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DLN: 93493134034886

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)

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

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2014

Open to Public Inspection

A F	or the	2014 cal	endar year, or tax year	beginning	, 07-01-2014 , an	d ending 06	-30-2015				
B Ch	eck if a	applicable	C Name of organization DESALES UNIVERSITY						D Emp	loyer ide	entification number
☐ Ad	dress cl	hange							23-	165371	.8
П Na	ime cha	ange	Doing business as								
┌ In	tial retu	ım							F Tolor	hone nur	mber
⊢ Fir	nal ,		Number and street (or P 2755 Station Avenue	O box if m	all is not delivered to s	reet address)	Room/suit	е			
		mınated							(610	0)282-	1100
_	nended		City or town, state or pro Center Valley, PA 18034		ntry, and ZIP or foreign	postal code			G Gross	s receints	\$ 145,509,084
Ap	plicatio	n pending	.,						G 0103.	этесетрез	ψ 143,303,004
			F Name and addre		icipal officer			H(a) Is th	_	•	
			DeSales University 2755 Station Aven					subo	rdınates	; ?	ΓYes Γ No
			Center Valley, PA	18034				H(b) Area	all subor	dinates	┌ Yes ┌ No
								ınclu			
I 18	ax-exen	npt status	▼ 501(c)(3)	c) () 🔫 (insert no) 4947(a	(1) or :	527	11 "N	o," attac	ch a list	(see instructions)
J W	/ebsit	e: 🕨 www	w desales edu					H(c) Grou	ıp exem	ptıon nu	ımber ►
K For	m of or	rganızatıon	Corporation Trust	Associatio	n			L Year of fo	mation	1965 N	State of legal domicile PA
Pa	rt I	Sum	mary								
Governance		The miss	escribe the organization of DeSales University humanism as develop	sity is to ped by Sai	provide men and wo nt Francis de Sales	men with q and his sp	uality higl iritual hei	rs			
<u> </u>	2	Check tr	nis box দ if the organ	ization dis	scontinued its oper	ations or di	sposed of	more than 2	.5% of i	ts net a	ssets
	3	Number	of voting members of th	ie govern	ing body (Part VI, I	ıne 1a) .				з	35
Activities &	4	Number	of independent voting n	nembers (of the governing bo	dy (Part VI	, line 1b)			4	28
₩	5	Total nui	mber of individuals emp	loyed in a	calendar year 2014	(Part V , III	ne 2a) .			5	2,168
æ	6	Total nui	mber of volunteers (est	ımate ıf n	ecessary)					6	106
			related business reveni							7a	1,071,239
	Ь	Net unre	lated business taxable	ıncome fı	rom Form 990-T, li	ne 34 .				7b	0
								Pric	r Year		Current Year
a)	8	, , ,								3,476	8,365,235
eun	9		ogram service revenue (Part VIII, line 2g)						81,08		84,712,669
Revenue	10									3,926	4,526,659
_	11		revenue (Part VIII, col revenue—add lines 8 th						1,973	3,143	1,304,113
	12		· · · · · ·						96,827	7,111	98,908,676
	13		s and similar amounts p						26,886	5,778	27,667,804
	14		ts paıd to or for membe							0	0
υ'n	15	Saları 5–10)	es, other compensation	, employe	e benefits (Part IX	, column (A), lines		31,497	7,360	33,227,722
Expenses	16a	•	sional fundraising fees	(Part IX.	column (A.), line 1.1	e)				0	0
<u>क</u>	Ь		ndraising expenses (Part IX,								
Ų	-					: 24 - \			20.101		22.27.27
	17 18		expenses (Part IX, col expenses Add lines 13		•	•			30,496 88,880		32,377,878 93,273,404
	19		ue less expenses Subt	•	•		•			5,888	5,635,272
Net Assets or Fund Balances		- NOVOII	de less expellses educ	accime				Beginnin			End of Year
SS-0 Baka	20	Totala	assets (Part X, line 16)						199,057	7,287	203,237,204
정말	21	T otal I	iabilities (Part X, line 2	6)					63,325	5,222	64,810,093
_	22		sets or fund balances	Subtract	line 21 from line 20)			135,732	2,065	138,427,111
Unde my k	nowle arer h	alties of p dge and l as any kr	perjury, I declare that I belief, it is true, correct nowledge	, and com				an officer) is		n all inf	
			or print name and title								
		Р	rınt/Type preparer's name		Preparer's signature		Da	I CIR	eck I if	PTIN	
Pai			irm's name 🕨						-employe n's EIN 🕨		
	pare	er									
He	Ωn	dv l'	irm's address 🟲					Pho	ne no		

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

┌Yes ┌No

4d Other program services (Describe in Schedule O)

Total program service expenses ►

(Expenses \$ 0 including grants of \$

88.032.037

0)(Revenue \$

Part IV Checklist of Required Schedule
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	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? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV^{\square}	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII"	11b	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part $X^{f CD}$	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 domestic 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 or for domestic individuals 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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
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? <i>If "Yes," complete Schedule L, Part II</i>	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	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? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
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		N o
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	. /224 ::
		F	orm 990	(2014)

Part V Statements Regarding Other IRS Filings and Tax Compliance

ген	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	• •	Yes	✓ No
<u>1a</u>	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 4,291		t es	140
	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			
Ī	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and			
	Tax Statements, filed for the calendar year ending with or within the year covered by this return			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	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	
	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	4-		
	account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country CJ, RO			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
	· · · · · · · · · · · · · · · · · · ·	5b		
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
	organization solicit any contributions that were not tax deductible as charitable contributions?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	35		
_	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a	Yes	
-	services provided to the payor?	, u		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
.,	file Form 8282?	7 c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		Νo
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7g		No
h	required?	, y		1110
"	Form 1098-C?	7h		Νo
8	Sponsoring organizations maintaining donor advised funds.			
	Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
_	· · · · · · · · · · · · · · · · · · ·	8		
_	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter Initiation food and control contributions included on Part VIII. June 1.2			
	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 10b			
D	facilities			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
.2a	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			
L3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	Note. See the instructions for additional information the organization must report on Schedule O			
D	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 13b			
С	Enter the amount of reserves on hand			
L4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	ļ	No
	If "Yes" has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule O	14b		.,0

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

Se	ection A. Governing Body and Management			
			Yes	No
1 a	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
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	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		Νo
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
		10b 11a	Yes	
11a	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		Yes	
11a b	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?		Yes	
11a b 12a	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?	11a		
11a b 12a b	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?	11a 12a	Yes	
11a b 12a b	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?	11a 12a 12b	Yes	
11a b 12a b	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	11a 12a 12b	Yes Yes Yes	
11a b 12a b c	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?	11a 12a 12b 12c 13	Yes Yes Yes	
11a b 12a b c 13 14 15	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?	11a 12a 12b 12c 13	Yes Yes Yes	
11a b 12a b c 13 14 15	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?	11a 12a 12b 12c 13 14	Yes Yes Yes Yes	
11a b 12a b c 13 14 15	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?	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	
11a b 12a b c 13 14 15	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	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No
11a b 12a b c 13 14 15 a b	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	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No
11a b 12a c 13 14 15 a b 16a b	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?	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No
11a b 12a c 13 14 15 a b 16a b	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? Exterior C. Disclosure	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No
11a b 12a b c 13 14 15 a b 16a b	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?	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No

State the name, address, and telephone number of the person who possesses the organization's books and records

►DeSales University - Treasurer's Office

Form 990 (2014)	
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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	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or chiector	2/1099-MISC)	2/1099-MISC)	organization and related organizations

Form **990** (2014)

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

(A) Name and Tıtle	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					i	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

ID Su	ub-Total				
с Тс	otal from continuation sheets to Part VII, Section A	•[
d To	otal (add lines 1b and 1c)	•	1,667,075	0	334,018

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►22

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

Section B. Independent Contractors

L Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A)	(B)	(C)
Name and business address	Description of services	Compensation
Computer Aid Inc PO Box 785526 Philadelphia, PA 19178	IT management	1,236,425
Wills Hall Oblate Community 2755 Station Avenue Center Valley, PA 18034	Professional	926,449
Stiegler Wells Brunswick & Roth Inc 3865 Adler Place First Floor Bethlehem, PA 18017	Advertising	491,010
Breslin Ridyard Fadero Architects 1226 Union Blvd Allentown, PA 18109	Architects	422,736
160over90 1 S Broad Street Philadelphia, PA 19107	Advertising	416,990
2 Total number of independent contractors (including but not limited to those listed above)	who received more than	

