (a) Donor advised funds	/ / /) Funds and oth	or seesu	nto
Total number at end of year	(a) Donor advised funds	(,) i ulius aliu oti	iei accou	111.5
Aggregate contributions to (during year)					
Aggregate grants from (during year)					
Aggregate value at end of year					
Did the organization inform all donors and donor adv funds are the organization's property, subject to the		nor advis	ed	☐ Yes	☐ No
Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ber conferring impermissible private benefit			purpose	☐ Yes	∏ No
Part II Conservation Easements. Complete	ıf the organization answered "Yes"	to Form	990, Part IV,	lıne 7.	
Preservation of land for public use (e g , recreat Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual easement on the last day of the tax year	Preservation of a	certified	historic structu		a
			Held at the E	nd of the	Year
a Total number of conservation easements		2a			2
b Total acreage restricted by conservation easements		2b			358 00
c Number of conservation easements on a certified his	storic structure included in (a)	2c			0
d Number of conservation easements included in (c) a	cquired after 8/17/06	2d			0
Number of conservation easements modified, transfe the taxable year • 0	erred, released, extinguished, or terminat	ed by the	organization di	uring	
Number of states where property subject to conserv	ation easement is located 🛌 👤 1				
Does the organization have a written policy regardin enforcement of the conservation easements it holds		ıdlıng of v	violations, and	┌ Yes	▽ No
Staff and volunteer hours devoted to monitoring, ins	pecting and enforcing conservation easer	nents du	ring the year 🛌	0 0	0
A mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easement	s during	the year ► \$	0	
Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of se	ction		✓ Yes	┌ No
In Part XIV, describe how the organization reports c balance sheet, and include, if applicable, the text of the organization's accounting for conservation easer	the footnote to the organization's financia	•	•		
art III Organizations Maintaining Collection Complete if the organization answered		or Oth	er Similar A	ssets.	
a If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fire	for public exhibition, education or resear	ch in fur			е,
b If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research			•	
(i) Revenues included in Form 990, Part VIII, line 1			► \$		
(ii) Assets included in Form 990, Part X			- \$		
If the organization received or held works of art, hist following amounts required to be reported under SFA		or financ			
a Revenues included in Form 990. Part VIII. line 1	-		▶ - \$		

b Assets included in Form 990, Part X

3	Using the organization's assession and other						_				S (CO	<u>ntinuea)</u>
3	Using the organization's accession and othe items (check all that apply)	rrecords, check any	OILI	e ioii	owing tha	at are	e a signilica	anic c	ise of its cone	CLION		
а	Public exhibition		d	Γ	Loan or	excl	hange progr	ams	3			
b	Scholarly research		e	Γ	Other							
С	Preservation for future generations											
4	Provide a description of the organization's co	ollections and explai	ın how	/thev	/ further t	he o	organization	ı's e	xemnt nurnose	ın		
•	Part XIV	moderons and explain			, , , , , , , , , , , , , , , , , , , ,		, gamzacion		x c i i p c p c i p c c x			
5	During the year, did the organization solicit								nılar	Гγе		□No
Dar	assets to be sold to raise funds rather than to the sold to raise funds rather than to the sold to the sold to raise funds rather than to the sold to the sold to raise funds rather than the sold than the sold to raise funds rather than the sold to raise funds rather than the sold		<u> </u>						/as" to Form	<u> </u>	es) NO
I GI	Part IV, line 9, or reported an an						i answere	u i	100 101111	<i>J J J J J J J J J J</i>		
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	diary	for c	ontributio	ns c	or other ass	ets	not	Γ γ	es	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the 1	followi	ıng ta	able		_		T _			
							-		A	mount		
С.	Beginning balance						-	1c				
d	Additions during the year						-	1d				
e	Distributions during the year						-	1e				
f	Ending balance						L	1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?							ΓY	es	∏ No
	If "Yes," explain the arrangement in Part XIV											
Pa	rt V Endowment Funds. Complete									_	V.	aara Daak
1-	Reginning of year halance	(a)Current Year 13,255,402	(D	Prior) 1 <i>6</i>	5,538,121	(c)	wo rears bac	K (0	I)Three Years Bac	к (е) г	our Ye	ears Back
1a L	Beginning of year balance	331,778			506,986			+				
b	Contributions	1,146,552			3,273,396			+				
C C	Investment earnings or losses	217,976			228,043			+				
d	Grants or scholarships	70,407			202,378			+				
е	Other expenditures for facilities and programs	70,407			202,570							
f	Administrative expenses	91,173			85,888							
g	End of year balance	14,354,176		13	3,255,402							
2	Provide the estimated percentage of the yea	r end balance held a	is		•			_		•		
а	Board designated or quasi-endowment 🕨	56.000 %										
ь	Permanent endowment - 32.000 %											
c	Term endowment ▶ 12.000 %											
3a	Are there endowment funds not in the posses	ssion of the organiza	ation t	hat a	are held a	nd a	dministere	d for	the			
	organization by	•									Yes	No
	(i) unrelated organizations			•						a(i)		No
	(ii) related organizations								· · · -	ı(ii)		No
	If "Yes" to 3a(II), are the related organizatio					•		•		3b		
4	Describe in Part XIV the intended uses of the triangle of triangle					\ D-	- urb V I lum a	10				
Par	t VI Investments—Land, Buildings	s, and Equipme	nt. 50				'			. T		
	Description of investment				Cost or oth (Investme		(b)Cost or of basis (othe	r)	(c) Accumulate depreciation	ed (c		ok value
	Land					_	2,994			+	:	2,994,337
	Buildings		•				60,363	,827	24,841,4	47	3!	5,522,380
c	Leasehold improvements									\perp		
-						$\overline{}$						
	Equipment		•				17,718	,552	12,772,7	'97	4	4,945,755
d e	Equipment Other I. Add lines 1a-1e (Column (d) should equal Fo						17,718 1,931		†			4,945,755 1,675,640

