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# Form **990**

Department of the Treasury Internal Revenue Service

## Return of Organization Exempt From Income Tax

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

2012

OMB No 1545-0047

Open to Public Inspection

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

A Fo	r the 2	2012 ca	lendar year, or tax year beginning	07-01-2012 , 2012, and en	ding 06-30	-2013			
		pplicable	C Name of organization DELAWARE VALLEY COLLEGE OF SCIE	NCE AND AGRICULTURE			D Employ	er id	lentification number
	dress ch	_	Doing Business As				23-13	526	65
_	me chai	_							
_	tıal retui		Number and street (or P O box if ma 700 EAST BUTLER AVE	all is not delivered to street address;	) Room/suite	9	E Telepho	ne nu	mber
	rminated iended i		City or town, state or country, and Z	ID ± 1			(215)	489-	-4898
		pending	DOYLESTOWN, PA 189012607	п т т			<b>2</b> 6		- 4 100 152 150
י יי	plication	pending	<b>F</b> Name and address of prin	cinal officer		U(a) 1-			s \$ 106,153,156
			JOSEPH S BROSNAN	erpar officer			this a group liates?	retui	rn for
			700 EAST BUTLER AVE DOYLESTOWN, PA 189012	607		H(b) ^	a all affiliates		luded?
			<u> </u>						t (see instructions)
I Ta	x-exem	pt status	5	nsert no ) 4947(a)(1) or 5	527	H(c) Gr	oup exempti	on n	umber <b>►</b>
J W	ebsite	::► W	WW DELVAL EDU			n(c)	oup exemper	· · · · · ·	amber P
<b>K</b> For	m of org	janizatio	n 🔽 Corporation 🗌 Trust 🦳 Association	Other 🕨	•	<b>L</b> Year of	formation 189	96	<b>M</b> State of legal domicile PA
Pa	rt I	Sun	nmary						
			describe the organization's missio ATE FOUR-YEAR COLLEGE PRO			DIVIDHA	I S SEEKING	: A D	VANCEMENT
φ.	]	4 FKIV	ATE TOOK-TEAK COLLEGE FRO	VIDING HIGHER EDUCATION	ON TO IN	DIVIDUA	L3 3LLKING	AD	VANCEMENT
Governance	-								
Ĕ.		م الممادة	his box 🛏 if the organization dis		.anacad of		2 F 0/ of the		
8		спеск	ins box 🖣 II the organization dis	continued its operations or d	isposed of	more mar	125% 0116	neca	issels
	3 1	Number	of voting members of the governi	ng body (Part VI, line 1a) .				3	26
Activities &	4 1	Number	of independent voting members o	f the governing body (Part VI	(, line 1b)			4	26
乭	5 1	Γotal n	ımber of ındıvıduals employed ın c	alendar year 2012 (Part V , Iı	ine 2a) .			5	1,687
ू र	6 7	Γotal nι	umber of volunteers (estimate if ne	ecessary)				6	809
			nrelated business revenue from Pa	, , ,,				7a	+
	Ь	Net unr	elated business taxable income fr	om Form 990-T, line 34 .				7b	
a)						P	rior Year	-	Current Year
	8		ibutions and grants (Part VIII, lir				3,145,0 56,251,8	_	6,089,931 56,811,103
Rayenue	9	_		m service revenue (Part VIII, line 2g)					
益	10 11	· · · · · · · · · · · · · · · · · · ·					881,5 12,385,7	-	1,962,772 12,954,244
	12		revenue—add lines 8 through 11		•		12,303,7	77	12,957,277
		12)	<del>.</del>		•		72,664,2	-	77,818,050
	13		s and similar amounts paid (Part				21,319,1	-t	22,849,536
	14		fits paid to or for members (Part I)					0	0
&	15	5-10	ies, other compensation, employe )	e benents (Part IX, column (A	A), lines		29,202,6	07	31,045,635
Expenses	16a	Profe	ssional fundraising fees (Part IX,	column (A), line 11e)				0	0
ੜੇ	ь	Total f	undraising expenses (Part IX, column (D)	, line 25) ▶ 1,136,581					
	17	Othe	expenses (Part IX, column (A), l	nes 11a-11d, 11f-24e) .			21,753,2	60	22,391,286
	18		expenses Add lines 13-17 (mus				72,275,0	05	76,286,457
	19	Reve	nue less expenses Subtract line 1	18 from line 12	<u> </u>	+	389,2	-	1,531,593
Not Assets or Fund Balances						Beginn	ing of Currer Year	IT	End of Year
SSet Bafa	20	Total	assets (Part X, line 16)		106,021,1	10	123,051,921		
A W	21	Total	liabilities (Part X, line 26)				36,619,4	01	53,279,022
	22		ssets or fund balances Subtract I	ine 21 from line 20		69,401,709 69,772,89			
Pa	rt II	Sig	nature Block						
Unde my k	r pena nowled	lties of lge and	perjury, I declare that I have exa belief, it is true, correct, and com nowledge						
		*** Sign	*** nature of officer				2014-05-07 Date		
Sigr Her		l'.		LICTO			Date		
	_		HUR GLASS VP FOR FINANCE AND ADMIN e or print name and title	IIDIK					
			Print/Type preparer's name	Preparer's signature	Dat	1 -	Check If	PTIN	
Paid	d	- ⊦	JULIUS C GREEN CPA JD  Firm's name PARENTEBEARD LLC				elf-employed irm's EIN 🕨 23		50393 
Pre	pare	r L							
Use	Onl	ly	Firm's address 🕨 1650 MARKET STREET S	SUITE 4500		P	hone no (215)	972-	0701
			PHILADELPHIA, PA 191	03					

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

✓ Yes ☐ No

Dos	Ctatement of Dugguer	Comice Assemblish			
Par	Check if Schedule O contains				
1	Briefly describe the organization's r	nission			
HON EXPE TO M STUI	RE INSPIRED BY THE IDEALS OF CORED KNOWLEDGE WITH PRACTICE RIENTIAL LEARNING INTEGRATE FOR THE CHALLENGES OF A COMPONTS WITH THE REQUISITE SKILE MEANINGFUL CAREERS, AND I	E, PROGRESS AND THE STHEORY AND PRACTION PLEX GLOBAL ENVIRON LS AND A SPIRIT OF INC	COMMON GOOD C CE AND PREPARES MENT AND TO ENG QUIRY THAT ENRIC	OUR HISTORICAL COMMITN UNDERGRADUATE AND GRA AGE IN LIFELONG LEARNIN CH AND INFORM THEIR LIVE	1ENT TO ADUATE STUDENTS IG WE PROVIDE
2	Did the organization undertake any state prior Form 990 or 990-EZ? .		es during the year wh	nich were not listed on	┌ Yes ┌ No
	If "Yes," describe these new service	s on Schedule O			
3	Did the organization cease conducti services?		anges in how it condi	ucts, any program	「Yes ▼ No
4	Describe the organization's program expenses Section 501(c)(3) and 50 the total expenses, and revenue, if a	service accomplishments 1(c)(4) organizations are	required to report th		
4a	(Code ) (Expenses  DELAWARE VALLEY COLLEGE (THE "COLLEG  PENNSYLVANIA THE COLLEGE WAS FOUND IN THE AREAS OF HIGH-SCIENCE, AGRICU TIME UNDERGRADUATE PROGRAMS, THE C  EVENING COLLEGE AND SUMMER SESSION LEADERSHIP, MASTER OF SCIENCE, TEACH  ARTS, COUNSELING PSYCHOLOGY	E") OPERATES A PRIVATE, CO-E ED IN 1896 AND CURRENTLY EN LTURE, BIOLOGICAL AND PHYSIG COLLEGE OFFERS ASSOCIATE OF IN ADDITION, THE COLLEGE C	NROLLS OVER 1,600 FULL CAL SCIENCES, LIBERAL A SCIENCE DEGREE PROG DFFERS FIVE GRADUATE I	TIME UNDERGRADUATE STUDENTS NRTS, TEACHER EDUCATION, AND BU RAMS AND CONTINUING EDUCATIOI DEGREE PROGRAMS MASTER OF SC	THE COLLEGE'S FOCUS IS USINESS BESIDES ITS FULL-N PROGRAMS INCLUDING AN CIENCE, EDUCATIONAL
4b	(Code ) (Expenses	\$ inclu	ding grants of \$	) (Revenue \$	)
	, (		g g	, ( 4	,
<b>4</b> c	(Code ) (Expenses	\$ inclu	ding grants of \$	) (Revenue \$	)
4d	Other program services (Describe	ın Schedule O )			
	(Expenses \$	including grants of \$		) (Revenue \$	)
4e	Total program service expenses	66,915,322			

