

Cumulative e-File History 2012	
FED	
Locator:	85935S
Taxpayer Name:	UNIVERSITY OF DELAWARE
Return Type:	990, 990 & 990T (Corp)
Submitted Date:	05/14/2014 08:21:17
Acknowledgement Date:	05/14/2014 08:59:34
Status:	Accepted
Submission ID:	23695320141345000008

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2012, or fiscal year beginning 07/01, 2012, and ending 06/30, 20 13**2012**Department of the Treasury
Internal Revenue Service

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

Name of exempt organization

UNIVERSITY OF DELAWARE

Employer identification number

51-6000297

Name and title of officer

SCOTT R. DOUGLASS, EXEC VP & TREASURER**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>1064392300</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 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize GRANT THORNTON LLP

ERO firm name

to enter my PIN

1 2 3 2 2Enter five numbers, but
do not enter all zeros

as my signature

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

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

Officer's signature ▶

Date ▶

5.12.2014**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.

2 3 6 9 5 3 3 6 6 0 5

do not enter all zeros

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

ERO's signature ▶

Date ▶

5/6/2014**ERO Must Retain This Form - See Instructions****Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2012)

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

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

2012**Open to Public
Inspection****A For the 2012 calendar year, or tax year beginning****07/01, 2012, and ending****06/30, 2013****B** Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization

UNIVERSITY OF DELAWARE

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

220 HULLIHEN HALL

City or town, state or country, and ZIP + 4

NEWARK, DE 19716

F Name and address of principal officer: PATRICK T HARKER

104A HULLIHEN HALL NEWARK, DE 19716

D Employer identification number

51-6000297

E Telephone number

(302) 831-8964

G Gross receipts \$ 2,701,538,902.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.UDEL.EDU**H(c)** Group exemption number ▶**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1833**M** State of legal domicile: DE**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: INSTRUCTION, RESEARCH, AND PUBLIC SERVICE ARE THE MOST SIGNIFICANT ACTIVITIES.		
	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	32.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	31.
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	13,647.
	6	Total number of volunteers (estimate if necessary)	6	31.
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	4,458,475.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-704,599.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	180,105,973.	179,760,001.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	769,748,733.	811,996,651.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	32,168,387.	42,476,110.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	28,274,959.	30,159,538.
	12		1,010,298,052.	1,064,392,300.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	110,209,393.	123,032,083.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	528,076,558.	553,657,981.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 10,460,991.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	298,248,907.	313,270,515.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	936,534,858.	989,960,579.
	19	Revenue less expenses. Subtract line 18 from line 12	73,763,194.	74,431,721.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	2,777,532,648.	3,130,734,593.
	22	Net assets or fund balances. Subtract line 21 from line 20.	825,642,157.	950,109,804.
22		1,951,890,491.	2,180,624,789.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	▶ Signature of officer	Date			
	▶ Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	FRANK GIARDINI	<i>Frank Giardini</i>	5/6/14		P00532355
	Firm's name ▶ GRANT THORNTON LLP	EIN ▶ 36-6055558	Phone no. ▶ 215-561-4200		
	Firm's address ▶ 2001 MARKET STREET, SUITE 700 PHILADELPHIA, PA 19103				
May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2012)

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

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

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

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

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

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

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

Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time**to file income tax returns.***Enter filer's identifying number, see instructions****Type or
print**File by the
due date for
filing your
return. See
instructions.

Name of exempt organization or other filer, see instructions.

UNIVERSITY OF DELAWARE

Employer identification number (EIN) or

51-6000297

Number, street, and room or suite no. If a P.O. box, see instructions.

220 HULLIHEN HALL

Social security number (SSN)

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

NEWARK, DE 19716

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

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

- The books are in the care of ► AMY CONNELL-CONTROLLER

Telephone No. ► 302 831-2175

FAX No. ► _____

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/17, 20 14, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year 20 ____ or
- ☒ tax year beginning 07/01, 2012, and ending 06/30, 2013.

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

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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.**For Privacy Act and Paperwork Reduction Act Notice, see Instructions.**Form **8868** (Rev. 1-2013)

Cumulative E-File History 2012**FED - EXT**

Locator: 85935S

Taxpayer Name: UNIVERSITY OF DELAWARE

Return Type: 990, 990

Submitted Date 11/11/2013 1:44:47 PM**Acknowledgement Date** 11/12/2013 6:40:11 AM**Status** Accepted**Submission ID** 23695320133165000033**Print****Close**

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. University of Delaware		Enter filer's identifying number, see instructions	
	Number, street, and room or suite no. If a P.O. box, see instructions. Hullihen Hall, Room 220		Employer identification number (EIN) or 51-6000297	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Newark, DE 19716		Social security number (SSN)	

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

0 1

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

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ **Amy Connell, Controller**
Telephone No. ▶ **302.831.2175** Fax No. ▶
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **May 15**, 20 **14**.
- 5 For calendar year, or other tax year beginning **July 1**, 20 **12**, and ending **June 30**, 20 **13**.
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period
- 7 State in detail why you need the extension
Information needed to complete an accurate return is not presently available.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.		
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8b	\$
	8c	\$

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ 

Title ▶ **EVP Treasurer**

Date ▶ **1/21/14**

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐ Yes ☒ No**1** Briefly describe the organization's mission:

ATTACHMENT 1

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 487,818,885. including grants of \$ 121,101,932.) (Revenue \$ 488,420,684.)INSTRUCTION AND DEPARTMENTAL RESEARCH - STUDENT ENROLLMENT DURING
PERIOD WAS 21,900**4b** (Code:) (Expenses \$ 140,021,115. including grants of \$) (Revenue \$ 172,724,667.)

SPONSORED RESEARCH

4c (Code:) (Expenses \$ 101,370,136. including grants of \$ 1,930,151.) (Revenue \$ 118,724,901.)

AUXILIARY ENTERPRISES

4d Other program services (Describe in Schedule O.) ATTACHMENT 2
(Expenses \$ 145,551,035. including grants of \$) (Revenue \$ 32,126,399.)**4e** Total program service expenses ► 874,761,171.