Part VII Investments—Other Securities. See (a) Description of security or category		. (c) Method of valuation
(including name of security)	(b) Book value	Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
(-, -, -, -, -, -, -, -, -, -, -, -, -, -	•	
Part VIII Investments—Program Related. Se	e Form 990, Part X, line 1	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
BENEFICIAL INTEREST IN BUCKS COUNTY		,
BIOTECHNOLOGY CENTER	3,399,162	С
STUDENT LOANS RECEIVABLE	2,165,337	С
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, II (a) Descri		(b) Book value
Table (Column (b) about decreal Source 2000, Book V, and (D) have		
Total. (Column (b) should equal Form 990, Part X, col.(B) line.		
Part X Other Liabilities. See Form 990, Part X	K, line 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes FUNDS HELD IN CUSTODY FOR OTHERS	(, line 25. (b) A mount 616,092	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes FUNDS HELD IN CUSTODY FOR OTHERS	(, line 25. (b) A mount 616,092	b
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes FUNDS HELD IN CUSTODY FOR OTHERS	(, line 25. (b) A mount 616,092	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes FUNDS HELD IN CUSTODY FOR OTHERS	(, line 25. (b) A mount 616,092	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes FUNDS HELD IN CUSTODY FOR OTHERS	(, line 25. (b) A mount 616,092	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes FUNDS HELD IN CUSTODY FOR OTHERS	(, line 25. (b) A mount 616,092	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes FUNDS HELD IN CUSTODY FOR OTHERS	(, line 25. (b) A mount 616,092	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes FUNDS HELD IN CUSTODY FOR OTHERS	(, line 25. (b) A mount 616,092	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes FUNDS HELD IN CUSTODY FOR OTHERS	(, line 25. (b) A mount 616,092	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes FUNDS HELD IN CUSTODY FOR OTHERS	(, line 25. (b) A mount 616,092	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes FUNDS HELD IN CUSTODY FOR OTHERS	(, line 25. (b) A mount 616,092	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes FUNDS HELD IN CUSTODY FOR OTHERS	(, line 25. (b) A mount 616,092	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes FUNDS HELD IN CUSTODY FOR OTHERS	(, line 25. (b) A mount 616,092	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	64,466,334
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	62,822,052
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,644,282
4	Net unrealized gains (losses) on investments	4	618,802
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	618,802
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	2,263,084
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	48,566,420
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-16,900,292
3	Subtract line 2e from line 1	3	65,466,712
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	-1,000,378
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	64,466,334
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	46,303,336
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	<u> </u>	
- а	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	1,000,378
3	Subtract line 2e from line 1	3	45,302,958
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b 17,519,094	1	
c	Add lines 4a and 4b	4c	17,519,094
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	62,822,052
Dar	t XIV Supplemental Information		•