Form 99		· ·	_					Page 9
Part V	7111	Statement o Check if Schedu	o f Revenue ule O contains a respon	ise or note to any lir	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ν£	1a	Federated cam	paigns 1a					
Grants mounts	b	Membership du	ies 1b	0				
ي ق	С	Fundraising eve	ents 1c	358,229				
Giffs, iilar Au	d	Related organiz	zations 1d	0				
s, G m:	е	Government grants	s (contributions) 1e	5,298,251				
Contributions, Giffs, Grants and Other Similar Amounts	f	All other contribution	ons, gifts, grants, and 1f ot included above	2,708,755				
ntibr A Oth	g	Noncash contribute 1a-1f \$	ons included in lines	76,321		İ		į
ē Č	h	Total. Add lines	s 1a-1f	· · · •	8,365,235			
Program Service Revenue	2a	Higher education p	orogram services	Business Code 611310	84,712,669	84,712,669	0	0
<u>22</u>	b							
ž,	d							
Ž.	e e							
Tan Tan	f	All other progra	am service revenue		0	0	0	0
Š	g	Total Add lines	s 2a-2f	b .	84,712,669			
	3		ome (including divident					4 0 5 0 5 0 0
			ar amounts)		1,076,387	0	7,879	1,068,508
	4 5	Royalties	·		0	0	0	0
		Royalties :	(ı) Real	(II) Personal				
	6a	Gross rents	283,502	0				
	b	Less rental expenses	0	0				
	С	Rental income or (loss)	283,502	0				
	d	• •	me or (loss)		283,502	0	0	283,502
	_	Cross amount	(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	48,909,983	981,595				
	b	Less cost or other basis and	45,114,484	1,326,822				
	С	sales expenses Gain or (loss)	3,795,499	-345,227				
	d	Net gain or (los	ss)		3,450,272	О	0	3,450,272
Other Revenue	8a	Gross income f events (not inc \$358 of contributions See Part IV, lin	luding 3,289 s reported on line 1c)					
<u>.</u>	 	1	a	116,353				
둦	b c		penses b (loss) from fundraising e	159,102	-42,749		0	-42,749
•		Gross income f	from gaming activities ne 19	svenes p	,			,
	Ь	less directev	penses b					
	c		(loss) from gaming activ	/ities				
	10a	Gross sales of returns and allo						
	ь	Less cost of a	oods sold b					
	С		(loss) from sales of inve	entory 🛌				
		Miscellaneous		Business Code			,	
	11a	Auxiliary Servi	ce	721000	1,063,360	0	1,063,360	0
	b							
	d	All other royans	ue		0	0	0	0
	a e	Total. Add lines	L	🕨	-			
	12		See Instructions		1,063,360			
		rotar revenue.	occinatiuctiviia		98,908,676	84,712,669	1,071,239	4,759,533

Part IX Statement of Functional Expenses

section $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. All other organizations must complete column (A	ection !	501(c)(3) and 501(c)(4)	organizations must co	mplete all columns	All other organizations	must complete column (A)
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36000	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				<u> </u> (D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22	27,650,804	27,650,804		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	17,000	17,000		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	989,490	352,698	460,979	175,813
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	24,409,424	22,575,382	871,538	962,504
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,676,551	1,519,582	84,653	72,316
9	Other employee benefits	4,359,107	3,949,976	221,106	188,025
10	Payroll taxes	1,793,150	1,625,264	90,541	77,345
11	Fees for services (non-employees)				
а	Management				
b	Legal	59,834		59,834	
c	Accounting	112,563		112,563	
d	Lobbying	21,000		21,000	
e	Professional fundraising services See Part IV, line 17			,	
f	Investment management fees	309,426		309,426	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,242,676			3,704
12	Advertising and promotion	1,414,121	· ·	· ·	
13	Office expenses	4,841,683			394,603
14	Information technology	2,201,981	2,201,981		
15	Royalties	2,231,301	2,231,331		
16	Occupancy	3,720,373	3,720,373		
17	Travel	1,025,055		66,024	36,492
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	1,023,033	322,333	00,024	30,432
19	Conferences, conventions, and meetings	336,286	267,776	59,988	8,522
20	Interest	1,482,845	,	,	-,
21	Payments to affiliates		_, :22,513		
22	Depreciation, depletion, and amortization	6,400,300	6,400,300		
23	Insurance	677,957	677,957		
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)	311,7331	511,755		
а	Food Service	5,667,406	5,667,406	0	0
b	Equipment & maintenance	798,890	733,341	65,549	0
c	Student association	500,870	500,870	0	0
d	Memberhsip	260,871	169,803	86,357	4,711
e	All other expenses	1,303,741	1,147,603	100,338	55,800
25	Total functional expenses. Add lines 1 through 24e	93,273,404	88,032,037	3,261,532	1,979,835
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

	T X	Check if Schedule O contains a response or note to any line i	n this Part X .	<u></u> <u>.</u> .	<u> </u>	· · · <u>·</u> -
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		0		0
	2	Savings and temporary cash investments		8,195,893	2	7,047,770
	3	Pledges and grants receivable, net		2,231,693	3	2,698,115
	4	Accounts receivable, net		2,773,702	4	2,923,358
	5	Loans and other receivables from current and former officers employees, and highest compensated employees Complete Schedule L	Part II of	es, key 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 Schedul	oloyers	6	0	
82	7	Notes and loans receivable, net	2,765,817		2,792,152	
ď	8	Inventories for sale or use		2,700,017		0
	9	Prepaid expenses and deferred charges		892,695		981,829
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D		,712,608	9	301,023
	ь	Less accumulated depreciation		,394,641 118,187,706	100	120,317,967
	11	Investments—publicly traded securities	53,181,647		55,740,644	
	12	Investments—other securities See Part IV, line 11	10,593,163		10,510,630	
	13	Investments—program-related See Part IV, line 11	0		0	
	14	Intangible assets		0		0
	15	Other assets See Part IV, line 11		234,971		224,739
	16	Total assets. Add lines 1 through 15 (must equal line 34) .		<u> </u>	16	203,237,204
	17	Accounts payable and accrued expenses		5,910,036		5,098,809
	18	Grants payable	0,510,000		0,000,000	
	19	Deferred revenue		5,949,872		6,520,360
	20	Tax-exempt bond liabilities		45.673.233		44.360.000
				3,075,780		3,417,525
es.	21	Escrow or custodial account liability Complete Part IV of Sc		3,073,780	21	3,417,323
Liabiliti	22	Loans and other payables to current and former officers, dire- key employees, highest compensated employees, and disqua	alıfıed			
<u></u>		persons Complete Part II of Schedule L	0		0 700 000	
_	23	Secured mortgages and notes payable to unrelated third part	934,339		3,790,263	
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0	
	25	Other liabilities (including federal income tax, payables to re and other liabilities not included on lines 17-24) Complete FD		25	1,623,136	
	26	Total liabilities. Add lines 17 through 25		63,325,222	26	64,810,093
ه د		Organizations that follow SFAS 117 (ASC 958), check here lines 27 through 29, and lines 33 and 34.				
2	27	Unrestricted net assets	110,912,448	27	112,518,705	
Fund Balance	28	Temporarily restricted net assets	8,631,846		8,813,782	
<u> </u>	29	Permanently restricted net assets	16,187,771	29	17,094,624	
Ĭ	23	Organizations that do not follow SFAS 117 (ASC 958), check		10,107,771	23	17,004,024
Ē		complete lines 30 through 34.	nere F and			
0	30	Capital stock or trust principal, or current funds			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31	
45.5	32	Retained earnings, endowment, accumulated income, or othe			32	
Net /	33	Total net assets or fund balances		135,732,065		138,427,111
ź	34	Total liabilities and net assets/fund balances		199,057,287	34	203,237,204
		rotal nabilities and het assets/land balances		199,037,287	J+	

Pai	TEXT Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				দ
	, , , , , , , , , , , , , , , , , , , ,				•
1	Total revenue (must equal Part VIII, column (A), line 12)	1		98,9	08,676
2	Total expenses (must equal Part IX, column (A), line 25)	2		93.2	273,404
3	Revenue less expenses Subtract line 2 from line 1	3			 35,272
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			32,065
5	Net unrealized gains (losses) on investments	5			32,003
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			-41,166
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		138,4	27,111
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed o	n		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of th	1e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	1			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	9	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Yes	

