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Return of Organization Exempt From Income Tax

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

DLN: 93493135041948 OMB No 1545-0047

foundations) Do not enter social security numbers on this form as it may be made public Open to Public Department of the Treasur ▶ Information about Form 990 and its instructions is at www IRS gov/form990 Internal Revenue Service Inspection For the 2016 calendar year, or tax year beginning 07-01-2016 , and ending 06-30-2017 C Name of organization Delaware Valley University D Employer identification number ☐ Address change 23-1352665 ☐ Name change Doing business as ☐ Initial return Deturn/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) ☐ Amended return (215) 489-4898 ☐ Application pending City or town, state or province, country, and ZIP or foreign postal code Doylestown, PA $\,$ 189012607 $\,$ G Gross receipts \$ 125,837,679 Name and address of principal officer **H(a)** Is this a group return for Dr Maria Gallo ☐Yes ☑No subordinates? 700 East Butler Ave H(b) Are all subordinates Doylestown, PA 189012607 ☐ Yes ☐No included? Tax-exempt status 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► www delval edu L Year of formation 1896 M State of legal domicile PA Summary 1 Briefly describe the organization's mission or most significant activities A PRIVATE FOUR-YEAR UNIVERSITY PROVIDING HIGHER EDUCATION TO INDIVIDUALS SEEKING ADVANCEMENT Activities & Governance Check this box \blacktriangleright \square if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 3 20 Number of independent voting members of the governing body (Part VI, line 1b) 20 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 1.671 Total number of volunteers (estimate if necessary) . . . 6 2,150 7a Total unrelated business revenue from Part VIII, column (C), line 12 . 4,001 **7**b 3,001 **b** Net unrelated business taxable income from Form 990-T, line 34 **Current Year** 8 Contributions and grants (Part VIII, line 1h) . . 3,816,850 3,545,605 **9** Program service revenue (Part VIII, line 2g) . . . 65,935,026 69,186,780 -1,847,875 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 1,710,225 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 14,563,124 14,552,042 82,467,125 88,994,652 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . 29,171,969 30,693,461 14 Benefits paid to or for members (Part IX, column (A), line 4) . 34,701,225 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 34,012,631 16a Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line 25) ▶1,058,726 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . 23,663,143 22,243,526 86,847,743 87,638,212 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 . -4,380,618 1,356,440 Assets or d Balances End of Year **Beginning of Current Year** 115,398,070 20 Total assets (Part X, line 16) . 114,460,662 47,522,017 21 Total liabilities (Part X, line 26) 48.898.673 67,876,053 65,561,989 22 Net assets or fund balances Subtract line 21 from line 20 . Part III Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2018-05-11 Signature of officer Sign Here Jennifer Sauer CPA VP Finance & Administration Type or print name and title Print/Type preparer's name Julius C Green CPA Preparer's signature Julius C Green CPA Date PTIN Check | If P00350393 Paid self-employed Firm's EIN ► 39-0859910 **Preparer** Firm's address ► 1650 Market Street Suite 4500 Phone no (215) 972-0701 Use Only

Philadelphia, PA 191037341 May the IRS discuss this return with the preparer shown above? (see instructions) .

✓ Yes 🗆 No

Form	990 (2	016)				Page 2
Par	t III	Statement of Program Se	ervice Accomplis	hments		
		Check if Schedule O contains a	response or note to a	any line in this Part III		🗹
1	Briefly	describe the organization's miss		•		
progi gradi skills	ess and Jate stu	I the common good Our historic dents to meet the challenges of spirit of inquiry that enrich and in	al commitment to exp a complex global env	periential learning integrironment and to engag	ople and ideas, who honored know irates theory and practice and pre e in lifelong learning. We provide eaningful careers, and fulfill societ	pares undergraduate and students with the requisite
2	Did th	e organization undertake any sig	ınıfıcant program serv	vices during the year w	hich were not listed on	
		or Form 990 or 990-EZ?	• •	- ,		☐ Yes ☑ No
	•	s," describe these new services o				
3		e organization cease conducting,		changes in how it condi	ucts, any program	
	servic	es ⁷				🗌 Yes 🗹 No
	If "Yes	s," describe these changes on Sc	hedule O			
4	Sectio		iizations are required	to report the amount of	largest program services, as mea of grants and allocations to others	
4a	(Code) (Expenses \$	68,426,865	including grants of \$	30,693,461) (Revenue \$	69,241,788)
	See Ad	ditional Data				
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4d		program services (Describe in S	•) /D	
		nses \$	including grants of	·) (Revenue \$	J
4e	Total	program service expenses ►	68,426,8	65		

Section 501(c)(3) organizations.

or X as applicable

Page 3

No

Nο

Nο

Nο

Nο

Nο

Nο

Nο

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No

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Nο

Nο

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Νo

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

assessments, or similar amounts as defined in Revenue Procedure 98-19?

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

ın Part X, line 16? *If "Yes," complete Schedule D, Part IX* 😼

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

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

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

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 👺 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 💆

2 Yes34

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Form **990** (2016)

Yes

Yes

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35a

35h

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Yes

Yes

Yes

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Page 4

Part IV Checklist of Required Schedules (continued)

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 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 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 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 🔧

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

current and former officers, directors, trustees, key employees, and highest compensated employees, If "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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

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," 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?

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?

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 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . 🥞 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

instructions for applicable filing thresholds, conditions, and exceptions)

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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Par	t V 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
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 131			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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	2b	Yes	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	165	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	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	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for 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
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
_	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	- 55		
·	If res, to line 3a of 3b, did the organization me Form 8880-17	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	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		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
-	against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
42	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
. - - a				

orm 9	990 (2016)			Page 6			
Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions		nse to l				
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		✓			
Sec	ction A. Governing Body and Management						
1a	Enter the number of voting members of the governing body at the end of the tax year la	20	Yes	No			
	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 1b	20					
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any of officer, director, trustee, or key employee?	:her		No			
	Did the organization delegate control over management duties customarily performed by or under the direct super of officers, directors or trustees, or key employees to a management company or other person? \cdot	vision 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? .						
	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 members of the governing body?	more 7a		No			
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, opersons other than the governing body?	or 7b		No			
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year the following	ar by					
	The governing body?	8a	Yes				
	Each committee with authority to act on behalf of the governing body?	. 8b	Yes				
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			No			
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Re	venue Code					
۰.	Did the annual translation beautiful through a supplied and the supplied a	10-	Yes	No			
b	Did the organization have local chapters, branches, or affiliates?	tes, 10a		No			
L1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing form?		Yes				
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	114	163				
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	Yes				
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		103				
	conflicts?	12b	Yes				
	Schedule O how this was done	12c	Yes				
	Did the organization have a written whistleblower policy?	. 13	Yes				
L5	Did the organization have a written document retention and destruction policy?	ent 14	Yes				
	The organization's CEO, Executive Director, or top management official	15a	Yes				
	Other officers or key employees of the organization	15b	Yes				
	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?	. 16a		No			
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its particip in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exe						
	status with respect to such arrangements?	16b					
	List the States with which a copy of this Form 990 is required to be filed▶						
	PA Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s	only)					
	available for public inspection. Indicate how you made these available. Check all that apply	ority)					
	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interepolicy, and financial statements available to the public during the tax year	st					
20	State the name, address, and telephone number of the person who possesses the organization's books and record Cheryl A Moyer AVP of Finance 700 East Butler Ave Doylestown, PA 189012607 (215) 489-4898						
		r	orm on	n (2016)			

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors											
	Check if Schedule O contains a response or note to any line in this Part VII											
Section	A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees											
La Complete	e 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

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

(B)

(A)

• 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

(C)

(D)

Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation any hours director/trustee) organization (Worganizations from the for related 2/1099-MISC) (W- 2/1099organization and Highest compensated employee Individual trustee or director Former organizations MISC) related Institutional Trustee below dotted employee organizations line) See Additional Data Table

(F)

(E)

