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DLN: 93493133012905

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 private foundations)

► Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

generally cannot redact the information on the form

Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

Open to Public Inspection

A Fo	r the	2013 ca	lendar year, or tax year beginning	07-01-2013 , 2013, and ending 06-	-30-2014				
		applicable	C Name of organization	, ,		D Emplo	yer ide	entification number	
	dress c		DESALES UNIVERSITY			23-16	5371	8	
┌ _{Na}	me cha	ange	Doing Business As				33,1		
┌ Init	ial retu	urn	Number and street (or P.O. boy if ma	ııl ıs not delivered to street address) Room/	cuito				
_	mınate		2755 Station Avenue	in is not delivered to street address) Room/	suite	E Telepho	ne nun	nber	
		return	City or town, state or province, count	rv. and ZIP or foreign postal code		(610)	282-	1100	
_		n pending	Center Valley, PA 18034	ity, and zir or foreign postal code					
j Api	Jiicatio	iii penunig			1			\$ 117,939,236	
			F Name and address of prince Robert J Snyder	cipal officer		Is this a group subordinates?	returr	n for	
			2755 Station Avenue			saboramates.		1 1651 140	
			Center valley, PA 18034			Are all subordi	nates	┌ Yes ┌ No	
T Ta	x-exer	mpt status		sert no)		included? If "No " attach	a lict	(see instructions)	
				sett 10) 4547(a)(1) 01 527		ii No, attacii	a list	(see mstractions)	
J W	ebsit	e:► ww	w desales edu		H(c)	Group exempt	ion nu	mber ►	
K For	n of o	rganızatıor	Corporation Trust Association	Other ►	L Yea	r of formation 19	65 M	State of legal domicile PA	
Pa	rt I	Sun	ımary						
	1	Briefly o	lescribe the organization's mission	n or most significant activities					
				rovide men and women with quality h		cation accordin	g to tl	he philosophy of	
ቋ		Christia	n numanism as developed by Sain	t Francis de Sales and his spiritual	neirs				
ĕ									
Ĕ									
Governance	2	Check t	his box 🛏 if the organization dis	continued its operations or disposed	d of more t	han 25% of its	net a	ssets	
	_						۱ ـ	1	
Activities &	I			ng body (Part VI, line 1a)			3	33	
Ě	I			f the governing body (Part VI, line 1			4	30	
ਬੁ	I			alendar year 2013 (Part V, line 2a)			5	2,178	
4			·	cessary)			6	106	
				rt VIII, column (C), line 12			7a	989,355	
	Ь	Net unr	elated business taxable income fro	om Form 990-T, line 34			7b	0	
	_			413		Prior Year	101	Current Year	
ā	8		• , ,	e 1 h)	12,972,4		8,218,476		
Ravenue	9	-	·	e 2g)		77,911,1	-	81,081,566 5,553,926	
盏	10		revenue (Part VIII, column revenue (Part VIII, column (A), l	(A), lines 3, 4, and 7d)	. —	4,820,0	_		
	11 12		, , , , , , , , , , , , , , , , , , , ,	(must equal Part VIII, column (A), li		1,822,2	230	1,973,143	
	12		· · · · · · · · · · · · · · · ·			97,525,9	51	96,827,111	
	13			X, column (A), lines 1-3)		25,450,7	719	26,886,778	
	14	Benef	its paid to or for members (Part IX	(, column (A), line 4)			0	0	
46	15			e benefits (Part IX, column (A), lines	;	20.060.5		31,497,360	
Expenses	l	5-10	•			29,968,5			
₹.	16a		ssional fundraising fees (Part IX, o		•		0	0	
ठ	Ь		undraising expenses (Part IX, column (D),						
	17			nes 11a-11d, 11f-24e)		28,799,6		30,496,085	
	18			t equal Part IX, column (A), line 25)		84,218,8	-	88,880,223	
. 00	19	Revei	nue less expenses Subtract line 1	8 from line 12		13,307,0		7,946,888	
Net Assets or Fand Balances					Beg	inning of Currei Year	nt	End of Year	
io Se	20	Total	assets (Part X, line 16)		. 🗀	181,734,9	32	199,057,287	
28 28	21		liabilities (Part X, line 26)			57,315,2	-	63,325,222	
20	22		ssets or fund balances Subtract I			124,419,6		135,732,065	
Pai	rt II		nature Block					. ,	
				mined this return, including accompa	anying sch	edules and sta	temer	nts, and to the best of	
my k	nowle	dge and	belief, it is true, correct, and com	plete Declaration of preparer (other					
prepa	arer h	as any k	nowledge						
		T.				1			
c:-		Sian	ature of officer			2015-05-07 Date			
Sigr Her		1.				- 			
	_		ert Snyder VP Finance and Admin e or print name and title						
			Print/Type preparer's name	Preparer's signature	Date	Check If	PTIN		
Paid	d	L		-		self-employed			
	a pare		Firm's name 🕨			Firm's EIN 🕨			
	Part On		Firm's address 📂			Phone no			
U 36		ויוע				1			

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

┌Yes ┌No

le Total program service expenses ► 84,014,121

(Expenses \$

0 including grants of \$

0)(Revenue \$

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV^{\square}	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	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	Yes	
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 $X^{f G}$	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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 🥵	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Yes	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government 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 or 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? <i>If "Yes," complete Schedule J</i>	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 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, 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? <i>If "Yes," complete Schedule L, Part III </i>	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)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			1
		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? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
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	Yes	
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
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	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note, All Form 990 filers are required to complete Schedule O	38	Yes	

ŒП	Statements Regarding Other 1RS Fillings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	• •	Yes	.) No
1	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 4,637		1 00	- 110
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
1	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			
	by this return	2b	Yes	
			١	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
1	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	Yes	
	If "Yes," enter the name of the foreign country ▶CJ, RO			
	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		N
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		N
•	organization solicit any contributions that were not tax deductible as charitable contributions?	L		IN
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to		105	
	file Form 8282?	7c		Ν
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		N
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		N
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		N
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		1	
		8		
	Sponsoring organizations maintaining donor advised funds.	0-		
	Did the organization make any taxable distributions under section 4966?	9a 9b		
	Did the organization make a distribution to a donor, donor advisor, or related person?	30		
	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	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)			
	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			
	Section 501(c)(29) qualified nonprofit health insurance issuers.		1	
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand		1	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14h		l

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

Cheat of Cahadula O contains a vacanance or note to any line in this Dart VI									
Check if Schedule O contains a response or note to any line in this Part VI		•	•		•		•	•	. *

Se	ection 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	Yes						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No					
6	Did the organization have members or stockholders?	6		No					
	Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or	\vdash		NO					
	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	f b Each committee with authority to act on behalf of the governing body?								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No					
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)					
			Yes	No					
10a	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?	10a 10b		No					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b	Yes	No					
b 11a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	10b	Yes	No					
b 11a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes	No					
b 11a b 12a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b		No					
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a	Yes	No					
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b	Yes Yes	No					
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy?	10b 11a 12a 12b	Yes Yes Yes	No					
b 11a b 12a b c	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by	10b 11a 12a 12b 12c 13	Yes Yes Yes	No					
b 11a b 12a c 13 14	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes	No					
b 11a b 12a c 13 14 15 a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No					
b 11a b 12a c 13 14 15 a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes	No					
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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 Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No					
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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 Other officers or key employees of the organization 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 taxable entity during the year?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No					
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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 Other officers or key employees of the organization 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	10b 11a 12a 12b 12c 13 14 15a	Yes Yes Yes Yes Yes Yes						
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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 Other officers or key employees of the organization 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 taxable entity during the year? 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	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes						
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes						
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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 Other officers or key employees of the organization 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 taxable entity during the year? 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?	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes						

- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 ▶DeSales University Treasurer's Office 2755 Station Avenue
 Center Valley, PA 180349568 (610) 282-1100

Form 990	(2013)	
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

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

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

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter - 0 - in columns (D), (E), and (F) if no compensation was paid

◆ List all of the organization's current key employees, if any See instructions for definition of "key employee"

List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more t	han o	one l both	box, an o	heck sofficer (stee) Highest compensated	Former	(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

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

	(A) Name and Title	(B) Average hours per week (list	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (D) Reportable compensation compensation from the organization (W- organizations (V-										(F) Estima mount o	ted fother atıon
		any hours for related organizations below dotted line)	a Individual trustee or director	d Institutional Trustee	Officel			Former	organizatio 2/1099-M		organizations (W 2/1099-MISC)) 0	from t rganizati relate organiza	on and ed
													_	
1b	Sub-Total			•				 						
c	Total from continuation sheet	s to Part VII, S	ection A	٠.		•		•		510,100				226 270
d 	Total (add lines 1b and 1c). Total number of individuals (in	cluding but not	· ·	to the	se.	ıste	d abov	e) w	· ·	519,198 nore th		0		336,270
_	\$100,000 of reportable compe							٠,						
													Yes	No
3	Did the organization list any fo on line 1a? <i>If "Yes," complete S</i>					key •	emplo	yee, •	or highest co	ompen:	sated employee	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual											V 0.5		
5	Did any person listed on line 1 services rendered to the organ									zation	or individual for	5	Yes	 N o
			-					•					1	
Se 1	ction B. Independent Co Complete this table for your fix		ensated	d inde	epen	dent	contr	acto	rs that receiv	ed mo	re than \$100.000	of		
	compensation from the organiz	zation Report co									thin the organizat			
		(A)							1		(B)		(C)

(A) Name and business address	(B) Description of services	(C) Compensation
Computer Aid Inc PO Box 785526 Philadelphia PA 19178	IT management	1,084,335
Wills Hall Oblate Community 2755 Station Avenue Center Valley PA 18034	Professional	916,310
Breslin Ridyard Fadero Architects 1226 Union Blvd Allentown PA 18109	Architects	471,404
160over90 1 S Broad Street Philadelphia PA 19107	Advertising	394,499
Morgan Stanley Wealth Management 3500 Winchester Road Allentown PA 18104	Investment consultant	329,912