Software ID: 14000267 **Software Version:** v1.00

EIN: 23-1653718

Name: DESALES UNIVERSITY

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	A verage hours per week (list any hours for related	Posit more the perso and a	ion (han o n is b	do no ne b ooth ctor,	ox, u an of /trus	ınless fficer	;	Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensate employee	Former	2/1099-1413C)	2/1099-1413C)	organization and related organizations
(1) V Rev Bernard O Connor OSFS	50					2				
President	0	Х		Х				0	0	0
(1) W Douglas Brown	2									
Chairman	0	X						0	0	0
(2) Madelyn Azar	1	×						0	0	0
Trustee	0	_ ^						0	0	0
(3) Msgr Andrew Baker	1	l x						0	0	0
Trustee	0									
(4) Frank D Boyer	1	X						0	0	0
Trustee (5) Debra Barnak Burke	0 1									
Trustee	0	Х						0	0	0
(6) Rev Joseph Campellone OSFS	1									
Trustee	0	X						0	0	0
(7) Teresa Coleman	1	×						0	0	0
Trustee	0	_ ^						0	0	0
(8) Ashoke K Dutta	1	×						0	0	0
Trustee	0									
(9) Rev Lewis Fiorelli OSFS	1	X						0	0	0
Trustee (10) Francis J Ford Jr	0									
Trustee	0	Х						0	0	0
(11) Sally Gammon	1							_	_	_
Trustee	0	X						0	0	0
(12) Peter A Gray	1	х						0	0	0
Trustee	0							Ů		
(13) V Rev James J Greenfield OSFS	1	X						0	0	0
Trustee (14) Gary Iacocca	0									
		X						0	0	0
Trustee (15) Fr Shaju Kanjiramparayil OSFS	1									
Trustee	0	X						0	0	0
(16) Brendan Kennealey	1							0	0	0
Trustee	0	X						0	0	U
(17) Alex L Maggitti Jr	1	l x						0	0	0
Trustee	0									
(18) Dr John F Malloy	1	X						0	0	0
Trustee (19) Gene J Marino	0 1									
Trustee	0	Х						0	0	0
(20) Matthew W Martinez	1									
Trustee	0	X						0	0	0
(21) Fr Stephen Mavely	1	×						0	0	0
Trustee	0	_ ^						0		
(22) Charles McIntyre	1	X						0	0	0
Trustee (23) Fr Ken McKenna	0 1									
		x						0	0	o
Trustee (24) Vincent J Moffitt	1									
Trustee	0	X						0	0	0
					1	-	1	I	I	L

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (A) (B) (C) (D) (F) Position (do not check Reportable Estimated amount Name and Title Average Reportable 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 Office Office Individual trustee or director organizations Institutional Trustee related below emplo) ee organizations dotted line) (26) Maria Montero 1 Χ 0 0 O 0 (1) V Rev Joseph G Morrissey OSFS 1 Χ 0 0 Trustee 0 (2) Joan M Pacala 1 0 0 Χ 0 Trustee (3) Michael W Pessina 1 Χ 0 0 0 0 (4) John D Stanley Esq 1 Х 0 0 Trustee 0 (5) William J Straccia III 1 Χ 0 0 0 0 (6) Ronald Swinfard 1 Χ 0 0 Λ Trustee 0 (7) Joseph C Trinkle Jr 1 0 Χ 0 Trustee 0 (8) Fr Abraham Vettuvelil MSFS 1 0 0 0 Χ 0 (9) Denise M von Funk 1 Х 0 0 0 Trustee 0 (10) Dr Karen Walton 45 Х 195,235 0 34,943 VP Academic Affairs 0 (11) Robert Snyder 58 Χ 184,593 0 59,258 VP Finance & Administration & Campus Environment 2 (12) Thomas Campbell 45 Х 172,672 0 18,585 VP Instl Advancement 0 (13) Gerard Joyce 45 Χ 153,423 0 30,009 VP for Student Life 0 59 (14) Michael Sweetana Χ 145,079 0 23.112 Director of Finance & Treasurer 1 (15) Peter Rautzhan 45 Х 119,103 0 31,875 0 Secretary (16) Dr David Gilfoil 45 Х 143,297 0 21,768 MBA Program Director & Associate Professor 0 (17) Dr Robert Blumenstein 45 Χ 139,911 0 21,187 Dean Undergrad Stud 0 (18) John Bell 45 0 Х 138,048 29,402 Chair Performing Arts 0 45 (19) Christopher Cocozza Х 137,939 0 33,151 Division of Business 0 (20) Brian Kane 45 Х 137,775 0 30,728

0

Chair Liberal Arts & Social Sciences

TY 2014 Reasonable Cause Explanation

Name: DESALES UNIVERSITY

EIN: 23-1653718

Software ID: 14000267

Software Version: v1.00

Explanation: Needed additional time to properly complete Form 990 in addition

to Form 990T.

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493134034886

93493134034880

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.

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

2014

Open to Public Inspection

Name of the organization
DESALES UNIVERSITY

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

1	Ē	A church, convention	of churches, o	r association of churc	hes described i	n section 170(b)(1)(A)(i).					
2	굣	A school described in	section 170(b)(1)(A)(ii). (Attach S	chedule E)							
3	Γ	A hospital or a cooper	atıve hospıtal	service organization of	described in sec	tion 170(b)(1)(A)(iii).					
4	Γ	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the										
	_	hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
5	ļ				versity owned o	or operated by	a governmental unit d	escribed in				
	_	section 170(b)(1)(A)((iv). (Complet	e Part II)								
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public										
7	Γ					om a governme	ental unit or from the g	jeneral public				
0	_	described in section 1 A community trust des				-+ TT \						
9	<u>'</u>	An organization that n			•	•	hutions membership	fees and aross				
9	,	receipts from activitie	•	` '	• • • • • • • • • • • • • • • • • • • •		,	, -				
		its support from gross										
		acquired by the organi						Dusillesses				
10	\vdash	An organization organ										
11	<u>'</u>	An organization organ	•	•	•	•		out the nurneces of				
	ı	one or more publicly s										
		the box in lines 11a th			•							
а	Г	Type I. A supporting o										
		supported organization			-	ty of the direct	ors or trustees of the	supporting				
b	Г	organization You mus Type II. A supporting				with its sunno	rted organization(s) I	ny having control or				
_	'	management of the su	-	•			=	=				
		must complete Part IV			•			,				
C	Г	Type III functionally i	_		•			grated with, its				
-1	_	supported organization		,	•			innization(s) that is				
a	ı	Type III non-function not functionally integral										
		(see instructions) Yo i	_		,	•						
e	Γ	Check this box if the o	_				s a Type I, Type II, T	ype III functionally				
_		integrated, or Type III										
f ~		Enter the number of su										
g		Provide the following i	mormation abo	out the supported orga	inization(s)							
	(i)Na	ame of supported	(ii) EIN	(iii) Type of	(iv) Is the org	ganızatıon	(v) A mount of	(vi) A mount of				
		organization	. ,	organization	listed in your	governing	monetary support	other support (see				
				(described on lines	docume	ent?	(see instructions)	instructions)				
				1-9 above or IRC section (see								
				instructions))								
				<u> </u>	Yes	No						
Tota	1											
	-			l .	<u> </u>	<u> </u>	l .	L				

Sch	edule A (Form 990 or 990-EZ) 2014						Page 2
Pa	Support Schedule for (Complete only if you c	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	ow, please com	ipiete Part I	11.)
	endar year (or fiscal year beginning	(-) 2010	(1) 2011	(-) 2012	(4) 2012	(-) 201	(6) T. t. l
	in) 🟲	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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						
,	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	1	l			1	
	endar year (or fiscal year beginning	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	in) ►	(a) 2010	(0) 2011	(6) 2012	(d) 2013	(e) 2014	(I) Total
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 VI)						
11	Total support Add lines 7 through 10						
12	Gross receipts from related activities	es, etc (see inst	ructions)		•	12	<u> </u>
13	First five years. If the Form 990 is f	or the organizati	on's first, second	l, thırd, fourth, or	fifth tax year as a	section 501	(c)(3)
	organization, check this box and sto					<u> </u>	<u> </u>
	ection C. Computation of Pub			4.4 1 (5)		 	
14	Public support percentage for 2014	· ·		11, column (f))		14	
15	Public support percentage for 2013	•	•			15	
16a	33 1/3% support test—2014. If the				line 14 is 33 1/3%	∕o or more, ch	
h	and stop here. The organization qua 33 1/3% support test—2013. If the				and line 15 is 3	3 1/3% or mo	re check this
	box and stop here. The organization				, and fine 13 is 3.	3 1/3/0 01 1110	re, check this ▶□
17a	10%-facts-and-circumstances test-	-2014. If the org	anızatıon dıd not	check a box on li			,
	is 10% or more, and if the organizat						
	in Part VI how the organization mee	ts the "facts-and	d-circumstances'	test The organi	zation qualifies as	s a publicly s	
h	organization 10%-facts-and-circumstances test-	-2013. If the ora	anization did not	check a hov on li	ne 13 16a 16b	or 17a and b	▶ ┌
	15 is 10% or more, and if the organ						
	Explain in Part VI how the organizat						ublicly
	supported organization				471		▶ ┌
18	Private foundation. If the organization instructions	on ala not check	cabox on line 13	, 16a, 16b, 1/a,	or 1 / b, check this	s pox and see	• ▶ □

Schedule A (Form 990 or 990-EZ) 2014 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or 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 furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a 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 C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V $\,)$

Section A. All Supporting Organizations

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or (2) ? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

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

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furthexcess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	JCTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		(::)	(:::)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009			
b From 2010			
c From 2011			
d From 2012			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
A pplied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 31 and 4c			
8 Breakdown of line 7			
a From 2010			
b From 2011			
c From 2012			
d From 2013			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2014

DLN: 93493134034886

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. ► 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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization **Employer identification number** DESALES UNIVERSITY 23-1653718 Part I-A 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 Political expenditures 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 Enter the amount of any excise tax incurred by organization managers under section 4955 2 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? ┌ Yes 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 1 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? 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 (e) A mount of political (a) Name (b) Address (c) EIN (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?