PO Box 718 Des Moines, IA 503030718

compensation from the organization ▶ 11

Form	n 990 (2016)														Page 8
Par	t VII Section A. Officers, Direct	tors, Trustee:	s, Key	Emp	loye	es,	, and	High	nest C	ompens	ate	d Employees	(con	tınued)	
	(A) Name and Title	(B) Average hours per week (list any hours for related	than o	one b	oox, u an off ctor/ti	ot che unles fficer truste	<u> </u>	rson a	com fr organ	(D) eportable spensation rom the sization (\) 099-MISC	Ν-	(E) Reportable compensation from related organizations (2/1099-MISC	l compensati W- from the		ated of other sation the
		organizations below dotted line)		In stitutional Trustee	Officei	Key employee	Highest compensated employee	Former						relat organiz	:ed
See Additional Data Table															
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с 1	1b Sub-Total														
<u>d</u> 1	Total (add lines 1b and 1c)	<u> </u>					<u>▶</u>			1,393,428			0		259,627
2	Total number of individuals (including of reportable compensation from the			e liste	ed al	bove	e) who) rece	eived m	nore than	\$10	00,000			
					—	—		—						Yes	No
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i>				ey er		oyee,	or hi	ghest c	ompensa	ted •	employee on	3	Yes	
4	For any individual listed on line 1a, is organization and related organization individual	s the sum of reports greater than \$	ortable 6 \$150,00 • •	comp 0? <i>If</i>	ensa "Yes	ition ;," c:	n and comple	other te Sc	compe chedule	ensation f	rom h	the	4	Yes	
5	Did any person listed on line 1a recei services rendered to the organization									zation or i	ındı	vidual for	5	1	No
Sc	ection B. Independent Contract	tors			_	_		_							
1	Complete this table for your five high from the organization Report compe												mper	nsation	
i		(A) and business addre		•						T		(B) ription of services		(C Comper	
Parkh	hurst Dining Services	and bac	35									CE PROVIDER			,630,169
	Box 644091 burgh, PA 15264				_	_					_		_		
Wıggı	jin & Dana LLP									Legal Se	rvice	es			530,173
New I	Box 1832 Haven, CT 065081832	_ _													
	ner Boy AG					_				Construc	ction	Services			462,403
	Vest Stoever Avenue rstown, PA 17067														
	ard Spahr LLP									Legal Se	rvice	es			309,974
Philad	5 Market Street 51st Floor delphia, PA 191037599														
Ruffa	aloCODY LLC									Enrollme	ent N	1anagement Servic	es		220,955

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

Part		(2016) Statement of	Revenue								Page 9	
				a respo	onse or note to any	line in th	nıs Part VIII				🗆	
							A) evenue	(B) Related o exempt function	:	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections	
	1a	Federated campaign	ns	1a	I			revenue			512-514	
nts ints		b Membership dues		1 b								
Gra not		c Fundraising events		1c	67,850							
ts. T	c	d Related organizatio	ns	1d								
<u>i</u>	e	e Government grants (co	ontributions)	1e	502,762							
nis, Sin	f	F All other contributions, and similar amounts n	, gifts, grants,									
ributions, Gifts, Grants Other Similar Amounts		above	ot iriciuded	1 f	2,974,993							
Contributions, Gifts, Grants and Other Similar Amounts	ç	Noncash contribution in lines 1a-1f \$	ons included	186,	769							
Cont and	 h	Total.Add lines 1a-1				2	.545,605					
					Business		,545,005					
/enu	2a	Tuition and Fees				611310	69,1	86,780	69,186,7	80		
æ	b			_								
MCe	С											
3	d			_								
ranı	e f	All other program se	rvice revenue	_								
Program Service Revenue		Total.Add lines 2a-2f			69,	186,780						
		Investment income (ii			nterest, and other	1						
	s	imilar amounts) .			•	▶	1,111,638	3			1,111,638	
		Income from investme Royalties				-						
	J ,	Noyalties	(ı) Real		(II) Personal							
	6a Gross rents					7						
	b	Less rental expenses		5,100 33,315		-						
	_			·								
	С	Rental income or (loss)	-	28,215								
	d	Net rental income o	r (loss)	•		1	-28,215	5			-28,215	
	_		(ı) Securit	ies	(II) Other							
		Gross amount from sales of assets other	36,6	51,126	36,64	.0						
		than inventory										
	b	Less cost or other basis and	36.0	22,687	66,49	12						
	_	sales expenses		28,439	-29,85							
		Gain or (loss) Net gain or (loss)		•	23,03	<u>'</u>	598,587	,			598,587	
		Gross income from fi	undraising eve									
ıue		(not including \$ contributions reporte	67,850 ed on line 1c)	of								
€		See Part IV, line 18		a	15,110	_						
Å.		Less direct expense		ь	63,213	3	-48,103				-48,103	
Other Revenue		Net income or (loss) Gross income from g		_	ents •	1	-46,103	<u>'</u>			-48,103	
Ó		See Part IV, line 19										
	h	Less direct expense	•	a b	25,917 3,717							
		: Net income or (loss)		I	*		22,200				22,200	
		Gross sales of invent										
		returns and allowand	ces	a	876,127	,						
	b	Less cost of goods s	sold	ь	653,603	3						
	С	Net income or (loss)		ınvent	ory >		222,524	ŀ			222,524	
	111	Miscellaneous			Business Code 72221		6,890,730				6,890,730	
	11.	a Dining Services INC	OME		72221	.0	6,690,730	<u>'</u>			0,090,730	
	ь	Residence Halls			61131	.0	5,934,134	ļ			5,934,134	
		Nesidence Halls					. ,				,,	
	c	PRODUCTION UNITS	FARM INCOM	1E	90009	19	440,478	3			440,478	
	d	All other revenue .					1,118,294	ı	55,008	4,001	1,059,285	
	е	Total. Add lines 11a	-11d		•		14,383,636	5				
	12	Total revenue. See	Instructions				88,994,652	69,	,241,788	4,001	16,203,258	
										· · · · · · · · · · · · · · · · · · ·	Form 990 (2016)	

Form 990 (2016)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	inizations must comp	olete column (A)	
Check if Schedule O contains a response or note to any	_	·		🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
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	30,693,461	30,693,461		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	531,962		531,962	
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	25,773,137	13,893,551	11,289,329	590,257
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,493,000	811,379	647,150	34,471
9 Other employee benefits	5,012,053	2,666,766	2,231,991	113,296
10 Payroll taxes	1,891,073	1,001,250	847,286	42,537
11 Fees for services (non-employees)				
a Management				
b Legal	410,968		410,968	
c Accounting	102,392		102,392	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	146.875		146.875	

3,560,552

618,721

1,610,168

1,485,694

493,045

68,433

1,338,225

4,277,203

2,318,116

1,275,920

692,098

577,608

2,667,884

87,638,212

149,700

g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)

18 Payments of travel or entertainment expenses for any federal, state, or local public officials •

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

Total functional expenses. Add lines 1 through 24e
 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)

19 Conferences, conventions, and meetings

22 Depreciation, depletion, and amortization

21 Payments to affiliates . . .

expenses on Schedule O)

b EQUIPMENT & REPAIRS

d CONSTRUCTION

e All other expenses

c FARMING & LIVESTOCK EXP

12 Advertising and promotion .

13 Office expenses .

15 Royalties .

17 Travel .

16 Occupancy .

14 Information technology

20 Interest . . .

23 Insurance .

a MEALS

2,959,161

496,283

131,519

1,387,652

1,485,694

432,301

58,626

1,329,871

3,744,731

2,236,479

1,240,529

692,098

577,608

2,139,182

68,426,865

448,724

507,091

91,876

162,275

17,598

48,840

7,073

8,354

532,472

78,330

35,391

455,368

18,152,621

94,300

30,562

60,241

11,904

2,734

1,200

3,307

73,334

1,058,726

Form 990 (2016)

583

362,674

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31 32

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34

114,460,662

5,094,640

3,829,519

32,954,334

4.422.606

2.597.574

48,898,673

41,277,467

15,281,229

9.003.293

65,561,989

114,460,662

382,108

115.398.070

4,774,735

4,042,136

31,864,898

4,444,304

2.395.944

47,522,017

42,007,149

15,134,115

10.734.789

67,876,053

115.398.070

Form **990** (2016)

Form 990 (2016)

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Liabilities 22

Fund Balances

Assets or

Net

Other assets See Part IV, line 11 .