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)? If "Yes," complete Schedule A	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	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? If "Yes," complete Schedule C, Part II	4 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? If "Yes," complete Schedule C, Part III	5	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? If "Yes," complete Schedule D, Part I	6 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? If "Yes," complete Schedule D, Part II	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 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? If "Yes," complete Schedule D, Part IV	9 X	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 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? If "Yes," complete Schedule D, Part VI	11a 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? If "Yes," complete Schedule D, Part VII	11b 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? If "Yes," complete Schedule D, Part VIII	11c	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? If "Yes," complete Schedule D, Part IX	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e 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)? If "Yes," complete Schedule D, Part X	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 X	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a 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? If "Yes," complete Schedule F, Parts I and IV	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	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? If "Yes," complete Schedule G, Part I (see instructions)	17	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? If "Yes," complete Schedule G, Part II	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	21	X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	22	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>	23	X
24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	X
25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>	26	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>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	29	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>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	31	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>	32	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>	33	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>	34	X
35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	35b	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>	36	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>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	X

Form **990** (2012)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V. ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 1a 1,915		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 13,647		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). 2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O. 3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a	X	
b	If "Yes," enter the name of the foreign country: FRANCE See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b	X	
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c	X	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c	X	
d	If "Yes," indicate the number of Forms 8282 filed during the year. 7d 2		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966? 9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person? 9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12. 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders. 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b		
c	Enter the amount of reserves on hand. 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response to any question in this Part VI. ☒ X**Section A. Governing Body and Management**

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year.	1a 32		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 31		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	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? . . .	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6		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?	7a	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?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	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	9		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?	10a		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?	10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . .	11a	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	12a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	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	12c	X	
13 Did the organization have a written whistleblower policy?	13	X	
14 Did the organization have a written document retention and destruction policy?	14	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	15a	X	
b Other officers or key employees of the organization	15b	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
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?	16a	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?	16b		X

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► ATTACHMENT 3

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: ► AMY CONNELL-CONTROLLER UNIVERSITY OF DE 220 HULLIHEN HALL NEWARK, DE 19716 302-831-2175

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TONY ALLEN SR. TRUSTEE	2.00	X						0	0	0
(2) GRACE BENNETT TRUSTEE	2.00	X						0	0	0
(3) JAMES BOREL TRUSTEE	4.00	X						0	0	0
(4) THOMAS BURNS TRUSTEE	4.00	X						0	0	0
(5) IRWIN G. BURTON III TRUSTEE	2.00	X						0	0	0
(6) R.R.M. CARPENTER III TRUSTEE	4.00	X						0	0	0
(7) ALLISON CASTELLANOS TRUSTEE	2.00	X						0	0	0
(8) WILLIAM B. CHANDLER III TRUSTEE	2.00	X						0	0	0
(9) JOHN COCHRAN TRUSTEE, VICE CHAIR	6.00	X						0	0	0
(10) HOWARD COSGROVE TRUSTEE	4.00	X						0	0	0
(11) ROBERT A. FISCHER TRUSTEE	4.00	X						0	0	0
(12) MICHAEL S. GELTZEILER TRUSTEE	2.00	X						0	0	0
(13) STUART M. GRANT TRUSTEE	2.00	X						0	0	0
(14) T. HENLEY GRAVES TRUSTEE	2.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) TERRI QUINN GRAY TRUSTEE	2.00	X						0	0	0
(16) SCOTT A. GREEN TRUSTEE	2.00	X						0	0	0
(17) TERRI KELLY TRUSTEE	4.00	X						0	0	0
(18) DENNIS E. KLIMA TRUSTEE	2.00	X						0	0	0
(19) CAREY M. KOPPENHAVER TRUSTEE, SECRETARY/ TREASURER	6.00	X						0	0	0
(20) JACK A. MARKELL TRUSTEE	2.00	X						0	0	0
(21) CYNTHIA PRIMO MARTIN TRUSTEE	2.00	X						0	0	0
(22) MICHAEL LYNCH TRUSTEE	2.00	X						0	0	0
(23) CHRISTOPHER H. SCHELL TRUSTEE	2.00	X						0	0	0
(24) A. GILCHRIST SPARKS III TRUSTEE, CHAIR	8.00	X						0	0	0
(25) EVERETT C. TOOMEY TRUSTEE	2.00	X						0	0	0
1b Sub-total								0	0	0
c Total from continuation sheets to Part VII, Section A								9,569,675.	0	1,635,852.
d Total (add lines 1b and 1c)								9,569,675.	0	1,635,852.

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 ► 895

- 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*
- 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*
- 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*

	Yes	No
3	X	
4	X	
5		X

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 212

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) H. WESLEY TOWERS, JR. TRUSTEE	2.00	X						0	0	0
(27) P. COLEMAN TOWNSEND, JR. TRUSTEE	4.00	X						0	0	0
(28) SHERMAN L. TOWNSEND TRUSTEE	4.00	X						0	0	0
(29) JOHN E. WALLACE TRUSTEE	2.00	X						0	0	0
(30) KENNETH WHITNEY TRUSTEE	2.00	X						0	0	0
(31) MARY JANE WILLIS TRUSTEE, VICE CHAIR	6.00	X						0	0	0
(32) PATRICK T. HARKER PRESIDENT	55.00	X		X				747,507.	0	103,571.
(33) NANCY BRICKHOUSE INTERIM PROVOST	55.00			X				195,060.	0	48,715.
(34) JENNIFER W. DAVIS VP, FINANCE & ADMIN	55.00			X				285,834.	0	59,937.
(35) SCOTT R. DOUGLASS EXEC VP & TREASURER	55.00			X				423,436.	0	64,111.
(36) JEFFREY GARLAND VP & UNIVERSITY SECRETARY	55.00			X				90,820.	0	14,357.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 ► 895

- 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*
- 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*
- 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*

	Yes	No
3	X	
4	X	
5		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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) MICHAEL GILBERT VP, STUDENT LIFE	55.00			X				242,301.	0	63,707.
(38) CARL W. JACOBSON VP INFO TECHNOLOGY	55.00			X				245,990.	0	51,859.
(39) ROBIN W. MORGAN DEAN	55.00			X				242,829.	0	44,438.
(40) MONICA MARIE TAYLOR VP UNIV DEVELOPMENT	55.00			X				326,871.	0	51,483.
(41) DAVID BROND VP, COMM & MARKETING	55.00			X				251,131.	0	41,278.
(42) DAVID WILLIAM SINGLETON VP FAC & AUX SVCS	55.00			X				222,506.	0	61,253.
(43) LAWRENCE WHITE VP & GEN COUNSEL	55.00			X				279,543.	0	54,247.
(44) PATRICIA ANN PLUMMER WILSON VP/CHIEF OF STAFF	55.00			X				224,586.	0	39,176.
(45) DEBORAH HAYES VP COMMUNICATION	55.00			X				0	0	0
(46) KATHLEEN SHARON MATT DEAN	55.00				X			279,524.	0	47,769.
(47) BABATUNDE A. OGUNNAIKE INTERIM DEAN	55.00				X			298,934.	0	49,337.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 ► 895

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(48) NANCY M. TARGETT DEAN	55.00				X			246,771.	0	46,182.
(49) GEORGE H. WATSON DEAN	55.00				X			305,343.	0	41,450.
(50) BRUCE WEBER DEAN	55.00				X			247,933.	0	48,447.
(51) CHARLES RIORDAN VICE PROVOST OF RESEARCH	55.00				X			257,863.	0	39,857.
(52) MARK A. BARTEAU SENIOR VICE PROVOST	55.00				X			328,359.	0	64,353.
(53) BERNARD MONTGOMERY MUIR DIRECTOR, ATHL & REC	55.00				X			354,429.	0	39,475.
(54) ANN ARDIS INTERIM DEPUTY PROVOST	55.00				X			233,661.	0	36,509.
(55) MARK STALNECKER CHIEF INVESTMENT OFFICER	55.00				X			312,989.	0	53,773.
(56) LYNN OKAGAKI DEAN	55.00				X			239,940.	0	56,944.
(57) LEE ANDERSON PROFESSOR	55.00					X		371,924.	0	59,629.
(58) EDGAR JOHNSON PROFESSOR	55.00					X		456,642.	0	59,093.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 ► 895