┌ 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	opinion (grass roots lobbying)	0	
b	Total lobbying expenditures to influence a legisle	ative body (direct lobbying)	21,000	
c	Total lobbying expenditures (add lines 1a and 1i	b)	21,000	
d	Other exempt purpose expenditures		93,252,404	
e	Total exempt purpose expenditures (add lines 1	c and 1d)	93,273,404	
f	Lobbying nontaxable amount Enter the amount f	from 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	ļ	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	ļ	
	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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2011 **(b)** 2012 (c) 2013 (d) 2014 (e) Total beginning in) Lobbying nontaxable amount 1,000,000 1,000,000 1,000,000 1,000,000 4,000,000 Lobbying ceiling amount 6,000,000 (150% of line 2a, column(e)) 42,000 42,000 42,000 21,000 Total lobbying expenditures 147,000 Grassroots nontaxable amount 250,000 250,000 250,000 250,000 1,000,000 Grassroots ceiling amount 1,500,000 (150% of line 2d, column (e)) Grassroots lobbying expenditures

(b) Amount	No
Amount	No
-	
-	
or section)(5), o
Yes	
1	
2	
3	
or section	
Part III-	R (b)
[-A, lines 1 a	Part II
I	Part I

Part IV Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2014

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DLN: 93493134034886

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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.

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

Open to Public Inspection

me of the organiza SALES UNIVERSITY	Lion				Emp	ioyer ident	ification num	ber
					23-	1653718		
	ations Maintaining Donor Ac ion answered "Yes" to Form 99	0, Part IV, line	6.		Funds	or Accou	ı nts. Compl	ete ıf th
		(a) Dor	orac	lvised funds		(b) Funds a	and other acco	ounts
Total number at e	nd of year							
Aggregate value o	of contributions to (during year)							
Aggregate value o	of grants from (during year)							
Aggregate value a	at end of year							
	ion inform all donors and donor advis anization's property, subject to the o				lonor advı	sed	☐ Yes	┌ No
used only for cha	ion inform all grantees, donors, and ritable purposes and not for the ben nissible private benefit?						┌ Yes	┌ No
t III Conserv	ation Easements. Complete	ıf the organızat	ion a	nswered "Yes	" to Forn	n 990, Par	rt IV, line 7.	
Preservation of Preservation of Preservation of Complete lines 2	a through 2d ıf the organızatıon held	n or education)	Γ	Preservation of Preservation of	a certifie	d historic s	tructure	a
easement on the	last day of the tax year					Held at	the End of th	e Year
Total number of c	onservation easements				2a			
Total acreage res	stricted by conservation easements				2b			
Number of conser	rvation easements on a certified his	toric structure in	clude	dın (a)	2c			
Number of conse	rvation easements included in (c) ac listed in the National Register			` '	2d			
	rvation easements modified, transfe	rred. released. ex	tınaı	ııshed. or termini	ated by th	ie organizat	tion durina	
the tax year ►	•		5	,	,	J	5	
			1	J . .				
	where property subject to conserva ation have a written policy regarding				 andling of	violations,	, and	
enforcement of th	e conservation easements it holds?	•					☐ Yes	□ No
►	er hours devoted to monitoring, insp —	ecting, and enfor	cing	conservation eas	sements o	luring the y	ear	
A mount of expens ► \$	ses incurred in monitoring, inspectir	ng, and enforcing	cons	ervation easeme	nts durin	g the year		
Does each conse and section 170(rvation easement reported on line 2 h)(4)(B)(II)?	(d) above satisfy	the r	equirements of s	section 17	70(h)(4)(B)	Yes	┌ No
balance sheet, an	cribe how the organization reports co nd include, if applicable, the text of t s accounting for conservation easem	he footnote to the						
	ations Maintaining Collectio e if the organization answered "				s, or Ot	her Simil	lar Assets.	
works of art, histo	n elected, as permitted under SFAS orical treasures, or other similar ass in Part XIII, the text of the footnote	ets held for publi	c exh	nbition, educatio	n, or rese	arch in furt		
If the organization works of art, histo	n elected, as permitted under SFAS orical treasures, or other similar ass the following amounts relating to the	116 (ASC 958), sets held for publi	to re	port ın ıts revenı	ue statem	ent and bal		blıc
(i) Revenue inclu	ided in Form 990, Part VIII, line 1					► \$_		0
	led in Form 990, Part X						1,	
If the organization	n received or held works of art, histo s required to be reported under SFA:					' -		7-3-
_	in Form 990, Part VIII, line 1	,				► \$		0
Accete included	n Form 990 . Part X					.	_	

Part	Organizations Maintaining Co	llections of Art, H	listori	cal Trea	sures, or Ot	her Similar	Assets (ca	ontinued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other records,	check		_	_	use of its	
а	▼ Public exhibition	C	:	Loan or e	xchange progra	ams		
b	Scholarly research	•	e	Other				
C	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain h	how the	y further th	ie organization'	s exempt purpo	se in	
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 training to the training	· ·					√ Yes	✓ No
FGII	Part IV, line 9, or reported an ar					i tes to roii	11 990,	
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?					ets not	┌ Yes	✓ No
b	If "Yes," explain the arrangement in Part XI	I and complete the fol	lowing t	able	_			
					_		Amount	
С .	Beginning balance				<u> </u>	1c		
d	Additions during the year				H	1d		
e •	Distributions during the year				-	le		
f	Ending balance					1f		
2a	Did the organization include an amount on Fo	orm 990, Part X, line 2	1, for es	scrow or cu	istodial accoun	t liability?	√ Yes	∏ No
ь	If "Yes," explain the arrangement in Part XI.							<u> </u>
Pa	rt V Endowment Funds. Complete		nswere (b)Prior y			Part IV, line 1 (d)Three years ba		ears hack
1a	Beginning of year balance	55,267,186	· · · ·	189,348	41,571,131	41,254,7		32,384,072
ь	Contributions	2,461,353	3,	791,264	4,087,587	2,875,7	784	3,913,955
С	Net investment earnings, gains, and losses	743,608	6.1	000,473	3,536,877	-903,1	172	6,437,521
d	Grants or scholarships	1,755,791		546,941	1,379,749	1,323,9		1,205,196
e	Other expenditures for facilities and programs	29,864	<u> </u>	11,098	15,302	45,4	165	-4,669
f	Administrative expenses	309,246	,	355,860	311,196	286,8	326	280,239
g	End of year balance	56,377,246	55,2	267,186	47,489,348	41,571,1	31 '	41,254,782
2	Provide the estimated percentage of the cur	rent year end balance ((line 1g	, column (a	ı)) held as			
а	Board designated or quasi-endowment 🕨	56 %						
b	Permanent endowment ► 36 %							
c	Temporarily restricted endowment ► {	3 %						
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%						
3a	Are there endowment funds not in the posse	ssion of the organization	on that a	are held an	d admınıstered	for the		
	organization by (i) unrelated organizations					Г	Yes 3a(i)	No No
	(ii) related organizations					<u> </u>	3a(ii)	No
b	If "Yes" to 3a(II), are the related organization			· · · lule R? .		`. `. `. <u>`</u> .	3b	
4	Describe in Part XIII the intended uses of the	ne organization's endov	vment fu	unds		_		
Par	t VI Land, Buildings, and Equipme 11a. See Form 990, Part X, line		organ	ızatıon ar	nswered 'Yes'	to Form 990,	Part IV, li	ne
	Description of property	10.		Cost or othe (investment				ok value
1a				2,729,69	8 3,069,	282	_	5,798,980
	Buildings				0 132,314,		,757 9	2,894,781
	Leasehold improvements				0	0	0	0
d I	Equipment				0 38,166,	544 27,610	,264 1	0,556,280
	Other				0 22,432,	546 11,364	,620 1	1,067,926
Tota	I. Add lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part X, c	olumn (i	B), line 10(c).)		12	20,317,967
						Schedu	le D (Form 9	90) 2014

