

Shaterra Neely

Subject: RE: 2013 Electronic Return Accepted by the IRS

From: CCH-ReturnNotification@wolterskluwer.com [mailto:CCH-ReturnNotification@wolterskluwer.com]

Sent: Monday, November 17, 2014 8:04 PM

To: Lili Zhang

Subject: 2013 Electronic Return Accepted by the IRS

DELAWARE STATE UNIVERSITY,

You are receiving this e-mail on behalf of SB & Company LLC.

Your electronically filed Exempt federal income tax return for tax year 2013 has been acknowledged as accepted for processing by the IRS on 11/17/2014.

Your return was sent to the Ogden Service Center.

Your SubmissionID is **270375201432103a6e30**.

Do not mail the paper copy of your tax return to the IRS. It is for your use only.

PLEASE DO NOT REPLY TO THIS E-MAIL.

We generate this e-mail automatically from your request to be notified when your return or extension is accepted by the taxing authority. We do not monitor this e-mail address for incoming e-mail traffic. If you need assistance or have a question, please contact the firm preparing this return for you. Thank you.

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2013, or fiscal year beginning JUL 1, 2013, and ending JUN 30, 2014

2013

Department of the Treasury
Internal Revenue Service

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

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo

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.

1a Form 990 check here	▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>146619108</u>
2a Form 990-EZ check here	▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

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 2013 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

I authorize SB & COMPANY, LLC

ERO firm name

to enter my PIN 05893

Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2013 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 2013 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 ▶ *Teresa Hardee*

Date ▶ 11/17/14

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.

27037520721

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 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 ▶ *Monique Boole*

Date ▶ 11/17/14

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

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

2013

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

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

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014**

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		D Employer identification number 51-0305893
	Doing Business As		E Telephone number (302) 857-6200
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	1200 NORTH DUPONT HIGHWAY		G Gross receipts \$ 156,397,228.
	City or town, state or province, country, and ZIP or foreign postal code DOVER, DE 19901		
F Name and address of principal officer: DR. TERESA HARDEE, ED. D SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶	

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.DESU.EDU**

K Form of organization: Corporation Trust Association 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
	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) 3 15
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 15
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 1010
	6 Total number of volunteers (estimate if necessary) 6 15
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
	b Net unrelated business taxable income from Form 990-T, line 34 7b 0.

	Prior Year	Current Year	
8 Contributions and grants (Part VIII, line 1h) 8	71,556,356.	67,480,597.	
9 Program service revenue (Part VIII, line 2g) 9	73,085,465.	72,100,412.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10	697,149.	3,797,741.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11	1,614,772.	3,240,358.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12	146,953,742.	146,619,108.	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13	23,939,760.	25,535,493.	
14 Benefits paid to or for members (Part IX, column (A), line 4) 14	0.	0.	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15	70,517,068.	73,491,106.	
16a Professional fundraising fees (Part IX, column (A), line 11e) 16a	0.	0.	
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,189,571.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17	50,862,649.	49,639,019.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18	145,319,477.	148,665,618.	
19 Revenue less expenses. Subtract line 18 from line 12 19	1,634,265.	-2,046,510.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 20	273,210,517.	273,538,112.
	21 Total liabilities (Part X, line 26) 21	119,451,589.	125,894,211.
	22 Net assets or fund balances. Subtract line 21 from line 20 22	153,758,928.	147,643,901.

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			
	DR. TERESA HARDEE, ED. D., CPA, VICE PRESIDENT				
Paid Preparer Use Only	Print/Type preparer's name MONIQUE BOOKER	Preparer's signature	Date 11/17/14	Check <input type="checkbox"/> if self-employed	PTIN P00644231
	Firm's name ▶ SB & COMPANY, LLC	Firm's address ▶ 200 INTERNATIONAL CIRCLE, SUITE 5500 HUNT VALLEY, MD 21030	Firm's EIN ▶ 20-2153727	Phone no. (410) 584-0060	

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the 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

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 [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 105,525,025. including grants of \$ 24,547,780.) (Revenue \$ 53,945,381.)

