

Cumulative e-File History 2012	
FED	
Locator:	5576AM
Taxpayer Name:	Delaware State University
Return Type:	990, 990
Submitted Date:	02/14/2014 15:34:55
Acknowledgement Date:	02/14/2014 15:56:34
Status:	Accepted
Submission ID:	23695320140455000005

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2012, or fiscal year beginning 07/01, 2012, and ending 06/30, 2013

2012

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records.

Name of exempt organization

Employer identification number

DELAWARE STATE UNIVERSITY

51-0305893

Name and title of officer

DR. TERESA HARDEE, ED.D., CPA, VICE PRESIDENT

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

Table with 5 rows (1a-5a) and 2 columns (b Total revenue, b Total tax, b Tax based on investment income, b Balance Due). Includes handwritten values like 146953742.

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize GRANT THORNTON LLP to enter my PIN 12262 as my signature. ERO firm name. Enter five numbers, but do not enter all zeros.

on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature [Signature] Date 2/14/14

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 23695336605 do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature [Signature] Date

ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

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

Department of the Treasury
Internal Revenue Service

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

A For the 2012 calendar year, or tax year beginning 07/01, 2012, and ending 06/30, 2013

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization DELAWARE STATE UNIVERSITY Doing Business As			D Employer identification number 51-0305893	
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	E Telephone number (302) 857-6200	
	1200 NORTH DUPONT HIGHWAY				
	City, town or post office, state, and ZIP code DOVER, DE 19901			G Gross receipts \$ 153,187,544.	
F Name and address of principal officer: DR. HARRY L. WILLIAMS 1200 NORTH DUPONT HIGHWAY DOVER, DE 19901			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ WWW.DESU.EDU			H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1891	M State of legal domicile: DE	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: DELAWARE STATE UNIVERSITY IS A PUBLIC, COMPREHENSIVE, 1890 LAND-GRANT INSTITUTION THAT OFFERS ACCESS AND OPPORTUNITY TO DIVERSE POPULATIONS FROM DELAWARE, THE NATION, AND THE WORLD.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	15	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	15	
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	888	
	6	Total number of volunteers (estimate if necessary)	0	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0	
7b	Net unrelated business taxable income from Form 990-T, line 34	0		
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	75,227,314.	71,556,356.
	9	Program service revenue (Part VIII, line 2g)	65,128,251.	73,085,465.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,131,983.	697,149.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,845,658.	1,614,772.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	146,333,206.	146,953,742.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		22,110,251.	23,939,760.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		69,610,767.	70,517,068.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,185,819.			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		42,899,893.	50,862,649.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		134,620,911.	145,319,477.	
19 Revenue less expenses. Subtract line 18 from line 12		11,712,295.	1,634,265.	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	273,522,837.	273,210,517.
	21	Total liabilities (Part X, line 26)	121,879,586.	119,451,589.
22 Net assets or fund balances. Subtract line 21 from line 20		151,643,251.	153,758,928.	

Part II 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.

Sign Here	▶ Signature of officer	Date
	▶ Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	RUSSELL ARMSTRONG	<i>Russlee L Armstrong</i>	2/13/14		P00288383
	Firm's name ▶ GRANT THORNTON LLP	Firm's EIN ▶ 36-6055558			
Firm's address ▶ 2001 MARKET STREET, SUITE 700 PHILADELPHIA, PA 19103		Phone no. 215-561-4200			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Cumulative E-File History 2012

FED - EXT

Locator: 5576AM
Taxpayer Name: Delaware State University
Return Type: 990, 990

Submitted Date 11/13/2013 3:28:07 PM
Acknowledgement Date 11/13/2013 3:57:40 PM
Status Accepted
Submission ID 23695320133175000018

Print

Close

Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. DELAWARE STATE UNIVERSITY	Employer identification number (EIN) or 51-0305893
	Number, street, and room or suite no. If a P.O. box, see instructions. 1200 NORTH DUPONT HIGHWAY	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. DOVER, DE 19901	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720- (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► DR. TERESA HARDEE

Telephone No. ► 302 857-6200 FAX No. ► _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/17, 20 14, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year 20 ____ or

► tax year beginning 07/01, 2012, and ending 06/30, 2013.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III Yes No

1 Briefly describe the organization's mission:

ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 44,376,229. including grants of \$ 10,468,354.) (Revenue \$ 54,519,185.)

ATTACHMENT 2

4b (Code:) (Expenses \$ 70,444,120. including grants of \$ 13,366,148.) (Revenue \$)

ATTACHMENT 3

4c (Code:) (Expenses \$ 9,887,628. including grants of \$ 105,258.) (Revenue \$ 19,164,920.)

AUXILIARY ENTERPRISES - THE SCHOOL UNDERTAKES A NUMBER OF ACTIVITIES TO BENEFIT THE STUDENT BODY , INCLUDING OPERATING HOUSING (DORMITORY) COMPLEXES, A CAFETERIA, CAMPUS BOOK STORE, VENDING MACHINES AND OTHER INCIDENTALS NECESSARY TO CAMPUS LIFE. THESE ACTIVITIES MIGHT ALSO INCLUDE STUDENT SERVICES, INSTITUTIONAL SUPPORT, ACADEMIC SUPPORT, PUBLIC SERVICE, AND OTHER SERVICES.

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 124,707,977.

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24 a 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i>	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
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? <i>If "Yes," complete Schedule L, Part I.</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 14b regarding IRS filings, employee reporting, foreign accounts, and charitable contributions.