Part IV Checklist of Required Schedule
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, 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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part $IV^{\square}$	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII"	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 🥵	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	Yes	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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

Fai	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V	<del>.</del>	 Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   138		103	110
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	_		
6-	Does the organization have applied gross receipts that are normally greater than \$100,000, and did the	5c 6a		No
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	ба		NO
_	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	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	_		
_		8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
.0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
.1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
172	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

Form 990 (2012) Page **6** 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. Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $$ .	5		Νo
6	Did the organization have members or stockholders?	6		Νo
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	<u>evenu</u>		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16a		No
_	taxable entity during the year?	$\vdash$		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

- 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 made these available. Check all that apply
  - Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization FARTHUR GLASS VP FINANCE & ADMIN 700 EAST BUTLER AVE DOYLESTOWN, PA (215) 249-2456

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

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

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

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

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

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

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

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

	(A) Name and Title  A verage hours per week (list any hours for related  (B) A verage hours per week (list any hours for related						,_	(F) Estimated amount of other compensation from the						
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Ke) employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)		ganızatı relate organıza	ed
				Ψ			De:							
												+		
												-		
												-		
1b	Sub-Total							•						
C	Total from continuation sheet	s to Part VII, S	ection A	١.				Þ						
d	Total (add lines 1b and 1c) .					•		•		1,598,742		0		154,007
2	Total number of individuals (in \$100,000 of reportable compe						d abov	e) wl	ho receive	ed more th	ıan			
	Transfer of reportable compe		e organ											
											г		Yes	No
3	Did the organization list any <b>fc</b> on line 1a? <i>If</i> "Yes," complete S					key •	emplo	yee, •	or highes.	t compen	sated employee	3		No
4	For any individual listed on line organization and related organ													_
	ındıvıdual		• •		•	•		•				4	Yes	
5	Did any person listed on line 1 services rendered to the organ										or individual for			
	services rendered to the organ	iizatioii 11 765,	, compi	CLC 3	crieu	uie s	riorsu	cii pe	E/50// •			5		No_
Se	ction B. Independent Co	ntractors												
1	Complete this table for your five compensation from the organizers.	e highest comp											ax year	
	N	(A) ame and business a	address							Des	(B) cription of services		(C Comper	
PARK	HURST DINING SERVICES PO BOX 6440										ICE PROVIDER			,848,922
e alle	N REEVES INC 1145 YORK ROAD ABIN	GTON PA 19001								ENGINEERI MANAGEME	NG/CONSTRUCTION NT	T	2	,627,068
	GREAT VALLEY PARKWAY SUITE 20 MA		Sele		0.5					CONSTRUC	TION	1		880,285
	A AGENCY 230 SOUTH BROAD STREET			A 191	02						G CONSULTANTS D IMPLEMENTATION O	)F		371,015
51KU(	CTURED CABLE SOLUTIONS INC PO BO				l t					SYSTEMS				356,539

\$100,000 of compensation from the organization  $\blacktriangleright$ 17

77,818,050

56,824,359

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response to any question in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 22,849,536 22,849,536 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and 630,938 630,938 key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 23,562,270 19,638,929 3,298,265 625,076 Pension plan accruals and contributions (include section 401(k) 1,149,914 970,139 148,897 and 403(b) employer contributions) . . . . 30.878 3,984,307 3,252,079 628,719 Other employee benefits . . . . 103,509 10 1,718,206 1,397,953 275,758 44,495 11 Fees for services (non-employees) Management . . . . 215,053 215,053 Legal . . . . . . . . 108,731 108,731 Lobbying . . . . . . . . . . . . Professional fundraising services See Part IV, line 17 Investment management fees . . . . . 196,804 196,804 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 3,561,784 2,263,502 1,199,425 98,857 Schedule O) . . . . . . . Advertising and promotion . . 642,069 625,285 16,784 12 13 Office expenses . . . . . 2,186,691 1,833,313 278,436 74,942 86,745 86,745 14 Information technology . . . 15 Royalties . 1,716,784 1,716,784 16 Occupancy . . . . . . **17** 590,140 504,301 56,516 Travel . . . . . . . . 29,323 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . . 19 Conferences, conventions, and meetings . . . 97,411 75,540 16,324 5,547 20 1,269,272 1,235,309 33,963 Payments to affiliates . . . . . . 21 22 Depreciation, depletion, and amortization . 3,392,568 2,791,654 600,914 23 453,727 452,527 1,200 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a MEALS 2,714,433 2,629,986 77,062 7,385 **EQUIPMENT & REPAIRS** 2,394,046 2,349,067 28,321 16,658 LIVESTOCK EXPENSES 541,322 541,322 d EVENTS 494,873 404,418 34,736 55,719 e All other expenses 1,728,833 1,296,933 388,908 42,992 Total functional expenses. Add lines 1 through 24e 25 76,286,457 66,915,322 8,234,554 1,136,581 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► [ if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Fai	τχ	Check if Schedule O contains a response to any question in the	nis Pa	rt X			
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			255,585	1	108,411
	2	Savings and temporary cash investments			1,034,357	2	7,401,463
	3	Pledges and grants receivable, net			1,132,796	3	2,394,127
	4	Accounts receivable, net			1,682,186	4	3,378,092
	5	Loans and other receivables from current and former officers, employees, and highest compensated employees Complete Fischedule L	art II	of		5	
Assets	6	Loans and other receivables from other disqualified persons ( $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and and sponsoring organizations of section $501(c)(9)$ voluntary organizations (see instructions) Complete Part II of Schedule	ributing employers		6		
	7	Notes and loans receivable, net		2,015,374		1,979,985	
₹	8	Inventories for sale or use			1,217,334		1,215,947
	9	Prepaid expenses and deferred charges			972,597		835,114
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	   10a	117,889,271	3.2,55.		
	Ь	Less accumulated depreciation	10b	46,798,174	61,598,134	10c	71,091,097
	11	Investments—publicly traded securities	<u> </u>		30,846,678	11	29,360,475
	12	Investments—other securities See Part IV, line 11	1,657,653	12	1,648,031		
	13	Investments—program-related See Part IV, line 11	3,309,705		3,324,553		
	14	Intangible assets				14	<u> </u>
	15	Other assets See Part IV, line 11			298,711	15	314,626
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			106,021,110		123,051,921
	17	Accounts payable and accrued expenses			4,303,809		7,482,852
	18	Grants payable			.,,	18	.,,
	19	Deferred revenue			3,299,169		3,245,072
	20	Tax-exempt bond liabilities			25,852,122	20	39,475,032
	21	Escrow or custodial account liability Complete Part IV of Sci			20,002,122	21	
Ilities	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disqua	tors,			21	
Liabiliti		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parti	es .		824,499	23	669,315
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to rel and other liabilities not included on lines 17-24) Complete P	ated t art X	hird parties, of Schedule			
		D			2,339,802		2,406,751
	26	<b>Total liabilities.</b> Add lines 17 through 25			36,619,401	26	53,279,022
ses		Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34.	▼ aı	nd complete			
lan	27	Unrestricted net assets			49,671,371	27	47,565,075
Ba	28	Temporarily restricted net assets			14,499,063	28	16,556,130
Fund Balance	29	Permanently restricted net assets			5,231,275	29	5,651,694
or Ful		Organizations that do not follow SFAS 117 (ASC 958), check complete lines 30 through 34.	here Þ	- ┌ and			
	30	Capital stock or trust principal, or current funds				30	
Ř	31	Paid-in or capital surplus, or land, building or equipment fund				31	
Assets	32	Retained earnings, endowment, accumulated income, or other				32	
Šet	33	Total net assets or fund balances			69,401,709	33	69,772,899
Z	34	Total liabilities and net assets/fund balances			106,021,110	34	123,051,921
				-	: ==,==:,::0		