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

4b (Code:) (Expenses \$ 12,993,516. including grants of \$ 491,799.) (Revenue \$ 222,101.)

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.

4c (Code:) (Expenses \$ 14,023,200. including grants of \$ 495,914.) (Revenue \$ 20,180,706.)

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 132,541,741.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	X	
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <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	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	X	
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
24c	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
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
25b	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		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):		
28a	a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b	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
28c	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	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
35b	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?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

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 or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	15		
b	Enter the number of voting members included in line 1a, above, who are independent		
	15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 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.
 Own website Another's website Upon request Other (explain in Schedule O)
- 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 - (302)857-6200**
1200 NORTH DUPONT HIGHWAY, DOVER, DE 19901

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 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) DR. CLAIBOURNE D. SMITH CHAIRMAN	15.00	X					0.	0.	0.	
(2) MR. DAVID G. TURNER VICE CHAIRMAN	15.00	X					0.	0.	0.	
(3) THE HONORABLE MICHAEL N. CASTLE TRUSTEE	5.00	X					0.	0.	0.	
(4) MR. JOSE F. ECHEVERRI TRUSTEE	5.00	X					0.	0.	0.	
(5) DR. DEVONA E. WILLIAMS TRUSTEE	5.00	X					0.	0.	0.	
(6) CHARLES S. MCDOWELL, ESQ. TRUSTEE	5.00	X					0.	0.	0.	
(7) MR. BENNIE L. SMITH TRUSTEE	5.00	X					0.	0.	0.	
(8) MR. MARK A. TURNER TRUSTEE	5.00	X					0.	0.	0.	
(9) MR. BARRY M. GRANGER TRUSTEE	5.00	X					0.	0.	0.	
(10) LEROY A. TICE, ESQ. TRUSTEE	5.00	X					0.	0.	0.	
(11) MR. ROBERT E. BUCCINI TRUSTEE	5.00	X					0.	0.	0.	
(12) MR. WESLEY E. PERKINS TRUSTEE	5.00	X					0.	0.	0.	
(13) MR. JAMES STEWART TRUSTEE	5.00	X					0.	0.	0.	
(14) MS. LOIS M. HOBBS TRUSTEE	5.00	X					0.	0.	0.	
(15) MR. JOHN J. ALLEN, JR. TRUSTEE	5.00	X					0.	0.	0.	
(16) HARRY WILLIAMS PRESIDENT	60.00			X			365,602.	0.	78,870.	
(17) KEMAL ATKINS VP STUDENT AFFAIRS	60.00			X			181,783.	0.	42,253.	

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 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			
(18) TERESA HARDEE VP FINANCE AND ADMINISTRATION	55.00 5.00			X				222,100.	0.	48,618.
(19) NOUREDDINE MELIKECHI VP RESEARCH/DEAN	60.00			X				220,024.	0.	48,645.
(20) ALTON THOMPSON PROVOST	60.00			X				245,919.	0.	50,588.
(21) CAROLYN CURRY VP UNIVERSITY ADVANCEMENT	60.00			X				236,293.	0.	50,981.
(22) AMIR MOHAMMADI EXECUTIVE VP/TREASURER	55.00 5.00			X				230,093.	0.	55,123.
(23) THOMAS P PRESTON GENERAL COUNSEL	60.00				X			177,073.	0.	40,225.
(24) BRADLEY SKELCHER ASSOC. PROVOST	60.00				X			177,812.	0.	43,753.
(25) SHELTON P RHODES DEAN	60.00				X			154,829.	0.	30,838.
(26) DYREMPLE B MARSH DEAN	60.00				X			151,728.	0.	37,183.
1b Sub-total								2,363,256.	0.	527,077.
c Total from continuation sheets to Part VII, Section A								895,346.	0.	198,901.
d Total (add lines 1b and 1c)								3,258,602.	0.	725,978.