Grants payable . . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Accounts payable and accrued expenses

Tax-exempt bond liabilities

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958),

check here > and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Total assets. Add lines 1 through 15 (must equal line 34) . .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . . Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and

1 Cash-non-interest-bearing	137,883	1	152,395
2 Savings and temporary cash investments	2,361,177	2	5,381,484
3 Pledges and grants receivable, net	1,890,835	3	1,077,273
4 Accounts receivable, net	1,711,681	4	1,687,336
5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9)			

	3	trustees, key employees, and highest compensa II of Schedule L				5	
	6	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organiza- voluntary employees' beneficiary organizations Part II of Schedule L	(c)(3)(B), and of section 501(c)(9)		6		
ets	7	Notes and loans receivable, net	2,068,674	7	1,975,223		
Assets	8	Inventories for sale or use	1,159,117	8	1,111,078		
⋖	9	Prepaid expenses and deferred charges			830,543	9	1,254,246
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	130,249,946			
	ь	Less accumulated depreciation	60,899,034	72,393,452	10c	69,350,912	
	111	Investments—publishy traded securities			28 332 042	11	32 048 253

ets	7	contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L Notes and loans receivable, net		2,068,674	7	1,975,223	
88	8	Inventories for sale or use	1,159,117	8	1,111,078		
4	9	Prepaid expenses and deferred charges			830,543	9	1,254,246
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	130,249,946			
	ь	Less accumulated depreciation	10b	60,899,034	72,393,452	10c	69,350,912
	11	Investments—publicly traded securities .			28,332,042	11	32,048,253
	12	Investments—other securities See Part IV, line	1,212,584	12	977,762		
	13	Investments—program-related See Part IV, line	2,000,000	13			
	14	Intangible assets				14	

3a

3b

Yes

Yes Form 990 (2016)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version:

EIN: 23-1352665

Name: Delaware Valley University

Form 990 (2016)

Form 990, Part III, Line 4a:

Delaware Valley University (the "University") operates a private, co-educational four-year institution located in Doylestown, Bucks County, Pennsylvania The University was founded in 1896 and currently enrolls over 1,600 full-time undergraduate students. The University's focus is in the areas of high-science, agriculture, biological and physical sciences, liberal arts, teacher education, and business. Besides its full-time undergraduate programs, the University offers associate of science degree programs and continuing professional studies programs including evening and summer sessions. In addition, the University offers five graduate degree programs. Master of Science, Educational Leadership, Master of Science, Teaching and Learning, Master of Business Administration, Master of Arts, Policy Studies, and Master of Arts, Counseling Psychology

Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless compensation compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the for related (W-2/1099-(W-2/1099organization and Highest comper employee Office Former Individual trusts or director key employee Institutional MISC) related organizations MISC) below dotted organizations line)

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

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Majid Alsayegh Chairperson	0 30	×		×		0	0	0	
Joseph C Krauskopf Vice Chairperson	0 30	х		×		0	0	0	
Andrew G Dougherty	0 30			V		0	0	0	

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/ice Chairperson	
Andrew G Dougherty	0 30
reasurer	
onathan Mandell	0 30

Secretary

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

Carol Aichele

Charles Alpuche

David A Becher

Dr Jimmy G Cheek

Marlene M de la Cruz

Christopher H Asplen Esq

Compensated Employees, and Independent Contractors (E) (D) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless compensation compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099-Highest comper employee organization and Office Former Individual trust or director Key employee Institutional organizations MISC) MISC) related below dotted organizations line)

		Ť	1Stee		nsated			
Jerry L Fritz Jr	0 30	×				0	0	
Trustee		^						
Dr Gregory G Gallant	0 30	1				0	0	
Trustee		^				ľ	ľ	

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Trustee		,,				Ţ	
Dr Gregory G Gallant	0 30	×				0	
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Elizabeth H Gemmill	0 30	_				0	
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Arthur D Hershev

Emily R Keggan

Dr Kevin L Keim

Robert Lipinski

Katherine Littlefield

W Thomas Lomax

Michael O'Connor

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

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

Compensated Employees, and Independent Contractors (D) (E) Name and Title Average Position (do not check more Reportable Reportable than one box, unless compensation compensation amount of other hours per person is both an officer week (list from the from related any hours and a director/trustee) organization organizations (W-2/1099-(W-2/1099organization and Highest compensatemplovee Former MISC) MISC) employee

(F)

Estimated

compensation

from the

related organizations

29,152

13,485

36,044

32,143

0

0

142,382

89,582

234,976

185,476

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

	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee
Dr Susan B Ward Trustee (term 12/3/16)	0 30	Х	

Lt General Ronald Bailey

Trustee (term 10/1/16)

Trustee (term 12/3/16)

Trustee (term 10/1/16)

Trustee (term 7/22/16)

Trustee (term 7/16/16)

Helen Piszek-Nelson

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Edward A Gastineau

Laura Owen

Alan Sheriff

President

Maria Gallo PhD

Jennifer Sauer

VP Finance & Admin

VP Academic Affairs/Faculty Dean

VP. Enrollment Management

Dr Bashar Hanna

Arthur D Goon

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Compensated Employees, and Independent Contractors (D) (E) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation week (list person is both an officer from the from related compensation

(F)

26,660

22,015

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

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April Vari

VP. Student Affairs

Dr Joseph S Brosnan

Former President

	any hours and a director/trustee)							organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Benjamin E Rusiloski Dean, Life & Physical Sciences	55 00					x		166,067	0	77,904
Cheryl Moyer	55 00									

		d.	न न		sat ed			
Benjamin E Rusiloski Dean, Life & Physical Sciences	55 00				х	166,067	0	77,904
Cheryl Moyer AVP of Finance	55 00				х	158,110	0	22,224

161,856

254,979

Χ

efile	GR/	APHIC prin	nt - DO NOT PROCESS	As Filed Data -			DLN: 9	3493135041948
SCH	IED	ULE A	Public	Charity Statu	s and Pul	olic Supp	ort	OMB No 1545-0047
(For	m 990			organization is a sect	ion 501(c)(3) d	organization o		2016
990E	(Z)			4947(a)(1) nonexe ▶ Attach to Form				2010
•		the Treasury	► Information abo	out Schedule A (Form			uctions is at	Open to Public Inspection
Name	of th	ue Service ne organiza	tion	www.ms.g			Employer identific	<u> </u>
elawa	ire vall	ey University					23-1352665	
Pai			for Public Charity Sta				See instructions.	
	rganız		a private foundation becaus	•	•	•	(A)(:)	
1		•	onvention of churches, or a			. ,, ,	(A)(I).	
2	$\overline{\mathbf{V}}$		scribed in section 170(b)		·			
		•	or a cooperative hospital se	-				
4	Ш		esearch organization opera and state	eted in conjunction with	a nospital descri	ped in section	170(B)(1)(A)(III). E	nter the hospital's
5			ation operated for the bene (iv). (Complete Part II)	fit of a college or unive	sity owned or op	perated by a gov	vernmental unit descri	bed in section 170
6			tate, or local government	or governmental unit de	scribed in sectio	on 170(b)(1)(A)(v).	
7			ation that normally received (0(b)(1)(A)(vi). (Comple		s support from a	governmental (unit or from the gener	al public described in
8		A communi	ty trust described in sectio	on 170(b)(1)(A)(vi)	(Complete Part I	I)		
9			ural research organization ant college of agriculture					ege or university or a
10		from activit	ation that normally received les related to its exempt for income and unrelated bus see section 509(a)(2).	inctions—subject to ceri iness taxable income (le	tain exceptions, a	and (2) no more	than 331/3% of its su	pport from gross
1	П	-	ation organized and operat		r public safety S	ee section 509)(a)(4).	
.2		more public	ation organized and operat ly supported organizations through 12d that describe	described in section 5	09(a)(1) or sec	ction 509(a)(2). See section 509 (a	
а		Type I. A so	supporting organization open n(s) the power to regularly Part IV, Sections A and I	erated, supervised, or co	ontrolled by its s	upported organı	zation(s), typically by	
b		Type II. A manageme	supporting organization sunt of the supporting organical plete Part IV, Sections A	ipervised or controlled i zation vested in the sar				
С		Type III fo	unctionally integrated. A prganization(s) (see instruc	supporting organizatio				ted with, its
d		functionally	on-functionally integrat integrated The organizati) You must complete Page 1	on generally must satis	fy a distribution i			
e		Check this	box if the organization rece	eived a written determir	ation from the II	RS that it is a Ty	ype I, Type II, Type II	I functionally
f	Enter		or Type III non-functional of supported organization		organization			
g	Provid	de the follow	ing information about the :	supported organization(s)			
(i)Na	ame of	me of supported organization (ii)EIN (iii) Type of organization (described on lines 1- 10 above (see instructions)) (iv) Is the organization lines your governing doctors in the control of the contr		ation listed in	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
					Yes	No	1	
Γotal		l. D. '	tion Act Notice, see the		Cat No 11285	-	 Schedule A (Form 9	00 000 FT\ 0015