Part VII Investments—Other Securities. (Complete if the organization a	inswered 'Yes' to Form 990, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category (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	8,092,816	F
(B) Managed Futures	2,200,391	F
(C) Private Equity	217,423	F
-	10.510.620	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related.		answered 'Yes' to Form 990, Part IV, line 11c
See Form 990, Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
	_	
Part IX Other Assets. Complete if the organization	tion answered 'Yes' to Form 990,	Part IV, line 11d See Form 990, Part X, line 15
	scription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the o	·	
Form 990, Part X, line 25.	<u> </u>	TOTHER SEC, PAIL IV, HINE THE OF THE SEC
1 (a) Description of liability	(b) Book value	
Perfundable government loan funds	1 294 129	
Refundable government loan funds Net unamortized debt premium	1,284,128	
Liabilities under split interest agreements	127,758	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶ 1,623,136	
2 Liphility for uncertain tay positions. In Bart VIII. pro	uida tha tayt of the feetness to the	a avantization's financial statements that reports the

Par		f Revenue per Audited Financial Statements With Revnswered 'Yes' to Form 990, Part IV, line 12a.	enue per R	eturn Complete ıf
1		ther support per audited financial statements	. 1	68,902,802
2	Amounts included on line	. but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (loss	es) on investments 2a -2,8	399,060	
b	Donated services and use	of facilities	0	
c	Recoveries of prior year gi	ants	0	
d	Other (Describe in Part XI	II)	370,416	
e	Add lines 2a through 2d		2e	-2,028,644
3	Subtract line 2e from line :		3	70,931,446
4	Amounts included on Form	990, Part VIII, line 12, but not on line 1		
а	Investment expenses not	ncluded on Form 990, Part VIII, line 7b . 4a 3	309,426	
b	Other (Describe in Part XI	II)	67,804	
c	Add lines 4a and 4b		4c	27,977,230
5	Total revenue Add lines 3	and 4c. (This must equal Form 990, Part I, line 12)	5	98,908,676
Part		f Expenses per Audited Financial Statements With Ex answered 'Yes' to Form 990, Part IV, line 12a.	penses per	Return. Complete
1	Total expenses and losses	per audited financial statements	. 1	65,296,174
2	Amounts included on line :	but not on Form 990, Part IX, line 25		
а	Donated services and use	of facilities	0	
b	Prior year adjustments .		0	
C	Otherlosses		0	
d	Other (Describe in Part XI	II)	0	
e	Add lines $\mathbf{2a}$ through $\mathbf{2d}$.		2e	(
3	Subtract line 2e from line 1		3	65,296,174
4	Amounts included on Form	990, Part IX, line 25, but not on line 1:		
а	Investment expenses not	ncluded on Form 990, Part VIII, line 7b 4a 3	309,426	
b	Other (Describe in Part XI	II)	667,804	
C	Add lines 4a and 4b		4c	27,977,230
5		3 and 4c. (This must equal Form 990, Part I, line 18)	5	93,273,404
Par	XIII Supplemental	Information		
Part	ide the descriptions required V , line 4 , Part X , line 2 , Par mation	for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1 XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this	b and 2b, is part to provid	de any addıtıonal
	Return Reference	Explanation		
Sched	lule D, Part III, Line 4	Paintings and sculptures are maintained and used by the theatre	and arts progr	ams for class

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, 2015 and 2014.
Schedule D, Part XI, Line 2d	Amount 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

Jenedale 2 (1 31111 33 3) 23 13		r age S		
Part XIII Supplemental Information	on (continued)			
Return Reference	Explanation			
l				
-				

Schedule D (Form 990) 2014

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As Filed Data -

DLN: 93493134034886

OMB No 1545-0047

SCHEDULE E

Department of the Treasury

Internal Revenue Service

(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 Inspection

Name of the organization DESALES UNIVERSITY

Employer identification number

23-1653718

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	Yes	
4 a	Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff?	4a_	Yes	
Ł	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	
c	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
5	Does the organization discriminate by race in any way with respect to			
a	students' rights or privileges?	5a		No
ŧ	Admissions policies?	5b		No
c	: Employment of faculty or administrative staff?	5c		No
c	Scholarships or other financial assistance?	5d		No
•	Educational policies?	5e		No
f	Use of facilities?	5f		No
ç	Athletic programs?	5g		No
ŀ	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II	5h		No
		-		
62	Does the organization receive any financial aid or assistance from a governmental agency?	- 6a	Yes	
	Has the organization's right to such aid ever been revoked or suspended?	6b		No
7	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	Yes	

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

Return Reference	Explanation				
Schedule E, Part I, Line 3	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, 2015, the University received financial aid and assistance from 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, Nurse Faculty Loan programs and the Affordable Care Act Expansion of Physician Assistant Training Program grant				

Schedule E (Form 990 or 990-EZ) (2014)

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As Filed Data -

DLN: 93493134034886

SCHEDULE F

(a) Region

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.

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

OMB No 1545-0047

Open to Public **Inspection**

Employer identification number

Name	of the	organızatı	10
DESA	LES U	NIVERSI	۲Y

(Form 990)

Department of the Treasury

Internal Revenue Service

23-1653718 General Information on Activities Outside the United States. Complete if the organization answered

- "Yes" to Form 990, Part IV, line 14b.
- For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eliqibility for the grants or assistance, and the selection criteria

No

- For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	offices in the region	employees, agents, and independent contractors in region	region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	program service, describe specific type of service(s) in region	for and investments in region
(1) Central America and the Caribbean			Investments	Hedge Funds	3,534,371
(2) Europe (including Iceland and Greenland)	0	0	Program Services	Study abroad programs	222,655
(3) Europe (including Iceland and Greenland)	0	0	Program Services	Courses with a foreign trip	43,653
(4) South America	0	0	Program Services	Courses with foreign trip	32,207
(5) Central America and the Caribbean	0	0	Program Services	Course with foreign trip	13,136
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0	0)		3,846,022

(b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures

Schedule F (Form 990) 2014

Pa				izations or Entitie ved more than \$5,0		•	9		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)								
2				ed above that are ro or counsel has pro					
3	Enter total num	nber of other or	ganizations or ent	ities					

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	e duplicated if additi	onal space is ne	eeded.				
(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	10,000	credit against tuition			Cash Value
(2) Financial aid-tuition discount	East Asia and the Pacific	1	7,000	Credit against tuition			Cash value
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
	1			L	l .		

Part IV Foreign Forms

1	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; do not file with Form 990)	Г	Yes	্ব	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	্	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)	Г	Yes	ঘ	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)	I✓	Yes	Г	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Г	Yes	[ত	Νo

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014 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 awarded to students with a foreign address at the time aid was awarded. The students resided at the University while they were enrolled in classes and were awarded financial aid.

990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part I, Line 3	The University has interest in hedge funds in the Caribbean. The market value of the investments in the hedge fund 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: 93493134034886

Employer identification number

OMB No 1545-0047

Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the

Department of the Treasury Internal Revenue Service

SCHEDULE G

(Form 990 or 990-EZ)

Name of the organization

organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

SALES UNIVERSITY					23-1653718	
rt I Fundraising Activ			ganızatıo	n answered "Yes" to	Form 990, Part IV,	line 17. Form 990-E
Indicate whether the organ	ızatıon raısed funds	through a	ny of the f	following activities Che	eck all that apply	
Mail solicitations			е	Solicitation of non	-government grants	
Internet and email soli	cıtatıons		f	☐ Solicitation of gov	ernment grants	
Phone solicitations			g	Special fundraisin	g events	
In-person solicitations						
Did the organization have a or key employees listed in						Г _{Yes} Г
If "Yes," list the ten highes to be compensated at least			fundraıseı	rs) pursuant to agreem	ents under which the fu	ndraiser is
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai cust cont	Did ser have ody or trol of	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	outions?			
-		res	140			
,						
1						
1						
al			.			
List all states in which the registration or licensing	organization is regis	tered or lı	censed to	Solicit contributions o	I r has been notified it is	exempt from