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 **17**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		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
ARAMARK CORPORATION P O BOX 7548, PHILADELPHIA, PA 19101	FOOD SERVICE	5,180,144.
ELLUCIAN COMPANY, L.P., 14083 COLLECTIONS CENTER DR, CHICAGO, IL 60693	I.T.	2,398,239.
OUTSIDE UNLIMITED SNOW REMOVAL LLC 119 MAPLE LANE, TOUGHKENAMON, PA 19374	SNOW REMOVAL AND LANDSCAPING	807,304.
WHITING-TURNER CONTRACTING CO. 300 E. JOPPA ROAD, BALTIMORE, MD 21286-3048	CONSTRUCTION	763,830.
RICHARD+BAUER ARCHITECTURE, LLC 1545 WEST THOMAS ROAD, PHOENIX, AZ 85015	ARCHITECTURAL	514,854.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **40**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	90,000.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	67,336,125.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	54,472.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		67,480,597.				
	Program Service Revenue	2 a TUITION AND FEES	Business Code	900099	49,098,421.	49,098,421.	
b ROOM & BOARD			611710	20,180,706.	20,180,706.		
c ATHLETICS REVENUE			611710	1,580,824.	1,580,824.		
d COMMISSIONS			611710	359,432.		359,432.	
e SALES AND SERVICES OF EDUCATIONAL			611710	176,190.	176,190.		
f All other program service revenue			611710	704,839.	545,863.	158,976.	
g Total. Add lines 2a-2f				72,100,412.			
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)			2,373,072.		2,373,072.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	3,190.				
		(ii) Personal	0.				
		b Less: rental expenses					
		c Rental income or (loss)		3,190.			
	d Net rental income or (loss)			3,190.		3,190.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	10,944,829.				
		(ii) Other	211,664.				
		b Less: cost or other basis and sales expenses		9,491,993.	239,831.		
		c Gain or (loss)		1,452,836.	-28,167.		
	d Net gain or (loss)			1,424,669.		1,424,669.	
	8 a Gross income from fundraising events (not including \$ 90,000. of contributions reported on line 1c). See Part IV, line 18	a		49,530.			
		b Less: direct expenses		46,296.			
c Net income or (loss) from fundraising events				3,234.		3,234.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a SECURITY		900099	254,596.			254,596.	
	b DSUSHF MANAGEMENT FEE		900099	154,124.		154,124.	
	c CONFERENCES AND EVENTS		900099	59,030.		59,030.	
	d All other revenue		900099	2,766,184.	2,766,184.		
	e Total. Add lines 11a-11d			3,233,934.			
12 Total revenue. See instructions.			146,619,108.	74,348,188.	0.	4,790,323.	