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				
	Check if Schedule O Contains a response to any question in this rate X1	· ·	• •	• •	• • • •
1	Total revenue (must equal Part VIII, column (A), line 12)	1		77,8	318,050
2	Total expenses (must equal Part IX, column (A), line 25)	2			286,457
3	Revenue less expenses Subtract line 2 from line 1	3			31,593
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		69,4	101,709
5	Net unrealized gains (losses) on investments	5			10,904
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-1,5	571,307
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		69,7	772,899
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				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
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	ewed on			
	Separate basis Consolidated basis Both consolidated and separate basis			1	1
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	arate			
	Separate basis Consolidated basis Both consolidated and separate basis			1	1
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	ın		1:	1:
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?		За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b	Yes	

Software ID: **Software Version:** 

**EIN:** 23-1352665

Name: DELAWARE VALLEY COLLEGE OF SCIENCE AND AGRICULTURE

Form 990, Part VII - Compensation of	Officers, Dir	ectors	s,Tru	ıste	es,	Key	Em	nployees, Highe	st		
Compensated Employees, and Indeper (A) Name and Title	(B) Average hours per week (list	Position more unless	(C on (do than	c) o not one son i er an	che box s bo d a	ck		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related	
	any hours for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations	
CHARLES ALPUCHE TRUSTEE	30	х						0	0	0	
GENERAL RONALD BAILEY TRUSTEE	30	х						0	0	0	
WILLIAM S BARTLES SECRETARY/TREASURER	30	х		х				0	0	0	
ERIC B COMPTON TRUSTEE	30	х						0	0	0	
DR JOSHUA FELDSTEIN TRUSTEE	30	х						0	0	0	
RAYMOND C FUNKHOUSER TRUSTEE	30	х						0	0	0	
DR GREGORY G GALLANT TRUSTEE	30	х						0	0	0	
EDWARD A GASTINEAU TRUSTEE	30	х						0	0	0	
ELIZABETH H GEMMILL TRUSTEE	30	х						0	0	0	
ARTHUR D HERSHEY TRUSTEE	30	х						0	0	0	
DR JERE W HOHMANN VICE CHAIR	30	х		х				0	0	0	
EMILY R KEGGAN TRUSTEE	30	х						0	0	0	
DR KEVIN L KEIM TRUSTEE	30	х						0	0	0	
JOSEPH C KRAUSKOPF TRUSTEE	30	х						0	0	0	
ROBERT LIPINSKI TRUSTEE	30	х						0	0	0	
W THOMAS LOMAX TRUSTEE	30	х						0	0	0	
DR MORTON S MANDELL TRUSTEE	30	х						0	0	0	
MICHAEL MOSS TRUSTEE	30	х						0	0	0	
WILLIAM J MULLIN TRUSTEE	30	х						0	0	0	
MICHAEL O'CONNOR TRUSTEE	30	х						0	0	0	
LAURA E OWEN TRUSTEE	30	х						0	0	0	
HELEN PISZEK-NELSON TRUSTEE	30	х						0	0	0	
RICHARD REIF TRUSTEE	30	х						0	0	0	
DR JAMES F TRAINER CHAIR	30	х		х				0	0	0	
DR SUSAN B WARD TRUSTEE	30	х						0	0	0	

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

<b>(A)</b> Name and Title	(B) (C)  A verage					c, oth	 	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former			Organizations
WILLIAM L WILSON TRUSTEE	30	х						0	0	0
JOSEPH S BROSNAN PRESIDENT	55 00			x				476,815	0	29,612
ARTHUR GLASS VP, FINANCE & ADMINISTRATI	55 00			х				240,916	0	21,436
BASHAR HANNA VP, ACADEMIC AFFAIRS	55 00					х		225,102	0	30,331
E NORMAN JONES VP, ENROLLMENT MGMT	55 00					х		185,979	0	27,484
BENJAMIN E RUSILOSKI DEAN OF BUSINESS, EDUCATION, ARTS & SCIENCES	55 00					х		159,340	0	20,660
JOSEPH ERCKERT VP, INSTITUTIONAL ADVANCEM	55 00					х		148,340	0	15,889
RUSSELL REDDING DEAN, SCHOOL OF AGRI & ENV	55 00					х		162,250	0	8,595