		G (Form 990 or 990-EZ) 2014				Page 2				
Pa	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts of	aising event contribut							
			(a) Event #1 Dinner Dance	(b) Event #2 Golf Outing	(c) O ther events	(d) Total events (add col (a) through col (c))				
ds			(event type)	(event type)	(total number)					
Ě	1	Gross receipts	274,944	199,638		474,582				
Revenue	2	Less Contributions	223,944	134,285		358,229				
<u> </u>	3	Gross income (line 1 minus line 2)	51,000	65,353		116,353				
	4	Cash prizes	(0		0				
sd Expenses	5	Noncash prizes	(0		0				
	6	Rent/facility costs		0		0				
ă	7	Food and beverages .	44,940	15,352		60,292				
Direct E	8	Entertainment	21,950	23,712		45,662				
ā	9	Other direct expenses .	27,215	25,933		53,148				
	10	Direct expense summary Add lir	nes 4 through 9 in columr	ı(d)		(159,102)				
	11	Net income summary Subtract li	ne 10 from line 3, columr	n (d)		-42,749				
Par	t II			"Yes" to Form 990, Pa	irt IV, line 19, or rep					
		\$15,000 on Form 990-EZ, li	ne 6a. (a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))				
Æ	1	Gross revenue								
Se	2	Cash prizes								
sueda	3	Non-cash prizes								
ш	4	Rent/facility costs								
penses Revenue	5	Other direct expenses								
	6	Volunteerlabor	┌ Yes	┌ Yes	│ Yes %					
	7 Direct expense summary Add lines 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 conduc 'No," explain	t gaming activities in eac	h of these states?						
10a b		re any of the organization's gaming Yes," explain	licenses revoked, susper	nded or terminated during						

Sche	edule G (Form 990 or 990-EZ) 2014				Page 3						
11	Does the organization conduct gaming	activities with nonn	members?	T _{Yes} [
12	Is the organization a grantor, beneficia	ry or trustee of a tru	ust or a member of a partnership or other entity								
	formed to administer charitable gaming	,,		Г _{Yes} Г	— No						
13	Indicate the percentage of gaming acti		1 1	, , , ,							
а	The organization's facility		13a		%						
b	An outside facility				%						
14	Enter the name and address of the pers	on who prepares th	ne organization's gaming/special events books and records								
	Name ▶										
	Address ►										
15a	Does the organization have a contract	with a third party fro	om whom the organization receives gaming								
154				┌ Yes 「	– _{No}						
b	If "Yes," enter the amount of gaming re amount of gaming revenue retained by	•	the organization > \$ and the								
С	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										
а	Is the organization required under state	e law to make charıt	table distributions from the gaming proceeds to								
	retain the state gaming license?										
b	Enter the amount of distributions requi	red under state law	distributed to other exempt organizations or spent								
	ın the organization's own exempt activi		·								
Pa			explanations required by Part I, line 2b, columns (iii) 17b, as applicable. Also provide any additional inforr								
	Return Reference		Explanation								

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493134034886 Schedule I OMB No 1545-0047 Grants and Other Assistance to Organizations, (Form 990) 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 Department of the Treasury **Inspection** Internal Revenue Service Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number Name of the organization **DESALES UNIVERSITY** 23-1653718 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (c) IRC section (a) Name and address of **(b)** EIN (d) Amount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable valuation non-cash assistance grant cash orassistance or government assistance (book, FMV, appraisal, other) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.

Enter total number of other organizations listed in the line 1 table

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

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) University Scholarships	1647	22,796,276	0		
(2) Federal Pell Grants	756	2,419,940	0		
(3) PA Higher Education Assistance Agency Grants	770	2,137,671	0		
(4) Federal Supplemental Educational Opportunity Grants	120	167,250	0		
(5) Affordable Care Act Expansion of Physician Assistant Training Program	7	146,667	0		

Part IV Supplemental In	Iformation. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.
Return Reference	Explanation
·	Scholarships are awarded on the basis of academic achievement while grants are awarded on the basis of financial need, academic achievement, and other similar standards as designated by the U.S. Department of Education

Schedule I (Form 990) 2014

DLN: 93493134034886

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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

Compensation Information

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

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

Open to Public Inspection

Name of the organization DESALES UNIVERSITY

Employer identification number

23-1653718

Pa	art I Questions Regarding Co	ompensation				
		-			Yes	No
la			ny of the following to or for a person listed in Form ride any relevant information regarding these items			
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up	payments 🔽	Health or social club dues or initiation fees			
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)			
b			ion follow a written policy regarding payment or l above? If "No," complete Part III to explain	1b	Yes	
2			sing or allowing expenses incurred by all irrector, regarding the items checked in line 1a?	2	Yes	
3	organization's CEO/Executive Direct	tor Check all that apply	used to establish the compensation of the y Do not check any boxes for methods the CEO/Executive Director, but explain in Part III			
	Compensation committee	Γ	Written employment contract			
	Independent compensation cons	sultant 🔽	Compensation survey or study			
	Form 990 of other organizations	₹	Approval by the board or compensation committee			
4	During the year, did any person listed or a related organization	d ın Form 990, Part VII	, Section A , line 1a with respect to the filing organization			
а	Receive a severance payment or cha	ange-of-control paymen	t?	4a		No
b	Participate in, or receive payment fro	om, a supplemental non	qualified retirement plan?	4b		No
c	Participate in, or receive payment fro	om, an equity-based co	mpensation arrangement?	4c		Νο
	If "Yes" to any of lines 4a-c, list the	persons and provide th	e applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations m	ust complete lines 5-9.			
5	For persons listed in Form 990, Part compensation contingent on the reve		, did the organization pay or accrue any			
а	The organization?			5a		No
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in	Part III				
5	For persons listed in Form 990, Part compensation contingent on the net		, did the organization pay or accrue any			
а	The organization?			6a		No
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 payments not described in lines 5 an		, did the organization provide any non-fixed	7		No
3			ccured pursuant to a contract that was tions section 53 4958-4(a)(3)? If "Yes," describe			N.a
9		n also follow the rebutt	able presumption procedure described in Regulations	8		No

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)(1)-(111) 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 o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation in
	(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	column(B) reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2014

Part III 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
	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) 2014

Additional Data

Software ID: 14000267

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 and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable

(A) Name and Title	(B (i) B Comper	ase	f W-2 and/or 1099-MIS (ii) Bonus & Incentive compensation	C compensation (iii) O ther reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
Dr Karen Walton, VP Academic Affairs	(1) (11)	195,235 0	0	0	19,268 0	15,675 0	230,178	0
Robert Snyder, VP Finance & Administration & Campus Environment	(1)	184,593 0	0 0	0	18,504 0	40,754 0	243,851 0	0
Thomas Campbell, VP Instl Advancement	(1) (11)	172,672 0	0 0	0 0	17,324 0	1,261 0	191,257 0	0
Michael Sweetana, Director of Finance & Treasurer	(I) (II)	145,079 0	0 0	0 0	14,633 0	8,479 0	168,191 0	0
Peter Rautzhan, Secretary	(1) (11)	119,103 0	0	0	12,400 0	19,475 0	150,978 0	0
Gerard Joyce, VP for Student Life	(1) (11)	153,423 0	0 0	0 0	14,561 0	15,448 0	183,432	0
Dr David Gilfoil, MBA Program Directory & Associate Professor	(I) (II)	143,297 0	0	0 0	13,302 0	8,466 0	165,065 0	0
Dr Robert Blumenstein, Dean Undergrad Stud	(1) (11)	139,911 0	0	0 0	12,746 0	8,441 0	161,098 0	0
John Bell, Chair Performing Arts	(1) (11)	138,048 0	0	0 0	13,394 0	16,008 0	167,450 0	0 0
Christopher Cocozza, Division of Business	(1) (11)	137,939 0	0	0	13,538 0	19,613 0	171,090 0	0
Brian Kane, Chair Liberal Arts & Social Sciences	(I) (II)	137,775 0	0	0	11,116 0	19,612 0	168,503 0	0

DLN: 93493134034886

OMB No 1545-0047

Open to Public

Inspection

Schedule K (Form 990)