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 or note to any line 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	1,850,672.	1,850,672.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	23,684,821.	23,684,821.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,735,995.	2,231,015.	1,000,407.	504,573.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	50,544,408.	44,137,407.	5,177,655.	1,229,346.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	9,171,041.	7,966,395.	953,967.	250,679.
9 Other employee benefits	10,039,662.	8,515,064.	1,217,268.	307,330.
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management	2,611,445.	1,731,765.	878,700.	980.
b Legal	233,450.	49,915.	183,535.	
c Accounting	262,731.	14,059.	248,672.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	63,871.		63,871.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	2,769,908.	2,711,999.		57,909.
12 Advertising and promotion	356,709.	43,274.	31,495.	281,940.
13 Office expenses	1,270,070.	566,167.	406,706.	297,197.
14 Information technology	3,679,263.	2,927,422.	700,073.	51,768.
15 Royalties				
16 Occupancy	4,112,587.	3,787,437.	322,072.	3,078.
17 Travel	2,851,436.	2,724,279.	106,976.	20,181.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	329,596.	296,133.	31,159.	2,304.
20 Interest	4,580,405.	4,580,405.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	10,791,786.	10,791,786.		
23 Insurance	666,057.	196,662.	469,395.	
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 FOOD SERVICE	5,013,117.	4,830,981.	134,829.	47,307.
b INSTRUCTIONAL SUPPLIES	4,138,119.	3,961,130.	138,933.	38,056.
c CONSTRUCTION	3,991,871.	3,959,921.	31,950.	0.
d REPAIRS AND MAINTENANCE	1,017,789.	129,737.	792,485.	95,567.
e All other expenses	898,809.	853,295.	44,158.	1,356.
25 Total functional expenses. Add lines 1 through 24e	148,665,618.	132,541,741.	12,934,306.	3,189,571.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	18,336,842.	1	6,292,702.	
	2 Savings and temporary cash investments	16,525,976.	2	21,260,754.	
	3 Pledges and grants receivable, net	9,101,218.	3	7,763,008.	
	4 Accounts receivable, net	2,570,259.	4	641,275.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L				6
	7 Notes and loans receivable, net	3,075,604.	7	2,977,159.	
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges		9		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 327,476,404.			
	b Less: accumulated depreciation	10b 111,284,600.	205,236,105.	10c	216,191,804.
	11 Investments - publicly traded securities	10,989,611.	11	12,862,825.	
	12 Investments - other securities. See Part IV, line 11	5,943,412.	12	5,438,432.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	1,431,490.	15	110,153.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	273,210,517.	16	273,538,112.		
Liabilities	17 Accounts payable and accrued expenses	13,626,060.	17	9,607,278.	
	18 Grants payable		18		
	19 Deferred revenue	2,524,295.	19	1,401,202.	
	20 Tax-exempt bond liabilities	95,797,956.	20	94,045,387.	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	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		22		
	23 Secured mortgages and notes payable to unrelated third parties	633,937.	23	586,190.	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	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	6,869,341.	25	20,254,154.	
	26 Total liabilities. Add lines 17 through 25	119,451,589.	26	125,894,211.	
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	153,758,928.	27	136,430,177.	
	28 Temporarily restricted net assets		28	11,213,724.	
	29 Permanently restricted net assets		29		
	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	153,758,928.	33	147,643,901.		
34 Total liabilities and net assets/fund balances	273,210,517.	34	273,538,112.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	146,619,108.
2	Total expenses (must equal Part IX, column (A), line 25)	2	148,665,618.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,046,510.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	153,758,928.
5	Net unrealized gains (losses) on investments	5	-1,766,024.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-2,302,493.
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	147,643,901.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
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:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
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:			
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	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?	X	
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?	X	
3b	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	X	

Form 990 (2013)

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.

OMB No. 1545-0047

2013

Open to Public
Inspection

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

Name of the organization <p align="center">DELAWARE STATE UNIVERSITY</p>	Employer identification number <p align="center">51-0305893</p>
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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	
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2013

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

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
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, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Name of the organization

DELAWARE STATE UNIVERSITY

Employer identification number

51-0305893

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE HOPE PROJECT 625 ORANGE STREET WILMINGTON, DE 19801	\$ 7,560.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ASSOC OF 1890 RESEARCH DIRECTORS 100 CAMPBELL HALL, ROOM 112; TUSKEGEE UNIV TUSKEGEE, AL 36088	\$ 8,944.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	BATTELLE FOR USDOE P O BOX 99 MSID:SEQUI RICHLAND, WA 99352	\$ 22,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	NATIONAL 4H COUNCIL 7100 CONNECTICUT AVE CHEVY CHASE, MD 20815	\$ 5,882.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	VSA ARTS OF DELAWARE 1200 N DUPONT HWY DOVER, DE 19901	\$ 12,703.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	INSTITUTE OF MUSEUM AND LIBRARY SERVICES 1800 M ST NW 9TH FLOOR WASHINGTON, DC 20036-5802	\$ 25,837.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____

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

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2013

Open to Public Inspection

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a <u>2</u>
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c <u>1</u>
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d <u>1</u>

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 0

4 Number of states where property subject to conservation easement is located ▶ 1

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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.

b 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

▶ \$ _____

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/SPECIME

- 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	10,835,554.	9,696,046.	9,077,391.	8,039,062.	7,377,259.
b Contributions	100,000.	100,000.	10,000.	100,000.	150,000.
c Net investment earnings, gains, and losses	1,674,255.	1,106,466.	561,689.	991,422.	556,197.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	26,389.	66,958.	43,034.	53,093.	44,394.
g End of year balance	12,583,420.	10,835,554.	9,606,046.	9,077,391.	8,039,062.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 58.00 %
 - b Permanent endowment %
 - c Temporarily restricted endowment 42.00 %
- 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 | | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input checked="" type="checkbox"/> | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | <input checked="" type="checkbox"/> | |