efile GRAPHIC print - DO NOT PROCESS

DELAWARE VALLEY COLLEGE OF SCIENCE AND AGRICULTURE

As Filed Data -

DLN: 93493135007184

**Employer identification number** 

OMB No 1545-0047

## **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.

Inspection

									23-1352		
	rt I			blic Charity Sta						nstruction	ns.
Γhe	organı:		•	e foundation becaus	•			•	•		
1	Г		-	on of churches, or a				ection 170(	(b)(1)(A)(i).		
2		A scho	ol described	in <b>section 170(b)(1</b>	l <b>)(A)(ii).</b> (At	tach Schedı	ıle E )				
3	$\vdash$	A hosp	ıtal or a coo	perative hospital se	rvice organiz	atıon descri	bed in <b>sectio</b>	n 170(b)(1	.)(A)(iii).		
4	$\sqcap$	A medi	cal researcl	n organization operat	ted ın conjun	ction with a	hospital desc	cribed in <b>se</b>	ection 170(b)	(1)(A)(iii).	. Enter the
	_			ty, and state							
5	ļ	_	•	erated for the benefi	_	or universit	ty owned or o	perated by	a governmen	tal unit des	scribed in
		sect ion	170(b)(1)(	A)(iv). (Complete P	art II )						
6		A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b>									
7	Γ	_		at normally receives		•	support from	a governm	ental unit or f	rom the ge	neral public
8	$\vdash$			on 170(b)(1)(A)(vi). described in <b>sectior</b>			nnlata Dart II	. 1			
9	<u>'</u> _		-	at normally receives			-	-	butions, mem	bership fee	es, and gross
-	,	_		ities related to its ex					•	-	· =
				oss investment inco	•	=					
		•		janization after June				•			34311143343
10	г	•	,	ganized and operated	•			•	•		
11	<u>'</u>	_		ganized and operated						to carry ou	t the nurnoses of
	,			ly supported organiz							
				bes the type of supp							
		a	Type I	b	Type II	I - Function	ally integrate	d <b>d</b>	Type III - N	on-functioi	nally integrated
e	Γ	•	_	ox, I certify that the	-		•		, ,		•
				on managers and ot	her than one	or more pub	licly support	ed organiza	ations describ	ed in secti	on 509(a)(1) or
f			1509(a)(2)	received a written de	atarmınatıan	from the ID	C that it is a "	Tuna I Tur	aa II ar Tyna	III cuppo	rting organization
•			this box	received a writteri di	etermination	nom the IK	5 tilat it is a	iype i, iyp	Je II, oi Type	III Suppo	
g				2006, has the organi	ızatıon accep	ted any gift	or contribution	on from any	y of the		,
			ng persons?								
		., .		irectly or indirectly o	•		•	persons de	escribed in (ii	· .—	Yes No
		and (III	) below, the	governing body of th	ne supported	organization	۱۶				lg(i)
		(ii) A fa	amıly memb	er of a person descr	ıbed ın (ı) abo	ove?				11	.g(ii)
		(iii) A	35% contro	lled entity of a perso	n described	ın (ı) or (ıı) a	above?			11	g(iii)
h		Provide	the followi	ng information about	the supporte	ed organizat	ıon(s)				
	i) Nam		(ii) EIN	(iii) Type of	(iv) Is t		(v) Did you	,	(vi) Is		(vii) A mount of
	suppor rganiza			organization (described on	organızatı col (i) lıst		the organiz		organizat		monetary support
U	ryaniza	ation		lines 1- 9 above	your gove		suppor	•	in the U		Support
				or IRC section	docume	_	Jappon	•	"" "" "	J	
				(see							
				instructions))	Yes	No	Yes	No	Yes	No	
										1	

Sch	edule A (Form 990 or 990-EZ) 2012							Page <b>2</b>
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	<u>iplete Pa</u>	rt III.)	
	endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2	312	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not include any "unusual							
	grants ")							
2	Tax revenues levied for the							
	organization's benefit and either							
	paid to or expended on its behalf							
3	The value of services or facilities							
•	furnished by a governmental unit to							
	the organization without charge							
4	<b>Total.</b> Add lines 1 through 3							
5	The portion of total contributions by each person (other than a							
	governmental unit or publicly							
	supported organization) included on							
	line 1 that exceeds 2% of the							
	amount shown on line 11, column							
6	(f) <b>Public support.</b> Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 20	)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	business activities, whether or not							
	the business is regularly carried							
	on							
10	Other income Do not include gain or loss from the sale of capital							
	assets (Explain in Part IV )							
11	Total support (Add lines 7 through							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	<b>First five years.</b> If the Form 990 is this box and <b>stop here</b>							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and <b>stop here.</b> The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	<b>►</b> □
b	<b>33</b> 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and <b>stop here.</b> The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,	<b>▶</b> □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							<b>▶</b> ┌

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

	purpose											
3	Gross receipts from activities that											
	are not an unrelated trade or											
	business under section 513			-								
4	Tax revenues levied for the											
	organization's benefit and either											
	paid to or expended on its behalf											
5	The value of services or facilities											
3	furnished by a governmental unit to											
	the organization without charge											
6	<b>Total.</b> Add lines 1 through 5											
	Amounts included on lines 1, 2,											
/a	and 3 received from disqualified											
	persons											
b	Amounts included on lines 2 and 3											
_	received from other than											
	disqualified persons that exceed											
	the greater of \$5,000 or 1% of the											
	amount on line 13 for the year											
С	Add lines 7a and 7b											
8	Public support (Subtract line 7c											
	from line 6 )											
_Se	ction B. Total Support											
Cale	ndar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	( <b>d)</b> 2011	(e) 2012	(f) Total					
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai					
9	A mounts from line 6											
10a	Gross income from interest,											
	dividends, payments received on											
	securities loans, rents, royalties											
	and income from similar											
	sources											
Ь	Unrelated business taxable income (less section 511 taxes)											
	from businesses acquired after											
	June 30, 1975											
c	Add lines 10a and 10b											
11	Net income from unrelated											
11	business activities not included											
	in line 10b, whether or not the											
	business is regularly carried on											
12	Other income Do not include											
	gain or loss from the sale of											
	capital assets (Explain in Part											
	IV)											
13	Total support. (Add lines 9, 10c,											
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)						
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►					
	check this box and stop here	a Cunnaut Da					<u> </u>					
	ction C. Computation of Public			12		T I						
15	Public support percentage for 2012			13, column (T))		15						
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16						
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge								
17	Investment income percentage for 20				nn (f))	17						
					. , ,							
18	Investment income percentage from					18						
19a		33 1/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.										