- 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*
- 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*
- 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*

	Yes	No
3	X	
4	X	
5		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

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

Part VII	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>
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[illegible]

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	895
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		Yes	No
3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►		

Part VIII Statement of RevenueCheck if Schedule O contains a response to any question in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	93,430.			
	d	Related organizations	1d	15,663,039.			
	e	Government grants (contributions) . .	1e	129,451,818.			
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	34,551,714.			
	g	Noncash contributions included in lines 1a-1f: \$		8,483,954.			
	h	Total. Add lines 1a-1f		179,760,001.			
	Program Service Revenue				Business Code		
2a		TUITION AND FEES	900099	488,420,684.	488,420,684.		
b		EDUCATIONAL ACTIVITIES	900099	16,466,130.	15,857,130.	609,000.	
c		ROOM, BOARD AND OTHER AUXILIARY SERVICES	900004	118,724,901.	114,639,289.	4,085,612.	
d		RESEARCH CONTRACTS/ OTHER EXCHANGES	900004	172,724,667.	172,724,667.		
e		OTHER PROGRAM REVENUE SOURCES	900004	15,660,269.	15,475,267.	185,002.	
f		All other program service revenue					
g		Total. Add lines 2a-2f		811,996,651.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		13,581,337.		-714,178.	14,295,515.
	4	Income from investment of tax-exempt bond proceeds . . .		0			
	5	Royalties		639,469.			639,469.
			(i) Real (ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0			
	7a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		1,665,969,919.					
	b	Less: cost or other basis and sales expenses		1,637,075,146.			
	c	Gain or (loss)		28,894,773.			
	d	Net gain or (loss)		28,894,773.		184,915.	28,709,858.
	8a	Gross income from fundraising events (not including \$ 93,430. of contributions reported on line 1c). See Part IV, line 18	a	55,628.			
	b	Less: direct expenses	b	71,456.			
	c	Net income or (loss) from fundraising events		-15,828.			-15,828.
	9a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances	a				
b	Less: cost of goods sold	b					
c	Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue				Business Code			
11a	INTRA UNIVERSITY REVENUE	900099	24,974,998.	24,974,998.			
b	INCOME FROM AFFILIATE	721110	4,453,158.	4,345,034.	108,124.		
c	PLANT INVENTORY ADJUSTMENT	900099	42,066.	42,066.			
d	All other revenue	900099	65,675.	65,675.			
e	Total. Add lines 11a-11d		29,535,897.				
12	Total revenue. See instructions		1,064,392,300.	836,544,810.	4,458,475.	43,629,014.	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response to any question in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 .	0			
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	123,032,083.	123,032,083.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16. . . .	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	8,812,409.	3,952,449.	4,477,799.	382,161.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	422,272.	422,272.		
7 Other salaries and wages	396,662,039.	355,018,134.	36,284,301.	5,359,604.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	38,311,375.	33,285,921.	4,419,466.	605,988.
9 Other employee benefits	85,296,694.	73,727,421.	10,182,463.	1,386,810.
10 Payroll taxes	24,153,192.	20,955,506.	2,811,006.	386,680.
11 Fees for services (non-employees):				
a Management	0			
b Legal	2,224,017.	48,244.	2,175,773.	
c Accounting	317,200.	85,806.	231,394.	
d Lobbying	72,792.		72,792.	
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	2,042,876.		2,042,876.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	67,435,682.	63,147,286.	3,731,925.	556,471.
12 Advertising and promotion	1,322,270.	1,185,326.	112,269.	24,675.
13 Office expenses	46,480,176.	37,582,609.	7,565,662.	1,331,905.
14 Information technology	28,902,129.	13,105,935.	15,663,044.	133,150.
15 Royalties	365,844.	342,856.	22,988.	
16 Occupancy	58,333,237.	55,966,595.	2,351,447.	15,195.
17 Travel	24,064,353.	23,256,182.	606,055.	202,116.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	3,544,620.	2,677,350.	811,079.	56,191.
20 Interest	17,425,162.	17,387,705.	37,457.	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	54,865,023.	47,415,370.	7,449,653.	
23 Insurance	2,010,391.	1,251,114.	739,232.	20,045.
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 LOSS ON DISPOSALS -----	1,187,440.	915,007.	272,433.	
b ENDOWMENT & COMMISSIONS FEES -----	1,852,564.		1,852,564.	
c PAY ANNUITIES -----	200,882.		200,882.	
d OTHER EXPENSES -----	623,857.		623,857.	
e All other expenses -----				
25 Total functional expenses. Add lines 1 through 24e	989,960,579.	874,761,171.	104,738,417.	10,460,991.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance SheetCheck if Schedule O contains a response to any question in this Part X ☒ X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	56,592.	1	56,469.
	2 Savings and temporary cash investments	103,697,496.	2	188,112,633.
	3 Pledges and grants receivable, net	66,091,045.	3	59,475,873.
	4 Accounts receivable, net	11,449,913.	4	13,909,432.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	1,150,287.	8	599,817.
	9 Prepaid expenses and deferred charges	1,615,979.	9	1,468,213.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2148885501.		
	b Less: accumulated depreciation	10b 827,254,019.		
		1,195,829,975.	10c	1,321,631,482.
	11 Investments - publicly traded securities	823,666,100.	11	948,861,178.
	12 Investments - other securities. See Part IV, line 11	556,805,790.	12	580,754,529.
	13 Investments - program-related. See Part IV, line 11	14,123,050.	13	13,286,325.
	14 Intangible assets	3,046,421.	14	2,578,642.
15 Other assets. See Part IV, line 11	0	15	0	
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,777,532,648.	16	3,130,734,593.	
Liabilities	17 Accounts payable and accrued expenses	416,093,044.	17	391,940,124.
	18 Grants payable	14,994,747.	18	15,093,988.
	19 Deferred revenue	7,218,224.	19	7,803,379.
	20 Tax-exempt bond liabilities	350,742,364.	20	486,022,342.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	9,808,373.	23	21,012,223.
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	26,785,405.	25	28,237,748.
	26 Total liabilities. Add lines 17 through 25	825,642,157.	26	950,109,804.
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	1,086,775,479.	27	1,250,135,389.
	28 Temporarily restricted net assets	533,670,785.	28	587,305,755.
	29 Permanently restricted net assets	331,444,227.	29	343,183,645.
	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	1,951,890,491.	33	2,180,624,789.
	34 Total liabilities and net assets/fund balances	2,777,532,648.	34	3,130,734,593.