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. 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		4,322,297.		4,322,297.
b Buildings		249,819,440.	70,799,922.	179,019,518.
c Leasehold improvements				
d Equipment		40,591,409.	29,404,217.	11,187,192.
e Other		32,743,258.	11,080,461.	21,662,797.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				216,191,804.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) COMPENSATED ABSENCES	5,155,592.
(3) DUE TO AFFILIATE	3,671,710.
(4) CAPITAL LEASE PAYABLE	11,426,852.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	20,254,154.

2. Liability for uncertain tax positions. 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.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	121,168,263.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-1,766,024.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-23,684,821.
e	Add lines 2a through 2d	2e	-25,450,845.
3	Subtract line 2e from line 1	3	146,619,108.
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	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	146,619,108.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	124,980,797.
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	0.
3	Subtract line 2e from line 1	3	124,980,797.
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	23,684,821.
c	Add lines 4a and 4b	4c	23,684,821.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	148,665,618.

Part XIII Supplemental Information.

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.

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.

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

Part XIII Supplemental Information (continued)

PASSED TO HIS GRANDSON, VINCENT LOOCKERMAN JUNIOR. EVIDENCE SUGGESTS THAT HE BUILT THE GEORGIAN-STYLE MANSION KNOWN TODAY AS LOOCKERMAN 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." LOOCKERMAN 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.

PART V, LINE 4:

INTENDED USES OF THE UNIVERSITY'S ENDOWMENT FUNDS IS TO OFFER STUDENT SCHOLARSHIPS AND SUPPORT ACADEMIC PROGRAMS.

PART X, LINE 2:

THE UNIVERSITY IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE AND IS RECOGNIZED AS SUCH BY THE INTERNAL REVENUE SERVICE. THE PROVISIONS INCLUDED IN ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA PROVIDE CONSISTENT GUIDANCE FOR THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND PRESCRIBE A THRESHOLD OF "MORE LIKELY THAN NOT" FOR RECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE UNIVERSITY PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2014, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR WHICH MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS. AS OF JUNE 30, 2014, THE STATUTE OF LIMITATIONS FOR TAX YEARS 2011 THROUGH 2014

Part XIII Supplemental Information (continued)

REMAINS OPEN WITH THE U.S. FEDERAL JURISDICTION OR THE VARIOUS STATES AND LOCAL JURISDICTIONS IN WHICH THE UNIVERSITY FILES TAX RETURNS.

RECLASSIFICATIONS

CERTAIN RECLASSIFICATIONS WERE MADE TO 2013 AMOUNT TO CONFORM WITH 2014 PRESENTATION.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SCHOLARSHIP EXPENSES -23,684,821.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

SCHOLARSHIP EXPENSES 23,684,821.

SCHEDULE E
(Form 990 or 990-EZ)

Schools

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

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	
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.		
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?	X	
If you answered "No" to any of the above, please explain. If you need more space, use Part II.		
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?		X
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		
6a Does the organization receive any financial aid or assistance from a governmental agency?	X	
b Has the organization's right to such aid ever been revoked or suspended?		X
If you answered "Yes" to either line 6a or line 6b, explain on Part II.		
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	X	

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

Schedule E (Form 990 or 990-EZ) (2013)

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

LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

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 IV Foreign Forms

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

Schedule F (Form 990) 2013

Part V Supplemental Information

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

Multiple horizontal lines for supplemental information.

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 #1 (event type)	RACE WEEKEND #2 (event type)	1 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	53,800.	55,830.	29,900.	139,530.
	2	Less: Contributions	32,000.	33,000.	25,000.	90,000.
	3	Gross income (line 1 minus line 2)	21,800.	22,830.	4,900.	49,530.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	7,183.	9,212.	3,106.	19,501.
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	12,515.	9,810.	4,470.	26,795.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				46,296.
	11	Net income summary. Subtract line 10 from line 3, column (d)				3,234.