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

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

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493135007184

OMB No 1545-0047

**SCHEDULE D** (Form 990)

**Supplemental Financial Statements** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name (	of the organization RE VALLEY COLLEGE OF SCIENCE AND AGRICULTURE	Employer identification number					
DEB (VV)	NEW YARREST COLLEGE OF SCIENCE AND MONICOLFORE		23-1	352665			
Part :	Organizations Maintaining Donor A organization answered "Yes" to Form 99		unds	or Accounts. Complete if the			
	organization answered Tes to Form 5.	(a) Donor advised funds	T (	(b) Funds and other accounts			
То	tal number at end of year						
A g	gregate contributions to (during year)						
A g	gregate grants from (during year)						
A g	gregate value at end of year						
	d the organization inform all donors and donor adv nds are the organization's property, subject to the		nor advis	sed Yes No			
us	d the organization inform all grantees, donors, and ed only for charitable purposes and not for the bei nferring impermissible private benefit?			purpose <b>Yes No</b>			
art I	I Conservation Easements. Complete	ıf the organization answered "Yes"	to Form	990, Part IV, line 7.			
P C	rpose(s) of conservation easements held by the o Preservation of land for public use (e g , recreati Protection of natural habitat	on or education)  Preservation of a		cally important land area I historic structure			
ᅜ	Preservation of open space						
	omplete lines 2a through 2d if the organization hel	d a qualified conservation contribution in	the form	of a conservation			
ea	sement on the last day of the tax year			Held at the End of the Year			
<b>a</b> To	tal number of conservation easements		2a	neid at the End of the Year			
-	otal acreage restricted by conservation easements		2b	283 00			
	umber of conservation easements on a certified his		2c				
d Nu	umber of conservation easements included in (c) a storic structure listed in the National Register	cquired after 8/17/06, and not on a	2d				
	umber of conservation easements modified, transf	erred, released, extinguished, or terminat	ed by the	e organization during			
th	e tax year <b>►</b>						
Nι	umber of states where property subject to conserv	ation easement is located 🕨 1					
Do	pes the organization have a written policy regardin forcement of the conservation easements it holds	g the periodic monitoring, inspection, har	ndling of	violations, and <b>Yes V No</b>			
	aff and volunteer hours devoted to monitoring, ins 0 00		ments d	uring the year			
	mount of expenses incurred in monitoring, inspect	ng, and enforcing conservation easement	ts durıng	the year			
Do	\$0  bes each conservation easement reported on line	2(d) above satisfy the requirements of se	ction 17	0(h)(4)(B)(ı)			
Ιn	d section 170(h)(4)(B)(ii)?  Part XIII, describe how the organization reports of lance sheet, and include, if applicable, the text of						
	e organization's accounting for conservation ease	ments					
ait I	Complete if the organization answered		OI OU	iei Sillilai Assets.			
wo	the organization elected, as permitted under SFAS orks of art, historical treasures, or other similar as rvice, provide, in Part XIII, the text of the footnot	sets held for public exhibition, education,	, or resea	arch in furtherance of public			
wo	the organization elected, as permitted under SFAS orks of art, historical treasures, or other similar as rvice, provide the following amounts relating to th	sets held for public exhibition, education,					
(i)	Revenues included in Form 990, Part VIII, line 1			<b>▶</b> \$			
(ii	Assets included in Form 990, Part X			<b>►</b> \$			
Ιf	the organization received or held works of art, hist lowing amounts required to be reported under SFA						
an Re	evenues included in Form 990, Part VIII, line 1	<del>-</del>		<b>►</b> \$			
,,,				. т			

**b** Assets included in Form 990, Part X

Par	Organizations Maintaining Co	llections of Ar	t, His	torical li	reasures, or O	tne	<u>r Similar As</u>	sets (c	<u>ontinued)                                    </u>
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other reco	rds, cl	neck any of	the following that a	are a	significant use	of its	
а	Public exhibition		d	┌ Loan	or exchange progi	rams			
b	Scholarly research		e	┌ Othe	r				
c	Preservation for future generations								
4	Provide a description of the organization's co Part XIII	ollections and expl	aın hov	w they furth	er the organizatior	ı's ex	empt purpose	n	
5	During the year, did the organization solicit							_	_
	assets to be sold to raise funds rather than t		-					Yes	☐ No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an					a "Y	es" to Form S	990,	
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?			•		ets	not	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	e follov	ving table	-				
					-		An	nount	
С	Beginning balance				-	1c			
d	Additions during the year				-	1d			
е	Distributions during the year				-	1e			
f	Ending balance				L	1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, Iır	ne 21?					☐ Yes	∏ No
ь	If "Yes," explain the arrangement in Part XII	I Check here if the	e expla	anation has	been provided in F	art :	XIII		Г
Pa	rt V Endowment Funds. Complete								
4.	Barrana of warmhalana	(a)Current year 31,770,724	(b)	Prior year 33,066,877	<b>b (c)</b> Two years back 14,354,176	+	Three years back 13,255,402		ears back 16,538,121
la L	Beginning of year balance	517,223		634,695		-	331,778		506,986
b	Net investment earnings, gains, and losses	317,223		054,055	10,303,723		331,770		300,300
С	Net investment earnings, gams, and losses	2,369,019		-167,204	3,234,154	_	1,146,552		-3,273,396
d	Grants or scholarships	231,085		773,012	144,081		217,976		228,043
е	Other expenditures for facilities and programs	3,549,835		896,712	528,809		70,407		202,378
f	Administrative expenses	196,803		93,920	152,292		91,173		85,888
g g	End of year balance	30,679,243		31,770,724	33,066,877	,	14,354,176		13,255,402
2	Provide the estimated percentage of the cur	rent vear end halar	rce (lir	ne 1 a colum	n (a)) held as				
a		40 000 %	100 (111	ic 19, coluii	m (d)) nerd d3				
b	Permanent endowment 42 000 %								
	remailent endowment F	000 %							
С	Temporarily restricted endowment • 186 The percentages in lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse		zation	that are hel	d and administere	d for	the		
	organization by	oo, on one or game			a ana aanningtoro			Yes	No
	(i) unrelated organizations						3a(	_	No
_	(ii) related organizations						3a(	_	No
	If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of the second or the seco					•	31	<b>)</b>	<u> </u>
4 Date	t VI Land, Buildings, and Equipme				10				
Fei	Description of property	int. See roini 3.	<i>50,</i> F6	(a) Cost or	other (b)Cost or o	ther	(c) Accumulated	(d) Bo	ook value
				basis (inves	tment) basis (othe	er)	depreciation		
	Land				12,137	,985		1	12,137,985
	Buildings				71,394		30,130,76	_	41,263,590
	Leasehold improvements				<u> </u>		. ,		· · ·
	Equipment				19,785	,694	15,148,04	9	4,637,645
e	Other				14,571	,236	1,519,35	9 :	13,051,877
	I. Add lines 1a through 1e (Column (d) must e	aual Form 990. Part	X. colu	ımn (B), lıne	10(c).)		🕨	-	71,091,097

Part VIII Investments—Other Securities. Se	e Form 990, Part X, line 12.	
(a) Description of security or category	( <b>b)</b> Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
1 )Financial derivatives		
2 )Closely-held equity interests		
Other		
_		
otal. (Column (b) must equal Form 990, Part X, col (B) line 12)	<b>F</b>	
Part VIII Investments—Program Related. S	ee Form 990 Part X line 13	
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•	
Part IX Other Assets. See Form 990, Part X,		
(a) Desc	ription	(b) Book value
Fotal. (Column (b) must equal Form 990, Part X, col.(B) line .	15.)	
Part X Other Liabilities. See Form 990, Part		<u>'</u>
(a) December of leability	(b) Book value	
	(5) Book value	
Federal Income taxes		
FUNDS HELD IN CUSTODY FOR OTHERS	740,997	
REFUNDABLE ADVANCES FOR STUDENT LOANS	1,665,754	
	, ,	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	2,406,751	
(-,	2,400,731	

12011	Reconciliation of Revenue per Audited Financial Statements with Revenue	per K	eturn
1	Total revenue, gains, and other support per audited financial statements	1	54,878,043
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	-23,708,020
3	Subtract line <b>2e</b> from line <b>1</b>	3	78,586,063
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII )		
c	Add lines <b>4a</b> and <b>4b</b>	4c	-768,013
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	77,818,050
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expense	s per	Return
1	Total expenses and losses per audited financial statements	1	54,506,853
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII )	3	
e	Add lines <b>2a</b> through <b>2d</b>	2e	768,013
3	Subtract line <b>2e</b> from line <b>1</b>	3	53,738,840
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 XIII )	7	
c	Add lines <b>4a</b> and <b>4b</b>	4c	22,547,617
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18 )	5	76,286,457
Part	XIII Supplemental Information		