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

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

Ident if ier	Return Reference	Explanation
Part II, Line 9	Description of How Organization Reports Conservation Easements	The College owns approximately 358 acres of land in Bucks and Montgomery counties under agricultural conservation easements pursuant to the Agricultural Area Security Law Under these agricultural conservation easements, the College's use of the land is limited to the production of crops, livestock and livestock products, and other agricultural production
Part V, Line 4	Description of Intended Use of Endowment Funds	The use of endowment funds is based on the restriction placed by the donor Any board-designated quasi-endowment funds are used primarily for student scholarships
Part X	Description of Uncertain Tax Positions Under FIN 48	The College follows the Financial Accounting Standards Board ("FASB") guidance that requires a tax position to be recognized or derecognized based on a "more likely than not" threshold. The College does not believe its financial statements include any uncertain tax positions. The College's policy is to recognize interest related to unrecognized tax benefits in interest expense and penalties in operating expenses. No interest or penalties were recognized in 2010 or 2009.
Part XII, Line 2d - Other Adjustments		SCHOLARSHIP EXPENSE -17519094
Part XII, Line 4b - Other Adjustments		COST OF GOODS SOLD -871615 Rental EXPENSE -39476 LOSS ON SALE OF ASSETS -15628 SPECIAL EVENTS EXPENSE -73659
Part XIII, Line 2d - Other Adjustments		COST OF GOODS SOLD 871615 RENTAL EXPENSE 39476 LOSS ON SALE OF ASSETS 15628 SPECIAL EVENTS EXPENSE 73659
Part XIII, Line 4b - Other Adjustments		SCHOLARSHIP EXPENSE 17519094

Employer identification number

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Delaware Valley College of Science and Agriculture

Schools

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public

	23-1352665			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain	3	Yes	
	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?	4a	Yes	
Ь	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
5	If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990) Does the organization discriminate by race in any way with respect to	_		
а	Students' rights or privileges?	5a		Νo
b	Admissions policies?	5b		Νo
С	Employment of faculty or administrative staff?	5c		Νo
	Scholarships or other financial assistance?	5d		Νo
е	Educational policies?	5e		Νo
f	Use of facilities?	5f		Νo
g	Athletic programs?	5g		Νo
h	Other extracurricular activities?	5h		Νo
6a	If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990) Does the organization receive any financial aid or assistance from a governmental agency?		Yes	
	Has the organization's right to such aid ever been revoked or suspended?	6b		Νo
7	If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990) 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 Schedule O (Form	7	Yes	
	990)	1	. '	

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DLN: 93493139004141

OMB No. 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-F7

	ne of the organization aware Valley College of Scie	nee and A sweethers					Employer ider	ntification number
Dela	aware valley College of Scie	ince and Agriculture					23-1352665	
Pa		tivities. Complet			tion answered "Yes" s part.	to Form	າ 990, Part IV	, line 17.
b c d	Indicate whether the organ Mail solicitations Internet and e-mail so Phone solicitations In-person solicitations Did the organization have or key employees listed in If "Yes," list the ten highes to be compensated at lease	n-govern vernmen ng event: rs, direc fundraisi ents und	nment grants t grants s tors, trustees ing activities? ler which the fur	FYes FN o ndraiser is ble				
	(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) fundrais custo contribu	er have dy or rol of utions?	(iv) Gross receipts from activity	(or r	mount paid to etained by) aiser listed in col (i)	(vi) A mount paid to (or retained by) organization
			Yes	No				
Tota	al			▶				