Sch	nedule A (Form 990 or 990-EZ) 2016						Page 2
P	art II Support Schedule for	Organizations	Described in S	ections 170(b)(1)(A)(iv) ar	d 170(b)(1)(A	(vi)
	(Complete only if you ch	ecked the box o	n line 5, 7, 8, o	r 9 of Part I or i	f the organization	on failed to quali	
	III. If the organization fa	ails to qualify un	der the tests lis	ted below, plea:	se complete Par	t III.)	
	Section A. Public Support		T	ı		1	
	Calendar year (or fiscal year beginning in) ▶	(a)2012	(b) 2013	(c)2014	(d)2015	(e) 2016	(f)Total
1	Gifts, grants, contributions, and						
-	membership fees received (Do not						
	include any "unusual grant ")						
2	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
4	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						
	Section B. Total Support	1	•		•	•	
	Calendar year	(a)2012	(b) 2013	(c)2014	(d)2015	(e)2016	(f)Total
_	(or fiscal year beginning in) ▶	(4)2012	(6)2013	(6)2014	(4)2013	(0)2010	(1)10tai
7							
8	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
9							
	activities, whether or not the						
10	business is regularly carried on Other income Do not include gain or						
10	loss from the sale of capital assets						
	(Explain in Part VI)						
11	_ _						
4.5	10 Gross receipts from related activities,	etc (see instruction	l ns)			12	
13	First five years. If the Form 990 is for	=				-	anization,
	check this box and stop here				<u> </u>	<u> ▶ ∟</u>	
	Section C. Computation of Public	• •		(6)			
	Public support percentage for 2016 (III			column (f))		14	
	Public support percentage for 2015 Sc					15	
16	a 33 1/3% support test—2016. If the	e organization did r	not check the box	on line 13, and lir	ne 14 is 33 1/3% o	r more, check this	
	and stop here. The organization qual						ightharpoons
b	33 1/3% support test—2015. If th	ie organization did	not check a box of	on line 13 or 16a,	and line 15 is 33 i	/3% or more, chec	k this
	box and stop here. The organization						▶□
17 a	a 10%-facts-and-circumstances test						
	is 10% or more, and if the organization in Part VI how the organization meets						
		the racts-and-cire	cumstances test	The organization	quaimes as a pubi	iciy supported	. □
	organization	rt_2015 If the	raanization did ===	t chack a hay as !	mo 12 165 164	or 17a and line	▶⊔
b	10%-facts-and-circumstances tes 15 is 10% or more, and if the organization						
	Explain in Part VI how the organization						
	supported organization			-	•	•	▶ □
18	B 1 1 6 1 11 7611	on did not check a	box on line 13, 1	6a, 16b, 17a, or 1	.7b, check this box	and see	· —
	instructions		, -	. , ,	,		►□
					Schodu	le A (Form 990 o	r 990-F7) 2016

Section A. Public Support	
the organization fails to qualify under the tests listed below, please complete Part II.)	
(Complete only if you checked the box on line 10 of Part 1 or if the organization failed to qualify under Part 11. I	ίT

Se	ection A. Public Support						
	Calendar year	(a)2012	(b) 2013	(c)2014	(d)2015	(e) 2016	(f)Total
1	(or fiscal year beginning in) ► Gifts, grants, contributions, and						
_	membership fees received (Do not	I					
	ınclude any "unusual grants`")	<u> </u>					
2	Gross receipts from admissions,	I					
	merchandise sold or services performed, or facilities furnished in	I					
	any activity that is related to the	I					
	organization's tax-exempt purpose	I					
_	Cross receipts from activities that are						
3	Gross receipts from activities that are not an unrelated trade or business	I					
	under section 513	I					
4	Tax revenues levied for the						
	organization's benefit and either paid	I					
5	to or expended on its behalf The value of services or facilities						
,	furnished by a governmental unit to	I					
	the organization without charge	ļ					
6	Total. Add lines 1 through 5	<u></u>					
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	I					
	5 received from disqualified persons	<u> </u>					
b	Amounts included on lines 2 and 3						
	received from other than disqualified	I					
	persons that exceed the greater of \$5,000 or 1% of the amount on line	I					
	13 for the year	I					
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
31	ection B. Total Support	Г	1	T	Т		
	Calendar year (or fiscal year beginning in) ▶	(a)2012	(b) 2013	(c)2014	(d) 2015	(e) 2016	(f)Total
9	Amounts from line 6						
.0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
ь	income from similar sources Unrelated business taxable income						
U	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
	Add lines 10a and 10b Net income from unrelated business						
11	activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c,						
	11, and 12) First five years. If the Form 990 is fo	r the organization	te first second the	hird fourth or fift	 	ction 501/c)(2) a:	raanization
14	check this box and stop here	Tale organización	r a mac, second, ti	ma, iourtii, or iiit	ii tax yeai as a se	CCON 301(C)(3) 01	yanızatıon, ► □
<u> </u>	ection C. Computation of Public	Support Perce	ntage				
15	Public support percentage for 2016 (lir			column (f))		15	
16	Public support percentage from 2015 S		· ·	(.,,		16	
	ection D. Computation of Invest	<u> </u>				10	
17	Investment income percentage for 20:			line 13, column (f))	17	
18	Investment income percentage from 2			,(••	18	
	331/3% support tests—2016. If the			on line 14, and lir	e 15 is more than		e 17 is not
	more than 33 1/3%, check this box and						▶ □
	33 1/3% support tests—2015. If the						. —

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

ightharpoons

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Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete

7

8

10a

Schedule A (Form 990 or 990-EZ) 2016

Sections A and D, and complete Part V) Section 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			
	ın section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below	1 - '		l

	(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)	L
	W 20010 305 (4)(1) 01 (2)	L
	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)	Ĺ
	below	ſ
•	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	

	III Section 309(a)(1) or (2)	2	i			
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)					
	below	3a				
b	the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the					
	determination					
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					

	below	3a	
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	
С	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		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 12a or 12b in Part I, answer (b) and (c) below		
	Did the eventualities have obtained and discussion in deciding whather to make make to the fewers commented	\Box	

		30	l		
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				
a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you				
	checked 12a or 12b ın 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)? If "Yes," explain in Part VI what controls the organization used to ensure that all support				

	to the foleigh supported organization was used exclusively for section 170(e)(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	
С	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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its		

6

7

8

9a

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2016

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

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,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

organization's supported organizations? If "Yes," provide detail in Part VI.

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

organization had an interest? If "Yes," provide detail in Part VI.

provide detail in Part VI.

answer line 10b below

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Par	** Supporting Organizations (continued)			
			Yes	No
11	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		
C-	ection B. Type I Supporting Organizations			
se	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 of	ır 🗀	1.03	""
	elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Pa			
	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		
			•	•
Se	ection C. Type II Supporting Organizations		Yes	N.
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees	of [res	No
1	were a majority of the organization's directors of trustees during the tax year also a majority of the directors of trustees each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the	or		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)			
		1		
				•
Se	ection D. All Type III Supporting Organizations		Τ.,	
	Did the appropriate any would be each of the grown which are not the best first first of the COL seconds of the	,	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of			
	Form 990 that was most recently filed as of the date of notification, and (III) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?	<u> </u>	-	<u> </u>
2	Were any of the organization's officers, directors, or trustoss either (1) appointed or elected by the supported arrangement	n 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)	<u> </u>		
_	Divinion of the valeting described in (2) did the surround of	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in torganization's investment policies and in directing the use of the organization's income or assets at all times during the t			
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
			1	
	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 instr	actions)		
a				
b				
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instru	ictions))
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 supporte organizations and explain how these activities directly furthered their exempt purposes, how the organization was	3		
	responsive to those supported organizations, and how the organization determined that these activities constituted	<u> </u>		
	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	Parent of Supported Organizations Answer (a) and (b) below.	_		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each the supported organizations? Provide details in Part VI.	of 3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its	<u> </u>	1	
,	supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	3b		
		,	1	

-	Add lifles 1 till odgif 5			
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	1 b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		

d	Total (add lines 1a, 1b, and 1c)	1d	
е	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		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

Schedule A (Form 990 or 990-EZ) (2016)

c Excess from 2014.

d Excess from 2015.

e Excess from 2016. . . .



efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

As Filed Data -

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

DLN: 93493135041948 OMB No 1545-0047

> Open to Public Inspection

Department of the Treasury

(Form 990)