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

Information							
Identifier	Return Reference	Explanation					
DESCRIPTION OF HOW ORGANIZATION REPORTS CONSERVATION EASEMENTS	PART II, LINE 9	THE COLLEGE OWNS APPROXIMATELY 283 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					
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	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					
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	THE COLLEGE FOLLOWS THE FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB") GUIDANCE THAT REQUIRES A TAX POSITION TO BE RECOGNIZED OR DERECOGNIZED BASED ON THE "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 2013 AND 2012 THE COLLEGE'S FEDERAL EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURNS FOR 2012, 2011, AND 2010 REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE					
PART XI, LINE 2D - OTHER ADJUSTMENTS		SCHOLARSHIP EXPENSE -22,547,617 LOSS ON REFUNDING BONDS -1,571,307					
PART XI, LINE 4B - OTHER ADJUSTMENTS		COST OF GOODS SOLD -592,876 RENTAL EXPENSE - 48,838 SPECIAL EVENTS EXPENSE -86,720 LOSS ON DISPOSAL OF ASSETS -39,579					
PART XII, LINE 2D - OTHER ADJUSTMENTS		COST OF GOODS SOLD 592,876 RENTAL EXPENSE 48,838 SPECIAL EVENTS EXPENSE 86,720 LOSS ON DISPOSAL OF ASSETS 39,579					
PART XII, LINE 4B - OTHER ADJUSTMENTS		SCHOLARSHIP EXPENSE 22,547,617					

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493135007184

**Employer identification number** 

#### SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schools**

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2012

Open to Public Inspection

DELAWARE VALLEY COLLEGE OF SCIENCE AND AGRICULTURE 23-1352665 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes 4d Yes d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? Νo 5a **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo 5h Νo h Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a 6a Does the organization receive any financial aid or assistance from a governmental agency? Yes b Has the organization's right to such aid ever been revoked or suspended? Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05

of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

Yes

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

ldentifier	Return Reference	Explanation					
EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION	SCHEDULE E, PART I, LINE 3	THE NON-DISCRIMINATION POLICY OF THE COLLEGE IS INCLUDED IN ALL EXTERNALLY TARGETED PUBLICATIONS, THE COLLEGE CATALOG AND THE WEBSITE					
EXPLANATION OF GOVERNMENT FINANCIAL ASSISTANCE	SCHEDULE E, PART I, LINE 6	THE COLLEGE RECEIVES FEDERAL FUNDS UNDER THE PERKINS LOAN, PELL GRANT, SUPPLEMENTAL EDUCATION OPPORTUNITY GRANT, COLLEGE WORK STUDY, LEGACY/TALENT SEARCH PROGRAMS AND OTHER MISCELLANEOUS FEDERAL RESEARCH AND DEVELOPMENT GRANTS ADDITIONALLY, THE COLLEGE RECEIVES VARIOUS GRANTS FROM THE COMMONWEALTH OF PENNSYLVANIA AND ITS POLITICAL SUBDIVISIONS					

Schedule E (Form 990 or 990-EZ) 2012

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DELAWARE VALLEY COLLEGE OF SCIENCE AND AGRICULTURE

DLN: 93493135007184

OMB No 1545-0047

**Employer identification number** 

23-1352665

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

**SCHEDULE G** 

Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

**Supplemental Information Regarding** 

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

Open to Public Inspection

Part I Fundraising Act	ivities. Complete	e if the or	ganızatı	on answered "Yes" t	o Form 990, Part IV	, line 17.
<ul> <li>Indicate whether the organ</li> <li>Mail solicitations</li> <li>Internet and email solic</li> <li>Phone solicitations</li> <li>In-person solicitations</li> <li>Did the organization have a or key employees listed in</li> <li>If "Yes," list the ten highes to be compensated at least</li> </ul>	<b>T Yes T N</b> o					
(i) Name and address of Individual or entity (fundraiser)	(ii) Activity	(iii) fundrais custo contr	er have dy or ol of	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No			
3 List all states in which the licensing	organization is regis	tered or lic	ensed to	solicit funds or has be	en notified it is exempt	from registration or

Sche	dule	e G (Form 990 or 990-EZ) 2012				Page 2
Pai	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts of	aising event contribut			
			(a) Event #1  DVC GOLF CLASSIC	<b>(b)</b> Event #2	(c) O ther events	(d) Total events (add col (a) through col (c))
			(event type)	(event type)	(total number)	.,,
₽	1	Gross receipts	137,18	О		137,180
Revenue	2	Less Contributions	92,43	5		92,435
<u>~</u>	3	Gross income (line 1 minus line 2)	44,74	5		44,745
	4	Cash prizes				
မာ	5	Noncash prizes				
Expenses	6	Rent/facility costs	23,92	1		23,921
ă ă	7	Food and beverages .	18,15	o		18,150
Dreat-	8	Entertainment				
à	9	Other direct expenses .	40,03	40,034		
	10	Direct expense summary Add lir	nes 4 through 9 ın columi	n (d)		(82,105)
	11	Net income summary Combine I			•	-37,360
Par	t II			"Yes" to Form 990, Pa	rt IV, line 19, or repo	
		\$15,000 on Form 990-EZ, li		<u> </u>		
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u>R</u>	1	Gross revenue			24,405	24,405
90	2	Cash prizes			4,295	4,295
kpenses	3	Non-cash prizes				
ш	4	Rent/facility costs				
Direct	5	Other direct expenses			320	320
			┌ Yes	┌ Yes	▼ Yes100 000 %	•
	6	Volunteer labor	☐ No	│	□ No	<b>-</b>
	7	Direct expense summary Add line	es 2 through 5 in column	(d)	🛌	4,615
	8	Net gaming income summary Con	nbine lines 1 and 7 in col	umn (d)	🛌	19,790
9	Ent	ter the state(s) in which the organiz	ation operator gaming as	structure PA		
a		the organization licensed to operate		<u> </u>		. ▼ Yes 「No
b		'No," explain				
10a	We	re any of the organization's gaming				
b	If"	'Yes," explain				·

Does	s the organization operate gaming	activities with nonmembers?		·· 🔽 Yes $\Gamma_{No}$
12	Is the organization a grantor, ber	neficiary or trustee of a trust or a mem	ber of a partnership or other entity	
	formed to administer charitable o	gaming?		Г <sub>Yes</sub> Г <sub>No</sub>
L3	Indicate the percentage of gamir	ng activity operated in		
а	The organization's facility			13a
b	An outside facility			<b>13b</b> 100 000 %
14	Enter the name and address of th	ne person who prepares the organization	on's gamıng/specıal events books a	nd records
	Name JIM CLEMENTS			
	Address ► 700 EAST BUTLE	RAVE		
		A 18901		
15a		ntract with a third party from whom the		
	revenue?			<b>┌ <sub>Yes</sub> ┌</b> №
b	If "Yes," enter the amount of gan	ning revenue received by the organiza	tion 🟲 \$ and	i the
	amount of gaming revenue retain	ed by the third party 🟲 \$		
c	If "Yes," enter name and address	s of the third party		
	Name 🟲			
	Address 🟲			
16	Gaming manager information			
	Canning manager mormation			
	Name ▶ JIM CLEMENTS			
	Gaming manager compensation	<b>\$</b> 0		
	Description of services provided	PREPARES AND DISTRIBUTES OF PAYMENT TO WINNERS		
	Director/officer	F Employee	Independent contractor	
17	Mandatory distributions	i Employee	i Independent contractor	
		er state law to make charitable distribi	itions from the gaming proceeds to	
u				
b		required under state law distributed t		
		activities during the tax year \( \)	o other exempt organizations or sp	=11C
Pa		mation. Complete this part to pr	ovide the explanations require	d by Part I. line 2h.
	columns (III) and (v), a	and Part III, lines 9, 9b, 10b, 15b	, 15c, 16, and 17b, as applicab	
	part to provide any ad	ditional information (see instructi	ons).	
	Identifier	Return Reference	Explana	ion