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))
		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. Subtract line 7 from line 1, column (d)				

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: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

**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.**

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

OMB No. 1545-0047

2013

**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
ATHENS STATE UNIVERSITY 300 NORTH BEATY ST ATHENS, AL 35611	63-0701340	115	44,920.	0.			EDUCATION
DELAWARE AERO SPACE EDUCATION FOUNDATION - 5 ESSEX DRIVE - BEAR, DE 19701	51-0325362	501(C)(3)	12,362.	0.			EDUCATION
DREXEL UNIVERSITY 3141 CHESNUT ST PHILADELPHIA, PA 19104	23-1352630	501(C)(3)	11,732.	0.			EDUCATION
ELIZABETH CITY STATE UNIVERSITY 1704 WEEKSVILLE ROAD ELIZABETH CITY, NC 27909	56-1047680	115	9,168.	0.			EDUCATION
LOS ALAMOS NATIONAL LABORATORY P O BOX 1663 LOS ALAMOS, NM 87545	20-3104541	N/A	59,440.	0.			EDUCATION
NORTH CAROLINA CENTRAL UNIVERSITY 1801 FAYETTEVILLE ST FAYETTEVILLE, NC 27707	56-6000730	115	70,870.	0.			EDUCATION

- 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.**

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

Schedule I (Form 990) (2013)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
NORTHWESTERN UNIVERSITY 633 CLARK ST EVANSTON, IL 60208	36-2167817	501(C)(3)	117,159.	0.			EDUCATION
PENNSYLVANIA STATE UNIVERSITY 227 WEST BEAVER AVE STATE COLLEGE, PA 16801	24-6000376	501(C)(3)	90,239.	0.			EDUCATION
PURDUE UNIVERSITY 22612 NETWORK PLACE CHICAGO, IL 60673-1226	35-6002041	501(C)(3)	9,000.	0.			EDUCATION
UNIVERSITY OF ALASKA PO BOX 756860 FAIRBANKS, AK 99775	92-6000147	501(C)(3)	26,593.	0.			EDUCATION
UNIVERSITY OF DELAWARE 700 PILOTTOWN RD LEWES, DE 19958	51-6000297	501(C)(3)	1,179,022.	0.			EDUCATION
VASSAR COLLEGE 124 RAYMOND DR POUGHKEEPSIE, NY 19604	14-1338587	501(C)(3)	9,843.	0.			EDUCATION
VIRGINIA STATE UNIVERSITY VIRGINIA HALL, ROOM 317 PETERSBURG, VA 23806	54-6001811	115	16,325.	0.			EDUCATION
WEST MICHIGAN UNIVERSITY OFFICE OF CONF & INSITUTES KALAMAZOO, MI 49008	38-6007327	501(C)(3)	51,595.	0.			EDUCATION

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

(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
SCHOLARSHIPS	2516	23,684,821.	0.		

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

Part IV Supplemental Information

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

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2013

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

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

DELAWARE STATE UNIVERSITY

Employer identification number

51-0305893

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<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	1b X	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2 X	
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?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
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?	5a	X
b Any related organization?	5b	X
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?	6a	X
b Any related organization?	6b	X
If "Yes" to line 6a or 6b, describe in Part III.		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7 X	
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	8	X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2013