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶9

Other Revenue	

Part V	/1111	Statement of	of Revenue					rage J
		Check If Sched	ule O contains a respor	nse or note to any lir		<u> </u>		<u> </u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated cam	paigns 1a	0				
ants	ь	Membership du	ıes 1b	0				
9 E	c	Fundraising ev	ents 1c	318,529				
ffs, FA	d	_	zations 1d	0				
Jiaa Bia	e	Government grant		5,589,129				
ms, Sin		-						
utio ier	f	sımılar amounts n	ons, gifts, grants, and 1f ot included above	2,310,818				
	g	Noncash contributi 1a-1f \$	ons included in lines	261,473				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add line	s 1a-1f		8,218,476			
				Business Code				
nue	2a	Higher educatin pr	ogram services	611310	81,081,566	81,081,566	0	0
æ. Æ	ь	<u>-</u>			, ,	, ,		
е Н	С							
Ę.	d							
ૐ E	e							
Program Serwoe Revenue	f	All other progra	am service revenue		0	0	0	0
š	g	Total. Add line	s 2a-2f		81,081,566			
	3		come (including dividen				4 675	4 062 702
	_		aramounts)	F	1,064,378	0	1,675	1,062,703
	5	Royalties .	stment of tax-exempt bond	proceeds -	0	0	0	0
	3	Royalties .	(ı) Real	(II) Personal			J	Ū
	6a	Gross rents	263,002	0				
	ь	Less rental	0	0				
	С	expenses Rental income	263,002	0				
	d	or (loss) Net rental inco	me or (loss)		263,002	О	o	263,002
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	25,170,471	267,528				
	b	Less cost or other basis and	20,871,561	76,890				
	c	sales expenses Gaın or (loss)	4,298,910	190,638				
	d		ss)		4,489,548	4,489,548	0	0
e E	8a	Gross income f	from fundraising					
Other Revenue		۳	s reported on line 1c) ne 18					
je.	ь	less directev	apenses b	124,162 163,674				
₹	c		(loss) from fundraising		-39,512		0	-39,512
	9a		from gaming activities ne 19 a					
	ь	Less direct ex	penses b					
	c		(loss) from gaming acti	vities				
	10a	Gross sales of returns and allo						
	ь	Less costofa	oods sold b					
	С		(loss) from sales of inv	entory 🛌				
		Mıscellaneou	s Revenue	Business Code				
	11a	Auxiliary Servi	ce	721000	1,538,818	551,138	987,680	
	ь	Bookstore Con	nmission	611310	172,506	172,506	0	0
	С	Laundry & Ven		611310	38,329	38,329	0	0
	d		ue		0	0	0	0
	e		s 11a-11d	•	1,749,653			
	12	Total revenue.	See Instructions .		96,827,111	86,333,087	989,355	1,286,193

	550 (2015)				Page 10
	Statement of Functional Expenses			lata asluman (A.)	
section	on 501(c)(3) and 501(c)(4) organizations must complete all columns All				
	Check if Schedule O contains a response or note to any line in this		 (B)	(c)	<u> </u> (D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	26 947 779	26,847,778		
3	Grants and other assistance to governments,	26,847,778	20,847,778		
3	organizations, and individuals outside the United States See Part IV, lines 15 and 16	39,000	39,000		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	810,400	189,849	449,858	170,693
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	23,421,610	21,803,512	769,887	848,211
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,518,484	1,383,481	73,557	61,446
9	Other employee benefits	4,039,279	3,677,103	198,726	163,450
10	Payroll taxes	1,707,587	1,555,771	82,718	69,098
11	Fees for services (non-employees)				
а	Management				_
b	Legal	28,143		28,143	
c	Accounting	79,214		79,214	
d	Lobbying	42,000		42,000	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	355,860		355,860	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,117,059	693,272	423,787	
12	Advertising and promotion	1,262,988	1,261,308	1,680	
13	Office expenses	4,243,833	3,654,623	229,139	360,071
14	Information technology	1,343,303	1,343,303	223,133	300,071
15	Royalties	1,545,505	1,545,505		
16	Occupancy	3,876,307	3,876,307		
17	Travel	989,262	788,905	170,962	29,395
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	909,202	788,303	170,902	29,393
19	Conferences, conventions, and meetings	301,726	259,936	24,354	17,436
20	Interest	1,462,418	1,462,418	·	<u> </u>
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,217,401	6,217,401		
23	Insurance	615,603	615,603		
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)	,	,		
а	Food service	5,278,546	5,278,546	0	0
b	Equipment & maintenance	1,393,057	1,345,737	47,320	0
c	Student association	476,329	476,329	0	0
d	Membership	236,978	173,111	56,544	7,323
e	All other expenses	1,176,058	1,070,828	61,693	43,537
25	Total functional expenses. Add lines 1 through 24e	88,880,223	84,014,121	3,095,442	1,770,660
26	Joint costs. Complete this line only if the organization 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

Pai	rt X	Check if Schedule O contains a response or note to any line in	n this	Part X			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			0	1	0
	2	Savings and temporary cash investments			8,709,773	2	8,195,893
	3	Pledges and grants receivable, net			2,620,977	3	2,231,693
	4	Accounts receivable, net			3,091,032	4	2,773,702
	5	Loans and other receivables from current and former officers, employees, and highest compensated employees Complete Formation C	0	5	0		
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	ibuting employers		5	0	
82	7	Notes and loans receivable, net	2,670,795		2,765,817		
ď	8	Inventories for sale or use			2,575,765		2,700,017
	9	Prepaid expenses and deferred charges			693,646		892,695
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	 10a	190,834,740			
	ь	Less accumulated depreciation	10b	72,647,034	111,466,371	10c	118,187,706
	11	Investments—publicly traded securities			44,014,960	11	53,181,647
	12	Investments—other securities See Part IV, line 11	8,243,843	12	10,593,163		
	13	Investments—program-related See Part IV, line 11	0	13	0		
	14	Intangible assets			0	14	0
	15	Other assets See Part IV, line 11			223,535	15	234,971
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			181,734,932	16	199,057,287
	17	Accounts payable and accrued expenses			4,943,136	17	5,910,036
	18	Grants payable	0	18	0		
	19	Deferred revenue			6,014,238	19	5,949,872
	20	Tax-exempt bond liabilities			39,565,001	20	45,673,233
φ.	21	Escrow or custodial account liability Complete Part IV of Sci	2,824,156	21	3,075,780		
Liabilitie	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disqua					
qе		persons Complete Part II of Schedule L			0	22	0
	23	Secured mortgages and notes payable to unrelated third parti	es .		2,064,156	23	934,339
	24	Unsecured notes and loans payable to unrelated third parties			0	24	0
	25	Other liabilities (including federal income tax, payables to rel and other liabilities not included on lines 17-24) Complete P	art X	of Schedule	1,904,570	25	1,781,962
	26	D			57,315,257	26	63,325,222
	26	Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34.			37,313,237	20	00,020,222
Ĭ	27	Unrestricted net assets			102,550,571	27	110,912,448
<u>8</u>	28	Temporarily restricted net assets			7,005,679	28	8,631,846
	29	Permanently restricted net assets			14,863,425	29	16,187,771
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check complete lines 30 through 34.					<u> </u>
ō	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
455	32	Retained earnings, endowment, accumulated income, or other				32	
Net /	33	Total net assets or fund balances			124,419,675	33	135,732,065
Ź	34	Total liabilities and net assets/fund balances			181,734,932	34	199,057,287
	12.	. Till. Nabilities and het abbetspland balances		· ·	101,704,002	J-7	Torm 000 (2012)

Par	t XI	Reconcilliati	ion of Net Assets					-9
				note to any line in this Part XI				▽
1	Totalı	evenue (must e	qual Part VIII, column (A), lı	ıne 12)	1		96,8	327,111
2	Total	expenses (must	equal Part IX, column (A), lır	ne 25)	2		88,8	380,223
3	Reven	ue less expense	s Subtract line 2 from line 1		3		7,9	946,888
4	Net as	sets or fund bala	ances at beginning of year (m	nust equal Part X, line 33, column (A))	4		124,4	19,675
5	Net un	realized gains (l	osses) on investments .		5		3,3	323,853
6	Donate	ed services and	use of facilities		6			0
7	Invest	ment expenses			7			0
8	Prior p	eriod adjustmen	nts		8			0
9	Other	changes in net a	assets or fund balances (expl	laın ın Schedule O)	9			41,649
10	Net as		ances at end of year Combin	ne lines 3 through 9 (must equal Part X, line 33,	10		135,7	32,065
Par	t XII	Financial St	tatements and Reporti	ing				
		Check if Sched	dule O contains a response o	r note to any line in this Part XII				. Г
							Yes	No
1		organization cha	ed to prepare the Form 990 nged its method of accountin	Cash Accrual Otherng from a prior year or checked "Other," explain in				
2a	Were t	he organization's	s financial statements compi	lled or reviewed by an independent accountant?		2a		Νo
			elow to indicate whether the f solidated basis, or both	financial statements for the year were compiled or revie	wed or	۱ 📗		
	Γs	eparate basıs	Consolidated basis	Both consolidated and separate basis				
b	Were t	he organization's	s financial statements audite	ed by an independent accountant?		2b	Yes	
		,' check a box be consolidated ba		financial statements for the year were audited on a sepa	rate			
	Γs	eparate basıs	✓ Consolidated basis	Both consolidated and separate basis				
c				ve a committee that assumes responsibility for oversighents and selection of an independent accountant?	t of th	e 2c	Yes	
	If the o		nged either its oversight pro	cess or selection process during the tax year, explain i	ו			
3a			l award, was the organization OMB Circular A-133?	required to undergo an audit or audits as set forth in the	е	3a	Yes	
b				audit or audits? If the organization did not undergo the and describe any steps taken to undergo such audits		3b	Yes	