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

Check if Schedule O contains a response to any question in this Part VI. [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include questions 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9 regarding governing body members and relationships.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include questions 10a through 16b regarding local chapters, conflict of interest policies, whistleblower policies, and compensation.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: DR. TERESA HARDEE 1200 NORTH DUPONT HIGHWAY DOVER, DE 19901 302-857-6200

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CLAIRBORNE SMITH BOARD CHAIR	15.00	X		X				0	0	0
(2) DAVID TURNER VICE CHAIR	10.00	X		X				0	0	0
(3) JOSE F. ECHEVERRI TRUSTEE	5.00	X						0	0	0
(4) DEVONA E. WILLIAMS TRUSTEE	5.00	X						0	0	0
(5) JOHN J. ALLEN, JR. TRUSTEE	5.00	X						0	0	0
(6) BARRY GRANGER TRUSTEE	5.00	X						0	0	0
(7) MARK A. TURNER TRUSTEE	5.00	X						0	0	0
(8) CHARLES MCDOWELL TRUSTEE	5.00	X						0	0	0
(9) WESLEY PERKINS TRUSTEE	5.00	X						0	0	0
(10) BENNIE SMITH TRUSTEE	5.00	X						0	0	0
(11) JAMES STEWART TRUSTEE	5.00	X						0	0	0
(12) CALVIN T. WILSON, II TRUSTEE	5.00	X						0	0	0
(13) RICHARD BARROS TRUSTEE	5.00	X						0	0	0
(14) LEROY TICE TRUSTEE	5.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) LOIS HOBBS ----- TRUSTEE	5.00	X					0	0	0	
(16) ROBERT BUCCINI ----- TRUSTEE	5.00	X					0	0	0	
(17) HARRY WILLIAMS ----- PRESIDENT	60.00			X			353,812.	0	91,730.	
(18) KEMAL ATKINS ----- VP STUDENT AFFAIRS	60.00			X			175,789.	0	56,661.	
(19) NOUREDDINE MELIKECHI ----- VP RESEARCH/DEAN	60.00			X			188,005.	0	57,004.	
(20) ALTON THOMPSON ----- PROVOST	60.00			X			243,347.	0	55,617.	
(21) CAROLYN CURRY ----- VP UNIVERSITY ADVANCEMENT	60.00			X			234,186.	0	46,467.	
(22) AMIR MOHAMMADI ----- EXECUTIVE VP/TREASURER	55.00 5.00			X			200,494.	0	66,119.	
(23) GREGORY JACKSON ----- HEAD BASKETBALL COACH - MENS	60.00					X	253,628.	0	71,314.	
(24) BRADLEY SKELCHER ----- ASSOC. PROVOST	60.00					X	168,031.	0	49,443.	
(25) THOMAS P. PRESTON ----- GENERAL COUNSEL	60.00					X	172,054.	0	41,306.	
1b Sub-total							0	0	0	
c Total from continuation sheets to Part VII, Section A							2,332,986.	0	642,745.	
d Total (add lines 1b and 1c)							2,332,986.	0	642,745.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 59

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 4		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 21

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	71,500.					
	d Related organizations	1d						
	e Government grants (contributions) . .	1e	71,396,916.					
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	87,940.					
	g Noncash contributions included in lines 1a-1f: \$		4,340,000.					
	h Total. Add lines 1a-1f			71,556,356.				
	Program Service Revenue	Business Code						
2a TUITION AND FEES			900099	49,121,388.	49,121,388.			
b ROOM AND BOARD			611710	19,164,920.	19,164,920.			
c SALES/SERVICES OF EDUCATIONAL DEPARTMENT			611710	228,987.	228,987.			
d ATHLETICS			611710	2,267,032.	2,267,032.			
e COMMISSIONS (FOOD SERVICE AND BOOKSTORE)			611710	507,965.		507,965.		
f All other program service revenue				1,795,173.	1,795,173.			
g Total. Add lines 2a-2f				73,085,465.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			579,599.			579,599.	
	4 Income from investment of tax-exempt bond proceeds . . .			0				
	5 Royalties			0				
	6a Gross rents	(i) Real	3,480.					
		(ii) Personal						
		b Less: rental expenses						
		c Rental income or (loss)		3,480.				
	d Net rental income or (loss)				3,480.		3,480.	
	7a Gross amount from sales of assets other than inventory	(i) Securities	6,317,910.					
		(ii) Other						
		b Less: cost or other basis and sales expenses		6,200,360.				
		c Gain or (loss)		117,550.				
	d Net gain or (loss)				117,550.		117,550.	
	8a Gross income from fundraising events (not including \$ 71,500. of contributions reported on line 1c). See Part IV, line 18	a		35,784.				
		b Less: direct expenses	b		33,442.			
c Net income or (loss) from fundraising events					2,342.		2,342.	
9a Gross income from gaming activities. See Part IV, line 19	a							
	b Less: direct expenses	b						
	c Net income or (loss) from gaming activities				0			
10a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold	b						
	c Net income or (loss) from sales of inventory				0			
Miscellaneous Revenue			Business Code					
11a CONFERENCES AND EVENTS - ROOM RENTAL			900099	70,896.			70,896.	
	b SECURITY - PARKING FINES, STICKERS AND		900099	277,325.			277,325.	
	c DSUSHF MANAGEMENT FEE		900099	154,124.			154,124.	
	d All other revenue		900099	1,106,605.	1,106,605.			
	e Total. Add lines 11a-11d			1,608,950.				
12 Total revenue. See instructions			146,953,742.	73,684,105.		1,713,281.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response to any question in this Part IX