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)	272,602.	60,000.	33,000.	73,602.	5,268.	444,472.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KEMAL ATKINS VP STUDENT AFFAIRS	(i)	181,783.	0.	0.	37,080.	5,173.	224,036.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) TERESA HARDEE VP FINANCE AND ADMINISTRATION	(i)	197,100.	25,000.	0.	44,788.	3,830.	270,718.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) NOUREDDINE MELIKECHI VP RESEARCH/DEAN	(i)	220,024.	0.	0.	44,220.	4,425.	268,669.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ALTON THOMPSON PROVOST	(i)	220,919.	25,000.	0.	49,180.	1,408.	296,507.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) CAROLYN CURRY VP UNIVERSITY ADVANCEMENT	(i)	191,793.	25,000.	19,500.	47,123.	3,858.	287,274.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) AMIR MOHAMMADI EXECUTIVE VP/TREASURER	(i)	182,093.	25,000.	23,000.	47,124.	7,999.	285,216.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) THOMAS P PRESTON GENERAL COUNSEL	(i)	154,398.	0.	22,675.	35,031.	5,194.	217,298.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) BRADLEY SKELCHER ASSOC. PROVOST	(i)	177,812.	0.	0.	36,224.	7,529.	221,565.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) SHELTON P RHODES DEAN	(i)	154,829.	0.	0.	30,796.	42.	185,667.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) DYREMPLE B MARSH DEAN	(i)	146,528.	0.	5,200.	30,323.	6,860.	188,911.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) GREGORY JACKSON HEAD BASKETBALL COACH - MENS	(i)	223,406.	48,000.	0.	54,823.	5,406.	331,635.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) KERMIT W BLOUNT HEAD FOOTBALL COACH	(i)	183,705.	15,000.	0.	37,080.	4,835.	240,620.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) ALTON LAVAN DIRECTOR	(i)	143,020.	0.	0.	28,372.	5,756.	177,148.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) FENGSHAN LIU AVP, INTERNATIONAL AFFAIRS	(i)	131,384.	0.	11,600.	28,831.	2,854.	174,669.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) CANZETTA E YOUNG ATHLETIC DIRECTOR	(i)	139,231.	0.	0.	28,043.	2,901.	170,175.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

Part III Supplemental Information

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

PART I, LINE 1A:**HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE:**

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.

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

THE PRESIDENT IS PROVIDED A CHAUFFEUR.

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

Part III Supplemental Information

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

ACHIEVEMENTS. THE FINAL DETERMINATION OF THE PRESIDENT'S BONUS AMOUNT IS
DETERMINED AND APPROVED BY THE BOARD AS PART OF THE COMPENSATION REVIEW.

GENERAL NOTE:

ALL COMPENSATION REPORTED ON PART VII AND SCHEDULE J OF
THE FORM 990 REPRESENT AMOUNTS PAID BY THE STATE OF DELAWARE.

Supplemental Information on Tax-Exempt Bonds

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

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

Name of the organization

DELAWARE STATE UNIVERSITY

Employer identification number
51-0305893

Part I Bond Issues SEE PART VI FOR COLUMN (F) CONTINUATIONS

(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	12/20/07	47,580,000.	WELLNESS CTR, MLK CTR, SWIMMING PO		X		X		X
B DELAWARE ECONOMIC DEVELOPMENT AUTHORITY	51-0269736	246387NG5	03/01/12	32,145,000.	PAY: 1999 BOND, PURCH UNIVERSITY		X		X		X
C STATE OF DELAWARE	51-6000279	86932UAB1	08/01/11	11,265,000.	FUND ENERGY EFFICIENCY PROJEC		X		X		X
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.		11,265,000.			
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.		244,440.			
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds	43,490,386.				11,265,000.			
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			X		
15 Were the bonds issued as part of an advance refunding issue?		X		X		X		
16 Has the final allocation of proceeds been made?	X		X		X			
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		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		X		
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		

Part III Private Business Use (Continued)

	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		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		X			
c Are there any research agreements that may result in private business use of bond-financed property?		X		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	4.60 %							
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	4.60 %							
7 Does the bond issue meet the private security or payment test?	X		X		X			
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		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			X		

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X	X			X		
b Exception to rebate?	X			X	X			
c No rebate due?		X		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		X		
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?	X			X		X		
b Name of provider	MBIA INC.							
c Term of GIC	1.0000000							
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X							
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X			