Software ID: 13000241 **Software Version:** v1.00

EIN: 23-1653718

Name: DESALES UNIVERSITY

Form 990, Part VII - Compensation Compensated Employees, and Inde				Tru	ste	es, k	(ey	Employees, Higl	nest	
(A) Name and Title	(B) Average hours per week (list any hours for related	Posit more th perso and a	ion (nan o n is b	ne b oth ctor,	ox, u an of /trus	inless fficer tee)		(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
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1033 11130/	2,1033 11130)	related organizations
V Rev Bernard O Connor OSFS	50	х		х				0	0	0
President James F Kilcur	0 2	-								
Chairman	0	Х						0	0	0
Madelyn Azar	1	х						0	0	0
Trustee Msgr Andrew Baker	0									
Trustee	0	х						0	0	О
Debra Barnak Burke	1	х						0	0	0
Trustee Rev Joseph Campellone OSFS	0							Ŭ		
Trustee	0	х						0	0	0
Teresa Coleman	1	×						0	0	0
Trustee	0							Ů	0	·
Rev Dr Lawrence D'Souza	1	х						0	0	О
Trustee Ashoke K Dutta	0	<u> </u>						_		_
Trustee	0	Х						0	0	0
Rev Lewis Fiorelli OSFS	1	x						0	0	0
Trustee Francis J Ford Jr	0									
Trustee	0	Х						0	0	0
Sally Gammon Trustee	1 0	×						0	0	0
Peter A Gray	1	x						0	0	0
Trustee	0							Ů	0	<u> </u>
V Rev James J Greenfield OSFS	1	x						0	0	О
Trustee Brendan Kennealey	0	<u> </u>						_		_
Trustee	0	Х						0	0	0
Alex L Maggitti Jr Trustee	0	×						0	0	o
Dr John F Malloy	1	x						0	0	0
Trustee Gene Marino	0							, v		
Trustee	0	x						0	0	0
Matthew W Martinez	1							0	0	0
Trustee	0	X						0	0	0
Fr Stephen Mavely	1	x						0	0	О
Trustee Charles McIntyre	0 1	<u> </u>								
Trustee	0	X						0	0	0
Fr Ken McKenna	1	x						0	0	0
Trustee Vincent J Moffitt	0 1									
Trustee	0	Х						0	0	0
Maria Montero	1	х						0	0	0
Trustee V Rev Joseph G Mornssey OSFS	0									
Trustee	0	x						0	0	0
	-		-		•	•	•	•	-	-

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

Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F) Name and Title Position (do not check Reportable Reportable Estimated amount Average hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation and a director/trustee) organizations (Wany hours organization (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Former Highest compensated employee Individual trustae or director organizations Institutional related below organizations emplo; ee dotted line) Trustee Joan M Pacala 1 Χ 0 0 0 Trustee 0 Michael W Pessina 1 0 Х 0 Trustee 0 Richard A Spugnardi 1 Χ 0 0 0 Trustee 0 John D Stanley Esq 1 Χ 0 0 0 0 William J Straccia III 1 Χ 0 0 Trustee 0 Ronald W Swinfard 1 0 0 Х 0 0 Denise M von Funk 1 Х 0 0 Trustee 0 Rev Alan Zobler OSFS 1 Χ 0 0 0 0 Dr Karen Walton 50 Х 0 187,754 33,155 VP Academic Affairs 0 Robert Snyder 58 Х 179,222 0 57,838 VP Finance & Administration & Campus Environment 2 Thomas Campbell 40 Χ 167,947 0 17,213 VP Instl Advancement 0 Michael Sweetana 49 Χ 142,461 21,955 Director of Finance & Treasurer Peter Rautzhan 45 Х 116,974 0 30,690 Secretary 0 Gerard Joyce 40 Х 153,929 0 29,166 VP for Student Life 0 Brian Kane 40 Х 142,810 0 44,222 Chair Liberal Arts & Social Sciences 0 Dr Robert Blumenstein 40 0 Χ 136,519 20,104 Dean Undergrad Stud 0 Christopher Cocozza 40 Х 134,877 31,814 Division of Business 0 John Bell 40 Χ 130,305 0 42,840 Chair Performing Arts 0 Dr Mary Elizabeth Doyle-Tadduni 50 Χ 0 7,273 126,400 Chair Nursing & Health 0

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493133012905

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public **Inspection**

Name of the organization DESALES UNIVERSITY

Employer identification number

									23-1653			
	rt I			blic Charity Sta						nstructions		
Γhe	organı	zatıon ıs	not a privat	e foundation becaus	eıtıs (Forl	ınes 1 throu	ıgh 11, check	only one b	oox)			
1	Γ	A churc	ch, conventi	on of churches, or a	ssociation of	churches d	escribed in s e	ection 170(b)(1)(A)(i).			
2	굣	A scho	ol described	in section 170(b)(1	.)(A)(ii). (At	tach Schedı	ule E)					
3	Γ	A hosp	ıtal or a coo	perative hospital se	rvice organiz	atıon descr	ıbed ın sectio	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 se	ction 170(b)((1)(A)(iii). E	nter the	
	_	hospita	ıl's name, cı	ty, and state								
5	ı			erated for the benefi		or universi	ty owned or o	perated by	a governmen	tal unit desc	ribed in	
	_			A)(iv). (Complete P	•							
6	<u> </u>			local government or	3			. , ,	,, ,, ,			
7				at normally receives			support from	a governm	ental unit or f	rom the gen	eral public	
8	described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)											
9	Γ	An orga	anization tha	at normally receives	(1) more th	an 331/3% c	f its support	from contri	butions, mem	bership fees	, and gross	
	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of											
		ıts sup	port from gr	oss investment inco	me and unrel	ated busine	ss taxable ın	come (less	section 511	tax) from bu	ısınesses	
		acquire	ed by the org	janızatıon after June	30,1975 S	ee section !	5 09(a)(2). (C	omplete Pa	rt III)			
10	Γ	An orga	anization org	ganized and operated	d exclusively	to test for p	oublic safety	See sect io	n 509(a)(4).			
11	Γ	An orga	anızatıon org	ganized and operated	dexclusively	for the ben	efit of, to perf	orm the fun	ictions of, or t	o carry out	the purposes of	
				ly supported organiz						ee section 5	09(a)(3). Check	
				bes the type of supp						6	11	
	_			b Type II c								
е	ı	•		ox, I certify that the on managers and otl	_		,		, ,	•	•	
			1509(a)(2)	on managers and oc	ner than one	or more pub	mery support	ca organiza	icions desemb	ed III seedlo	11 30 3 (4)(1) 01	
f				received a written de	etermination	from the IR	S that it is a	Type I, Typ	e II, or Type	III support	ing organizatio <u>n,</u>	
			his box					_	6.1		Γ	
g			August 1 / , 2 ng persons?	2006, has the organi	zation accep	ited any gift	or contribution	on from any	ofthe			
			.	rectly or indirectly o	ontrols, eith	er alone or t	ogether with	persons de	scribed in (ii))	Yes No	
		and (III) below, the	governing body of th	e supported	organizatioi	٦?	•	` .	11g	(i)	
		-		er of a person descri		=				11g	(ii)	
				lled entity of a perso			above?			11g		
h				ng information about								
(i) Nam	ne of	(ii) EIN	(iii) Type of	(iv) Is t	he	(v) Did you	notify	(vi) Is	the	(vii) A mount of	
	suppor			organization	organizati		the organiz		organizat		monetary	
0	rganiza	ation		(described on lines 1- 9 above	col (i) list your gove		ın col (i) o suppor		col (i) org		support	
				or IRC section	docume	_	Suppor	('	III tile 0	5 '		
			(see									
				instructions))	Yes	No	Yes	No	Yes	No	†	
						110	1.00	110	1.03	110	 	
									1			
T-4-									+	1	 	

Sch	edule A (Form 990 or 990-EZ) 2013						Page 2
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation failed	to qualify under
_	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	low, please con	iplete Part .	.111.)
	endar year (or fiscal year beginning	(-) 2000	(1-) 2010	(-) 2011	(4) 2012	(-) 201	(5) T. I.
	in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 201:	3 (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						
3	behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public support. Subtract line 5 from line 4						
S	ection B. Total Support	I	<u> </u>		I		I
	endar year (or fiscal year beginning	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	in) ►	(a) 2009	(b) 2010	(6) 2011	(u) 2012	(e) 2013	(I) I otal
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
	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 10)						
12	Gross receipts from related activities	es, etc (see inst	ructions)	•		12	1
13	First five years. If the Form 990 is i	for the organizati	on's first, second	l, thırd, fourth, or	fifth tax year as a	501(c)(3) o	rganızatıon, check
	this box and stop here				<u> </u>	<u> </u>	<u></u>
	ection C. Computation of Pub			4.4 1 (5)			
14	Public support percentage for 2013			11, column (f))		14	
15	Public support percentage for 2012	· ·	•			15	_
16a	33 1/3% support test—2013. If the condition have				line 14 is 33 1/3%	or more, che	ck this box
b	and stop here. The organization qua 33 1/3% support test—2012. If the				and line 15 is 33	8 1/3% or more	
	box and stop here. The organization				, 10 00	. 40.001111011	► F
17a	10%-facts-and-circumstances test-	-2013. If the org	anızatıon dıd not	check a box on lı			
	is 10% or more, and if the organizat						
	in Part IV how the organization mee	ts the "facts-and	d-circumstances'	test The organ	ızatıon qualıfıes a	s a publicly s	
Ь	organization 10%-facts-and-circumstances test-	-2012 . If the ora	anization did not	check a hov on li	ne 13 16a 16b	or 17a and L	▶ 厂
	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat						ublicly
	supported organization				4-71		▶ □
18	Private foundation. If the organizat instructions	ion aid not check	k a box on line 13	, 16a, 16b, 1/a,	or 1/p, check thi	s pox and se	e ▶□
							г,

Schedule A (Form 990 or 990-EZ) 2013 Part III 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

Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	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						
4	business under section 513 Tax revenues levied for the						
•	organization's benefit and either						
	paid to or expended on its						
_	behalf The value of services or facilities						<u> </u>
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	A mounts included on lines 1, 2,						
	and 3 received from disqualified persons						
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6) ction B. Total Support						
	ndar year (or fiscal year beginning	() 2000	(1) 2010	() 2011	(1) 2012	() 2012	(C) T
				(A) 2011 I	(d) 2012	(e) 2013	(f) Total
	in) ►	(a) 2009	(b) 2010	(c) 2011	(4) 2012	(-,	(-,
9	in) ► A mounts from line 6	(a) 2009	(B) 2010	(6) 2011	(4) 2012	(5, 2222	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	in) ► A mounts from line 6 Gross income from interest,	(a) 2009	(B) 2010	(6) 2011	(4) 2012	(0, 2000	(7,7,5,5,1)
9	in) ► A mounts from line 6	(a) 2009	(b) 2010	(6) 2011	(4) 2012	(5,232	
9	in) A mounts from line 6 Gross income from interest, dividends, payments received on	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable	(a) 2009	(b) 2010	(6) 2011	(4) 2012		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a) 2009	(b) 2010	(6) 2011	(4) 2012		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated	(a) 2009	(b) 2010	(6) 2011	(4) 2012		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a b c 11	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a b	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include	(a) 2009	(b) 2010	(6) 2011			
9 10a b c 11	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of	(a) 2009	(b) 2010	(c) 2011			
9 10a b c 11	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	(a) 2009	(b) 2010	(6) 2011			
9 10a b c 11	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c,	(a) 2009	(b) 2010	(c) 2011			
9 10a b c 11	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
9 10a b c 11 12	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here	or the organizati	on's first, second				
9 10a b c 11 12 13 14	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here	or the organizati	on's first, second	, thırd, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage for 2013	or the organizati ic Support Pe (line 8, column (on's first, second ercentage f) divided by line	, thırd, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15 16	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201	or the organization of the	on's first, second ercentage f) divided by line art III, line 15	, third, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15 16 Se	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization of the	on's first, second ercentage f) divided by line art III, line 15 me Percenta	, third, fourth, or 13, column (f))	fifth tax year as a	a 501(c)(3) orga 15 16	nization,
9 10a b c 11 12 13 14 Se 15 16 Se 17	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization ic Support Performance (line 8, column (2 Schedule A, Paragraphic Performance) colors (line 10c, colors)	on's first, second ercentage f) divided by line art III, line 15 me Percentagolumn (f) divided	, third, fourth, or 13, column (f)) ge by line 13, colum	fifth tax year as a	15 16	nization,
9 10a b c 11 12 13 14 Se 15 16 Se 17 18	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization of the organization of the organization of the second of the secon	on's first, second ercentage f) divided by line art III, line 15 me Percentago olumn (f) divided A, Part III, line 1	, third, fourth, or 13, column (f)) ge by line 13, column	fifth tax year as a	15 16	nization,

33 1/3% support tests—2012. 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

Part IV		nformation. Provide the explanations required by Part II, line 10; Part II, line 17a of line 12. Also complete this part for any additional information. (See instructions).								
	Facts And Circumstances Test									
Retu	ırn Reference	Explanation								
	Schodulo A (Forms 000 or 000 E7) 2013									

Schedule A (Form 990 or 990-EZ) 2013

DLN: 93493133012905

OMB No 1545-0047

Inspection

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

► See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** DESALES UNIVERSITY 23-1653718 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 Was a correction made? ☐ Yes ┌ No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 4 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

section 4911 tax for this year?

1a

┌ Yes ┌ No

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

Check	▶ □	if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,	,
		expenses, and share of excess lobbying expenditures)	

B Check ► If the filing organization checked box A and "limited control" provisions apply

	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing organization's totals	(b) Affiliated group totals
a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)	0	
b	Total lobbying expenditures to influence a legisla	ative body (direct lobbying)	42,000	
c	Total lobbying expenditures (add lines 1a and 1i)	42,000	
d	Other exempt purpose expenditures		88,880,223	
e	Total exempt purpose expenditures (add lines 1	c and 1d)	88,922,223	
f	Lobbying nontaxable amount Enter the amount f	rom the following table in both	1,000,000	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of lin	ne 1f)	250,000	
h	Subtract line 1g from line 1a If zero or less, ent	er -0 -	0	
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -	0	
j	If there is an amount other than zero on either lii	ne 1h or line 1i, did the organization file Form 472	0 reporting	

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbying Expendi	tures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a	Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
_ c	Total lobbying expenditures	42,000	42,000	42,000	42,000	168,000
d	Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f	Grassroots lobbying expenditures	0	0	0	0	0

	Part II-B Complete if the organization is exempt under section filed Form 5768 (election under section 501(h)).					
For e	r each "Yes" response to lines 1a through 1ı below, provide in Part IV a detailed descri	ption of the lobbying	(8	a)	(1	b)
	tivity.		Yes	No	Amo	ount
1 a	legislation, including any attempt to influence public opinion on a legislative r through the use of					
b c	b Paid staff or management (include compensation in expenses reported on line	es 1c through 1ı)?				
d	d Mailings to members, legislators, or the public?					
e	e Publications, or published or broadcast statements?					
f	f Grants to other organizations for lobbying purposes?					
g	g Direct contact with legislators, their staffs, government officials, or a legislati	ive body?				
h i		ımılar means?				
j	•			1		
2a	.	on 501(c)(3)?				
b						
C	, , , , , , , , , , , , , , , , , , , ,			İ		
	d If the filing organization incurred a section 4912 tax, did it file Form 4720 for	-				
Par	art III-A Complete if the organization is exempt under section 501(c)(6).	on 501(c)(4), section 5	01(c)(5), (or sect	ion
	301(0)(0).				Ye	s No
1	Were substantially all (90% or more) dues received nondeductible by membe	rs?		Г	1	111
2					2	
3					3	
Pai	art III-B Complete if the organization is exempt under section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 a line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not inclease for which the section 527(f) tax was paid).	lude amounts of political	20			
a	•		2a			
b			2b 2c			
с 3		a saction 163(a) duas	3			
4						
•	does the organization agree to carryover to the reasonable estimate of nonde political expenditure next year?	•	4			
5	, , , , , , , , , , , , , , , , , , , ,		5			
P	Part IV Supplemental Information					
	Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line Part II-B, line 1 Also, complete this part for any additional information	e 5, Part II-A (affiliated grou	p lıst),	Part II	-A , line	2, and
	Return Reference Explanation					

201124416 3 (1 31111 333 31 333 12) 2313	i age -i			
Part IV Supplemental Information	on <i>(continued)</i>			
Return Reference	Explanation			
l				

Schedule D (Form 990) 2013

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DLN: 93493133012905

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.aov/form990.

Open to Public

emai	Revenue Service and its instruct	ions is at www.irs.gov/rormsso.			Tushecu	UII
	me of the organization ALES UNIVERSITY			loyer identificati	on number	
Pa	rt I Organizations Maintaining Donor Adv	vised Funds or Other Similar F		1653718 or Accounts.	Complete	e if the
	organization answered "Yes" to Form 990	, Part IV, line 6.			•	
		(a) Donor advised funds		(b) Funds and ot	her accour	nts
•	Total number at end of year					
2	Aggregate contributions to (during year)					
;	Aggregate grants from (during year)					
	Aggregate value at end of year					
;	Did the organization inform all donors and donor advis- funds are the organization's property, subject to the or		nor advi	ised	┌ Yes	┌ No
,	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the beneconferring impermissible private benefit?				┌ Yes	┌ No
Pai	rt II Conservation Easements. Complete if	the organization answered "Yes"	to Forn	n 990, Part IV,	line 7.	
	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a	or education)	certifie	d historic structu	re	
	easement on the last day of the tax year	a quaimed conservation contribution in	the loth	n or a conservation	ווע	
				Held at the E	nd of the \	Year
а	Total number of conservation easements		2a			
Ь	Total acreage restricted by conservation easements		2b			
c	Number of conservation easements on a certified histo	oric structure included in (a)	2c			
d	Number of conservation easements included in (c) accommodate structure listed in the National Register	quired after 8/17/06, and not on a	2d			
	Number of conservation easements modified, transfer	red, released, extinguished, or terminat	ed by th	ne organization di	ırıng	
	the tax year ▶					
	Number of states where property subject to conservat	ion easement is located -				
	Does the organization have a written policy regarding enforcement of the conservation easements it holds?			violations, and	┌ Yes	┌ No
	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation ease	ments o	during the year		
	Amount of expenses incurred in monitoring, inspecting	a and enforcing concervation eacomont	te durin	a the year		
'	► \$	g, and emorching conservation easement	ts duffin	g the year		
	Does each conservation easement reported on line 2(and section 170(h)(4)(B)(ii)?	d) above satisfy the requirements of se	ction 17	70(h)(4)(B)(ı)	┌ Yes	┌ No
)	In Part XIII, describe how the organization reports co balance sheet, and include, if applicable, the text of th	e footnote to the organization's financia			nd	,
ar	the organization's accounting for conservation easement III Organizations Maintaining Collection	s of Art, Historical Treasures,	or Ot	her Similar A	ssets.	
a	Complete if the organization answered "Y If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse	.16 (ASC 958), not to report in its reve ets held for public exhibition, education,	, or rese	arch in furtheran		c
b	service, provide, in Part XIII, the text of the footnote to the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assesservice, provide the following amounts relating to thes	.16 (ASC 958), to report in its revenue ets held for public exhibition, education,	statem	ent and balance		с
	(i) Revenues included in Form 990, Part VIII, line 1	- · · · · · ·		► \$		500
	(ii) Assets included in Form 990, Part X			► \$	1,39	2,838
	If the organization received or held works of art, histor following amounts required to be reported under SFAS					•
a	Revenues included in Form 990, Part VIII, line 1	, , ,		F \$		0
b	Assets included in Form 990, Part X			·		0
	meradea mir omi 200, i dit A			- Ψ		