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) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	1,211,718.	1,211,718.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	22,728,042.	22,728,042.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	2,410,279.	969,741.	1,205,422.	235,116.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	50,010,196.	42,891,968.	5,539,868.	1,578,360.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,695,546.	6,561,550.	820,554.	313,442.
9 Other employee benefits	10,401,047.	8,532,827.	1,593,593.	274,627.
10 Payroll taxes	0			
11 Fees for services (non-employees):				
a Management	1,521,227.		1,521,227.	
b Legal	248,624.		248,624.	
c Accounting	326,551.		326,551.	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	84,721.		84,721.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0			
12 Advertising and promotion	361,275.		86,676.	274,599.
13 Office expenses	2,032,172.	1,423,313.	319,400.	289,459.
14 Information technology	4,949,830.	1,412,367.	3,492,180.	45,283.
15 Royalties	0			
16 Occupancy	0			
17 Travel	3,132,674.	2,895,978.	192,662.	44,034.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	450,821.	400,265.	39,038.	11,518.
20 Interest	3,833,659.	3,833,659.		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	9,481,725.	9,481,725.		
23 Insurance	1,003,833.	183,199.	820,634.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CONSTRUCTION -----	2,438,466.	2,438,466.		
b FOOD SERVICE -----	5,145,383.	4,939,963.	168,788.	36,632.
c INSTRUCTIONAL SUPPLIES -----	3,998,437.	3,998,437.		
d OTHER CONTRACTUAL SERVICES -----	4,618,787.	4,370,767.	248,020.	
e All other expenses -----	7,234,464.	6,433,992.	717,723.	82,749.
25 Total functional expenses. Add lines 1 through 24e	145,319,477.	124,707,977.	17,425,681.	3,185,819.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	20,988,168.	1	18,336,842.	
	2 Savings and temporary cash investments	17,592,148.	2	16,525,976.	
	3 Pledges and grants receivable, net	6,025,389.	3	9,101,218.	
	4 Accounts receivable, net	2,954,970.	4	2,570,259.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0	
	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) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0	
	7 Notes and loans receivable, net	1,895,320.	7	3,075,604.	
	8 Inventories for sale or use	0	8	0	
	9 Prepaid expenses and deferred charges	0	9	0	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 305,912,418.			
	b Less: accumulated depreciation	10b 100,676,313.	202,986,375.	10c	205,236,105.
	11 Investments - publicly traded securities	9,751,418.	11	10,989,611.	
	12 Investments - other securities. See Part IV, line 11	9,525,714.	12	5,943,412.	
	13 Investments - program-related. See Part IV, line 11	0	13	0	
	14 Intangible assets	0	14	0	
	15 Other assets. See Part IV, line 11	1,803,335.	15	1,431,490.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	273,522,837.	16	273,210,517.		
Liabilities	17 Accounts payable and accrued expenses	15,075,103.	17	13,626,060.	
	18 Grants payable	0	18	0	
	19 Deferred revenue	1,987,666.	19	2,524,295.	
	20 Tax-exempt bond liabilities	97,046,487.	20	95,797,956.	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0	
	23 Secured mortgages and notes payable to unrelated third parties	680,274.	23	633,937.	
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	7,090,056.	25	6,869,341.	
	26 Total liabilities. Add lines 17 through 25	121,879,586.	26	119,451,589.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	151,643,251.	27	153,758,928.	
	28 Temporarily restricted net assets	0	28	0	
	29 Permanently restricted net assets	0	29	0	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	151,643,251.	33	153,758,928.	
	34 Total liabilities and net assets/fund balances	273,522,837.	34	273,210,517.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	146,953,742.
2	Total expenses (must equal Part IX, column (A), line 25)	2	145,319,477.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,634,265.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	151,643,251.
5	Net unrealized gains (losses) on investments	5	481,412.
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	153,758,928.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization DELAWARE STATE UNIVERSITY	Employer identification number 51-0305893
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)

10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.

11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a Type I b Type II c Type III-Functionally integrated d Type III-Non-functionally integrated

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2012; 15 Public support percentage from 2011 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2012; b 33 1/3% support test - 2011; 17a 10%-facts-and-circumstances test - 2012; b 10%-facts-and-circumstances test - 2011; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2012, 2011. Row 15: Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2011 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2012, 2011. Row 17: Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2011 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

19b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization: DELAWARE STATE UNIVERSITY; Employer identification number: 51-0305893

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for totals, 5-6 for questions about donor advisement.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply). 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution... Table with 2 columns: Held at the End of the Tax Year. Rows 2a-2d for totals.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

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Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other RARE COLLECTIONS BOOKS/SPECIMENS

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	9,696,046.	9,077,391.	8,039,062.	7,377,259.	7,176,905.
b Contributions	100,000.	10,000.	100,000.	150,000.	100,000.
c Net investment earnings, gains, and losses	1,106,466.	561,689.	991,422.	556,197.	122,789.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	66,958.	43,034.	53,093.	44,394.	22,435.
g End of year balance	10,835,554.	9,606,046.	9,077,391.	8,039,062.	7,377,259.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 59.0000 %
- b Permanent endowment %
- c Temporarily restricted endowment 41.0000 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations		X
(ii) related organizations	X	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	X	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,482,297.		3,482,297.
b Buildings		224,137,441.	65,638,644.	158,498,797.
c Leasehold improvements				
d Equipment		38,798,508.	26,015,222.	12,783,286.
e Other		39,494,172.	9,022,447.	30,471,725.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				205,236,105.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
(I) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
(10) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
(10) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) COMPENSATED ABSENCES	6,148,931.
(3) ACCRUED LIABILITY	720,410.
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
(10) _____	
(11) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	6,869,341.