Form **990** (2012)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,064,392,300.
2	Total expenses (must equal Part IX, column (A), line 25)	2	989,960,579.
3	Revenue less expenses. Subtract line 2 from line 1	3	74,431,721.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,951,890,491.
5	Net unrealized gains (losses) on investments	5	115,915,100.
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	38,387,477.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,180,624,789.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

Form **990** (2012)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

UNIVERSITY OF DELAWARE

Employer identification number

51-6000297

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?

- (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?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

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

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

Schedule A (Form 990 or 990-EZ) 2012

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2012. 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 - 2011. 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 - 2012. 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 - 2011. 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

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

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

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

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

Schedule of Contributors

OMB No. 1545-0047

2012

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

Name of the organization

UNIVERSITY OF DELAWARE

Employer identification number

51-6000297

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 Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization UNIVERSITY OF DELAWARE

Employer identification number

51-6000297

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		\$ 15,107,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 129,451,818.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 4,914,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 46,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

51-6000297

Part II

[illegible]

Name of organization UNIVERSITY OF DELAWARE

Employer identification number

51-6000297

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. See instructions.) ► \$ _____

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	
-----		-----	
-----		-----	
-----		-----	

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**

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

▶ **See separate instructions.**

OMB No. 1545-0047

2012

**Open to Public
Inspection**

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

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

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

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

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

UNIVERSITY OF DELAWARE

Employer identification number

51-6000297

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$
- 3 Volunteer hours ▶

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2012

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

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2 a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2012

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		X	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c	Media advertisements?		X	
d	Mailings to members, legislators, or the public?	X		
e	Publications, or published or broadcast statements?		X	
f	Grants to other organizations for lobbying purposes?		X	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		104,123.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i	Other activities?	X		39,074.
j	Total. Add lines 1c through 1i			143,197.
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

Part IV Supplemental Information (continued)

SCHEDULE C, PART II-B, LINES 1B, 1D, & 1G

UNIVERSITY PERSONNEL MEETING WITH MEMBERS OF CONGRESS AND THEIR STAFF IN WASHINGTON DC TO DISCUSS RESEARCH PROJECTS AND OTHER MATTERS AFFECTING HIGHER EDUCATION. MEETINGS AND DISCUSSIONS WITH STATE REPRESENTATIVES CONCERNING APPROPRIATIONS AND OTHER MATTERS AFFECTING HIGHER EDUCATION. A PORTION OF THE UNIVERSITY'S DIRECTOR OF STATE GOVERNMENTAL RELATIONS (25%), THE GOVERNMENT RELATIONS ASSISTANT (25%) AND THE UNIVERSITY'S DIRECTOR OF FEDERAL GOVERNMENTAL RELATIONS (41%) ARE ASSOCIATED WITH LOBBYING ACTIVITIES.

OTHER ACTIVITIES

SCHEDULE C, PART II-B, LINE 1I

THE UNIVERSITY OF DELAWARE IS A MEMBER OF VARIOUS HIGHER EDUCATION TRADE ASSOCIATIONS, IN WHICH A PORTION OF ITS MEMBERSHIP DUES ARE ASSOCIATED WITH LOBBYING ACTIVITIES.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

UNIVERSITY OF DELAWARE

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public
Inspection

Employer identification number

51-6000297

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	1 .	
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year	34,385 .	
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 checked="" 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 checked="" 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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
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

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

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

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 ▶ \$ 224,697 .

(ii) Assets included in Form 990, Part X ▶ \$ 8,756,456 .

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 ▶ \$ _____

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

Schedule D (Form 990) 2012

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 **d** ☒ Loan or exchange programs
b ☒ Scholarly research **e** ☐ Other _____
c ☒ Preservation for future generations

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 -9,488.
d Additions during the year	1d 118,224,176.
e Distributions during the year	1e 117,400,931.
f Ending balance	1f 813,757.

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	1029661185.	1077637848.	927,530,379.	859,958,677.	1131736776.
b Contributions	8,783,304.	12,871,062.	4,906,552.	6,195,841.	6,463,696.
c Net investment earnings, gains, and losses	127,932,332.	-6,664,194.	198,284,273.	115,847,859.	-215928929.
d Grants or scholarships	6,271,302.	5,743,019.	5,378,147.	5,556,918.	6,902,533.
e Other expenditures for facilities and programs	40,286,075.	38,859,512.	38,524,209.	40,682,080.	47,256,333.
f Administrative expenses	9,306,000.	9,581,000.	9,181,000.	8,233,000.	8,154,000.
g End of year balance	1110513444.	1029661185.	1077637848.	927,530,379.	859,958,677.

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

- a** Board designated or quasi-endowment ▶ 27.7380 %
b Permanent endowment ▶ 25.1620 %
c Temporarily restricted endowment ▶ 47.1000 %

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	3a(i)	X
(ii) related organizations	3a(ii)	X

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? **3b**

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		101,490,861.		101,490,861.
b Buildings		1415788745.	504,606,850.	911,181,895.
c Leasehold improvements		15,235,212.	4,512,448.	10,722,764.
d Equipment		443,254,884.	318,134,721.	125,120,163.
e Other		173,115,799.		173,115,799.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,321,631,482.

Schedule D (Form 990) 2012

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) LIMITED PARTNERSHIPS	515,334,019.	FMV
(B) FUNDS HELD IN TRUST BY OTHERS	60,652,805.	FMV
(C) MORTGAGES	3,415,593.	FMV
(D) REAL ESTATE	850,000.	FMV
(E) INSURANCE	502,112.	FMV
(F) _____		
(G) _____		
(H) _____		
(I) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►	580,754,529.	

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

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

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

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

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) STUDENT DEPOSITS	1,140,111.	
(3) ASSET RETIREMENT OBLIGATION	22,111,918.	
(4) ANNUITY & LIFE INCOME FUNDS PA	4,985,719.	
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	28,237,748.	

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

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

1	Total revenue, gains, and other support per audited financial statements	1	1069488235.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	115,915,100.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	38,387,477.
e	Add lines 2a through 2d	2e	154,302,577.
3	Subtract line 2e from line 1	3	915,185,658.
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	2,042,877.
b	Other (Describe in Part XIII.)	4b	147,163,765.
c	Add lines 4a and 4b	4c	149,206,642.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	1064392300.

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

1	Total expenses and losses per audited financial statements	1	840,753,937.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	840,753,937.
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	2,042,877.
b	Other (Describe in Part XIII.)	4b	147,163,765.
c	Add lines 4a and 4b	4c	149,206,642.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	989,960,579.