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X		X		X		

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

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: DELAWARE ECONOMIC DEVELOPMENT AUTHORITY

(F) DESCRIPTION OF PURPOSE: WELLNESS CTR, MLK CTR, SWIMMING POOL

(A) ISSUER NAME: DELAWARE ECONOMIC DEVELOPMENT AUTHORITY

(F) DESCRIPTION OF PURPOSE: PAY: 1999 BOND, PURCH UNIVERSITY VILLAGE

(A) ISSUER NAME: STATE OF DELAWARE

(F) DESCRIPTION OF PURPOSE: FUND ENERGY EFFICIENCY PROJECTS

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

DELAWARE STATE UNIVERSITY

Employer identification number

51-0305893

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ACCESS AND OPPORTUNITY TO DIVERSE POPULATIONS FROM DELAWARE, THE
NATION, AND THE WORLD.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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

Name of the organization

DELAWARE STATE UNIVERSITY

Employer identification number

51-0305893

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

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 16:1

TOTAL ENROLLMENT: 4,505

-87% FULL-TIME

-13% PART-TIME

-51% LIVE ON CAMPUS

-49% COMMUTE

-53% IN-STATE

-47% OUT-OF-STATE

MOST POPULAR UNDERGRADUATE MAJORS:

BUSINESS ADMINISTRATION

HEALTH PROFESSIONS AND RELATED PROGRAMS

COMMUNICATION, JOURNALISM AND RELATED PROGRAMS

PSYCHOLOGY

SOCIAL SCIENCES

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

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

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

FORM 990, PART VI, SECTION A, LINE 7A:

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, PART VI, SECTION B, LINE 11:

THE UNIVERSITY'S FORM 990 WAS PREPARED BY AN OUTSIDE ACCOUNTING FIRM IN CONJUNCTION WITH THE UNIVERSITY'S FINANCIAL DEPARTMENT. THE 990 IS REVIEWED BY THE VICE PRESIDENT, ASSISTANT VICE PRESIDENT OF FINANCE, AND THE ASSOCIATE CONTROLLER. A COPY OF THE DRAFT FORM 990 IS ALSO MADE AVAILABLE TO THE BOARD OF DIRECTORS FOR THEIR REVIEW.

FORM 990, PART VI, SECTION B, 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. A RECERTIFICATION STATEMENT IS ALSO REQUIRED ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15A:

DELAWARE STATE UNIVERSITY UNDERTAKES A THOROUGH PROCESS TO

Name of the organization

DELAWARE STATE UNIVERSITY

Employer identification number

51-0305893

DETERMINE EXECUTIVE COMPENSATION. THIS PROCESS INCLUDES EACH BOARD OF TRUSTEE MEMBER SPECIFICALLY DISCUSSING PERFORMANCE IN A SPECIAL ANNUAL MEETING. EVIDENCE SUPPORTS COMPENSATION ALONG WITH CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATIONS AND THE DECISION MADE BY THE BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION C, 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.

FORM 990, PART XII, LINE 2C:

THE OVERSIGHT PROCESS HAS NOT CHANGED SINCE PRIOR YEAR.

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 1,010 STAFF AND FACULTY CURRENTLY EMPLOYED BY THE STATE OF DELAWARE.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2013

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Name of the organization

DELAWARE STATE UNIVERSITY

Employer identification number

51-0305893

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

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

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

(a) Name, address, and EIN of related organization	(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
DELAWARE STATE UNIVERSITY FOUNDATION - 20-1372435, 1200 NORTH DUPONT HIGHWAY, DOVER, DE 19901	FUNDRAISING	DELAWARE	501(C)(3)	LINE 11A, I	DE STATE UNIVERSITY	X	
DELAWARE STATE UNIV. HOUSING FOUNDATION - 31-1755006, 1200 NORTH DUPONT HIGHWAY, DOVER, DE 19901	HOUSING	DELAWARE	501(C)(3)	LINE 11A, I	DE STATE UNIVERSITY	X	

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

Schedule R (Form 990) 2013

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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	

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

(a) 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

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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?

	Yes	No
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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) DELAWARE STATE UNIVERSITY FOUNDATION DELAWARE STATE UNIVERSITY HOUSING	C	1,170,968.	
(2) FOUNDATION	P	184,760.	
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

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

Multiple horizontal lines for supplemental information.