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements		1	124,707,112.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a 481,412.		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d -22,728,042.		
e	Add lines 2a through 2d		2e	-22,246,630.
3	Subtract line 2e from line 1		3	146,953,742.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	146,953,742.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements		1	122,591,435.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	122,591,435.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b 22,728,042.		
c	Add lines 4a and 4b		4c	22,728,042.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	145,319,477.

Part XIII Supplemental Information

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

SEE PAGE 5

Part XIII Supplemental Information (continued)

CONSERVATION EASEMENTS

SCHEDULE D, PART II, LINE 9

THE ORGANIZATION DOES NOT REPORT ITS CONSERVATION EASEMENTS IN ITS REVENUE AND EXPENSE STATEMENT OR ITS BALANCE SHEET. ADDITIONALLY, THERE IS NO FOOTNOTE IN THE ORGANIZATION'S FINANCIAL STATEMENTS DESCRIBING THE FACT THAT THERE IS NO ACCOUNTING FOR SUCH EASEMENTS.

DESCRIPTION OF ORGANIZATION'S COLLECTIONS

SCHEDULE D, PART III, LINE 4

THE UNIVERSITY HOLDS A RARE COLLECTION OF BOOKS AND SPECIMENS THAT IT HAS OWNED FOR OVER 100 YEARS. IN ADDITION, SEVERAL BUILDINGS ON THE UNIVERSITY'S CAMPUS HAVE BEEN RECOGNIZED AS HISTORICAL SITES IN THE HISTORICAL REGISTRY. IN 1723, NICHOLAS LOCKERMAN PURCHASED 600 ACRES OF LAND KNOWN AS "THE RANGE." FOLLOWING HIS DEATH IN 1771, THE PROPERTY PASSED TO HIS GRANDSON, VINCENT LOCKERMAN JUNIOR. EVIDENCE SUGGESTS THAT HE BUILT THE GEORGIAN-STYLE MANSION KNOWN TODAY AS LOCKERMAN HALL SOON AFTER INHERITING THE PROPERTY.

ON AUGUST 24, 1891, 95 ACRES OF THE OLD PLANTATION WHERE SLAVES HAD ONCE TOILED WERE PURCHASED FOR THE PURPOSE OF ESTABLISHING THE "DELAWARE COLLEGE FOR COLORED STUDENTS." LOCKERMAN HALL BECAME THE CENTER OF THE CAMPUS, SERVING VARIOUSLY AS A DORMITORY, CLASSROOM, AND ADMINISTRATION BUILDING. IN 1971, THE STRUCTURE WAS PLACED ON THE NATIONAL REGISTER OF HISTORIC PLACES BY THE NATIONAL PARK SERVICE.

**SCHEDULE E
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Schools

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

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

DELAWARE STATE UNIVERSITY

Employer identification number

51-0305893

Part I

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

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

Schedule E (Form 990 or 990-EZ) (2012)

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

PUBLICATION OF RACIALLY NONDISCRIMINATORY POLICY

SCHEDULE E, PART I, LINE 3

ALL MEDIA ADVERTISING AND BROCHURES ISSUED BY THE UNIVERSITY CONTAIN A STATEMENT OF THE UNIVERSITY'S NON-DISCRIMINATION POLICY. IN ADDITION, THE POLICY IS PROVIDED ON THE UNIVERSITY'S WEBSITE.

GOVERNMENT ASSISTANCE

SCHEDULE E, PART I, LINE 6A

THE UNIVERSITY PARTICIPATES IN FEDERALLY FUNDED PELL GRANTS, SEOG GRANTS, FEDERAL WORK-STUDY, AND PERKINS LOAN PROGRAMS. FEDERAL PROGRAMS ARE AUDITED IN ACCORDANCE WITH THE SINGLE AUDIT ACT AMENDMENTS OF 1996, THE U.S. OFFICE OF MANAGEMENT AND BUDGET REVISED CIRCULAR A-133, AUDIT OF STATES, LOCAL GOVERNMENTS AND NON-PROFIT ORGANIZATIONS, AND THE COMPLIANCE SUPPLEMENT.

Part II Fundraising Events. Complete if the organization answered "Yes" to 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
		RACE WEEKEND (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	107,284.			107,284.
	2 Less: Contributions	71,500.			71,500.
	3 Gross income (line 1 minus line 2)	35,784.			35,784.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	3,922.			3,922.
	7 Food and beverages	1,480.			1,480.
	8 Entertainment				
	9 Other direct expenses	28,040.			28,040.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(33,442.)
11 Net income summary. Combine line 3, column (d), and line 10 ▶				2,342.	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				()
	8 Net gaming income summary. Combine line 1, column d, and line 7 ▶				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address 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:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