Part XIII Supplemental Information

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

SEE PAGE 5

Part XIII Supplemental Information (continued)

PART III, LINE 4

THE UNIVERSITY MUSEUMS SEEK TO ENHANCE THE EDUCATIONAL AND SCHOLARLY MISSION OF THE UNIVERSITY OF DELAWARE THROUGH THE EXHIBITION, ONLINE PRESENTATION, STUDY, PRESERVATION AND GROWTH OF ITS UNIQUE COLLECTIONS IN 20TH AND 21ST CENTURY AMERICAN ART (WITH PARTICULAR STRENGTHS IN THE BRANDYWINE SCHOOL, AFRICAN AMERICAN ART, AND PHOTOGRAPHY), MINERALS AND PRE-COLUMBIAN CERAMICS. THE UNIVERSITY MUSEUMS ENRICH CULTURAL LIFE BEYOND THE CAMPUS THROUGH PRESENTATION OF THE WORK OF RECOGNIZED ARTISTS, AND THROUGH OUTREACH PROGRAMS TO SELECTED AUDIENCES, INCLUDING K-12 STUDENTS, EDUCATORS AND HISTORICALLY BLACK COLLEGES AND UNIVERSITIES. THE UNIVERSITY MUSEUMS ACHIEVE THIS THROUGH PUBLIC EXHIBITIONS OPEN FREE OF CHARGE TO THE UNIVERSITY COMMUNITY AND THE GENERAL PUBLIC; THROUGH MAKING COLLECTIONS ACCESSIBLE TO INDIVIDUAL STUDENTS, CLASSES, AND SCHOLARS; AND THROUGH OFFERING PUBLIC PROGRAMS ON FACETS OF THE COLLECTION FREE OF CHARGE TO THE UNIVERSITY COMMUNITY AND THE GENERAL PUBLIC.

PART IV

CHANGE IN PART IV ESCROW & CUSTODIAL ARRANGEMENTS

AGENCY ACCOUNTS	(\$ 77,253)
EXTERNAL FINANCIAL AID	820,395
STUDENT GROUPS	80,103

	823,245

THE UNIVERSITY IS REGULARLY REQUESTED TO ACT AS FISCAL AGENT FOR FUNDS THAT BELONG TO A RELATED THIRD PARTY. NORMALLY A CURRENT OR EXPECTED

Part XIII Supplemental Information (continued)

MUTUAL BENEFIT TO BOTH THE THIRD PARTY AND THE UNIVERSITY BEYOND JUST THE FISCAL AGENT RELATIONSHIP PROMPTS SUCH A REQUEST. SUCH REQUESTS MAY RANGE FROM LARGE ORGANIZATIONS SEEKING AN ON-GOING RELATIONSHIP WITH THE UNIVERSITY TO ONE-TIME REQUESTS FOR A DEPOSITORY FOR FUNDS FOR A DEPARTMENTAL RETIREMENT EVENT. WHEN THIS FISCAL AGENCY REQUEST IS GRANTED, A UNIVERSITY (AGENCY) ACCOUNT IS SET UP IN THE UNIVERSITY ACCOUNTING SYSTEM. AGENCY ACCOUNTS WITH DEPOSITS ON HAND FROM THIRD PARTY ORGANIZATIONS ARE LIABILITIES OF THE UNIVERSITY WHILE SUCH ACCOUNTS IN DEFICIT CONSTITUTE RECEIVABLES DUE TO THE UNIVERSITY.

PART V, LINE 4

THE UNIVERSITY'S ENDOWMENT FUND'S PURPOSE IS TO PROVIDE IN PERPETUITY FINANCIAL SUPPORT OF THE UNIVERSITY'S EDUCATIONAL GOALS. THE INTENDED USES OF THE ENDOWMENT FUNDS IS TO PROVIDE EDUCATIONAL AND GENERAL SUPPORT SUCH AS SCHOLARSHIPS, PRIZES AND AWARDS, FACILITIES AND EDUCATIONAL PROGRAM SUPPORT, AND GENERAL OPERATIONAL SUPPORT.

PART X, LINE 2

THE UNIVERSITY HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE (IRS) AS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501 (C) 3 OF THE U.S. INTERNAL REVENUE CODE, EXCEPT FOR TAXES ON INCOME FROM ACTIVITIES UNRELATED TO ITS EXEMPT PURPOSE. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. U.S. GAAP REQUIRES MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE UNIVERSITY AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF THE UNIVERSITY HAS TAKEN AN UNCERTAIN TAX POSITION THAT MORE THAN LIKELY THAN

Part XIII Supplemental Information (continued)

NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE IRS. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE UNIVERISTY AND HAS CONCLUDED THAT AS OF JUNE 30, 2013, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS. THE UNIVERSITY IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.

PART XI, LINE 2D

CHANGE IN THE UNRECOGNIZED NET GAIN OF THE ACCUMULATED BENEFIT OF THE POST RETIREMENT BENEFIT OBLIGATION: \$38,387,477

PART XI, LINE 4B

ITEMS INCLUDED ON FORM 990, PART IX BUT NOT ON LINE 1

RECLASSIFICATION OF EXPENSE:	\$ 2,750,095
INTRA-UNIVERSITY REVENUE:	\$ 24,974,997
TUITION SCHOLARSHIPS:	\$119,438,673

TOTAL PART XI, LINE 4B	\$147,163,765

Part XIII Supplemental Information *(continued)*

PART XII, LINE 4B

ITEMS INCLUDED ON FORM 990, PART VIII BUT NOT ON LINE 1

INTRA- UNIVERSITY REVENUE:	\$ 24,974,998
TUITION SCHOLARSHIPS:	\$119,438,673
RECLASSIFICATION OF EXPENSES:	\$ 2,750,095

TOTAL FOR PART XII, LINE 4B	\$147,163,765

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
UNIVERSITY OF DELAWARE

Schools

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

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Employer identification number
51-6000297

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 SEE SUPPLEMENTAL PAGE	X	
4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II.	X	
5 Does the organization discriminate by race in any way with respect to: a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		X
6a Does the organization receive any financial aid or assistance from a governmental agency?	X	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Part II.		X
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	X	

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

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

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

SCHEDULE E, LINE 3

THE UNIVERSITY OF DELAWARE IS COMMITTED TO ASSURING EQUAL OPPORTUNITY FOR ALL PERSONS AND DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, GENDER, RELIGION, ANCESTRY, NATIONAL ORIGIN, SEXUAL ORIENTATION, VETERAN STATUS, AGE, DISABILITY OR ANY OTHER UNLAWFUL OR PROHIBITED BASIS IN ITS EDUCATIONAL PROGRAMS, ACTIVITIES, ADMISSIONS, OR EMPLOYMENT PRACTICES. THIS STATEMENT IS INCLUDED ON A VARIETY OF UNIVERSITY FORMS AND PUBLICATIONS. A WEBSITE REGARDING THE UNIVERSITY'S COMMITMENT TO DIVERSITY CAN BE FOUND AT: WWW.UDEL.EDU/DIVERSITY

SCHEDULE E, LINE 6

THE UNIVERSITY OF DELAWARE PARTICIPATES IN THE FOLLOWING FEDERAL TITLE IV STUDENT FINANCIAL AID PROGRAMS: FEDERAL PELL, FSEOG, FEDERAL WORK STUDY, FEDERAL PERKINS LOAN, FEDERAL STAFFORD LOAN PROGRAMS AND TEACH GRANT.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- **Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.**
► **Attach to Form 990. ► See separate instructions.**

Name of the organization

Employer identification number

UNIVERSITY OF DELAWARE

51-6000297

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ **Yes** ☐ **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) EUROPE	1.	1.	PROGRAM SERVICES	ACADEMIC SUPPORT	185,911.
(2) MIDDLE EAST AND NORTH AFRICA	1.	2.	PROGRAM SERVICES	OFF CAMPUS TRAINING	985,149.
(3) EUROPE			INVESTMENTS		8,526,610.
(4) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		17,875,807.
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	2.	3.			27,573,477.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	2.	3.			27,573,477.