Pa	7	Fundraising Events. Commore than \$15,000 on Form					r report	ted
			(a) Event #1 DVC Golf Classic	(b) Event #2	(c) O ther Events	(Add c	Total Eve ol (a) th col (c))	
			(event type)	(event type)	(total number)			
Ē	1	Gross receipts	131,94	8			13	1,948
Revenue	2	Less Charitable contributions	80,799	9			81	0,799
	3	Gross income (line 1 minus line 2)	51,149	9			5:	1,149
	4	Cash prizes						
မှာ	5	Non-cash prizes	16,65	4			1	6,654
anse.	6	Rent/facility costs	25,17	2			2!	5,172
Expenses	7	Food and beverages	16,05	8			1	6,058
Direct	8	Entertainment	1,33	0				1,330
à	9	Other direct expenses .	14,44	5			1	4,445
	10	Direct expense summary Add lir	nes 4 through 9 ın columr	n (d)	🛌		7:	3,659
	11	Net income summary Combine li	nes 3, column d, and line	10		+	-2:	2,510
Par	t II	Gaming. Complete if the o \$15,000 on Form 990-EZ, li		"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted m	ore thar	ו
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(Add c	otal gam ol (a) th col (c))	
<u> </u>	1	Gross revenue						
	2	Cash prizes						
Expenses	3	Non-cash prizes						
	4	Rent/facility costs						
Drea	5	Other direct expenses						
	6	Volunteer labor	│ Yes% │ No	│ Yes% │ No	∀es	_		
	7	Direct expense summary Add line	s 2 through 5 in column ((d)				
	8	Net gaming income summary Com	nbine lines 1, column d, a	nd line 7				
							Yes	No
9 a		ter the state(s) in which the organiz the organization licensed to operate				. 9		
b		No," Explain	J			3	<u>a</u>	
10a b		re any of the organization's gaming Yes," Explain	licenses revoked, susper	nded or terminated during	the tax year?	10	la	
11		es the organization operate gaming				1	1	<u> </u>
12		the organization a grantor, beneficia med to administer charitable gamino				.	2	

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name 🟲		
	Address -		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	,	
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the	+	
	amount of gaming revenue retained by the third party 🟲 \$		
c	If "Yes," enter name and address		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Independent contractor		
.7	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		
	in the organization's own exempt activities during the tax year ▶ \$	1	

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DLN: 93493139004141 OMB No 1545-0047

Open to Public

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

Department of the Treasury Internal Revenue Service Name of the organization

Delaware Valley College of Science and Agriculture

Schedule I

(Form 990)

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

Inspection Employer identification number

						23-1352665	
Part I General Infor	mation on Grants	and Assistance				1	
Does the organization m the selection criteria useDescribe in Part IV the	ed to award the grants	or assistance?					✓ Yes
Form 990, Part	IV, line 21 for any i	recipient that receive	d more than \$5,000	. Check this box if n	o Complete if the org	ved more than \$5,00	0. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
							l

Enter total number of section 501(c)(3) and government organizations . . .

	•																
Part III	Gra	ants and (Other Assi	stance	to Indi	viduals	in the U	Jnited Stat	es. 🤇	Complete	ıf the o	rganızatıon	answered	"Yes" t	to Form 990,	Part IV	, line 22.
	Use	e Schedule	I-1 (Form	990) if a	addıtıona	I space is	needed	1 .									

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
VARIOUS STUDENT SCHOLARSHIPS	1400	18,358,231			
See Addıtıonal Data Table					

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

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 Need-based grants awarded based on Financial Aid needs analysis Other grants/scholarships awarded based on meeting requirements set forth by the donor