DELAWARE STATE UNIVERSITY

Employer identification number

51-0305893

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	DELAWARE AERO SPACE EDUC FOUN 5 ESSEX DRIVE BEAR, DE 19701	51-0325362	503(C)(3)	19,830.				EDUCATION
(2)	LOS ALAMOS NATIONAL SECURITY PO BOX 1663 MS P245 LOS ALAMOS, NM 87545	20-3104541	N/A	40,527.				EDUCATION
(3)	MISSISSIPPI STATE UNIVERSITY PO BOX 5227 MISSISSIPPI STATE, MS 39762	64-6000819	GOVERNMENT	7,817.				EDUCATION
(4)	NORTH CAROLINA CENTRAL UNIVERSITY 1801 FAYETTEVILLE STREET	56-6000730	503(C)(3)	62,283.				EDUCATION
(5)	VIRGINIA STATE UNIVERSITY ROOM 317, VIRGINIA HALL	54-6001811	503(C)(3)	17,153.				EDUCATION
(6)	NORTHWESTERN UNIVERSITY 633 CLARK STREET EVANSTON, IL 60208	36-2167817	503(C)(3)	47,889.				EDUCATION
(7)	PENNSYLVANIA STATE UNIV 227 W BEAVER AVE., STE 401	24-6000376	503(C)(3)	107,448.				EDUCATION
(8)	THE UNIV OF TEXAS AT ARLINGTON 219 W MAIN ST. ARLINGTON, TX 76019	75-6000121	GOVERNMENT	19,814.				EDUCATION
(9)	UNIV OF ARKANSAS AT PINE BLUF 1200 N UNIVERSITY DR PINE BLUF, AR 71601	71-6010030	GOVERNMENT	84,907.				EDUCATION
(10)	UNIVERSITY OF PA PO BOX 7777 PHILADELPHIA, PA 19175	23-1352685	503(C)(3)	24,051.				EDUCATION
(11)	VASSAR COLLEGE 124 RAYMOND DR., PO BOX 12	14-1338587	503(C)(3)	11,747.				EDUCATION
(12)	UNIVERSITY OF DELAWARE 700 PILOTTOWN RD. LEWES, DE 19958	51-6000297	503(C)(3)	718,824.				EDUCATION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ -----

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

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

Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

DELAWARE STATE UNIVERSITY

Employer identification number

51-0305893

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	WEST MICHIGAN UNIVERSIT DIVERSITY IN MENTORING KALAMAZOO, MI 49008	38-6007327	503(C)(3)	17,584.				EDUCATION
(2)	YESHIVA UNIVERSITY 1300 MORRIS PARK AVE BRONX, NY 10461	13-1624225	503(C)(3)	15,795.				EDUCATION
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 13.

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

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

Schedule I (Form 990) (2012)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SCHOLARSHIPS	2,530.	22,728,042.			
2					
3					
4					
5					
6					
7					

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

PROCEDURE FOR MONITORING USE OF GRANT FUNDS INSIDE U.S.

SCHEDULE I, PART I, LINE 2

SCHOLARSHIPS ARE AWARDED BASED UPON MERIT OR FINANCIAL NEED. STUDENTS APPLY FOR INDIVIDUAL SCHOLARSHIPS THROUGH THE OFFICE OF INSTITUTIONAL ADVANCEMENT AND ARE AWARDED BASED UPON THE CRITERIA FOR EACH INDIVIDUAL SCHOLARSHIP - THEY ARE AWARDED BY A COMMITTEE. ATHLETIC SCHOLARSHIPS ARE AWARDED DURING THE RECRUITMENT PROCESS AND ARE AWARDED BASED UPON MERIT. FRESHMEN ENROLLMENT SCHOLARSHIPS ARE OFFERED TO INCOMING FRESHMEN BASED UPON THEIR INDIVIDUAL HIGH SCHOOL PERFORMANCE, SAT SCORES AND FINANCIAL NEEDS. THE UNIVERSITY PROVIDES SCHOLARSHIPS TO STUDENTS MATRICULATING AT

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

THE COLLEGE; THEREFORE, ALL FUNDS GRANTED ARE USED TO DEFRAY THE COST OF
TUITION AND NO FURTHER MONITORING OF THE GRANTS IS REQUIRED.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

DELAWARE STATE UNIVERSITY

Employer identification number

51-0305893

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2012

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 HARRY WILLIAMS PRESIDENT	(i)	265,452.	55,000.	33,360.	71,128.	20,602.	445,542.	0
	(ii)	0	0	0	0	0	0	0
2 KEMAL ATKINS VP STUDENT AFFAIRS	(i)	175,549.	0	240.	35,984.	20,677.	232,450.	0
	(ii)	0	0	0	0	0	0	0
3 NOUREDDINE MELIKECHI VP RESEARCH/DEAN	(i)	178,453.	0	9,552.	37,847.	19,157.	245,009.	0
	(ii)	0	0	0	0	0	0	0
4 ALTON THOMPSON PROVOST	(i)	218,347.	25,000.	0	48,189.	7,428.	298,964.	0
	(ii)	0	0	0	0	0	0	0
5 CAROLYN CURRY VP UNIVERSITY ADVANCEMENT	(i)	195,670.	25,000.	13,516.	46,002.	465.	280,653.	0
	(ii)	0	0	0	0	0	0	0
6 AMIR MOHAMMADI EXECUTIVE VP/TREASURER	(i)	187,310.	0	13,184.	42,165.	23,954.	266,613.	0
	(ii)	0	0	0	0	0	0	0
7 GREGORY JACKSON HEAD BASKETBALL COACH - MENS	(i)	216,576.	36,500.	552.	50,828.	20,486.	324,942.	0
	(ii)	0	0	0	0	0	0	0
8 BRADLEY SKELCHER ASSOC. PROVOST	(i)	166,999.	0	1,032.	33,769.	15,674.	217,474.	0
	(ii)	0	0	0	0	0	0	0
9 THOMAS P. PRESTON GENERAL COUNSEL	(i)	171,165.	0	889.	33,985.	7,321.	213,360.	0
	(ii)	0	0	0	0	0	0	0
10 KERMIT W. BLOUNT HEAD FOOTBALL COACH	(i)	177,704.	0	552.	35,984.	19,518.	233,758.	0
	(ii)	0	0	0	0	0	0	0
11 ERIC KMIEC CHEMISTRY DEPT. CHAIR	(i)	164,954.	0	430.	33,735.	17,847.	216,966.	0
	(ii)	0	0	0	0	0	0	0
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

GENERAL NOTE

SCHEDULE J

ALL COMPENSATION REPORTED ON PART VII AND SCHEDULE J OF THE FORM 990

REPRESENT AMOUNTS PAID BY THE STATE OF DELAWARE.

HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE

SCHEDULE J, PART I, LINE 1A

THE PRESIDENT, AS PART OF HIS BENEFIT PACKAGES, RESIDES IN A

UNIVERSITY-OWNED PROPERTY THAT IS LOCATED ON THE UNIVERSITY'S PREMISES.

THE PRESIDENT IS REQUIRED TO ACCEPT THIS HOUSING AS A CONDITION OF

EMPLOYMENT AND FOR THE CONVENIENCE OF THE UNIVERSITY. THE UNIVERSITY,

LIKewise, PROVIDED PERSONAL SERVICES TO THE PRESIDENT THAT ARE ANCILLARY

TO THE BENEFITS HE RECEIVES WITH THE HOUSING PACKAGE. THE PRESIDENT HAS

A "DISCRETIONARY SPENDING ACCOUNT." HOWEVER, THE EXPENDITURES ARE

RELATED TO USUAL UNIVERSITY EXPENDITURES - THEY ARE NOT PERSONAL IN

NATURE.

Part III Supplemental Information

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

PERSONAL SERVICES (E.G., MAID, CHAUFFEUR, CHEF)

SCHEDULE J, PART I, LINE 1A

PRESIDENT IS PROVIDED A CHAUFFEUR.

NON-FIXED PAYMENTS

SCHEDULE J, PART I, LINE 7

BONUSES PAID ARE BASED ON A NUMBER OF VARIABLES INCLUDING BUT NOT LIMITED TO INDIVIDUAL GOAL ACHIEVEMENTS AS WELL AS OPERATION ACHIEVEMENTS. THE FINAL DETERMINATION OF THE PRESIDENT'S BONUS AMOUNT IS DETERMINED AND APPROVED BY THE BOARD AS PART OF THE COMPENSATION REVIEW.

**SCHEDULE K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2012

**Open to Public
Inspection**

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

▶ **Attach to Form 990.** ▶ **See separate instructions.**

Department of the Treasury
Internal Revenue Service

Name of the organization
DELAWARE STATE UNIVERSITY

Employer identification number
51-0305893

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A DELAWARE ECONOMIC DEVELOPMENT AUTHORITY	51-0269736	246387NG5	12/20/2007	47,580,000.	WELLNESS CTR,MLK CTR,SWIMMING POOL		X		X		X
B DELAWARE ECONOMIC DEVELOPMENT AUTHORITY	51-0269736	246387NG5	03/01/2012	32,145,000.	PAY:1999 BOND,PURCH UNIV. VILLAGE		X		X		X
C											
D											

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue	47,431,098.		34,010,368.					
4 Gross proceeds in reserve funds	3,479,175.		1,838,568.					
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	461,537.		442,261.					
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds	43,490,386.							
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion	2009		2012					
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X	X					
15 Were the bonds issued as part of an advance refunding issue?		X		X				
16 Has the final allocation of proceeds been made?	X		X					
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

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

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

Schedule K (Form 990) 2012

Part III Private Business Use (Continued)	TAX-EXEMPT BOND LIABILITIES							
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X					
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	4.6000 %							
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5	4.6000 %							
7 Does the bond issue meet the private security or payment test?	X		X					
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

Part IV Arbitrage	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T?		X		X				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X	X					
b Exception to rebate?	X			X				
c No rebate due?		X		X				
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X				
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part VI **Supplemental Information.** Complete this part to provide additional information for responses to questions on Schedule K (see instructions) *(Continued)*

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

▶ **Attach to Form 990.**

OMB No. 1545-0047

2012

**Open To Public
Inspection**

Name of the organization

DELAWARE STATE UNIVERSITY

Employer identification number

51-0305893

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial	X	1.	4,340,000.	WRITTEN APPRAISAL
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2012)

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

DELAWARE STATE UNIVERSITY

Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.**

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Employer identification number

51-0305893

SUMMARY

FORM 990, PART I, LINE 5

DELAWARE STATE UNIVERSITY IS A STATE UNIVERSITY; AS SUCH, THE UNIVERSITY'S EMPLOYEES DO NOT RECEIVE THEIR W-2S FROM THE UNIVERSITY, BUT FROM THE STATE OF DELAWARE. ACCORDINGLY, DELAWARE STATE DOES NOT FILE A FORM W-3 WITH THE INTERNAL REVENUE SERVICE. THE UNIVERSITY ESTIMATES THAT IT HAS APPROXIMATELY 888 STAFF AND FACULTY CURRENTLY EMPLOYED BY THE STATE OF DELAWARE.

DELEGATION OF AUTHORITY

FORM 990, PART VI, LINE 7

THE GOVERNOR OF THE STATE OF DELAWARE MAY APPOINT MEMBERS TO THE BOARD OF DIRECTORS. SEVEN GOVERNOR-APPOINTED MEMBERS ARE CURRENTLY SITTING ON THE BOARD. THE GOVERNOR IS, LIKEWISE, TREATED AS AN EX-OFFICIO MEMBER OF THE BOARD, EVEN THOUGH HE IS NOT REPORTED ON PART VII OF THE FORM 990.