Part	Organizations Maintaining Co	llections of Art, I	Histo	rical Tr	eası	ıres, or Ot	her	Similar As	sets (c	ontinued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other records	, checl	_		_		ignificant use	ofits	
а	Public exhibition	1	d [Loan	orexo	:hange progra	ıms			
b	Scholarly research	•	е Г	O the	r					
C	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	how th	ney furthe	er the	organızatıon's	s exe	mpt purpose	ın	
5	During the year, did the organization solicit									
Day	assets to be sold to raise funds rather than to the training to the training to the training assets to be sold to raise funds rather than to the training to the training assets to be sold to raise funds rather than to the training assets to be sold to raise funds rather than to the training assets to be sold to raise funds rather than to the training assets to be sold to raise funds rather than the training assets to be sold to raise funds rather than the training assets to be sold to raise funds rather than the training assets to be sold to raise funds rather than the training assets to be sold to raise funds rather than the training assets to be sold to raise funds rather than the training as the training a								Yes	✓ No
Pai	Part IV, line 9, or reported an ar					ii aliswereu	16	S to Follis	790,	
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?					or other asse	ts no	ot	┌ Yes	✓ No
b	If "Yes," explain the arrangement in Part XI	II and complete the fo	llowing	g table		_				
						<u> </u>	_	An	nount	
C .ı	Beginning balance						1c			
d	Additions during the year					F	Ld			
e	Distributions during the year					<u> </u>	Le			
f	Ending balance					L	1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line 2	217						✓ Yes	Г No
ь	If "Yes," explain the arrangement in Part XI									<u> </u>
Pa	rt V Endowment Funds. Complete		answe (b)Prioi					IV, line 10. iree years back	(e)Four	ears back
1a	Beginning of year balance	47,489,348	-	1,571,131	<i>D</i> (c):	41,254,782	(4)	32,384,072	(C) our	29,192,833
b	Contributions	3,791,264		4,087,587		2,875,784		3,913,955		1,673,195
c	Net investment earnings, gains, and losses	6,000,473		2 526 977		002 172		6,437,521		2 962 F10
d	Grants or scholarships	1,646,941		3,536,877 1,379,749		-903,173 1,323,971		1,205,196		2,863,510 1,092,174
e	Other expenditures for facilities and programs	11,098		15,302		45,465		-4,669		3,378
f	Administrative expenses	355,860		311,196		286,826		280,239		249,914
g	End of year balance	55,267,186	4	7,489,348		41,571,131		41,254,782		32,384,072
2	Provide the estimated percentage of the cur	rent year end balance	(line 1	g, colum	ın (a))	held as				
а	Board designated or quasi-endowment 🕨	56 %								
b	Permanent endowment ► 35 %									
С	Temporarily restricted endowment ►	9 %								
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%								
3a	Are there endowment funds not in the posse	ssion of the organizati	on tha	t are held	danda	admınıstered	for t	he		
	organization by (i) unrelated organizations							3a	Yes	No No
	(ii) related organizations		•		•		•	3a(No
ь	If "Yes" to 3a(II), are the related organization			edule R?	• • •			3		
4	Describe in Part XIII the intended uses of the	ne organization's endo	wment	: funds						
Par	t VI Land, Buildings, and Equipme		e orga	anızatıor	n ans	wered 'Yes'	to F	orm 990, Pa	art IV, l	ine
	11a. See Form 990, Part X, line Description of property	10.		a) Cost or		(b)Cost or oth basis (other)		(c) Accumulated depreciation	(d) B	ook value
	Land			2 72	29,698	2,820,3	329		+	5,550,027
	Buildings			2,12	0 09,098	129,759,	- +	36,793,894	1	92,965,229
	Leasehold improvements		. -		0	127,133,	0)	0
	Equipment		.		0	36,271,0		25,410,43	5	10,860,620
	Other				0	19,254,	-+	10,442,70	+	8,811,830
	I. Add lines 1a through 1e (Column (d) must e		column	(B), line	10(c).)			1	18,187,706
								Schedule [) (Form	990) 2013

provided in Part XIII

(including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives		Cost of end of year market value
(2)Closely-held equity interests		
(3)Other (A) Hedge Funds	7,441,183	F
(B) Managed Futures	2,836,529	F
(C) Private Equity	315,451	F F
(-)	10,593,163	
Part VIII Investments—Program Related. Co See Form 990, Part X, line 13.	mplete if the organization	answered 'Yes' to Form 990, Part IV, line 11c.
(a) Description of investment	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
	_	
Total (Color (C) most equal of the Soo, tark in color (C) me 13)	answered 'Yes' to Form 990	, Part IV, line 11d See Form 990, Part X, line 15
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization (a) Descri	n answered 'Yes' to Form 990	, Part IV, line 11d See Form 990, Part X, line 15 (b) Book value
Part IX Other Assets. Complete if the organization	n answered 'Yes' to Form 990	
Part IX Other Assets. Complete if the organization	n answered 'Yes' to Form 990	
Part IX Other Assets. Complete if the organization	n answered 'Yes' to Form 990	
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Part IX Other Assets. Complete if the organization	n answered 'Yes' to Form 990	
Part IX Other Assets. Complete if the organization	n answered 'Yes' to Form 990	
Part IX Other Assets. Complete if the organization	n answered 'Yes' to Form 990	
Part IX Other Assets. Complete if the organization (a) Described in the organization (a) Described in the organization (b) Described in the organization (a) Described in the organization (b) Described in the organization (c) Described in the organization (b) Described in the organization (c) Described in the or	n answered 'Yes' to Form 990 ption	(b) Book value
Part IX Other Assets. Complete if the organization (a) Description (b) Must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. Complete if the organization	n answered 'Yes' to Form 990 ption	(b) Book value
Part IX Other Assets. Complete if the organization (a) Described in the organization (a) Described in the organization (b) Described in the organization (a) Described in the organization (b) Described in the organization (c) Described in the organization (b) Described in the organization (c) Described in the or	n answered 'Yes' to Form 990 ption	(b) Book value
Part IX Other Assets. Complete if the organization (a) Description (b) must equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. Complete if the organization Other Liabilities. Complete if the organization Part X Other Liabilities. Complete if the organization Other Liabilities.	n answered 'Yes' to Form 990 ption 5.) nization answered 'Yes' to	(b) Book value
Part IX Other Assets. Complete if the organization (a) Description Total. (Column (b) must equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. Complete if the organization Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes Refundable government loan funds	n answered 'Yes' to Form 990 ption 5.) nization answered 'Yes' to (b) Book value 0 1,311,967	(b) Book value
Part IX Other Assets. Complete if the organization (a) Description Total. (Column (b) must equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. Complete if the organization Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes Refundable government loan funds Net unamortized debt premium	n answered 'Yes' to Form 990 ption 5.) nization answered 'Yes' to (b) Book value 0 1,311,967 250,250	(b) Book value
Part IX Other Assets. Complete if the organization (a) Description Total. (Column (b) must equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. Complete if the organization Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes Refundable government loan funds	n answered 'Yes' to Form 990 ption 5.) nization answered 'Yes' to (b) Book value 0 1,311,967	(b) Book value
Part IX Other Assets. Complete if the organization (a) Described in the organization (a) Described in the organization (a) Described in the organization (b) must equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. Complete if the organization (a) Description of liability Federal income taxes Refundable government loan funds Net unamortized debt premium	n answered 'Yes' to Form 990 ption 5.) nization answered 'Yes' to (b) Book value 0 1,311,967 250,250	(b) Book value
Part IX Other Assets. Complete if the organization (a) Described in the organization (a) Described in the organization (a) Described in the organization (b) must equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. Complete if the organization (a) Description of liability Federal income taxes Refundable government loan funds Net unamortized debt premium	n answered 'Yes' to Form 990 ption 5.) nization answered 'Yes' to (b) Book value 0 1,311,967 250,250	(b) Book value
Part IX Other Assets. Complete if the organization (a) Described in the organization (a) Described in the organization (a) Described in the organization (b) must equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. Complete if the organization (a) Description of liability Federal income taxes Refundable government loan funds Net unamortized debt premium	n answered 'Yes' to Form 990 ption 5.) nization answered 'Yes' to (b) Book value 0 1,311,967 250,250	(b) Book value
Part IX Other Assets. Complete if the organization (a) Described in the organization (a) Described in the organization (a) Described in the organization (b) must equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. Complete if the organization (a) Description of liability Federal income taxes Refundable government loan funds Net unamortized debt premium	n answered 'Yes' to Form 990 ption 5.) nization answered 'Yes' to (b) Book value 0 1,311,967 250,250	(b) Book value
Part IX Other Assets. Complete if the organization (a) Described in the organization (a) Described in the organization (a) Described in the organization (b) must equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. Complete if the organization (a) Description of liability Federal income taxes Refundable government loan funds Net unamortized debt premium	n answered 'Yes' to Form 990 ption 5.) nization answered 'Yes' to (b) Book value 0 1,311,967 250,250	(b) Book value
Part IX Other Assets. Complete if the organization (a) Described in the organization (a) Described in the organization (a) Described in the organization (b) must equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. Complete if the organization (a) Description of liability Federal income taxes Refundable government loan funds Net unamortized debt premium	n answered 'Yes' to Form 990 ption 5.) nization answered 'Yes' to (b) Book value 0 1,311,967 250,250	(b) Book value
Part IX Other Assets. Complete if the organization (a) Description Total. (Column (b) must equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. Complete if the organization Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes Refundable government loan funds Net unamortized debt premium	n answered 'Yes' to Form 990 ption 5.) nization answered 'Yes' to (b) Book value 0 1,311,967 250,250	(b) Book value

Pa		evenue per Audited Financial Statements With Reven vered 'Yes' to Form 990, Part IV, line 12a.	ue per Retu	rn Complete if
1	<u> </u>	r support per audited financial statements	1	73,862,788
2	Amounts included on line 1 bu	t not on Form 990, Part VIII, line 12		
а	Net unrealized gains on inves	ments 2a 3,323,	,853	
b	Donated services and use of f	acilities 2b	0	
c	Recoveries of prior year grant	s 2c	0	
d	Other (Describe in Part XIII)	2d 954,	,462	
e	Add lines 2a through 2d .		. 2e	4,278,315
3	Subtract line ${f 2e}$ from line ${f 1}$.		. 3	69,584,473
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1		
а	Investment expenses not inc	uded on Form 990, Part VIII, line 7b . 4a 355,	,860	
b	Other (Describe in Part XIII)	4b 26,886	,778	
c	Add lines 4a and 4b		. 4c	27,242,638
5	Total revenue Add lines 3 and	d 4c. (This must equal Form 990, Part I, line 12) 5	96,827,111
Par		xpenses per Audited Financial Statements With Expense swered 'Yes' to Form 990, Part IV, line 12a.	nses per Re	turn. Complete
1		raudited financial statements	1	61,637,585
2	A mounts included on line 1 bu	t not on Form 990, Part IX, line 25		
а	Donated services and use of f	acilities	0	
b	Prior year adjustments	2b	0	
c	Otherlosses	2c	0	
d	Other (Describe in Part XIII)	2d	0	
e	Add lines 2a through 2d		. 2e	C
3	Subtract line ${f 2e}$ from line ${f 1}$.		. 3	61,637,585
4	Amounts included on Form 99	0, Part IX, line 25, but not on line 1:		
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b 4a 355	5,860	
b	Other (Describe in Part XIII)	4b 26,886	,778	
c	Add lines 4a and 4b		. 4c	27,242,638
5	Total expenses Add lines 3 a	nd 4c. (This must equal Form 990, Part I, line 18)	. 5	88,880,223
Pai	t XIII Supplemental In	ormation	•	
Par		Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b a , lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this pa		ny addıtıonal
	Return Reference	Explanation		
Sche	dule D, Part III, Line 4	Paintings and sculptures are maintained and used by the theatre an instructional purposes	d arts program:	s for class
C = h =	dula D. Dawt IV. Luna 2h	Francis francis has the thorough the content of the		Endoument Fords