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

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

OMB No 1545-0047

DLN: 93493135007184

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

Name of the organization		0.11. T.1.D.F				Employer Identification	on number
DELAWARE VALLEY COLLEGE OF S	CIENCE AND AGRI	CULTURE				23-1352665	
Part I General Information	on on Grants and	d Assistance				•	
<ul> <li>Does the organization maintain the selection criteria used to av</li> <li>Describe in Part IV the organiz</li> </ul>	ward the grants or as	sistance?					▼ Yes
Part II Grants and Other A Form 990, Part IV, lin							es" to
(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	( <b>d)</b> Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	( <b>h)</b> Purpose of gran
<ul><li>2 Enter total number of section 5</li><li>3 Enter total number of other organization</li></ul>		=				· · · <b>›</b> _	
For Paperwork Reduction Act Notice, se				Cat No 50055P			le I (Form 990) 2012

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Pa	art IV,	line 22
	Part III can be duplicated if additional space is needed.		

(a)Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	<b>(d)</b> A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) VARIOUS STUDENT SCHOLARSHIPS	1400	22,849,536			
Dart IV Supplemental Informat					

Part IV Supplemental Information.

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

Complete this part to provide	e the imormation required in rait 1, r	me 2,1 are 111, column (b), and any other additional information
Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	· · · · · · · · · · · · · · · · · · ·	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

Schedule I (Form 990) 2012

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DLN: 93493135007184

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury

Internal Revenue Service

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

**Compensation Information** 

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization DELAWARE VALLEY COLLEGE OF SCIENCE AND AGRICULTURE **Employer identification number** 

23-1352665

Pa	It I Questions Regarding Compensation						
			Yes	No			
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items						
	First-class or charter travel  Housing allowance or residence for personal use						
	Travel for companions  Payments for business use of personal residence						
	Tax idemnification and gross-up payments  Health or social club dues or initiation fees						
	Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)						
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Yes				
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers,						
	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes				
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III						
	✓ Compensation committee						
	✓ Independent compensation consultant ✓ Compensation survey or study						
	Form 990 of other organizations  Approval by the board or compensation committee						
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization						
а	Receive a severance payment or change-of-control payment?	4a		Νo			
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo			
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo			
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III						
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.						
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of						
а	The organization?	5a		Νo			
b	Any related organization?	5b		Νo			
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of						
а	The organization?	6a		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 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No			
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was						
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe						
	ın Part III	8		Νo			
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9					

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation			other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990	
(1)JOSEPH S BROSNAN PRESIDENT	(i) (ii)	295,834 0	0 0	180,981 0	22,500 0	7,112 0	506,427 0	0	
(2)ARTHUR GLASS VP, FINANCE & ADMINISTRATI	(i) (ii)	224,750 0	0 0	16,166 0	20,227 0	1,209 0	262,352 0	0	
(3)BASHAR HANNA VP, ACADEMIC AFFAIRS	(i) (ii)	218,160 0	0 0	6,942 0	17,000 0	13,331 0	255,433 0	o 0	
(4)E NORMAN JONES VP, ENROLLMENT MGMT	(i) (ii)	179,065 0	0 0	6,91 <b>4</b> 0	16,911 0	10,573 0	213,463	0	
(5)BENJAMIN E RUSILOSKI DEAN OF BUSINESS, EDUCATION, ARTS &	(i) (ii)	151,500 0	0	7,840 0	13,635 0	7,025 0	180,000	0	
(6)JOSEPH ERCKERT VP, INSTITUTIONAL ADVANCEM	(i) (ii)	147,510 0	0 0	830 0	8,851 0	7,038 0	164,229 0	o 0	
(7)RUSSELL REDDING DEAN, SCHOOL OF AGRI & ENV	(i) (ii)	141,759 0	0 0	20,491 0	8,232 0	363 0	170,845 0	0	

Schedule J (Form 990) 2012

#### Part IIII Supplemental Information

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

Identifier	Return Reference	Explanation
	PART I, LINE 1A	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) 2012

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DLN: 93493135007184

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**Inspection** 

OMB No 1545-0047

Schedule K (Form 990)

**Supplemental Information on Tax Exempt Bonds** ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions,

> explanations, and any additional information in Part VI. ► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization DELAWARE VALLEY COLLEGE OF SCIENCE AND AGRICULTURE **Employer identification number** 

DEL	LAWARE VALLET COLLEGE O	7F SCIENCE AND	AGRICULTURE									23-1352665						
Pa	art I Bond Issues																	
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issu	ie blice	<b>(f)</b> D	escr	ription of purp	oose			<b>g)</b> ased		On alf of uer	(i) Pool financing		
			<u> </u>									Yes	No	Yes	No	Yes	No	
Α	PENNSYLVANIA HIGHER EDUCATION FACILITIES AUTHORITY	23-2243852	70917SBL6	10-18-2012	34,8	353,500		CIEN	ON/EQUIPM NCE BUILDIN NCE		SHINGS		х		x		x	
В	PENNSYLVANIA HIGHER EDUCATION FACILITIES AUTHORITY	23-2243852	70917PDXO	08-25-2004	5,3	14,995	CONSTRUCTION/EQUIPMENT/FURNISHINGS FOR 100-BED DORMITORY & IMPROVEMENTS					х		х		x		
Pa	Proceeds																	
	A mount of bonds retired						A			F7 F 000		С		+		D		
$\frac{1}{2}$	Amount of bonds legally de		<del> </del>	5/5	,000	<u> </u>	575,000				+							
3	Total proceeds of issue		34,853,500 5,314,995							+								
3 4	Gross proceeds in reserve		<del> </del>				5,314,995				+							
<del>4</del> 5	Capitalized interest from pr		<del>                                     </del>	2,310			185,574				+							
6	Proceeds in refunding escre		<del>                                     </del>	12,551	,574	<del>                                     </del>	100,074				+							
7	Issuance costs from proce					<del>                                     </del>		,183		140,935				+				
8	Credit enhancement from p					<del>                                     </del>		,908		10,997				+				
9	Working capital expenditure					<del>                                     </del>	10,557							+				
10	Capital expenditures from p	·				<del>                                     </del>	9,987,352 4,977,489							+				
11	O ther spent proceeds	·				<del>                                     </del>	9,639,273							+			$\overline{}$	
12						<del>                                     </del>		,2,0						+				
13	Year of substantial complet	tion				<del> </del>	2013		20	06								
						Yes			Yes	No	Yes	- 1	No	- 1	Yes	ı	No	
14	Were the bonds issued as p	part of a current re	efunding issue?		l	×				Х						1		
15	Were the bonds issued as p	part of an advance	e refunding issue?	<i>&gt;</i>		х				Х								
16	Has the final allocation of p	proceeds been ma	ade?				х		Х					$\top$		$\top$		
17	7 Does the organization maintain adequate books and records to support the final allocation of proceeds?								Х									
Pa	rt IIII Private Business	s Use								'		•						
							Α		+	В		<u> </u>		_		D		
_	Mag the organization a par	tnor in a nartnore	hin ara mambar	of an IIC which	awnad	Yes	No	)	Yes	No	Yes		No	+	Yes	$+\!\!-$	No	
1	Was the organization a part	owned		l x	l		l x						-					

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

property financed by tax-exempt bonds?

financed property?