DLN: 93493139004141

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Dela	velaware valley college of Science and Agriculture 23-1352665						
Pa	rt I Questions Regarding Compensation	23 133	2003				
				Yes	Νo		
1a	Check the appropriate box(es) if the organization provides 990, Part VII, Section A, line 1a Complete Part III to						
	First-class or charter travel	✓ Housing allowance or residence for persona	luse				
	Travel for companions	Payments for business use of personal resi	dence				
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees					
	Discretionary spending account	Personal services (e.g., maid, chauffeur, ch	ef)				
b	If any of the boxes in line 1a are checked, did the orga reimbursement orprovision of all the expenses describ		or 1b	Yes			
2	Did the organization require substantiation prior to reli officers, directors, trustees, and the CEO/Executive D		2	Yes			
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all that	apply					
	Compensation committee Independent compensation consultant	✓ Written employment contract✓ Compensation survey or study					
	Independent compensation consultant Form 990 of other organizations	Compensation survey or study Approval by the board or compensation con	nmittee				
	1 Offit 990 of other organizations	Approval by the board of compensation con	IIIIIttee				
4	During the year, did any person listed in Form 990, Pa or a related organization	rt VII, Section A , line 1a with respect to the filing	organization				
а	Receive a severance payment or change-of-control pa	yment?	4a		No		
ь	Participate in, or receive payment from, a supplementa	ıl nonqualıfıed retirement plan?	4b		Νο		
c	Participate in, or receive payment from, an equity-base	ed compensation arrangement?	4c		Νο		
	If "Yes" to any of lines 4a-c, list the persons and prov	ide the applicable amounts for each item in Part II	:1				
	Only 501(c)(3) and 501(c)(4) organizations only must	complete lines 5-9.					
5	For persons listed in form 990, Part VII, Section A, lincompensation contingent on the revenues of	e 1a, did the organization pay or accrue any					
а	The organization?		5a		Νo		
b	Any related organization?		5b		Νo		
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section A, lin compensation contingent on the net earnings of	e 1a, did the organization pay or accrue any					
а	The organization?		6a		Νo		
b	Any related organization?		6b		Νo		
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in Form 990, Part VII, Section A, line payments not described in lines 5 and 6? If "Yes," des		7		No		
8	Were any amounts reported in Form 990, Part VII, pai subject to the initial contract exception described in R in Part III	•	8		No		
9	If "Yes" to line 8, did the organization also follow the re	abuttable presumption procedure described in Rec			1110		

section 53 4958-6(c)?

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

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

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
		(i) Base (ii) Bonus & incentive compensation		(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Joseph S Brosnan	(I) (II)	252,035 0	0	24,672 0	19,849 0	7,333 0	303,889 0	
Arthur Glass	(I) (II)	182,754 0	0	2,422 0	10,851 0	1,574 0	197,601 0	
Dorothy Prisco	(I)	140,400 0	0	3,744 0	11,232	2,114 0	157,490 0	
Robert J Yapsuga	(ı) (ıı)	136,159 0	0	1,886	10,893	6,694 0	155,632 0	
Joseph Erckert	(ı) (ıı)	141,215 0	0	2,640 0	8,473 0	1,948	154,276 0	

Part III Supplemental Information

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

Ident if ier	Ret urn Ref erence	Explanation
		Joseph Brosnan, the College President, is required to reside on campus as a convenience to the college and as a condition of employment. As such, this benefit is not included in his taxable compensation

Schedule J (Form 990) 2009

DLN: 93493139004141

Employer identification number

OMB No 1545-0047

Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ► Attach to Form 990. ► See separate instructions.

Open to Public Inspect ion

Delaware Valley College of Science and Agriculture 23-1352665 **Bond Issues** (h) O n Behalf of (g) Defeased (a) Issuer Name (b) Issuer EIN (c) CUSIP # (d) Date Issued (e) Issue Price (f) Description of Purpose Issuer Yes Yes No No Pennsylvania Higher Education construction/equipment/furnishings Facilities Authority 23-2243852 70917PDC0 12-18-2003 12,479,239 for 200-bed dormitory & Χ Χ improvements Pennsylvania Higher Education construction/equipment/furnishings Facilities Authority 23-2243852 70917PDX0 08-25-2004 5,314,995 for 100-bed dormitory & Х Х ımprovements Proceeds Part II В С D Ε Total proceeds of issue 12.479.239 5.314.995 Gross proceeds in reserve funds 2 Proceeds in refunding or defeasance escrows 3 Other unspent proceeds Issuance costs from proceeds 5 977,503 312,776 Working capital expenditures from proceeds 6 Capital expenditures from proceeds 7 11.501.736 5,002,219 Year of substantial completion 8 2005 2006 Yes No Yes No Yes No Yes No Yes

the	final allocation of proceeds?	
Part III	Private Business Use	

10

11

12

			A	l	В		С		D		E
		Yes	No								
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X						
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		х		x						

Χ

Χ

Χ

Χ

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

Has the final allocation of proceeds been made?