FORM 990 REVIEW PROCESS

FORM 990, PART VI, LINE 11B

THE ORGANIZATION'S FORM 990 WAS PREPARED BY AN INTERNATIONAL PUBLIC ACCOUNTING FIRM IN CONJUNCTION WITH THE DELAWARE STATE UNIVERSITY FINANCIAL DEPARTMENT. A COPY OF THE DRAFT FORM 990 WAS MADE AVAILABLE TO THE BOARD OF DIRECTORS FOR THEIR REVIEW.

CONFLICT OF INTEREST POLICY MONITORING & ENFORCEMENT

Name of the organization DELAWARE STATE UNIVERSITY	Employer identification number 51-0305893
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FORM 990, PART VI, LINE 12C

THE UNIVERSITY REQUIRES DISCLOSURE FROM OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES ON A CONTINUOUS BASIS. AT ANY TIME THAT A RELATIONSHIP IS ENTERED INTO, THE MEMBER IS REQUIRED TO INFORM THE CHAIRMAN OF THE BOARD OF TRUSTEES TO DETERMINE WHETHER A CONFLICT EXISTS. CURRENTLY, DISCUSSIONS CONCERNING CONFLICTS ARE INFORMALLY HELD DURING THE TERM OF THE MEMBERS. ON 5/1/2010, THE UNIVERSITY IMPLEMENTED THAT A RECERTIFICATION STATEMENT BE UPDATED ON AN ANNUAL BASIS.

PROCESS FOR DETERMINING COMPENSATION

FORM 990, PART VI, LINE 15A

DELAWARE STATE UNIVERSITY UNDERTAKES A THOROUGH PROCESS TO DETERMINE EXECUTIVE COMPENSATION FOR THE PRESIDENT. THIS PROCESS INCLUDES EACH BOARD OF TRUSTEE MEMBER SPECIFICALLY DISCUSSING THE PRESIDENT'S PERFORMANCE IN A SPECIAL ANNUAL MEETING. EVIDENCE SUPPORTS COMPENSATION ALONG WITH CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATIONS AND DECISION MADE BY THE BOARD OF TRUSTEES.

HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC

FORM 990, PART VI, LINE 19

THE UNIVERSITY MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC BY RETAINING A COPY AT ITS PLACE OF BUSINESS. THE FORM 990 IS LIKEWISE PUBLISHED ON THE INTERNET AT WWW.GUIDESTAR.ORG. THE UNIVERSITY'S FINANCIAL STATEMENTS ARE PUBLISHED ON THE UNIVERSITY'S WEBSITE. THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT ORDINARILY MADE AVAILABLE TO THE PUBLIC, BUT, IF REQUESTED, WILL BE PROVIDED AT MANAGEMENT'S DISCRETION.

Name of the organization DELAWARE STATE UNIVERSITY	Employer identification number 51-0305893
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ATTACHMENT 1FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

MISSION: DELAWARE STATE UNIVERSITY IS A PUBLIC, COMPREHENSIVE, 1890 LAND-GRANT INSTITUTION THAT OFFERS ACCESS AND OPPORTUNITY TO DIVERSE POPULATIONS FROM DELAWARE, THE NATION, AND THE WORLD. BUILDING ON ITS HERITAGE AS A HISTORICALLY BLACK COLLEGE, THE UNIVERSITY PURPOSEFULLY INTEGRATES THE HIGHEST STANDARDS OF EXCELLENCE IN TEACHING, RESEARCH, AND SERVICE IN ITS BACCALAUREATE, MASTER'S AND DOCTORAL PROGRAMS. ITS COMMITMENT TO ADVANCE SCIENCE, TECHNOLOGY, LIBERAL ARTS, AND THE PROFESSIONS PRODUCES CAPABLE AND PRODUCTIVE LEADERS WHO CONTRIBUTE TO THE SUSTAINABILITY AND ECONOMIC DEVELOPMENT OF THE GLOBAL COMMUNITY.

VISION STATEMENT:

AS ONE OF AMERICA'S MOST HIGHLY RESPECTED HISTORICALLY BLACK COLLEGES AND UNIVERSITIES, DELAWARE STATE UNIVERSITY WILL BE RENOWNED FOR A STANDARD OF ACADEMIC EXCELLENCE THAT PREPARES OUR GRADUATES TO BECOME THE FIRST CHOICE OF EMPLOYERS IN A GLOBAL MARKET AND INVIGORATES THE ECONOMY AND THE CULTURE OF DELAWARE AND THE MID-ATLANTIC REGION.

CORE VALUES:

- COMMUNITY
- INTEGRITY
- DIVERSITY
- SCHOLARSHIP
- OUTREACH

ATTACHMENT 2

Name of the organization DELAWARE STATE UNIVERSITY	Employer identification number 51-0305893
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ATTACHMENT 2 (CONT'D)FORM 990, PART III - PROGRAM SERVICE, LINE 4A

DELAWARE STATE UNIVERSITY IS A PREEMINENT INSTITUTION OF HIGHER LEARNING THAT PROVIDES A LIBERAL ARTS EDUCATION. SOME STATISTICS ABOUT THE UNIVERSITY, AT A GLANCE: 52 UNDERGRADUATE DEGREE PROGRAMS, 25 MASTER'S DEGREE PROGRAMS AND FIVE DOCTORAL DEGREE PROGRAMS