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

Schedule F (Form 990) 2012

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. ▶

3 Enter total number of other organizations or entities. ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2012

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) 2012

Part V **Supplemental Information**

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

SCHEDULE F, PART I, LINE 2

IN APRIL 2011, THE UNIVERSITY INITIATED AN ART PRESERVATION GRANT IN THE
MIDDLE EAST/ NORTH AFRICA REGION. THIS PROGRAM, ALONG WITH THE PROGRAM
IN THE EUROPEAN REGION, ARE MONITORED BY THE UNIVERSITY BY RETAINING THE
APPROVALS AND PAYMENTS OF ALL EXPENDITURES ALONG WITH SUPPORTING
DOCUMENTATION, AT THE UNIVERSITY'S MAIN CAMPUS IN NEWARK, DELAWARE.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

UNIVERSITY OF DELAWARE

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Employer identification number

51-6000297

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|--|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				▶		

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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 WVUD RADIOTHON (event type)	(b) Event #2 LACROSSE GOLF (event type)	(c) Other events 4. (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	42,718.	32,101.	74,239.	149,058.
	2 Less: Contributions	42,718.	18,391.	32,321.	93,430.
	3 Gross income (line 1 minus line 2).		13,710.	41,918.	55,628.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	1,790.	4,960.	23,101.	29,851.
	6 Rent/facility costs		4,020.	12,130.	16,150.
	7 Food and beverages		5,286.	17,112.	22,398.
	8 Entertainment			275.	275.
	9 Other direct expenses	1,542.	166.	1,074.	2,782.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(71,456.)
	11 Net income summary. Combine line 3, column (d), and line 10				-15,828.

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity operated in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

UNIVERSITY OF DELAWARE

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

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

► Attach to Form 990.

OMB No. 1545-0047

2012

Open to Public
Inspection

Employer identification number

51-6000297

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

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

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

Schedule I (Form 990) (2012)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 UNIVERSITY OF DELAWARE SCHOLARSHIPS FOR STUDENTS	6,804.		38,913,327.	FAIR VALUE	SCHOLARSHIPS
2 DELAWARE NEED BASED GRANTS	811.		5,014,100.	FAIR VALUE	FINANCIAL AID
3 ATHLETIC SCHOLARSHIPS	1,250.		10,079,970.	FAIR VALUE	SCHOLARSHIPS
4 UNIVERSITY ENDOWMENT SCHOLARSHIPS	1,470.		3,445,384.	FAIR VALUE	SCHOLARSHIPS
5 DELAWARE MERIT SCHOLARSHIPS	467.		1,924,400.	FAIR VALUE	MERIT SCHOLARSHIPS
6 GRADUATE STUDENT SCHOLARSHIPS	6,495.		56,545,716.	FAIR VALUE	SCHOLARSHIPS
7 GRADUATE STUDENT FELLOWSHIPS	574.		2,867,668.	FAIR VALUE	FELLOWSHIPS

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 UNIVERSITY GIFT SCHOLARSHIPS	255.		2,601,912.	FAIR VALUE	SCHOLARSHIPS
2 OTHER SCHOLARSHIPS AND GRANTS	1,064.		1,960,219.	FAIR VALUE	FINANCIAL AID
3					
4					
5					
6					
7					

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

SCHEDULE I, PART 1, LINE 2

MONITORING THE USE OF GRANT FUNDS

THE UNIVERSITY'S OVERSIGHT AND CONTROLS OVER GRANT FUNDS IS FACILITATED

BY PROCESSES AND CONTROLS INHERENT IN THE UNIVERSITY'S ERP SYSTEM.

DISBURSEMENT OF FUNDS ARE CONTROLLED BY DONOR AND INSTITUTIONAL CRITERIA

THAT IS MONITORED BY BOTH THE SYSTEM, AND BY COLLABORATION BETWEEN

VARIOUS DEPARTMENTS OF THE UNIVERSITY. A MONTHLY REVIEW OF FUNDING IS

PRODUCED TO MONITOR SPENDING AND REPORTS ARE PRODUCED BY DEVELOPMENT TO

PROVIDE ADDITIONAL OVERSIGHT OF SCHOLARSHIP RECIPIENTS WHEN PROVIDING

REPORTS TO DONORS ON THE STATUS OF THEIR GIFTS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

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

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

UNIVERSITY OF DELAWARE

Employer identification number

51-6000297

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Yes No

1b	X	
2	X	
4a		X
4b		X
4c		X
5a	X	
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2012

Schedule J (Form 990) 2012

Page **2****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 PATRICK T. HARKER PRESIDENT	(i)	645,964.	73,046.	28,497.	50,000.	53,571.	851,078.	
	(ii)	0	0	0	0	0	0	
2 THOMAS MARK APPLE FORMER PROVOST	(i)	178,156.	0	44,804.	19,577.	7,107.	249,644.	
	(ii)	0	0	0	0	0	0	
3 NANCY BRICKHOUSE INTERIM PROVOST	(i)	195,060.	0	0	32,760.	15,955.	243,775.	
	(ii)	0	0	0	0	0	0	
4 MICHAEL CHAJES PROFESSOR (FORMER DEAN)	(i)	237,961.	0	34,785.	31,488.	20,344.	324,578.	
	(ii)	0	0	0	0	0	0	
5 JENNIFER W. DAVIS VP, FINANCE & ADMIN	(i)	267,305.	18,529.	0	44,500.	15,437.	345,771.	
	(ii)	0	0	0	0	0	0	
6 SCOTT R. DOUGLASS EXEC VP & TREASURER	(i)	384,103.	35,261.	4,072.	50,000.	14,111.	487,547.	
	(ii)	0	0	0	0	0	0	
7 MICHAEL GILBERT VP, STUDENT LIFE	(i)	227,444.	14,857.	0	49,531.	14,176.	306,008.	
	(ii)	0	0	0	0	0	0	
8 PIERRE D. HAYWARD FORMER VP & SECRETARY	(i)	228,653.	15,879.	29,454.	11,802.	14,604.	300,392.	
	(ii)	0	0	0	0	0	0	
9 CARL W. JACOBSON VP INFO TECHNOLOGY	(i)	229,431.	16,559.	0	34,754.	17,105.	297,849.	
	(ii)	0	0	0	0	0	0	
10 KATHLEEN SHARON MATT DEAN	(i)	279,446.	0	78.	27,500.	20,269.	327,293.	
	(ii)	0	0	0	0	0	0	
11 ROBIN W. MORGAN DEAN	(i)	242,829.	0	0	26,548.	17,890.	287,267.	
	(ii)	0	0	0	0	0	0	
12 BABATUNDE A. OGUNNAIKE INTERIM DEAN	(i)	289,856.	0	9,078.	27,500.	21,837.	348,271.	
	(ii)	0	0	0	0	0	0	
13 NANCY M. TARGETT DEAN	(i)	244,271.	0	2,500.	28,046.	18,136.	292,953.	
	(ii)	0	0	0	0	0	0	
14 MONICA MARIE TAYLOR VP UNIV DEVELOPMENT	(i)	303,094.	21,574.	2,203.	44,500.	6,983.	378,354.	
	(ii)	0	0	0	0	0	0	
15 GEORGE H. WATSON DEAN	(i)	298,676.	0	6,667.	33,922.	7,528.	346,793.	
	(ii)	0	0	0	0	0	0	
16 BRUCE WEBER DEAN	(i)	247,933.	0	0	27,500.	20,947.	296,380.	
	(ii)	0	0	0	0	0	0	