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

Does the organization maintain adequate books and records to support

Х

Χ

Χ

Χ

Schedule K (Form 990) 2009

Part III Private Business Use (Continued)

		A B			С	D			E		
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		Х		х						
3b	Are there any research agreements with respect to the financed property which may result in private business use?		Х		х						
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	x		х							
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %		0 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %									
6	Total of lines 4 and 5		0 %		0 %						
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х		х							
Da	ct IV Arbitrage		.,,	.,,							

Part IV Arbitrage

	Arbitrage		A		3		С	ı	D		E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		х		х						
2	Is the bond issue a variable rate issue?		Х		X						
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		x		х						
ь	Name of provider										•
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		Х		Х						
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		x		×						
6	Did the bond issue qualify for an exception to rebate?		х		х						
			•	•	•	•	•	•	Schedul	le K (Form 99)	n) 2009

SCHEDULE M (Form 990)

NonCash Contributions

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

	e of the organization ware Valley College of Science and Agricul	turo			Employer identificat	ion nun	nber	
Delav	vare valley College of Science and Agricul	ture			23-1352665			
Pa	rt I Types of Property							
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d Method of d reven	etermın	ıng	
1	Art—Works of art	X	19	2,105	FMV & APPRAISAL			
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications	Х		327	' FMV			
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	4	82,629	FMV			
10	Securities—Closely held stock							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic							
14	structures							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
	Historical artifacts							
23	Scientific specimens							
	Archeological artifacts							
	VARIOUS SUPPLIES &	.,						
25	Other ► (<u>EQUIPMENT</u>)	X	762	34,937	FMV			
26	FUNDRAISING Other ► (GIFTS)	×	86	14,541	FM V			
27	Other ► (ANIMALS)	X	26		P FMV & APPRAISAL			
28	Other ► ()			00,032	11110 4711111111111111111111111111111111	•		
29	Number of Forms 8283 received	l by the ora	anization during the tay ve:	r for contributions				
	for which the organization compl				29		Yes	2 No
30a	During the year, did the organiza	ation receiv	e hy contribution any prope	rty reported in Part I lines	: 1-28 that it	\vdash		110
	must hold for at least three year	s from the	date of the initial contributi	on, and which is not require				
	for exempt purposes for the enti					30a		No
b	If "Yes," describe the arrangem	ent in Part 1	II					
31	Does the organization have a gif					31	Yes	
32a	Does the organization hire or us contributions?	e third part	ies or related organizations	to solicit, process, or sell	non-cash	32a		Νo
ь 33	If "Yes," describe in Part II If the organization did not report	: revenues i	ın column (c) for a type of p	roperty for which column (a	a) is checked,			
	describe in Part II							

Part II

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

Ident if ier	Return Reference	Explanation
Method for Determining Number of	Part I, Column (b)	The number of contributions reported in Part I, column (b) is
Contributors		based on the number of items donated

Schedule M (Form 990) 2009

Software ID: **Software Version:**

EIN: 23-1352665

Name: Delaware Valley College of Science and Agriculture

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

DLN: 93493139004141

OMB No 1545-0047

Open to Public Inspection

SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Name of the organization
Delaware Valley College of Science and Agriculture

Employer identification number

23-1352665

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		The form will be reviewed by the Investment and Finance Committee of the Board and the form will be made available to the entire Board of Trustees prior to submission to the IRS

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		The Conflict of Interest surveys are completed annually by the Board of Trustees and Delaw are Valley College staff. These surveys are reviewed by senior management to determine if there is any potential conflict of interest in connection with any actual or possible conflict of interest by the Board of Directors and officers, an interested person must disclose the existence of his or her financial interest and must be given the opportunity to disclose all material facts to the directors and members of committees with board delegated powers considering the proposed transaction or arrangement. After disclosure of the financial interest and all material facts, and after any discussion with the interested person, he/she shall leave the board or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining board or committee members shall decide if a conflict of interest exists. If an employee has a vested interest in a firm that is doing business with the College, the employee must report the interest to the President and must not represent the College in transactions between the firm and the College. No employee can accept employment in any organization which conducts business with the College or is a College competitor. Faculty who teach part time at other educational institutions are not considered in violation of this policy. Violation of this policy will result in disciplinary action, up to and including discharge.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		The Executive Committee of the Board of Trustees uses a compensation consultant and independent compensation surveys to determine the President's compensation annually. The Executive Committee approves the compensation. The Executive Committee is comprised of independent members. Compensation for other officers and key employees are grouped with all other employees when determining compensation. The Board of Trustees approves all employee compensation and salary increases as part of the annual budget process.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The organization makes its governing documents, conflict of interest policy, and financial statements available to the public upon request