Return Reference	Explanation
Schedule D, Part III, Line 4	Paintings and sculptures are maintained and used by the theatre and arts programs for class instructional purposes
Schedule D, Part IV, Line 2b	Funds from the University's subsidiary are held and invested with the University's Endowment Funds
Schedule D, Part V, Line 4	The University's endowment funds consist of various funds established for a variety of purposes such as scholarships and operating program support
Schedule D, Part X, Line 2	The University accounts for uncertainties in income taxes in accordance with authoritative guidance, which prescribes a recognition threshold of more-likely-than-not to be sustained upon examination by the appropriate taxing authority. Measurement of the tax uncertainty occurs if the recognition threshold has been met. Management determined there were no tax uncertainties that met the recognition threshold at June 30, 2014 and 2013.
Schedule D, Part XI, Line 2d	A mount represents the subsidiary operations and the change in value of split-interest agreements
Schedule D, Part XI, Line 4b	Adjusting for PELL and PHEAA grants which are excluded from revenue under financial accounting standards and adding back scholarship allowances which are reported as net revenue for the audited financial statements
Schedule D, Part XII, Line 4b	Adjusting for PELL and PHEAA grants which are excluded from revenue under financial accounting standards and adding back scholarship allowances which are reported as net revenue for the audited financial statements

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

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As Filed Data -

DLN: 93493133012905

OMB No 1545-0047

2013

Department of the Treasury

DESALES UNIVERSITY

SCHEDULE E

(Form 990 or 990-EZ)

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.

► Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Open to Public

Name of the organization

Inspection
Employer identification number

23-1653718

	23-1653/18			
Pa	rt I		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II	3	Vas	
	picase expiain 11 you need more space use 1 are 11		Yes	
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	<u> </u>
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	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	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Part II			
5 a	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
e	Educational policies?	5e		No
_	Use of facilities?	5f		No
_	Athletic programs?	5g		No
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II	<u>5h</u>		No
	Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	6a 6b	Yes	No
	If you answered "Yes" to either line 6a or line 6b, explain on Part II 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	7	VAS	l .

Part II Supplemental Information. 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)

Return Reference	Explanation
Schedule E, Part I, Line 3	All solicitations include disclosure of nondiscrimination on the basis of race, color, religion, sex, age, national origin, handicap, or veteran status in the administration of educational admissions and employment policies
Schedule E, Part I, Line 6	During the fiscal year ended June 30, 2014, the University received financial aid and assistance in the following forms. Federal Pell Grants, Federal Work Study Program, Federal Supplemental Educational Opportunity Grants, Federal Perkins Loans, Federal Direct Student Loans, PHEAA State Grants, Pennsylvania Institutional Assistance Grant, U.S. Department of Health & Human Services Nursing Student Loans and Nurse Faculty Loan programs and the Affordable Care Act Expansion of Physician Assistant Training Program grant

Schedule E (Form 990 or 990-EZ) 2013

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493133012905

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization DESALES UNIVERSITY						fication number			
					23-1653718				
Pa	rt I General Information "Yes" to Form 990, Pai			ne United States. Co	omplete if the organiza	ation answered			
1	For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?								
2	For grantmakers. Describe in assistance outside the United	d States.	·			s and other			
3	Activites per Region (The follow	ing Part I, line 3	table can be du	uplicated if additional spa	ace is needed)				
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region			
(1)	Central America and the Caribbean	0	0	Investments	Hedge Funds	7,441,18			
(2)	Europe (including Iceland and Greenland)	0	0	Program Services	Study Abroad Programs	262,679			
(3)	Europe (including Iceland and Greenland)	0	0	Program Services	Courses with foreign trip	45,92			
(4)									
(5)									
b	Sub-total Total from continuation sheets to Part I								
C	: Totals (add lines 3a and 3b)	0	0			7,749,78			

Pa						ited States. Compl duplicated if additior			to Form 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(:	1)								
(:	2)								
(:	3)								
(4	4)								
2						ies by the foreign co (c)(3) equivalency l			
3	Enter total nur	nber of other or	ganizations or ent	rities					

Schedule F (Form 990) 2013

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

Part III can be duplicated if additional space is needed.							
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) Financial aid-tuition discount	Europe (including Iceland and Greenland)	1	9,000	credited against tuition			Cash value
(2) Financial aid-tuition discount	North America (including Canada and Mexico, but not the United States)	1	30,000	credited against tution			Cash value
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
Schedule F (Form 990) 2013						lule F (Form 990) 2013	

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Yes	굣	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Γ	Yes	ঘ	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Г	Yes	্য	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Γ	Yes	্ব	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	⊽	Yes	Г	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).	Г	Yes	굣	No

Schedule F (Form 990) 2013

Schedule F (Form 990) 2013 Page 5

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part I, Line 2	The University is reporting financial aid to students with a foreign address at the time the aid was awarded

990 Schedule F, Supplemental Information

Return Reference	Explanation
	The University has interest in hedge funds in the Caribbean. The market value of the inves tments in the hedge funds are being reported. The University has a study abroad program in Italy for students of the University. The University has also begun offering summer study abroad programs and offers certain courses that conclude with an option to travel abroad for several days.

990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part IV, Line 5	The University has less than a 10% ownership interest in foreign hedge funds

DLN: 93493133012905

OMB No 1545-0047

Open to Public Inspection

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

10

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.

Supplemental Information Regarding

Attach to Form 990 or Form 990-EZ. See separate instructions. Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization DESALES UNIVERSITY

Employer identification number

23-1653718 Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Internet and email solicitations f Solicitation of government grants Phone solicitations g | Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Γ Yes Γ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of (ii) Activity (iii) Dıd (iv) Gross receipts (v) A mount paid to (vi) A mount paid to ındıvıdual fundraiser have from activity (or retained by) (or retained by) or entity (fundraiser) custody or fundraiser listed in organization control of col (i) contributions? Yes No List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Sche	dule	e G (Form 990 or 990-EZ) 2013				Page 2
Pai	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts of	aising event contribut			
		от отто тим, у того тогот р со у	(a) Event #1 Dinner Dance (event type)	(b) Event #2 Golf Outing (event type)	(c) O ther events 0 (total number)	(d) Total events (add col (a) through col (c))
₽	1	Gross receipts	254,468	188,223		442,691
Revenue	2	Less Contributions	203,538			318,529
ž	3	Gross income (line 1	203,330	111,551		310,323
		minus line 2)	50,930	73,232		124,162
	4	Cash prizes	(0		0
မွာ	5	Noncash prizes	(0		0
Expenses	6	Rent/facility costs	C	0		0
ă	7	Food and beverages .	35,861	14,285		50,146
Drea	8	Entertainment	23,450	25,536		48,986
Ē	9	Other direct expenses .	41,087	23,455		64,542
	10	Direct expense summary Add lir	nes 4 through 9 in column) (d)		(163,674)
	11	Net income summary Subtract li				
Par	t III	<u> </u>	-		rt IV. line 19. or repo	-39,512 orted more than
		\$15,000 on Form 990-EZ, li		,		_
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u>	1	Gross revenue				
မှ မ	2	Cash prizes				
xpenses	3	Non-cash prizes				
Direct B	4	Rent/facility costs				
<u>ā</u>	5	Other direct expenses				
	6	Volunteerlabor	☐ Yes % ☐ No	┌ Yes% ┌ No		_
	7	Direct expense summary Add line	es 2 through 5 in column ((d)	•	
	8	Net gaming income summary Sub	tract line 7 from line 1, co	olumn (d)		
9 a b	Is	ter the state(s) in which the organiz the organization licensed to operate 'No," explain	e gaming activities in eac	h of these states?		
10a b		re any of the organization's gaming	licenses revoked, susper	nded or terminated during		

		1
Does	s the organization operate gaming activit	ties with nonmembers?
12	Is the organization a grantor, beneficia	ry or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming	g?
13	Indicate the percentage of gaming acti	vity operated in
а	The organization's facility	
b	An outside facility	
14	Enter the name and address of the pers	son who prepares the organization's gaming/special events books and records
	_	
	Name 🟲	
	Address ►	
15a	Does the organization have a contract	with a third party from whom the organization receives gaming
	revenue?	
b	If "Yes," enter the amount of gaming re	evenue received by the organization 🟲 \$ and the
	amount of gaming revenue retained by	the third party 🕨 \$
C	If "Yes," enter name and address of the	e third party
	Name ▶	
	Address ▶	
16	Gaming manager information	
	Name ▶	
	Gaming manager compensation 🟲 \$	
	_	
	Description of services provided	
	Director/officer	Employee Independent contractor
17	Mandatory distributions	Employee I Independent contractor
1/ a	•	e law to make charitable distributions from the gaming proceeds to
u	· ·	· · · · · · · · · · · · · · · · · · ·
Ь	• •	red under state law distributed to other exempt organizations or spent
•	in the organization's own exempt activ	· · · · · · · · · · · · · · · · · · ·
Pai		on. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and
	Part III, lines 9, 9b, 10b, 15	b, 15c, 16, and 17b, as applicable. Also complete this part to provide any
	additional information (see	instructions).
	Return Reference	Explanation

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DLN: 93493133012905

OMB No 1545-0047

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

Open to Public **Inspection**

Internal Revenue Service Name of the organization

Department of the Treasury

Schedule I

(Form 990)

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

DESALES UNIVERSITY						23-1653718	
Part I General Information	on on Grants and	l Assistance				•	
 Does the organization maintain the selection criteria used to a Describe in Part IV the organiz 	ward the grants or as	sıstance [?]					▼ Yes
Part II Grants and Other A Form 990, Part IV, lir							es" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran
2 Enter total number of section 5	I 01(c)(3) and govern	l ment organizations list	ed in the line 1 table .			▶	
3 Enter total number of other org.	anızatıons lısted ın th	e line 1 table			<u> </u>	•	

Schedule I, Part I, Line 2

(a) Type of grant or assistance

(b)Number of

recipients

(f)Description of non-cash assistance

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

(d) A mount of

non-cash assistance

Scholarships are awarded on the basis of academic achievement while grants are awarded on the basis of financial need, academic achievement, and