Name of the organization

Supplemental Information on Tax Exempt Bonds

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

Department of the Treasury Internal Revenue Service

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

Employer identification number

	SALES UNIVERSITY									Em'	npioyer ic	Jentifica	ition nui	nber	
DE3	JALES UNIVERSITI									23	3-16537	718			
Р	art I Bond Issues														
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue p	price	(f	(f) Descriptio	n of purpose	(g) De	efeased	beha	On alf of suer		Pool ancing
		<u> </u> '		!	1	'				Yes	No	Yes	No	Yes	No
A	Upper Saucon Township Municipal Authority	23-6000547		10-29-2004	6,30	0,000	Cons	struction of re	residence hall		Х		Х		X
В	Upper Saucon Township Municipal Authority	23-6000547		12-01-2005	9,60		1999	tial refunding 99A Bonds da 5/1999			Х		Х		Х
c _	The Washington Township Municipal Authority	23-2729453		11-07-2007	10,00			•	residence hall		Х		Х		Х
D	Lehigh County General Purpose Authority	91-1886539		12-22-2010	20,05	·	3/15 dated	ire 1999A Bo 5/1999 & 200 ed 8/1/2002 8 demic buliding	002 Bonds & construct		X		X		X
Pa	art II Proceeds				1										
1	A mount of bonds retired				Α	A 2,590,	000	+	2,529,549		C 2,98	30,000	<u> </u>	D	3,500,000
2	A mount of bonds legally defeas	sed			+		0	,	0			0			0
3	Total proceeds of issue					6,300,	,000		9,609,549		10,00	00,000		20	,050,000
4	Gross proceeds in reserve fund	ds					0		0			0	·		0
5	Capitalized interest from proce	eeds			†		0 0				0			0	
6	Proceeds in refunding escrows						0 9,525,269				0		11	,348,864	
7	Issuance costs from proceeds	<i>,</i>				100	,000	,000 73,130		98,275			5 187,25		187,258
8	Credit enhancement from proce						0		0			0			0
9	Working capital expenditures fr	<u> </u>					0		11,150			0			0
10		ceeds				6,200,	,000		0		9,90	01,725		8	,513,878
11	O ther spent proceeds						0		0			0	 		0
12	O ther unspent proceeds						0		0			0			0
13	Year of substantial completion	1			20	004		200	05	2	2009		<u> </u>	2013	
<u> </u>					Yes	No	,	Yes	No	Yes		No	Yes	<i>i</i>	No
14	Were the bonds issued as part	of a current refundi	ng issue?		'	Х		Х				Х	Х		
15	Were the bonds issued as part	of an advance refur	nding issue?		Ţ <u></u>	Х		Х			T	Х	Х		
16	Has the final allocation of proce	:eeds been made?			Х			Х		Х	1		Х		
17	allocation of proceeds?		nd records to supr	port the final	Х			Х		X			Х		
Pa	art IIII Private Business Us	se													
1						<u> </u>		F	В		С			D	

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

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

No

Χ

Χ

Yes

No

Χ

Χ

Yes

No

Χ

Χ

Yes

No

Χ

Χ

Yes

Part Private Business Use (Continued) C D В Α Yes No Yes No Yes No Yes No Are there any management or service contracts that may result in private business use За Χ Х Χ Χ of bond-financed property? 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? Are there any research agreements that may result in private business use of bondc Χ Χ Χ Χ financed property? 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? Enter the percentage of financed property used in a private business use by entities 4 0 % 0 % 0 % 0 % other than a section 501(c)(3) organization or a state or local government Enter the percentage of financed property used in a private business use as a result of 5 unrelated trade or business activity carried on by your organization, another section 0 % 0 % 0 % 0 % 501(c)(3) organization, or a state or local government Total of lines 4 and 5 6 0 % 0 % 0 % 0 % Does the bond issue meet the private security or payment test? 7 Χ Х Χ Χ Has there been a sale or disposition of any of the bond-financed property to a 8a nongovernmental person other than a 501(c)(3) organization since the bonds were Χ Χ Χ Χ issued? If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of b If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections c 1 141-12 and 1 145-2? Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Χ Χ Χ Χ Regulations sections 1 141-12 and 1 145-2? Part IV Arbitrage Α В C Yes No Yes No Yes No Yes No Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield 1 Х Χ Χ Χ Reduction and Penalty in Lieu of Arbitrage Rebate? If "No" to line 1, did the following apply? 2 Rebate not due vet? а Χ Χ Χ Χ Exception to rebate? b Χ Χ Χ Χ No rebate due? Х Χ c Χ Χ If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed Is the bond issue a variable rate issue? 3 Χ Χ Χ Χ Has the organization or the governmental issuer entered 4a Χ Χ Χ Χ into a qualified hedge with respect to the bond issue? Name of provider Term of hedge C Was the hedge superintegrated? d Was the hedge terminated?

6

period?

Χ

Par	rt IV Arbitrage (Continued)								
		Α		В		С		D	
1		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		Х		X
ь	Name of provider								
_с	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								

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

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor

	Α	Α		В		С		
	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		×		×		×	

Χ

Χ

Χ

Χ

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

Schedule K (Form 990) 2014

Χ

Χ

Χ

(Form 990)

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.

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

OMB No 1545-0047

2014

DLN: 93493134034886

Open to Public Inspection

Name of the organization **Employer identification number DESALES UNIVERSITY** 23-1653718 Part I Bond Issues (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose (g) Defeased (h) On (i) Pool behalf of financing ıssuer Yes No Yes No Yes No The Washington Township 23-2729453 12-19-2013 Χ 10,000,000 Construction of residence units Municipal Authority **Proceeds** Part II В C Α D Amount of bonds retired 0 Amount of bonds legally defeased 2 0 Total proceeds of issue 3 10,000,000 Gross proceeds in reserve funds 4 5 Capitalized interest from proceeds 0 Proceeds in refunding escrows 6 Issuance costs from proceeds 7 118,138 Credit enhancement from proceeds 8 Working capital expenditures from proceeds 9 Capital expenditures from proceeds 10 9,881,862 Other spent proceeds 11 Other unspent proceeds 12 0 Year of substantial completion 13 2014 Yes No Yes No Yes No Yes 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 Χ allocation of proceeds? **Private Business Use** Part III Α В C D

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

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

No

Χ

Χ

Yes

No

Yes

Yes

Yes

No

No

	dule K (Form 990) 2014									Page 2
Par	Till Private Business Use (Continued)									
				A		В		Ç		D
			Yes	No	Yes	No	Ye	s No	Yes	No
3a	Are there any management or service contracts that may result in private of bond-financed property?			Х						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or outside counsel to review any management or service contracts relating to property?									
С	Are there any research agreements that may result in private business use financed property?	e of bond-		х						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or outside counsel to review any research agreements relating to the finance									
4	Enter the percentage of financed property used in a private business use bother 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 a unrelated trade or business activity carried on by your organization, anothe 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 nongovernmental person other than a 501(c)(3) organization since the borussued?			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 1 141-12 and 1 145-2?	sections								
9	Has the organization established written procedures to ensure that all none bonds of the issue are remediated in accordance with the requirements und Regulations sections 1 141-12 and 1 145-2?		Х							
Pai	t IV Arbitrage									
		Α			В		С		D	
		Yes	No	Yes	No		Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		×							
2	If "No" to line 1, did the following apply?									
а	Rebate not due yet?		Х							
ь	Exception to rebate?	X								
c	No rebate due?		Х							
	If "Yes" to 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?		Х							
ь	Name of provider									
С	Term of hedge									
d	Was the hedge superintegrated?									
e	Was the hedge terminated?									
									-	

Pa	rt IV Arbitrage (Continued)								•
	· •	A		В		C	,	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	ı	C		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?	х							

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

DLN: 93493134034886

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.

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

Open to Public Inspection

DESALES UNIVERS	ganızatıon							mploy	er ident	ificatio	n numbe	er
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						2	3-16	53718			
				501(c)(3), section								
	plete if the organiza ie of disqualified pe			n Form 990, Part IV up between disqualif		25a or 25b, o (c) Desc						rostod?
1 (a) Nam	ie oi disquaimed pe	15011 (0)		and organization	ieu	(C) Desc	.ription	ortia	lisaction	' ⊦	Yes	rected? No
			•								163	140
4958 .				inagers or disqualifi • • • • • mbursed by the orga			he year	runde 	rsectior ► \$ ► \$	1		
Part III Loans to an	nd/or From Int	vered "Yes"	on Form 9	90-EZ, Part V, line	38a, d	or Form 990, I	Part IV	, line i	26, or ıf	the org	anızatıo	n
Part III Loans to an	nd/or From Int e organization ansv	vered "Yes"	on Form 9 5, 6, or 2 (d) Loan	90-EZ, Part V, line 2 to (e)Or princ	iginal ipal	or Form 990, l (f) Balance due	Part IV (g) defa	In	26, or if (h) Approby boai) ved rd or	anızatıo (i)Wr agreer	itten
Part III Loans to an Complete if th reported an ar (a) Name of interested	nd/or From Int e organization ansv nount on Form 990 (b) Relationship	vered "Yes" , Part X, line (c) Purpose of	on Form 9 5, 6, or 2 (d) Loan or from t	90-EZ, Part V, line 2 to (e)Or princ	iginal ipal	(f) Balance	(g)	In	(h) A ppro) ved rd or	(i)Wr	itten
Part II Loans to an Complete if the reported an arr (a) Name of interested	nd/or From Int e organization ansv nount on Form 990 (b) Relationship	vered "Yes" , Part X, line (c) Purpose of	on Form 9 5, 6, or 2 (d) Loan or from t organizat	90-EZ, Part V, line 2 to the tion? amo	iginal ipal	(f) Balance	(g) defa	In ult?	(h) A pproby boar	ved rd or	(i)Wr agreer	itten nent?
Part III Loans to ai Complete if th reported an ar (a) Name of interested person	nd/or From Int e organization answ mount on Form 990 (b) Relationship with organization ants or Assista mplete if the org	vered "Yes", Part X, line (c) Purpose of loan	on Form 9 5, 6, or 2 (d) Loan or from t organizati To fiting In nswered	90-EZ, Part V, line 2 to the tion? amo	iginal ipal unt	(f)Balance due art IV, line 2	(g) defai	In ult?	(h) A pproby boar commit Yes	ved rd or rtee? No	(i)Wr agreer Yes	itten nent?