Internal Revenue Service Information about Schedule D (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

	me of the organization	Employer identification number					
Dela	aware Valley University	23-1352665					
Pa	rt I Organizations Maintaining Donor			or Accounts.			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts						
1	Total number at end of year	(a) Donor advised funds		(b)Funds and	1 other accou	ints	
	,						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor a funds are the organization's property, subject to t			dvised	□ Y	es 🗆 No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No						
Pai	rt III Conservation Easements. Complete	e if the organization answered	"Yes" on For	m 990, Part IV	, line 7.		
1	Purpose(s) of conservation easements held by the	organization (check all that apply)				
	\square Preservation of land for public use (e g , reci	reation or education) Pre	eservation of a	n historically impo	ortant land ar	rea	
	Protection of natural habitat	☐ Pre	eservation of a	certified historic	structure		
	✓ Preservation of open space						
2	Complete lines 2a through 2d if the organization heasement on the last day of the tax year	eld a qualified conservation contri	bution in the fo		ation It the End of	f the Year	
а	Total number of conservation easements			2a		2	
b	Total acreage restricted by conservation easement	s		2b		238 00	
c	Number of conservation easements on a certified by	nistoric structure included in (a)		2c			
d	Number of conservation easements included in (c) structure listed in the National Register	acquired after 8/17/06, and not o	n a historic	2d			
3	Number of conservation easements modified, trantax year ▶	sferred, released, extinguished, or	terminated by	the organization	during the		
4	Number of states where property subject to conse	rvation easement is located >	1				
5	Does the organization have a written policy regard and enforcement of the conservation easements it		ction, handling	of violations,	☐ Yes	☑ No	
6	Staff and volunteer hours devoted to monitoring, 0 00	nspecting, handling of violations,	and enforcing o	conservation ease			
7	Amount of expenses incurred in monitoring, inspe	cting, handling of violations, and e	nforcing conse	rvation easement	s during the	year	
	Does each conservation easement reported on line	2(d) above satisfy the requireme	nts of soction :	170(b)(4)(B)(i)			
8	and section $170(h)(4)(B)(H)^2$	e 2(d) above satisfy the requireme	ints of section .	170(11)(4)(6)(1)	☐ Yes	□ No	
9	In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text the organization's accounting for conservation eas	of the footnote to the organization			and		
Par	Organizations Maintaining Collect Complete if the organization answere	ions of Art, Historical Treas		her Similar As	sets.		
1a	If the organization elected, as permitted under SF art, historical treasures, or other similar assets he provide, in Part XIII, the text of the footnote to its	ld for public exhibition, education,	or research in			orks of	
b	If the organization elected, as permitted under SF historical treasures, or other similar assets held for following amounts relating to these items						
(i) Revenue included on Form 990, Part VIII, line 1			▶ \$			
(i	i)Assets included in Form 990, Part X			▶ \$	_		
2	If the organization received or held works of art, he following amounts required to be reported under S			ancıal gaın, provi	de the		
а	Revenue included on Form 990, Part VIII, line 1	· -		▶ \$			
b	Assets included in Form 990, Part X			▶ \$			
	Paperwork Reduction Act Notice, see the Instr	uctions for Form 990.	Cat No	52283D Sch e	edule D (For	rm 990) 2016	

Pai	t IIII	Organizations M	aintaining Coll	lections o	of Art, H	istori	cal Tı	reas	ures, oi	r Othe	r Similar As	sets (cor	ntınued)	
3	-	g the organization's acq s (check all that apply)	uisition, accession	n, and other	records,	check a	any of	the f	ollowing t	hat are	a significant u	ise of its c	ollection	
а		Public exhibition				d		Loar	or excha	ange pr	ograms			
b		Scholarly research				e		Othe	er					
С		Preservation for future	e generations											
4	Provi Part	de a description of the XIII	organızatıon's coll	ections and	l explain h	ow the	y furth	ner th	ne organiz	ation's	exempt purpo	se in		
5		ng the year, did the org ts to be sold to raise fur									ımılar	☐ Yes		lo
Pa	rt IV	Escrow and Cust Complete if the or X, line 21.			" on Forr	n 990	, Part	IV, I	ine 9, o	r repor	ted an amou			
1a		Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No												
ь	If "Y	es," explain the arrange	ement in Part XIII	and comple	ete the fol	lowing	table				A	mount		_
С	Begir	nning balance		·		_				1c				_
d	Addıt	ions during the year								1d				
е	Dıstr	ibutions during the year	r							1e				
f	Endır	ng balance								1f				
2 a	Dıd t	he organization include	an amount on Fo	rm 990, Par	rt X, line 2	21, for e	escrow	or c	ustodial a	ccount	liability?	☐ Yes		— Io
b		es," explain the arrange												
Pa	art V	Endowment Fun	ds. Complete If											
1-	Region	ning of year balance .		(a)Curren	,426,730	(b) Pr	or yea 30,634	-	(c)Two y	ears bac 32,764,4		irs back (€ 679,243	Four yea	770,724
	-	butions			,756,676		1,729			864,3		840,723		517,223
		vestment earnings, gair	ns and losses		,639,184		-1,272			-12,6		015,331	2	,369,019
		or scholarships	·		250,487		286	,369		258,1	52	244,954		231,085
	Other	expenditures for facilities		1.	,031,359		1,125			2,442,3		281,354	3	,549,835
f	Admin	istrative expenses .			146,875		253	,493		281,2	89 :	244,566		196,803
g	End of	year balance		32	,393,869		29,426	,730	3	30,634,4	31 32,	764,423	30	,679,243
2	Provi	de the estimated perce	ntage of the curre	nt vear end	balance ((line 1c	ı. colu	mn (a	a)) held a	s		I		
а		d designated or quasi-e	-	, 29 220 %		` -	,,	•	,,					
ь	Perm	anent endowment 🕨	33 140 %											
c	Temp	porarily restricted endov	wment ► 37 6	40 %										
-	The	percentages on lines 2a	, 2b, and 2c shoul	ld equal 100	0%									
За		here endowment funds	not in the possess	sion of the o	organizati	on that	are h	eld ar	nd admini	stered	for the			
	-	nization by										- C	Yes	No
		nrelated organizations					•					3a(i 3a(i		No
ь		elated organizations . es" on 3a(II), are the re		e listed as r	equired o	n Sche	 dula R	,				3b	-	No
4		ribe in Part XIII the inte	_					•	• •	• •				<u> </u>
Pa	rt VI	Land, Buildings,												
ئ ت		Complete if the or						_						
	Descr	iption of property	(a) Cost or oth (Investme		(b)Cost o	or other	basıs (d	ther)	(c)Acci	umulated	d depreciation	(d)	Book valu	e
1a	Land						12,15	57,985	5				1	2,157,985
	Buildir						87,30	00,566	5		39,369,931			7,930,635
		nold improvements												
۔ در	F=						22.61	0.200	.+		10 447 015			A 171 A75

7,172,005

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

5,090,817

69,350,912

2,081,188

Part VII	Investments—Other Securities. Complete if the o See Form 990, Part X, line 12.	rganization	answered 'Y	es' on Form 990, Pa	rt IV, line 11b.
	(a) Description of security or category (including name of security)	(b) !	Book ue	(c)Method of v	
	l derivatives				
(2) Closely-l (3) Other	held equity interests	· ·			
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	nn (b) must equal Form 990, Part X, col (B) line 12)	•			
Part VIII	Investments—Program Related. Complete if the See Form 990, Part X, line 13.	organizatioi	answered '	'Yes' on Form 990, F	art IV, line 11c.
	(a) Description of investment	(b) Book v	alue	(c) Method of Cost or end-of-year	valuation · market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	nn (b) must equal Form 990, Part X, col (B) line 13)	•			
Part IX	Other Assets. Complete if the organization answered 'Ye (a) Description	s' on Form 99	0, Part IV, lin	e 11d See Form 990, I	Part X, line 15 (b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colu	umn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answ	vered 'Ves' o	n Form 990	Part IV line 11e or	· 11f
	See Form 990, Part X, line 25. (a) Description of liability		b) Book value	· · · · · · · · · · · · · · · · · · ·	111.
1. (1) Federal	income taxes	<u> </u>	D) DOOK Value		
FUNDS HELI	D IN CUSTODY FOR OTHERS		7:	35,144	
	E ADVANCES FOR STUDENT LOANS		1,60	60,800	
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

30,484,766

Explanation

4c

5

30,484,766

87,638,212

Schedule D (Form 990) 2015

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

b

c

Part XIII

See Additional Data Table

Return Reference

Supplemental Information

5

Page 5	Schedule D (Form 990) 2015				
inued)	Part XIII Supplemental Information (co				
Explanation	Return Reference				

Schedule D (Form 990) 2016

Additional Data

Software ID: Software Version:

EIN: 23-1352665

Name: Delaware Valley University

Supplemental Information

Part II, Line 9

Return Reference

Explanation The University owns approximately 283 acres of land in Bucks and Montgomery counties under agricultural conservation easements pursuant to the Agricultural Area Security Law Under these agricultural conservation easements, the University's use of the land is limited to the production of crops, livestock and livestock products, and other agricultural product ion

upplemental Information					
Return Reference	Explanation				
	The use of endowment funds is based on the restriction placed by the donor. Any board-designated quasi-endowment funds are used primarily for student scholarships.				