Χ

	dule K (Form 990) 2012									Page <b>Z</b>	
Par	Private Business Use (Continued)		ı					_	ı	_	
				A No		B No		C	Vaa	D No	
3a	Are there any management or service contracts that may result in private of bond-financed property?	business use	Yes	X	Yes	No	Yes	No	Yes	No	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the final property?		Х		Х						
С	Are there any research agreements that may result in private business use financed property?	e of bond-		х		Х					
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?										
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 00000% 0 000000				%	%		
5	Enter the percentage of financed property used in a private business use a unrelated trade or business activity carried on by your organization, anothe 501(c)(3) organization, or a state or local government		0 00000%		0 00000%		%	%			
6	Total of lines 4 and 5		0 00000%		0 00000%		%	%			
7	Does the bond issue meet the private security or payment test?			Х		Х					
8a	Has there been a sale or disposition of any of the bond financed property to nongovernmental person other than a 501(c)(3) organization since the bor issued?		х		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or	disposed of		%		%		%		%	
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations 1 141-12 and 1 145-2?										
9	Has the organization established written procedures to ensure that all non- bonds of the issue are remediated in accordance with the requirements und Regulations sections 1 141-12 and 1 145-2?		×		X						
Par	t IV Arbitrage			1				<u> </u>	l		
		А			В		С		D		
		Yes	No	Yes	No	Ye	s	No	Yes	No	
1	Has the issuer filed Form 8038-T?		Х		Х						
2	If "No" to line 1, did the following apply?										
а	Rebate not due yet?		Х		Х						
b	Exception to rebate?	Х		Х							
С	No rebate due?		Х		Х						
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed			•	•	•	•	•	•		
3	Is the bond issue a variable rate issue?		Х		Х						
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х		Х						
b	Name of provider										
С	Term of hedge										
d	Was the hedge superintegrated?										
e	Was a hedge terminated?										
		•	•	-	-	· · · · · · · · · · · · · · · · · · ·					

Part IV Arbitrage (Continued)

**Identifier** 

**Return Reference** 

				0					
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		Х				
b	Name of provider								
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		×		Х				
7	Has the organization established written procedures to monitor the requirements of section 148?	Х		×					
Pa	rt V Procedures To Undertake Corrective Action								
		Α		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	Х		×					
Dr	Supplemental Information Complete this part to pr	ovido addition	al informati	on for rocnor	sees to quest	tions on Scho	dulo V (soo	inctructions)	

Schedule K (Form 990) 2012

**Explanation** 

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OMB No 1545-0047

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## **SCHEDULE M** (Form 990)

Department of the Treasury Internal Revenue Service

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

**Noncash Contributions** 

Name of the organization DELAWARE VALLEY COLLEGE OF SCIENCE AND AGRICULTURE **Employer identification number** 

					23-1352665			
Pa	rt I Types of Property							
	Aut. Maula -5 - th	(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d Method of d noncash contrib	letermı	_	ts
	Art—Works of art							
	Art—Historical treasures .							
	Art—Fractional interests							
	Books and publications							
5	Clothing and household							
6	goods					-		
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .							
	Securities—Closely held stock .					-		
	Securities—Partnership, LLC,							
	or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Q ualified conservation							
	contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	HORSE CLOTHING AND RIDING Other► ( <u>ACCESSORIES</u> )	X	1	12,647	DONOR COST			
	DINING							
~~	HALL			144.000	DONOR COST			
	Other► ( <u>RENOVATIONS</u> )	X	1	144,822	DONOR COST			
	O ther ► ()							
	Other ► ()	la contra de la constanta						
29	Number of Forms 8283 received for which the organization comple				29			
	To the organization comple		200/1 die 11/ Dones / tokin				Yes	No
30a	During the year, did the organiza	ation receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it			
	must hold for at least three year for exempt purposes for the enti	s from the o	date of the initial contributi	on, and which is not require		30a		No
L	If "Yes," describe the arrangem					30a		110
31	Does the organization have a gif			review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us	e third parti	ies or related organizations	to solicit, process, or sell	noncash			
	contributions?			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		32a		No
L	If "Yes," describe in Part II					JZa		No
33	If the organization did not report describe in Part II	t an amount	in column (c) for a type of	property for which column (	a) is checked,			

Page 2

Schedule M	(Form 990) (201:
Part II	Supplem

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

Identifier Return Reference Explanation

Schedule M (Form 990) (2012)

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493135007184

OMB No 1545-0047

2012

Open to Public Inspection

## Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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 A, LINE 1	THE MEMBERSHIP OF THE EXECUTIVE COMMITTEE CONSISTS OF BETWEEN 6-8 TRUSTEES AND INCLUDES THE COLLEGE PRESIDENT, THE CHAIRPERSON OF THE BOARD AND THE VICE CHAIRPERSON OF THE BOARD PLUS OTHER TRUSTEES AS VOTED BY THE BOARD THIS COMMITTEE MAY EXERCISE ALL THE POWERS AND THE AUTHORITY OF THE BOARD OF TRUSTEES EXCEPT FOR THE FOLLOWING THE FILLING OF VACANCIES IN THE BOARD OF TRUSTEES, THE ADOPTION, AMENDMENT, OR REPEAL OF THE BY LAWS, THE AMENDMENT OR APPEAL OF ANY RESOLUTION OF THE BOARD OF TRUSTEES AND THE PURCHASE OR SALE OR LONG-TERM LEASING (GREATER THAN FIVE YEARS) OF ANY REAL ESTATE, OR THE PLEDGING OR MORTGAGING OF THE SAME.	

Identifier	Return Reference	Explanation	
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 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 F	Return Reference	Explanation
P/ S	FORM 990, PART VI, SECTION B, INE 12C	THE CONFLICT OF INTEREST SURVEYS ARE COMPLETED ANNUALLY BY THE BOARD OF TRUSTEES AND DELAWARE 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 ON 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

Identifier	Return Reference	Explanation	
	FORM 990, PART VI, SECTION B, LINE 15A	THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES USES A COMPENSATION CONSULTANT AND INDEPENDENT COMPENSATION SURVEYS TO DETERMINE THE PRESIDENT'S COMPENSATION ANNUALLY THE SERVICES OF THE COMPENSATION CONSULTANT WERE LAST USED IN 2013 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	

Identifier	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
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	LOSS ON BOND REDEMPTION -1,571,307