Schedule J (Form 990) 2012

Schedule J (Form 990) 2012

Page **2****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 CHARLES RIORDAN VICE PROVOST OF RESEARCH	(i)	257,863.	0	0	27,500.	12,357.	297,720.	
	(ii)	0	0	0	0	0	0	
2 MARK A. BARTEAU SENIOR VICE PROVOST	(i)	68,859.	0	259,500.	47,136.	17,217.	392,712.	
	(ii)	0	0	0	0	0	0	
3 DAVID BROND VP, COMM & MARKETING	(i)	213,635.	16,317.	21,179.	30,781.	10,497.	292,409.	
	(ii)	0	0	0	0	0	0	
4 BERNARD MONTGOMERY MUIR DIRECTOR, ATHL & REC	(i)	282,381.	40,000.	32,048.	27,500.	11,975.	393,904.	
	(ii)	0	0	0	0	0	0	
5 DAVID WILLIAM SINGLETON VP FAC & AUX SVCS	(i)	208,688.	13,818.	0	48,728.	12,525.	283,759.	
	(ii)	0	0	0	0	0	0	
6 LAWRENCE WHITE VP & GEN COUNSEL	(i)	263,291.	16,252.	0	50,000.	4,247.	333,790.	
	(ii)	0	0	0	0	0	0	
7 PATRICIA ANN PLUMMER WI VP/CHIEF OF STAFF	(i)	210,390.	14,196.	0	25,065.	14,111.	263,762.	
	(ii)	0	0	0	0	0	0	
8 LEE ANDERSON PROFESSOR	(i)	194,224.	0	177,700.	43,737.	15,892.	431,553.	
	(ii)	0	0	0	0	0	0	
9 EDGAR JOHNSON PROFESSOR	(i)	208,042.	0	248,600.	44,904.	14,189.	515,735.	
	(ii)	0	0	0	0	0	0	
10 DANIEL RICH PROFESSOR	(i)	356,916.	0	0	62,010.	14,956.	433,882.	
	(ii)	0	0	0	0	0	0	
11 DONALD LEWIS SPARKS PROFESSOR	(i)	264,210.	0	94,717.	40,252.	7,952.	407,131.	
	(ii)	0	0	0	0	0	0	
12 RICHARD ZIPSER PROFESSOR	(i)	202,863.	0	168,551.	48,296.	16,514.	436,224.	
	(ii)	0	0	0	0	0	0	
13 ANN ARDIS INTERIM DEPUTY PROVOST	(i)	228,661.	0	5,000.	25,611.	10,898.	270,170.	
	(ii)	0	0	0	0	0	0	
14 MARK STALNECKER CHIEF INVESTMENT OFFICER	(i)	230,294.	82,695.	0	50,000.	3,773.	366,762.	
	(ii)	0	0	0	0	0	0	
15 LYNN OKAGAKI DEAN	(i)	239,940.	0	0	48,867.	8,077.	296,884.	
	(ii)	0	0	0	0	0	0	
16	(i)							
	(ii)							

Schedule J (Form 990) 2012

Part III Supplemental Information

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

PART I, LINE 1A

HOUSING ALLOWANCE - THE UNIVERSITY'S PRESIDENT IS REQUIRED TO LIVE IN AN ON-CAMPUS RESIDENCE. THE ARRANGEMENT MEETS THE IRC EXCLUSION FROM GROSS INCOME AND IS THEREFORE EXCLUDED FROM COMPENSATION REPORTED ON THE PRESIDENT'S FORM W-2.

HEALTH AND SOCIAL CLUB DUES - CERTAIN CURRENT OFFICERS WERE PROVIDED BENEFITS TO HEALTH AND SOCIAL CLUBS TOTALING \$19,718. IT IS THE UNIVERSITY'S POLICY TO TREAT THE ABOVE ITEMS AS TAXABLE COMPENSATION AND REPORT THE APPLICABLE AMOUNTS ON THE OFFICER'S FORM W-2.

PERSONAL SERVICES - ONE UNIVERSITY OFFICER RECEIVED PERSONAL SERVICES IN THE FORM OF HOUSEKEEPING SERVICES IN THE AMOUNT OF \$5,914. IT IS THE UNIVERSITY'S POLICY TO TREAT SUCH PERSONAL SERVICES AS TAXABLE COMPENSATION AND TO REPORT THE APPLICABLE AMOUNTS ON THE OFFICER'S FORM W-2.

Part III Supplemental Information

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

PART I, LINE 5A

THE UNIVERSITY'S CHIEF INVESTMENT OFFICER, A KEY EMPLOYEE, RECEIVED A
BONUS PAYMENT OF \$82,695 WHICH IS PARTIALLY BASED UPON THE PERFORMANCE OF
THE UNIVERSITY'S INVESTMENT PORTFOLIO. THIS TYPE OF COMPENSATION IS
SUBJECT TO THE UNIVERSITY'S EXECUTIVE COMPENSTION PROCESS WHICH ENSURES
THAT THE AMOUNT OF TOTAL COMPENSATION IS FAIR AND REASONABLE.

PART I, LINE 7

CERTAIN UNIVERSITY OFFICERS RECEIVED BONUS PAYMENTS TOTALING \$306,288,
WHICH ARE BASED UPON ACHIEVING DOCUMENTED GOALS. THIS TYPE OF
COMPENSATION IS PURSUANT TO THE UNIVERSITY'S EXECUTIVE COMPENSTION
PROCESS WHICH ENSURES THAT THE AMOUNT OF TOTAL COMPENSATION IS FAIR AND
REASONABLE.