Su

supplemental information					
Return Reference	Explanation				
Part X, Line 2	The University follows the Financial Accounting Standards Board ("FASB") guidance that requires a tax position to be recognized or derecognized based on the "more likely than not" threshold. The University does not believe its financial statements include any uncertain tax positions. The University's policy is to recognize interest related to unrecognized tax benefits in interest expense and penalties in operating expenses. No interest or penalties were recognized in 2017 and 2016. As of June 30, 2017, tax years ending June 30, 2016, 2015, and 2014 were open.				

Supplemental Information	
Return Reference	Explanation
Part XI, Line 2d - Other Adjustments	SCHOLARSHIPS -30,484,766

Ē

Supplemental Information	
Return Reference	Explanation
	COST OF GOODS SOLD -653,603 Rental EXPENSES -33,315 GAMING EXPENSES -3,717 SPECIAL EVEN TS EXPENSES -63,213 LOSS ON SALE OF FIXED ASSETS NETTED IN EXPENSES ON FINANCIALS -70,492

_ _ _

Supplemental Information Return Reference Explanation COST OF GOODS SOLD 653,603 RENTAL EXPENSES 33,315 GAMING EXPENSES 3,717 SPECIAL EVENTS Part XII, Line 2d - Other EXPENSES 63,213 LOSS ON SALE OF FIXED ASSETS NETTED IN EXPENSES ON FINANCIALS 70.492 Adjustments

Supplemental Information					
Return Reference	Explanation				
Part XII, Line 4b - Other Adjustments	SCHOLARSHIPS 30,484,766				

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493135041948 OMB No 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶Complete if the organization answered "Yes" on Form 990, EZ) Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. Open to Public ▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Department of the Treasury Namel & the corporation **Employer identification number** Delaware Valley University 23-1352665 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Nο b Admissions policies? 5b Nο c Employment of faculty or administrative staff? 5c Nο d Scholarships or other financial assistance? 5d Nο e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Nο h Other extracurricular activities? 5h Nο If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes b Has the organization's right to such aid ever been revoked or suspended? 6b No If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule E (Form 990 or 990-EZ) (2016)

Schedule E (Form 990 or 990EZ) (2016)				
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	THE NON-DISCRIMINATION POLICY OF THE UNIVERSITY IS INCLUDED IN ALL EXTERNALLY TARGETED PUBLICATIONS, THE UNIVERSITY CATALOG, AND THE WEBSITE			
Schedule E, Part I, Line 6	THE UNIVERSITY RECEIVES FEDERAL FUNDS UNDER THE PERKINS LOAN, PELL GRANT, SUPPLEMENTAL EDUCATION OPPORTUNITY GRANT, COLLEGE WORK STUDY, AND OTHER MISCELLANEOUS FEDERAL RESEARCH AND DEVELOPMENT GRANTS ADDITIONALLY, THE UNIVERSITY RECEIVES VARIOUS GRANTS FROM THE COMMONWEALTH			

UNIVERSITY RECEIVES VARIOUS GRANTS FROM THE COMMONWEALTH OF PENNSYLVANIA AND ITS POLITICAL SUBDIVISIONS

Schedule F (Form 990 or 990-F7) (2016)

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493135041948 OMB No 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990. **Employer identification number** Name of the organization Delaware Valley University 23-1352665 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Solicitation of government grants Phone solicitations ☐ Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to ındıvıdual fundraiser have from activity (or retained by) (or retained by) or entity (fundraiser) custody or fundraiser listed in organization control of col (i) contributions? Yes No 5 8 10 Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2016

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a)Event #1 (b) Event #2 (c)Other events (d) Total events **DVC Golf Classic** (add col (a) through (event type) (total number) (event type) col (c)) Revenue 1 Gross receipts. 82,960 82,960 2 Less Contributions. 67,850 67,850 3 Gross income (line 1 minus 15,110 line 2) 15,110 4 Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs 28.644 28,644 7 Food and beverages 17,070 17,070 8 Entertainment 300 300 Other direct expenses 17,199 17,199 **10** Direct expense summary Add lines 4 through 9 in column (d) 63,213 11 Net income summary Subtract line 10 from line 3, column (d) . . . -48,103 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/Instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) 1 Gross revenue . 25,917 25,917 Expenses | 2 Cash prizes 3,320 3,320 Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses 397 397 Yes % Yes % Yes100 000 % 6 Volunteer labor No Direct expense summary Add lines 2 through 5 in column (d) 3,717 Net gaming income summary Subtract line 7 from line 1, column (d). 22,200 Enter the state(s) in which the organization conducts gaming activities PA ☑ Yes ☐ No Is the organization licensed to conduct gaming activities in each of these states? If "No," explain . 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☑ No If "Yes," explain _

Sche	edule G (Form 990 or 990-EZ) 2016					Page 3
11	Does the organization conduct ga	ming activities with nonmemb	pers?		□Yes	✓ No
12	Is the organization a grantor, ber formed to administer charitable g		r a member of a partnership or other entity		□Yes	
13	Indicate the percentage of gamin	g activity conducted in				
а	The organization's facility			13a		100 000 %
b	An outside facility			13b		0 %
14	Enter the name and address of th	e person who prepares the or	ganization's gaming/special events books and r	cords		
	Name Athletic Coaches &	Student Clubs				
	Address > 700 East Butler Av Doylestown, PA 1	89012607				
15a	Does the organization have a con revenue?	tract with a third party from w	whom the organization receives gaming		□Yes	☑ No
b	If "Yes," enter the amount of gam amount of gaming revenue retain		organization 🕨 \$ and th	ie		
c	If "Yes," enter name and address	of the 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 unde retain the state gaming license?	r state law to make charitable	distributions from the gaming proceeds to		□Yes	☑ No
b	Enter the amount of distributions	required under state law distr	ributed to other exempt organizations or spent			
	ın the organization's own exempt					
Pai		5b, 15c, 16, and 17b, as a	nations required by Part I, line 2b, column pplicable. Also complete this part to provide			
	Return Reference		Explanation			

Schedule G (Form 990 or 990-EZ) 2016

efile GRAPHIC print - DO NOT PROCESS DLN: 93493135041948 As Filed Data OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations,** (Form 990) 2016 Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization **Employer identification number** Delaware Valley University 23-1352665 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 ✓ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part III Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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) Amount of non-(f) Method of valuation (h) Purpose of grant (g) Description of (book, FMV, appraisal, organization if applicable non-cash assistance grant cash or assistance or government assistance other) (1) (3) (5) (6)(7) (8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2016

Part I, Line 2

DLN: 93493135041948

OMB No 1545-0047

Schedule J

(Form 990)

Compensation Information

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

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

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

Open to Public Inspection

2015

Treasury Internal Revenue Service

Department of the

Employer identification number Name of the organization Delaware Valley University

			23-1332003			
Pa	rt I Questions Regarding Compensation	1				
					Yes	No
1 a	Check the appropriate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III					
	─ First-class or charter travel	Ŀ	Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Г	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the orgenishment or provision of all of the expenses de			1b	Yes	
2	Did the organization require substantiation prior to redirectors, trustees, officers, including the CEO/Exec			2	Yes	
3	Indicate which, if any, of the following the filing organ organization's CEO/Executive Director Check all th used by a related organization to establish compens	at apply	y Do not check any boxes for methods			
	Compensation committee	Г	Written employment contract			
	Independent compensation consultant	Г	Compensation survey or study			
	Form 990 of other organizations	Ľ	Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, or a related organization	Part VI	I , Section A , line $1 ext{a}$ with respect to the filing organization			
а	Receive a severance payment or change-of-control (paymen	t?	4a		Νo
b	Participate in, or receive payment from, a supplemen	ntal non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-ba	sed co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro		· ·			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizat	ions mu	ust complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a	a, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," on line 5a or 5b, describe in Part III					
6	For persons listed on Form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a	a, did the organization pay or accrue any			
а	The organization?			6 a		No
b	Any related organization?			6b		Νo
	If "Yes," on line 6a or 6b, describe in Part III					
7	For persons listed on Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes," d			7		No
8	Were any amounts reported on Form 990, Part VII,					
	subject to the initial contract exception described in in Part III $$	кеgula	itions section 53 4958-4(a)(3)? If "Yes," describe	8		No
9	If "Yes" on line 8, did the organization also follow the section 53 4958-6(c)?	e rebutt	able presumption procedure described in Regulations	9		