ldentifier	Return Reference	Explanation
		Form 990, Schedule J One employee who was paid under a retirement agreement which placed the employee over the \$150,000 threshold was not disclosed on Form 990, Part VII or Schedule J. This agreement contains a confidentiality clause which indicates that the University is not permitted to disclose the terms of the agreement without risk of law suit.

ldentifier	Return Reference	Explanation
Schedule K Supplental Information		Part II, line 5, Bond A The amounts included in line 5 are as follows Issuance Costs - \$249,584 Credit Enhancement - \$30,000 Capitalized Interest and Issuer Fee - \$697,919 Part II, line 5, Bond B The amounts included in line 5 are as follows Issuance Costs - \$106,205 Credit Enhancement - \$10,997 Capitalized Interest and Issuer Fee - \$195,574

Software ID: Software Version:

EIN: 23-1352665

Name: Delaware Valley College of Science and Agriculture

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

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours	Posi t	tion (hat a	che)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
William Bartles Secretary/Treasurer	30	Х		х				0	0	0	
Dr Baruch Blumberg TRUSTEE	30	Х						0	0	0	
Martin Brooks TrUSTEE	30	Х						0	0	0	
Thomas Clemens TRUSTEE	30	Х						0	0	0	
Dr Joshua Feldstein TruSTEE	30	Х						0	0	0	
Raymond Funkhouser TRUSTEE	30	Х						0	0	0	
Edward Gastineau TRUSTEE	30	Х						0	0	0	
Arthur D Hershey TRUSTEE	30	Х						0	0	0	
Patricia Hilton TRUSTEE	30	Х						0	0	0	
Dr Jere Hohmann Vice Chair	30	Х		х				0	0	0	
Dr Kevin L Keim TRUSTEE	30	Х						0	0	0	
Jean Work Kenneally TRUSTEE	30	Х						0	0	0	
Joseph C Krauskopf TRUSTEE	30	Х						0	0	0	
Robert A Lipinski TRUSTEE	30	Х						0	0	0	
Dr Morton Mandell TRUSTEE	30	Х						0	0	0	
Gerard Marini TRUSTEE	30	Х						0	0	0	
Michael Moss TRUSTEE	30	Х						0	0	0	
William Mullin TRUSTEE	30	Х						0	0	0	
Michael O'Connor TRUSTEE	30	Х						0	0	0	
Richard Reif TRUSTEE	30	Х						0	0	0	
Donald Richardson TRUSTEE	30	Х						0	0	0	
Rabbi Lance Sussman TRUSTEE	30	Х						0	0	0	
Ron Thoma TRUSTEE	30	Х						0	0	0	
Dr James Trainer Chair	30	Х		Х				0	0	0	
Dr Susan Ward TrUSTEE	30	Х						0	0	0	

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

dempensated Employees, and Independent contractors											
(A) Name and Title	(B) (C) A verage Position (check all hours that apply)							(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
William Wilson TrUSTEE	30	Х						0	0	0	
Joseph S Brosnan President	55 00			х				276,707	0	27,182	
Arthur Glass VP, Finance & Administration	40 00			х				185,176	0	12,425	
Dorothy Prisco VP, Academic Affairs	40 00					х		144,144	0	13,346	
Robert J Yapsuga VP, Enrollment Mgmt	40 00					х		138,045	0	17,587	
Joseph Erckert Vp, Institutional Advancement	40 00					Х		143,855	0	10,421	
Donald S Feldscher Special Asst to President	40 00					х		128,374	0	17,067	
Lawrence Hepner Interim Dean	40 00					х		125,844	0	12,637	

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Meals	2,364,456	2,317,484	41,878	5,094
Equipment & Repairs	1,857,646	1,739,801	115,483	2,362
Livestock expenses	477,111	477,111		
Events	399,809	302,914	28,999	67,896
BAD DEBT EXPENSE	375,488		375,488	