(e)Method of valuation

(book, FMV, appraisal, other)

(c)A mount of

cash grant

other similar standards as designated by the U.S. Department of Education

(1) University Scholarships	1671	22,050,006			
(2) Federal Pell Grants	807	2,276,356			
(3) PA Higher Education Assistance Agency Grants	765	2,361,650			
(4) Federal Supplemental Educationa Opportunity Grants	al 100	138,500			
(5) Affordable Care Act Expansion of Physician Assistant Training Program		21,266			
Part IV Supplemental Inf	ormation. Provide the info	rmation required in Pa	art I, line 2, Part III,	column (b), and any other	additional information.
Return Reference	Explanation				

Schedule I (Form 990) 2013

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DLN: 93493133012905

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Schedule J (Form 990)

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Compensation Information

Open to Public Inspection

Name of the organization DESALES UNIVERSITY

Employer identification number

23-1653718

Pai	rt 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			
	Tax idemnification and gross-up payments F 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 directors, trustees, officers, including 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		Νο
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νο
	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 in Part III	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990
(1) Dr Karen Walton VP Academic Affairs	(i) (ii)	187,754 0	0	0	17,781 0	15,374 0	220,909	0
(2)Robert Snyder VP Finance & Administration & Campus Environment	(i) (ii)	179,222 0	0	0	17,026 0	40,812	237,060	0
(3)Thomas Campbell VP Instl Advancement	(i) (ii)	167,947 0	0	0	15,987 0	1,226 0	185,160 0	0
(4)Michael Sweetana Director of Finance & Treasurer	(i) (ii)	142,461 0	0 0	0	13,623 0	8,331 0	164,415 0	0
(5)Gerard Joyce VP for Student Life	(i) (ii)	153,929 0	0 0	0 0	13,437 0	15,729 0	183,095 0	0 0
(6)Brian Kane Chair Liberal Arts & Social Sciences	(i) (ii)	142,810 0	o 0	0	10,395 0	33,827 0	187,032 0	0
(7)Dr Robert Blumenstein Dean Undergrad Stud	(i) (ii)	136,519 0	0	0	11,816 0	8,288 0	156,623 0	0
(8) John Bell Chair Performing Arts	(i) (ii)	130,305 0	0 0	0	12,389 0	30,451 0	173,145 0	0
(9)Christopher Cocozza Division of Business	(i) (ii)	134,877 0	0 0	0	12,545 0	19,269 0	166,691 0	0

Schedule J (Form 990) 2013

Part IIII Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 1a	A social club membership is paid by the University for the President to conduct University business. The Vice-President of Institutional Advancement's
	social club membership is partially paid by the University in order to conduct University business

Schedule J (Form 990) 2013

Additional Data

Software ID: 13000241

Software Version: v1.00

EIN: 23-1653718

Name: DESALES UNIVERSITY

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

(A) Name		(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Dr Karen Walton VP Academic Affairs	(1) (11)	•	0	0	17,781 0	15,374 0	220,909	0
Robert Snyder VP Finance & Administration & Campus Environment	(I) (II)		0	0	17,026 0	40,812 0	237,060 0	0
Thomas Campbell VP Instl Advancement	(1) (11)	•	0	0	15,987 0	1,226 0	185,160 0	0
Michael Sweetana Director of Finance & Treasurer	(I) (II)		0	0	13,623 0	8,331 0	164,415 0	0
Gerard Joyce VP for Student Life	(1) (11)	•	0	0	13,437 0	15,729 0	183,095 0	0
Brian Kane Chair Liberal Arts & Social Sciences	(I) (II)		0	0	10,395 0	33,827 0	187,032 0	0
Dr Robert Blumenstein Dean Undergrad Stud	(I) (II)		0	0	11,816 0	8,288 0	156,623 0	0
John Bell Chair Performing Arts	(1) (11)		0	0	12,389 0	30,451 0	173,145 0	0
Christopher Cocozza Division of Business	(I) (II)		0	0	12,545 0	19,269 0	166,691 0	0

DLN: 93493133012905

Open to Public

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.

▶Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

Inspection Employer identification number

23-1653718

Internal Revenue Service Name of the organization **DESALES UNIVERSITY**

Department of the Treasury

Bond Issues (h) On (i) Pool (g) Defeased behalf of financing (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose ıssuer Yes No Yes No Yes No Upper Saucon Township Municipal Authority 23-6000547 10-29-2004 Construction of residence hall Χ Χ Χ Upper Saucon Township Partial refunding of Series Municipal Authority 23-6000547 12-01-2005 9,609,549 1999A Bonds dated as of Χ Χ Χ В 3/15/1999 The Washington Township Municipal Authority 10.000.000 Construction of residence hall Χ Χ Χ 23-2729453 11-07-2007 Retire 1999A Bonds dated Lehigh County General Purpose 3/15/1999 & 2002 Bonds Χ Authority 91-1886539 12-22-2010 20,050,000 Χ Χ dated 8/1/2002 & construct academic buliding

Pa	rt II Proceeds	•	•				·			
			A		В		С		D	
1	A mount of bonds retired		2,290,000		940,000		2,505,000		2,665,00	
2	A mount of bonds legally defeased		0		0		0		(
3	Total proceeds of issue		6,300,000		9,609,549		10,000,000		20,050,00	
4	Gross proceeds in reserve funds		0		0		0		(
5	Capitalized interest from proceeds		0		0		0		(
6	Proceeds in refunding escrows		0 9,525,269		0	0 11,348,8				
7	Issuance costs from proceeds		100,000		73,130		98,275		187,25	
8	Credit enhancement from proceeds		0		0		0		(
9	Working capital expenditures from proceeds		0		11,150		0			
10	Capital expenditures from proceeds		6,200,000		0		9,901,725		8,513,87	
11	Other spent proceeds		0		0		0		(
12	O ther unspent proceeds		0		0		0		(
13	Year of substantial completion	20	004	20	05	20	09	20	013	
		Yes	No	Yes	No	Yes	No	Yes	No	
14	Were the bonds issued as part of a current refunding issue?		Х	Х			Х	Χ		
15	Were the bonds issued as part of an advance refunding issue?		Х	Х			Х	Х		
16	Has the final allocation of proceeds been made?	Х		Х		Х		X		
17	Does the organization maintain adequate books and records to support the final	X		X		×		×		

Part III	Private	Business Use	

allocation of proceeds?

			Α		В	(C	D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		Х		х		Х		Х
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X

Schedule K (Form 990) 2013

Part III Private Business Use (Continued)

		\	Α		В		С	L	D
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		х		х		х		Х
ь	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
С	Are there any research agreements that may result in private business use of bond-financed property?		Х		×		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 %		0 %		0 %		0 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0 %		0 %	0 %			0 %
6	Total of lines 4 and 5		0 %	0 % 0 %		0 %			0 %
7	Does the bond issue meet the private security or payment test?	Х		Х	T	Х	T	Х	T
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		х		х		x		х
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 sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	Х		х		х		х	

Part IV Arbitrage

		Α		В		С		D			
		Yes	No	Yes	No	Yes	No	Yes	No		
1	Has the issuer filed Form 8038-T?		Х		X		Х		Х		
2	If "No" to line 1, did the following apply?										
а	Rebate not due yet?		Х		Х		Х		Х		
ь	Exception to rebate?	Х		Х		Х		Х			
С	No rebate due?		Х		Х		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		Х	Х			
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		Х		
b	Name of provider										
С	Term of hedge										
d	Was the hedge superintegrated?										
е	Was the hedge terminated?										
	Schedule K (Form 990) 2013										

period?

Χ

Χ

Par	Part IV Arbitrage (Continued)										
		Α		В		С		D			
		Yes No		Yes	No	Yes No		Yes	No		
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		X		X		Х		
Ь	Name of provider		<u> </u>								
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		V		V						

Χ

Χ

the requirements of section 148? Part V Procedures To Undertake Corrective Action

Has the organization established written procedures to monitor

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?

Α		В				D	
Yes No Yes No		Yes	No	Yes	No		
X		Х		Х		X	

Χ

Χ

Χ

Χ

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

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

(Form 990)

2

financed property?

Department of the Treasury

Internal Revenue Service

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.

►Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

DLN: 93493133012905

Open to Public Inspection

Name of the organization **Employer identification number DESALES UNIVERSITY** 23-1653718 Part I **Bond Issues** (h) On (i) Pool (g) Defeased behalf of financing (c) CUSIP # (a) Issuer name (b) Issuer EIN (d) Date issued (e) Issue price (f) Description of purpose ıssuer Yes No Yes No Yes No The Washington Township Construction of residence units Municipal Authority 23-2729453 12-19-2013 10,000,000 Χ Χ Χ Part II **Proceeds** В С D Α Amount of bonds retired 0 Amount of bonds legally defeased 2 0 3 Total proceeds of issue 10,000,000 4 Gross proceeds in reserve funds 5 Capitalized interest from proceeds 0 6 Proceeds in refunding escrows Issuance costs from proceeds 7 118,138 Credit enhancement from proceeds 8 Working capital expenditures from proceeds 9 Capital expenditures from proceeds 10 8,698,233 Other spent proceeds 0 11 Other unspent proceeds 12 1,301,767 Year of substantial completion 13 2014 Yes No Yes Yes No Yes No No Were the bonds issued as part of a current refunding issue? Χ 14 Were the bonds issued as part of an advance refunding issue? Χ 15 Has the final allocation of proceeds been made? Χ 16 Does the organization maintain adequate books and records to support the final 17 Χ allocation of proceeds? **Private Business Use** Part III C Α В D Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned Χ property financed by tax-exempt bonds?