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 on 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

(A) Name and Title		(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		Base (ı) compensation	(iı) Bonus & ıncentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
1 Maria Gallo PhDPresident	(i)	133,269	0	9,113	10,471	18,681	171,534	0
	(ii)	0	0	0	0	0	0	0
2 Dr Bashar Hanna VP Academic Affairs/Faculty	(i)	229,221	0	5,755	20,863	15,181	271,020	0
Dean	(ii)	0	0	0	0	0	0	0
3 Arthur D Goon VP, Enrollment Management	(i)	183,010	0	2,466	16,471	15,672	217,619	0
	(ii)	0	0	0	0	0	0	0
4 Benjamin E Rusiloski Dean, Life & Physical	(i)	160,927	0	5,140	14,655	63,249	243,971	0
Sciences	(ii)	0	0	0	0	0	0	0
5 Cheryl Moyer AVP of Finance	(i)	142,965	0	15,145	14,082	8,142	180,334	0
	(ii)	0	0	0	0	0	0	0
6 April Vari VP, Student Affairs	(i)	156,060	0	5,796	13,586	13,074	188,516	0
,	(ii)	0	0	0	0	0	0	0
7 Dr Joseph S Brosnan Former President	(i)	209,801	0	45,178	16,087	5,928	276,994	0
	(ii)	0	0	0	0	0	0	0

Page 3					
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					
Return Reference	Explanation				

Schedule J (Form 990) 2015

ef	ile GRAPHIC print - DO NO	F PROCESS AS	Filed Data -								[DLN: 9	349313	3504	1948
Sc	hedule K	C.	unnlamantal lufa	· · · · · · · · · · · · · · · · · · ·	an Tay F		4 F) a mala				ОМВ	No 1545-	0047	
(F	orm 990)		ipplemental Info						criptions			7	2010	6	
		P Complete ii ti	explanations, and	l any additiona	l information			riovide des	scriptions,				'OT'	U	
	artment of the Treasury	▶ Information	Atton about Schedule K (Fo	tach to Form 9 rm 990) and it		e ie at	14/14/14/	irs gov/for	m990				en to Pub		
	rnal Revenue Service ne of the organization	P I III OI III GEI	on about beneaute it (10)	ini 550) ana ic	3 macraction	3 13 ac		11319017101	<u></u>	Employ	er ident		nspection number	<u>'</u>	
Dela	aware Valley University									23-13!	2665				
Р	art I Bond Issues														
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP # (d)	Date issued	(e) Issue pr	ісе	(f) Description	n of purpose	(g) De	feased		On	(i) F	Pool
												behalf of fi		fınan	cing
										Yes	No	Yes		Yes	No
A	Pennsylvania Higher Education	23-2243852	70917SBL6 10)-18-2012	34,853				nent/furnishing:		Х		X		X
	Facilities Authority					1	ife & so	cience blding	, bond refinanc	₽					
Pa	art III Proceeds														
						A			3	С					
1	Amount of bonds retired					1,94	0,000								
2	Amount of bonds legally defeas	ed													
3	Total proceeds of issue					34,85	34,853,500								
4	Gross proceeds in reserve fund	s			2,315,562										
5	Capitalized interest from procee	eds													
6	Proceeds in refunding escrows														
7	Issuance costs from proceeds .					36	4,968								
8	Credit enhancement from proce	eds													
9	Working capital expenditures fr	om proceeds													
10	Capital expenditures from proce	eeds			10,018,896										
11	Other spent proceeds				22,190,456										
12	Other unspent proceeds														
13	Year of substantial completion			•	20	013									
					Yes	N	0	Yes	No	Yes	No		Yes	1	No
14	Were the bonds issued as part	of a current refundır	ig issue?		X										
15	Were the bonds issued as part	of an advance refund	ding issue?	•		X	(
16	Has the final allocation of proce	eds been made? .			Х										
17					х										
Pa	rt IIII Private Business Us								<u> </u>						
						A	T	ı	3	С			r	-	
					Yes	N-	o	Yes	No	Yes	No		Yes	1	No
1	Was the organization a partner financed by tax-exempt bonds?	ın a partnershıp, or	a member of an LLC, which	owned property	У	×									
2	Are there any lease arrangeme property?	nts that may result i	n private business use of bo			×	· _								
For	Panerwork Reduction Act Noti					t No 5	0193E		<u> </u>	<u> </u>	Sc	hadula	K (Form	990	2016

C

d

Page 2

D

D

Schedule K (Form 990) 2016

Nο

Yes

Yes

C

No

Yes

C

Nο

Yes

Α

Nο

Χ

0 %

0 %

0 %

В

Nο

Yes

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Χ

Χ

Α

No

Х

Χ

Χ

Х

Χ

Yes

Χ

Yes

No

Are there any research agreements that may result in private business use of bond-financed

Enter the percentage of financed property used in a private business use by entities other than

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

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?

organization, or a state or local government

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were

Penalty in Lieu of Arbitrage Rebate? . . .

If "No" to line 1, did the following apply?

Rebate not due yet?

hedge with respect to the bond issue?

Exception to rebate?

Arbitrage

Part IV

c

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

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

requirements of section 148? . . .

applicable regulations?

Schedule K (Form 990) 2016

period?

Part V

Part VI

D

D

No

Yes

Schedule K (Form 990) 2015

Yes

Was the regulatory safe harbor for establishing the fair market value of

Yes

No

Yes

Х

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

No

Yes

Yes

No

No

Yes

Yes

No

No

efil	e GRAPHIC pr	int - DO NOT PR	ROCESS	As Filed Data -		DLN	l: 9349313	5041	948
	IEDULE M		N	loncash Contri	hutions		OMB No 1	.545-0	047
(For	m 990)	►Complete if the		ons answered "Yes" on Fo		9 or 30.	20	16	<u> </u>
		▶ Attach to Form	990.						
	tment of the Treasury al Revenue Service	▶Information abo	out Schedu	le M (Form 990) and its i	nstructions is at <u>www.ir</u>	s.gov/form990	Open to Inspe		
	e of the organizat					Employer ider	ntification n	umbei	•
Delaw	are Valley University	y				23-1352665			
Pa	rt I Types	of Property							
			(a) Check ıf applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	noncash o	(d) od of determi contribution a		:s
1	Art—Works of art	t							
2	Art—Historical tr								
3	Art—Fractional in								
4 5	Books and public Clothing and hou								
5	goods								
6	Cars and other v	ehicles							
7	Boats and planes	S							
8	Intellectual prope	•							
9	Securities—Public		X	1	29,26	9 CLOSING PRIC	CE		
	Securities—Close Securities—Partr or trust interest	nership, LLC,				1			
12	Securities—Misce								
13	Qualified conserve contribution—Hi structures	vation istoric							
14	Qualified conserv								
	contribution—Of								
15 16	Real estate—Res								
17	Real estate—Cor								
18	Collectibles .								
19	Food inventory								
20	Drugs and medic	al supplies .							
21	Taxidermy .								
	Historical artifact								
	Scientific specim								
	Archeological art	ifacts	X	2	155.00	O A DDD ATCAL			
	Other ▶ (STOCK - HORSE))	_ ^	2	155,00	0 APPRAISAL			
26	Other ► (
27	Other ▶ ()							
	Other ► (
29				ition during the tax year for 3, Part IV, Donee Acknowled		29			2
30~	During the year	did the organization	n receive b	contribution any property r	enorted in Part I lines 1 th	arough 28 that		Yes	No
Jua			· ·		•	-			
		·		ate of the initial contribution	•	to be used			i
				od?			· 30a		No
b	If "Yes," describ	e the arrangement i	ın Part II						
31	Does the organi	zation have a gift ac	ceptance p	olicy that requires the reviev	v of any non-standard cont	rıbutıons?	31	Yes	
32a	Does the organi contributions?		urd parties o	or related organizations to so	olicit, process, or sell nonce	ash · · · ·	32a		No
b	If "Yes," describ	e ın Part II							
33	_	•	amount in	column (c) for a type of pro	perty for which column (a)	ıs checked,			
	describe in Part								
For P	aperwork Reduction	on Act Notice, see the	- Instruction	s for Form 990.	Cat No 512271	Sch	edule M (Form	9901	20161