ACCREDITED BY THE COMMISSION ON HIGHER EDUCATION OF THE MIDDLE STATES ASSOCIATION OF COLLEGES AND SCHOOLS, AS WELL AS BY SEVEN SPECIALIZED ACADEMIC ACCREDITING AGENCIES

WILLIAM C. JASON LIBRARY INCLUDES A COLLECTION OF 332,787 PRINTED VOLUMES AND A TOTAL HOLDING OF MORE THAN 531,100 PUBLICATIONS
FACULTY PROFILE

- 215 FACULTY MEMBERS WITHIN
- 21 ACADEMIC DEPARTMENTS
- 196 FACULTY MEMBERS POSSESS A PHD OR A TERMINAL DEGREE (TERMINAL MASTER'S OF FLIGHT CAPTAIN)
- STUDENT-TO-FACULTY RATIO IS 14:1

TOTAL ENROLLMENT: 4,425

- 86% FULL-TIME
- 14% PART-TIME
- 50% LIVE ON CAMPUS
- 50% COMMUTE
- 54% IN-STATE

Name of the organization DELAWARE STATE UNIVERSITY	Employer identification number 51-0305893
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ATTACHMENT 2 (CONT'D)

-46% OUT-OF-STATE

MOST POPULAR UNDERGRADUATE MAJORS:

BUSINESS ADMINISTRATION

PSYCHOLOGY

SPORT SCIENCES

COMMUNICATION, JOURNALISM AND RELATED PROGRAMS

HEALTH PROFESSIONS AND RELATED PROGRAMS

ATTACHMENT 3FORM 990, PART III - PROGRAM SERVICE, LINE 4B

THE MISSION OF THE OFFICE OF THE ASSOCIATE PROVOST FOR RESEARCH (OAPR) IS "TO PROVIDE TO THOSE INDIVIDUALS WHO ARE ADMITTED QUALITY RESEARCH OPPORTUNITIES AND EXPERIENCES THAT ARE CONSISTENT WITH THE OVERALL UNIVERSITY COMMITMENT." THE RESEARCH DIVISION IS ALSO RESPONSIBLE FOR MAINTAINING AN INFRASTRUCTURE WITHIN A SUPPORTIVE ENVIRONMENT THAT ENCOURAGES BOTH FACULTY AND STUDENTS TO PRODUCE RESEARCH WITH RESULTS THAT ARE MAKING OUR WORLD BETTER EVERY DAY.

PRESTIGIOUS RESEARCH PROJECTS UNDERWAY BY DSU FACULTY MEMBERS SERVE TO ENHANCE DSU'S LAND-GRANT MISSION AND ITS CONTRIBUTIONS TO THE NATION'S RESEARCH EFFORTS.

DSU WAS AWARDED A \$10.5 MILLION RESEARCH GRANT THAT WILL FUND THE

Name of the organization DELAWARE STATE UNIVERSITY	Employer identification number 51-0305893
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ATTACHMENT 3 (CONT'D)

ESTABLISHMENT OF THE DELAWARE CENTER FOR NEUROSCIENCE RESEARCH. A
NEW STATE-OF-THE ART OPTICAL SCIENCE CENTER FOR APPLIED RESEARCH
(OSCAR) WILL BE THE NEW HOME FOR THE UNIVERSITY'S PROLIFIC OPTICS
PROGRAM.

THE NATIONAL SCIENCE FOUNDATION'S (NSF) CENTER FOR RESEARCH
EXCELLENCE IN SCIENCE AND TECHNOLOGY HAS AWARDED DSU A FIVE-YEAR
\$5 MILLION GRANT IN SUPPORT OF THE SCHOOL'S OPTICS PROGRAM.

ATTACHMENT 4990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
ARAMARK CORPORATION P O BOX 7548 PHILADELPHIA, PA 19101	FOOD SERVICE	4,784,675.
ELLUCIAN COMPANY LP 14083 COLLECTIONS CENTER DR CHICAGO, IL 60693	IT	3,202,685.
EMORY HILL AND COMPANY 10 CORPORATE CIRCLE, STE. 100 NEW CASTLE, DE 19720	CONSTRUCTION	732,484.
WASTE MANAGEMENT OF DE P O BOX 3495 WILMINGTON, DE 19804	TRASH SERVICE	532,479.
THOMPSON HOSPITALITY 505 HUNTMAR PARK DR., STE. 350 HERDON, VA 20170	FOOD SERVICE	502,352.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Name of the organization

DELAWARE STATE UNIVERSITY

Employer identification number

51-0305893

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) DELAWARE STATE UNIVERSITY FOUNDATION 20-1372435 1200 NORTH DUPONT HIGHWAY DOVER, DE 19901	FUNDRAISING	DE	501(C)(3)	11	DE ST. UNIV.	X	
(2) DELAWARE STATE UNIV. HOUSING FOUNDATION 31-1755006 1200 NORTH DUPONT HIGHWAY DOVER, DE 19901	HOUSING	DE	501(C)(3)	11	DE ST. UNIV.	X	
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

Schedule R (Form 990) 2012

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) -----									
(2) -----									
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to 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?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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 other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) DELAWARE STATE UNIVERSITY FOUNDATION	C	1,128,250.	FMV
(2) DELAWARE STATE UNIV. HOUSING FOUNDATION	P	184,760.	FMV
(3)			
(4)			
(5)			
(6)			

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	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													
(2) -----													
(3) -----													
(4) -----													
(5) -----													
(6) -----													
(7) -----													
(8) -----													
(9) -----													
(10) -----													
(11) -----													
(12) -----													
(13) -----													
(14) -----													
(15) -----													
(16) -----													

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).