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

Χ

art III	Private	Business	Use	(Continued)

	111vate basiness ose (continued)		A	I	 В		 C		
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		х						
Ь	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
С	Are there any research agreements that may result in private business use of bond-financed property?		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								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6	Total of lines 4 and 5		0 %						
7	Does the bond issue meet the private security or payment test?	Х							
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		х						
ь	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 sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	Х							
Par	t IV Arbitrage								

		Α		В		C		D			
		Yes	No	Yes	No	Yes	No	Yes	No		
1	Has the Issuer filed Form 8038-T?		Х								
2	If "No" to line 1, did the following apply?										
а	Rebate not due yet?		Х								
ь	Exception to rebate?	Х									
С	No rebate due?		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								
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X								
ь	Name of provider										
С	Term of hedge										
d	Was the hedge superintegrated?										
е	Was the hedge terminated?										
	Schedule K (Form 990) 2013										

Pa	rt IV Arbitrage (Continued)								•
	· •	А		В	}	С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		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								
		А	\	В	3	С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
	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?	X							

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

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DLN: 93493133012905

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. ▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the or DESALES UNIVERS							'	Employ	er ident	ificatio	n numbe	er
DESKLES ON VERS	111						1	23-16	53718			
					3) and section							
					0, Part IV, line							
1 (a) Nam	e of disqualif	led person		nsnip betwee on and organ	n disqualified	(c) Des	cription	ortra	nsaction	` -	(d) Cor	
			регос	- In ana organ	12411011					-	Yes	No
												•
										-		•
2 Enterthe	amount of tax	uncurred by	organization	managers or	disqualified pe	reone during t	ha vaa	runda	rsection	· ·		•
					· · · · ·		. ie yea	. unue	Sectio i			
					y the organizat				▶ \$			
									'			
		d/or From										
					990-EZ, Part V Ine 5, 6, or 22		Form 9	90, P	art IV , li	ne 26,	or if the	
(a) Name of	(b)	(c)	(d) Loan		(e)Original	(f)Balance	(g) In		(h)		(i)Wr	ıtten
interested	Relationsh	, , ,	1 ` '		principal	due			Approv	ed .	agreer	
person	with	loan	organızatı	ion?	amount				by		-	
	organizatio	on							board or			
									commi	ttee?		
			То	From			Yes	No	Yes	No	Yes	No
											_	
											_	
											_	
										ļ	_	
									1		_	
Total		<u>▶ \$</u>										
					e d Persons. 1 Form 990, P	art IV line	7					
(a) Name of Ir		_	ship betweer		int of assistanc			ustano	e (e) Purno	se of ass	sistance
perso			erson and the		ane or assistant	(4)	. 01 455	, scame	. (, raipo	50 01 055	Jistanice
		organ	ızatıon									
				_								

Part IV Business Transactions I	nvolving Interested	l Persons.			
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (a) Name of interested person (b) Relationship between interested person and the organization (c) A mount of transaction of variable of organization of variable organization (a) Description of transaction of organization viewenues? Yes No (1) Peter Gray Trustee for University 1,759,565 President of a bank that holds 2 revenue notes to which the University makes debt service payments					
(a) Name of interested person	between interested person and the	' '	(d) Description of transaction	of organiz	f zatıon':
				Yes	No
(1) Peter Gray	Trustee for University	1,759,565	revenue notes to which the University makes debt service		No
(2) Alex L Maggitti Jr	Trustee for University	232,886	provides contracted electrical		No

Part V Supplemental Information

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

Return Reference Explanation

Schedule L (Form 990 or 990-EZ) 2013

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DLN: 93493133012905

OMB No 1545-0047

SCHEDULE M (Form 990)

Department of the Treasury

Noncash Contributions

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

Open to Public Inspection

Internal Revenue Service ▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization DESALES UNIVERSITY

Employer identification number

23-1653718

Pa	Trt I Types of Property							
		(a) Check ıf applıcable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of c noncash contrib	leterm		nts
1	Art—Works of art	Х	1	500	estimated retail p	rıce		
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications	Х		474	estımated retaıl p	rıce		
5	Clothing and household goods	Х		2,002	estimated retail p	rıce		
6	Cars and other vehicles							
7	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	Х	13	82,987	quoted market pri	ces		
	Securities—Closely held stock .							
	Securities—Partnership, LLC, or trust interests							
	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles	Х	1	290	estimated retail p	rıce		
	Food inventory							
	Drugs and medical supplies .	Х	4	143,127	estimated or actu	al reta	all pric	<u>e</u>
	Taxıdermy							
	Historical artifacts							
	Scientific specimens	X	1	16,579	estimated retail p	rice		
	Archeological artifacts		47	12.207		_ 1 4		
	Other▶ (auction items)	X	4/	13,397	estimated or actu	arreca	iii pric	е
26	Other ► (rts equipment)	Х	2	591	retail price			
27	Other►(t Rental)	Х	1	1,476	retail price			
28 ree	Other►(es)	Х	1	50	estimated retail p	rıce		
29	Number of Forms 8283 received by th for which the organization completed F				9			0
20-	During the year, did the organization i	sa sauva bu	contribution any proporty	caparted in Dart I lines 1	+brough 20 +bot [Yes	No
SVa								
	it must hold for at least three years fr for exempt purposes for the entire hol			, and which is not required	i to be used			
1.			·			30a		No
31	 If "Yes," describe the arrangement in Does the organization have a gift acc. 		licy that requires the revie	w of any non-standard co	ntributions?	31	Yes	
			,	,	Ī	_		
∍∠ā	Does the organization hire or use thin contributions?			· · · · · · ·		32a		No
b	If "Yes," describe in Part II							
33	If the organization did not report an a	mount in co	lumn (c) for a type of prop	erty for which column (a)	ıs checked,			
	describe in Part II							

Part II

Supplemental Information. 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.

Return Reference Explanation

Schedule M (Form 990) (2013)

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DLN: 93493133012905

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization DESALES UNIVERSITY	Employer identification number
	23-1653718

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, Line 2	
Form 990, Part VI, Section B, Line 11b	Form 990 is reviewed by the members of the Audit Committee
Form 990, Part VI, Section B, Line 12c	Officers, trustees, and employees with purchasing, financial and budgetary responsibilitie s receive the Conflict of Interest Policy annually and are asked to acknowledge receipt an d compliance with the policy by signing the document and disclosing conflicts
Form 990, Part VI, Section B, Line 15	The University's Board of Trustees approve compensation for officers and top management
Form 990, Part VI, Section C, Line 19	The University's governing documents, conflict of interest policy and Form 990 are made available to the public upon request
Form 990, Part XI, Line 9	Change in value of split interest agreements

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

DLN: 93493133012905

2013

OMB No 1545-0047

Open to Public . Inspection

Schedule R (Form 990) 2013

Employer identification number

Related Organizations and Unrelated Partnerships ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization DESALES UNIVERSITY

(Form 990)

SCHEDULE R

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

	<u> </u>			23-16537	18			
Part I Identification of Disregarded Entities Comp	lete if the organization	answered "Yes" on	Form 990, Part 1	•				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income End	(e) d-of-year assets	Dii	(f) rect controlling entity		
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during	nizations Complete if the tax year.	the organization ar	iswered "Yes" on	Form 990, Pa	art IV, l	ıne 34 because ıt	had or	ie
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity: (if section 501)	status (c)(3))	(f) Direct controlling entity	Section (13) co	
							Yes	No
1) PA Shakespeare Festival at DeSales University	Professional theatre company	PA	501(c)(3)	509(a)(3) Type		N/A		No
Center Valley,PA 18034 23-2655672								
2) Forum for Ethics in the Workplace	Ethic discussions	PA	501(c)(3)	509(a)(3) Type	e III			No
2755 Station Avenue Center Valley, PA 18034					ľ	N/A		
25-1893421							1	
								_

Cat No 50135Y

(a) Name, address, and EIN of related organization		(b) Primary activit	(c) Legal domicile (state or foreign country)	entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets		prtionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	j) eral or aging ener?	(k) Percentag ownersh
					314)			Yes	No	1	Yes	No	
V Identification of Related Org								swere	d "Yes	" on Form	990,	Part	IV,
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Direct controllin entity	(e) Type of entit (C corp, S corp, or trust)	y Share of to	total Share	(g) e of end -year ssets		(h) ercentage ownership	Section (b) cont	i) on 512 (13) rolled tity?	!
						<u> </u>			_		Yes		No
									_				+

(5) PA Shakespeare Festival at DeSales University

Pa	art V	Transactions With Related Organizations Complete if the organization and	swered "Yes" on Form	າ 990, Part IV, line	e 34, 35b, or 36.						
	Note.	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No			
1 [During th	ne tax year, did the orgranization engage in any of the following transactions with one or more	e related organizations li	sted in Parts II-IV?							
а	a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity										
b	Gıft, g	rant, or capital contribution to related organization(s)				1b	Yes				
c	Gıft, g	rant, or capital contribution from related organization(s)				1c		No			
d	Loans	or loan guarantees to or for related organization(s)				1d	Yes				
е	Loans	or loan guarantees by related organization(s)				1e		No			
f	Divide	ends from related organization(s)				1f		No			
g	Sale	of assets to related organization(s)				1g		No			
h	Purch	ase of assets from related organization(s)				1h		No			
i	Excha	nge of assets with related organization(s)				1i		No			
j	j Lease of facilities, equipment, or other assets to related organization(s)										
ŀ		of facilities, equipment, or other assets from related organization(s)				1k		No			
		mance of services or membership or fundraising solicitations for related organization(s)				11		No			
		mance of services of membership of fundraising solicitations by related organization(s)				1m		No			
						1n	Yes				
		g of facilities, equipment, mailing lists, or other assets with related organization(s)				10	Yes				
0) Snarir	ng of paid employees with related organization(s)				10	163				
р	Reimb	oursement paid to related organization(s) for expenses				1р		No			
q	Reimb	oursement paid by related organization(s) for expenses				1 q	Yes				
r	Other	transfer of cash or property to related organization(s)				1r		No			
		transfer of cash or property from related organization(s)				1 s		No			
2	Ifthe	answer to any of the above is "Yes," see the instructions for information on who must comple	ete this line, including co	overed relationships	and transaction thresholds	<u> </u>					
		(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining a		nvolved	I			
L) F	A Shakes	peare Festival at DeSales University	b	20,000	Fair Market value						
2) F	A Shakes	peare Festival at DeSales University	d	168,131	Fair Market Value						
3) F	PA Shakes	peare Festival at DeSales University	n	238,190	Fair Market Value						
1) F	PA Shakes	neare Festival at DeSales University	0	340 303	Fair Market Value						

256,199 Fair Market Value

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

revenue) that was not a related organization. See instructions i													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) all partners section 501(c)(3) anizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations ⁷	_	(i) Code V ² UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	_	(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												1	
													_
			<u> </u>				l					<u> </u>	

Schedule R (Form 990) 2013

Part VII Supplemental Information

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

Return Reference Explanation

Schedule R (Form 990) 2013