Schedule M (Form 990) (2016)	Page 2
	tion required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part
this part for any add	umber of contributions, the number of items received, or a combination of both. Also complete litional information.
Return Reference	Explanation
Part I, Column (b)	The number in column b represents the number of contributors
	Schedule M (Form 990) (2016)

efile GRAPH	IC print - DO NOT PROCESS	DLN: 93493135041948
SCHEDUL (Form 990 or EZ)	990- Complete to provide information for responses to see Form 990 or 990-EZ or to provide any addition Attach to Form 990 or 990-EZ Information about Schedule O (Form 990 or 990-EZ) www.irs.gov/form990.	specific questions on nal information.
Internal Revenue Ce Name of the org Delaware Valley Un		Employer identification number 23-1352665
Return Reference	e O, Supplemental Information Explanation	
Form 990, Part VI, Section A, line 1	The membership of the Executive Committee shall consist of seven (7) Tru hair, the Vice Board Chair, the Secretary, the Treasurer, and three (3) at-lated as elected by the Board. The President is an ex-officio, non-voting member of the Committee Other than the President, the Executive Committee shall not that are not also voting Trustees. The Executive Committee shall exercise of Board in relation to matters that arise when the Board is not in session of ot practical or feasible for the Board to meet. The Executive Committee is of uthority to act as the full Board when exercising the powers and authority uttee's charter, subject to the limitations below or listed in the Articles of Incon, as amended, supplemented or restated, these Bylaws and applicable late mmittee shall be responsible to gather data to inform the Board on competition of the President, to make recommendations as to any changes in the Fastion, benefits, and/or contract.	arge Trustees r of the Executiv have any members the powers of th r when it is n delegated the a under the Commi orporatio w The Executive Co esation and evalua

Return Explanation
Reference

990 Schedule O, Supplemental Information

Form 990,
Part VI,
Section B,
Inne 11b

The form 990 is reviewed in detail by management of the University including the Assistant
VP of Finance and the VP of Finance and Administration. The 990 is then reviewed by the I
nvestment and Finance Committee of the Board and made available to the entire board of tru
stees prior to submission to the IRS

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

from the Executive Committee

Return

Reference	
Form 990,	The Board of Trustees engages a compensation consultant as needed to assess salary levels
Part VI,	for the President's position. The most recent consultant was engaged in fiscal year 2014
	Oversight of the evaluation process and salary actions are overseen by the executive commi
line 15	ttee of the board, which includes the chair, vice chair, treasurer, secretary and three at
	large members of the board Compensation for other officers and key employees are grouped
	with all other employees when determining compensation. The Board of Trustees approves al

I employee compensation and salary increases as part of the annual budget process. The review and approval process is documented via minutes of the Board of Trustees and/or minutes.

Explanation

990 Schedule O, Supplemental Information

Return

Deference

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

Explanation

efile GRAPHIC print - DC	NOT PROCESS	As Filed Data -										DLN: 93493	135041	948	
SCHEDULE R (Form 990)	> (Related O	_					-		37.		20	16	7	
Department of the Treasury Internal Revenue Service	► Attach to For	m 990. ► Infor	nation al	out Schedul	e R (Form	990) and	its instruct	ions is at	www.ii	rs.gov/form9	<u>90</u> .	Open to Public Inspection			
Name of the organization Delaware Valley University	laware Valley University														
										352665					
Part I Identification	of Disregarded E	ntities Complete If t	he organ	ization answ	ered "Yes	" on Form	990, Part	IV, line 3	3.						
Name, address, and	(a) Name, address, and EIN (if applicable) of disregarded entity			(b) Primary a	ctivity	(c) Legal domicile (state or foreign country)		(d) Total inc	ome End-of-year as:		sets	(f Direct co ent	ntrolling		
	of Related Tax-Ex npt organizations di	empt Organization uring the tax year.	s Comple	ete if the org	anızatıon	answered	"Yes" on F	orm 990,	Part I\	V, line 34 bed	cause	ıt had one or	more		
Name, address, an	(a) Name, address, and EIN of related organization		Prim	(b) ary activity	Legal dom	c) nicile (state n country)	(d) Exempt Cod	le section Public		(e) Public charity status f section 501(c)(3))		(f) rect controlling entity	Section (13) cor enti	512(b) strolled ty?	
													Yes	No	
For Panerwork Reduction Ac	t Notice see the Inc	structions for Form O	<u> </u>			at No. 5013	250				Sch	edule R (Form	990) 30	16	

(a) Name, address, and EIN of related organization			(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predomina income(relate unrelate excluded fi tax unde sections 5 514)	ated, total inco d, rom er	(g) Share of ne end-of-year assets	(h) Disproprtionate allocations?		amount 20 Schedu			ging o ner?	(k ercer owner
								Yes	No			Yes	No	
													+	
													+	
Identification of Related Orga							swered "Yes	" on F	orm 9	990, Pai	rt IV,	line :	34	
Identification of Related Orga because it had one or more relate (a) Name, address, and EIN of related organization		a corporation	(c) (egal omicile or foreign	st during th			swered "Yes (f) Share of tota Income	1	(g) re of end year assets	<u> </u>	rt IV, (h) Percentowners) tage	Sect	tion) cor
because it had one or more relate (a) Name, address, and EIN of related organization	ed organizations treated as (b) Primary activity	corporation l	on or trus (c) Legal omicile or foreign ountry)	st during th	ne tax year (d) It controlling entity	(e) Type of entity (C corp, S corp	(f) Share of tota	1	(g) e of end year	<u> </u>	(h) Percen) tage	Sect (13)	-
because it had one or more relate (a) Name, address, and EIN of	ed organizations treated as (b)	corporation l	(c) (egal omicile or foreign	DIFECT DELAW	(d) t controlling entity	(e) Type of entity (C corp, S corp	(f) Share of tota	1	(g) e of end year	<u> </u>	(h) Percen) tage	Sect	tion !) con entit es
because it had one or more relate (a) Name, address, and EIN of related organization	ed organizations treated as (b) Primary activity	corporation l	on or trus (c) Legal omicile or foreign ountry)	DIFECT DELAW	(d) t controlling entity WARE	(e) Type of entity (C corp, S corp	(f) Share of tota	1	(g) e of end year	<u> </u>	(h) Percen) tage	Sect (13)	tion 5) con entit es
because it had one or more relate (a) Name, address, and EIN of related organization	ed organizations treated as (b) Primary activity	corporation l	on or trus (c) Legal omicile or foreign ountry)	DIFECT DELAW	(d) t controlling entity WARE	(e) Type of entity (C corp, S corp	(f) Share of tota	1	(g) e of end year	<u> </u>	(h) Percen) tage	Sect (13)	tion) con entit
because it had one or more relate (a) Name, address, and EIN of related organization	ed organizations treated as (b) Primary activity	corporation l	on or trus (c) Legal omicile or foreign ountry)	DIFECT DELAW	(d) t controlling entity WARE	(e) Type of entity (C corp, S corp	(f) Share of tota	1	(g) e of end year	<u> </u>	(h) Percen) tage	Sect (13)	tion) con entit
because it had one or more relate (a) Name, address, and EIN of related organization	ed organizations treated as (b) Primary activity	corporation l	on or trus (c) Legal omicile or foreign ountry)	DIFECT DELAW	(d) t controlling entity WARE	(e) Type of entity (C corp, S corp	(f) Share of tota	1	(g) e of end year	<u> </u>	(h) Percen) tage	Sect (13)	tion !) con entit es
because it had one or more relate (a) Name, address, and EIN of related organization	ed organizations treated as (b) Primary activity	corporation l	on or trus (c) Legal omicile or foreign ountry)	DIFECT DELAW	(d) t controlling entity WARE	(e) Type of entity (C corp, S corp	(f) Share of tota	1	(g) e of end year	<u> </u>	(h) Percen) tage	Sect (13)	tion !) con entit es

Transactions with Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	П		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1 i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	10		No

J	Lease of facilities, equipment, or other assets to related organization(s)	-'	+	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	c .	No
I	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1n	n	No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1 n	a T	No
0	Sharing of paid employees with related organization(s)	10	,	No
р	Reimbursement paid to related organization(s) for expenses	1 p	,—	No
q	Reimbursement paid by related organization(s) for expenses	1 q	1	No
r	Other transfer of cash or property to related organization(s)	1r	-	No
		100	. —	No

|1s | 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds (a) Name of related organization (b) Transaction type (a-s) (d) Method of determining amount involved (c) Amount involved

Schedule R (Form 990) 2016

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

(a) Name, address, and EIN of entity	(b) Primary activity		(d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514)	Ar or	(e) e all partners section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ite	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General c managin partner?	or g	(k) Percentage ownership
İ			514)	Yes	No	ļ ,		Yes	No		Yes	No	
										Schedul	e R (Form	1 990	0) 2016

Schedule R (Form 990) 2016 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2016