Νo

Part IV Business Transactions Involving Interested Persons.

Complete if the organizat	ion answered "Yes" on I	Form 990, Part IV, lin	e 28a, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh of organiz reven	f zation's
				Yes	No
(1) Peter Gray	Trustee for University	1,779,986	Bank debt & interest payments		No
(2) Alex L Maggitti Jr	Trustee for University	· ·	Company provides electrical services		No
(3) Father Joseph Morrissey	Trustee for University	10,000	Donation		No

Part V Supplemental Information

(4) Father Joseph Morrissey

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

Trustee for University

Return Reference	Explanation
,	Peter Gray is the President of a bank that holds 2 of the University's revenue notes Alex Maggitti is the President of a company for which the University purchases electrical supplies and services Father Morrissey is the General Treasurer of the Oblates of Saint Francis DeSales The University was a sponsor of the Oblate's gala In addition, the University provides payment to the Oblates for numerous faculty and administrators working at the University

Schedule L (Form 990 or 990-EZ) 2014

915,484 Contracted services payments

DLN: 93493134034886

OMB No 1545-0047

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

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

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

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Name	of the	organization
DESALE:	S UNIVE	RSITY

Employer identification number

	- (5			2 3	-1053/18			
P a	rt I Types of Property		4.		1			
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of a noncash contri		_	nts
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods	Х		1,242	estimated retail p	rices		
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Χ	8	47,805	quoted market pri	ces		
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	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							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts			12.276			.1	
Golf	Other► (auction items)	. X	66		estimated or actu	iai reta	ııı prıc	es
Educ	Other► (cational Software)	. X	1		retail price			
4 nat	Other► (comy Equipment)	. X	1		estimated retail p			
	Other►(blies)	X	6	4,498	estimated retail p	rices		
	Number of Forms 8283 received by th for which the organization completed F				9			0
							Yes	No
30a	During the year, did the organization							
	it must hold for at least three years fr	om the date	e of the initial contribution,	, and which is not require	d to be used			
	for exempt purposes for the entire ho	ldıng period	[?]			30a		Νo
b	If "Yes," describe the arrangement in	Part II						
31	Does the organization have a gift acc					31	Yes	
32a	Does the organization hire or use thir contributions?	d parties or	related organizations to s	olicit, process, or sell no	ncash • • •	32a		Νo
b	If "Yes," describe in Part II							
33	If the organization did not report an a	mount in co	olumn (c) for a type of prop	erty for which column (a)	ıs checked,			
	describe in Part II							

Page 2

Schedule M (Form 990) (2014)

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) (2014)

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DLN: 93493134034886

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2014

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Department of the Treasury Internal Revenue Service

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ 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.

Name of the organization DESALES UNIVERSITY

Employer identification number

23-1653718

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part V, Line 4b	The bank account in Romania has less than \$500 and little to no activity has been transferred into or from the account
Form 990, Part VI, Section A, Line 2	Father Morrissey is the General Treasurer of the Oblates of Saint Francis DeSales (Oblates) The University contracts with the Oblates to provide several faculty and administrators including the President of the University
Form 990, Part VI, Section B, Line 11b	The Audit Committee, a sub-committee of the Board of Trustees, has been delegated the auth ority to review and approve the Form 990 prior to its submission. Form 990 is made availab le to the full Board after approval by the Audit Committee and prior to its submission.
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

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

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.

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

DLN: 93493134034886

2014

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Name of the organization	
Name of the organization	
DESALES UNIVERSITY	

Employer identification number

23-1653718

Part I Identification of Disregarded Entities Complete	Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.												
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity								
						-							

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	Primary activity	(c) Legal domicile (state or foreign country)	Exempt Code section	(e) Public charity status (if section 501(c)(3))	(†) Direct controlling entity	(g) Section 512(b) (13) controlled entity?	
						Yes	No
(1) PA Shakespeare Festival at DeSales University 2755 Station Avenue Center Valley, PA 18034 23-2655672	Professional theatre company	PA	501(c)(3)	509(a)(3) Type III	N/A		No
(2) Forum for Ethics in the Workplace 2755 Station Avenue Center Valley, PA 18034 25-1893421	Ethic discussions	PA	501(c)(3)	509(a)(3) Type III	N/A		No

Yes No

Yes

No

Part III	III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, list because it had one or more related organizations treated as a partnership during the tax year.											
	(a) Name, address, and EIN of related organization		(c) Legal domicile (state or foreign country)	,	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income		allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	I	(k) Percentage ownership	
					,							

Part IV	Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV,
	line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	
Name, address, and EIN of	Primary activity	Legal	Direct controlling	Type of entity	Share of total	Share of end-	Percentage	Section 512	
related organization		domicile	entity	(C corp, S	ıncome	of-year	ownership	(b)(13)	
		(state or foreign		corp,		assets		controlled	
		country)		or trust)				entity?	
								Yes	No

(3) PA Shakespeare Festival at DeSales University

(4) PA Shakespeare Festival at DeSales University

(5) PA Shakespeare Festival at DeSales University

Part	V Tran	sactions With Related Organizations Complete if the organization a	nswered "Yes" on Forr	n 990, Part IV, lın	e 34, 35b, or 36.			
N	lote. Comple	te line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1 Duri	ing the tax y	ear, did the orgranization engage in any of the following transactions with one or mo	re related organizations l	isted in Parts II-IV	>			
a R	Receipt of (i)	interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No
b G	Gift, grant, or	capital contribution to related organization(s)				1b	Yes	
c G	Gift, grant, or	capital contribution from related organization(s)				1 c		No
d L	oans or loar	guarantees to or for related organization(s)				1d	Yes	
e L	oans or loar	guarantees by related organization(s)				1e		No
		n related organization(s)				1f		No
g S	Sale of asset	s to related organization(s)				1g		No
h P	ourchase of a	ssets from related organization(s)				1h		No
i E	xchange of a	ssets with related organization(s)				1 i		No_
j L	ease of facıl	ties, equipment, or other assets to related organization(s)				1j		No
L I	oaco of facul	ities, equipment, or other assets from related organization(s)				1k		No
						11		No
		f services or membership or fundraising solicitations for related organization(s)				1m		No
		f services or membership or fundraising solicitations by related organization(s)				1m	V	NO
	_	lities, equipment, mailing lists, or other assets with related organization(s)				\vdash	Yes	
o S	Sharing of pa	d employees with related organization(s)				10	Yes	
p R	Reimburseme	nt paid to related organization(s) for expenses				1p		No
q R	Reimburseme	nt paid by related organization(s) for expenses				1q	Yes	
-								
r 0	ther transfe	of cash or property to related organization(s)				1r		No
s C	ther transfe	r of cash or property from related organization(s)				1s		No
	f the answer	to any of the above is "Yes," see the instructions for information on who must com	alete this line including c	overed relationships	and transaction thresholds			
	T CITE UTISWET	(a)	(b)	(c)	(d)			
		Name of related organization	Transaction type (a-s)	Amount involved	Method of determining am	ount ı	nvolved	
(1) PA S	hakespeare Fe	tival at DeSales University	b	20,000	Fair Market Value			
(2) PA S	hakespeare Fe	itival at DeSales University	d	89,525	Fair Market Value			

n

О

241,270

335,308

315,396

Fair Market Value

Faır Market Value

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

1 <u> </u>													
(a) Name, address, and EIN of entity	(b) Primary activity	domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	so 50 organ	(e) all partners section 01(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionat allocations?	7	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
	<u> </u>	<u> </u>	514)	Yes	No	1	<u> </u>	Yes	No	<u> </u>	Yes	No	
								<u>, </u>	\Box	1			

Part VII Supplemental Information

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

Return Reference Explanation

Schedule R (Form 990) 2014

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