PART VII AND SCHEDULE J

OFFICER AND KEY EMPLOYEE CHANGES

THE FOLLOWING OFFICERS AND KEY EMPLOYEES LISTED ON SCHEDULE J AND/OR FORM

990 PART VII SEPARATED SERVICE DURING CALENDAR YEAR 2012:

Part III Supplemental Information

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

MARK BARTEAU, AUGUST 2012

BERNARD MONTGOMERY MUIR, AUGUST 2012

THOMAS MARK APPLE, JUNE 2012

PIERRE D. HAYWARD, JUNE 2012

THE FOLLOWING OFFICERS AND KEY EMPLOYEES LISTED ON SCHEDULE J AND/ OR
FORM 990 PART VII STARTED SERVICE WITH THE UNIVERSITY DURING THE FISCAL
YEAR ENDED JUNE 30, 2013:

JEFFREY GARLAND, AUGUST 2012

DEBORAH HAYES, JANUARY 2013

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

UNIVERSITY OF DELAWARE

Supplemental Information on Tax-Exempt Bonds

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

► **Attach to Form 990.**

► **See separate instructions.**

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

UNIVERSITY OF DELAWARE

Employer identification number

51-6000297

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A UNIVERSITY OF DELAWARE	51-6000297	91425MAY3	04/08/2004	53,457,434.	SEE PART VI		X		X		X
B UNIVERSITY OF DELAWARE	51-6000297	91425MAZ0	07/14/2005	49,945,000.	SEE PART VI		X		X		X
C UNIVERSITY OF DELAWARE	51-6000297	91425MBW6	12/17/2009	70,107,432.	SEE PART VI		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	54,590,166.		51,410,087.		70,107,432.			
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows	8,536,682.		12,855,147.		69,614,792.			
7 Issuance costs from proceeds	366,674.		307,595.		492,640.			
8 Credit enhancement from proceeds			30,000.					
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds	44,554,078.		36,752,258.					
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion	2005		2006		2010			
	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		

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

Schedule K (Form 990) 2012

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

UNIVERSITY OF DELAWARE

Supplemental Information on Tax-Exempt Bonds

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

► **Attach to Form 990.**

► **See separate instructions.**

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

UNIVERSITY OF DELAWARE

Employer identification number

51-6000297

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A UNIVERSITY OF DELAWARE	51-6000297	91425MCD7	11/18/2010	119,580,000.	SEE PART VI		X		X		X
B UNIVERSITY OF DELAWARE	51-6000297	91425MDU8	04/18/2013	196,950,353.	SEE PART VI		X		X		X
C											
D											

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue	119,580,000.		196,950,353.					
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows	980,000.		79,265,720.					
7 Issuance costs from proceeds			760,633.					
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds	118,600,000.		116,924,000.					
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion	2011							
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X	X					
15 Were the bonds issued as part of an advance refunding issue?		X		X				
16 Has the final allocation of proceeds been made?	X			X				
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

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

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

Schedule K (Form 990) 2012

Part III Private Business Use (Continued)

UNIVERSITY OF DELAWARE

	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?								
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 ▶		%		%		%		%
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		%		%		%		%
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 nongovernmental 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?		X		X		X		
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?								
b Exception to rebate?								
c No rebate due?								
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	MORGAN STANLEY		MORGAN STANLEY					
c Term of hedge	30.600		30.300					
d Was the hedge superintegrated?		X		X				
e Was the hedge terminated?		X		X				

Part III Private Business Use (Continued)

UNIVERSITY OF DELAWARE

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

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T?		X		X				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?			X					
b Exception to rebate?								
c No rebate due?								
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X				
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X	X					
b Name of provider			MORGAN STANLEY					
c Term of hedge			24.300					
d Was the hedge superintegrated?				X				
e Was the hedge terminated?				X				

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								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		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. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

This image shows a single page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or printed text visible on the page.

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				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X				
7 Has the organization established written procedures to monitor the requirements of section 148?	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					

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

[illegible]

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

SCHEDULE K, PART I, LINE A, COLUMN F

IN APRIL 2004, THE UNIVERSITY ISSUED \$12,070,000 OF SERIES 2004A REVENUE BONDS. APPROXIMATELY \$8,041,000 OF THESE SERIES 2004A BONDS WERE USED TO RETIRE THE SERIES 1993 REVENUE NOTES. THE REMAINING PORTION WERE USED TO CONSTRUCT A PARKING GARAGE, TO DEMOLISH EXISTING UNIVERSITY DORMATORIES, TO CONSTRUCT THREE NEW DORMATORY BUILDINGS, AND FOR OTHER CAPITAL IMPROVEMENTS. IN APRIL 2004, THE UNIVERSITY ISSUED \$40,835,000 OF SERIES 2004B VARIABLE RATE DEMAND REVENUE BONDS. THE BONDS WERE USED TO CONSTRUCT A PARKING GARAGE, TO DEMOLISH EXISTING UNIVERSITY DORMATORIES, TO CONSTRUCT THREE NEW DORMATORY BUILDINGS, AND FOR OTHER CAPITAL IMPROVEMENTS.

SCHEDULE K, PART I, LINE B, COLUMN F

IN JULY 2005, THE UNIVERSITY ISSUED \$49,945,000 OF SERIES 2005 VARIABLE RATE DEMAND REVENUE BONDS. \$37,880,000 OF THE SERIES 2005 BONDS WERE USED TO COMPLETE THE CONSTRUCTION OF THREE NEW DORMITORY BUILDINGS, THE DEMOLITION OF SOME EXISTING UNIVERSITY DORMITORIES, AND OTHER CAPITAL IMPROVEMENTS STARTED WITH PROCEEDS OF THE SERIES 2004B REVENUE BONDS. ALSO, \$12,065,000 WAS USED TO ADVANCE REFUND A PORTION OF THE SERIES 1997 BONDS.

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

SCHEDULE K, PART I, LINE C, COLUMN F

IN DECEMBER OF 2009, THE UNIVERSITY ISSUED \$64,000,000 OF SERIES 2009B
REVENUE BONDS IN FIXED RATE MODE WITH THE SOLE PURPOSE OF REFUNDING THE
SERIES 1998, 2001A, AND 2001B VARIABLE RATE DEMAND BONDS AND TERMINATING
RELATED INTEREST RATE EXCHANGE AGREEMENTS.

SCHEDULE K, PART I (CONTINUED), LINE A, COLUMN F

IN NOVEMBER 2010, THE UNIVERSITY ISSUED \$119,580,000 OF SERIES 2010A
REVENUE BONDS IN FIXED RATE MODE WITH THE PURPOSE OF (1) PROVIDING FUNDS
FOR THE CONSTRUCTION, ADDITION TO AND RENOVATION, AS APPLICABLE, TO THE
FOLLOWING PROJECT FACILITIES: (I) BASKETBALL AND VOLLEYBALL FACILITY
ADDITION TO THE BOB CARPENTER SPORTS/CONVOCATION CENTER, (II)
CONSTRUCTION OF THE UNIVERSITY'S BOOKSTORE, (III) RENOVATIONS TO
CARPENTER SPORTS BUILDING, (IV) RENOVATIONS TO THE BOB CARPENTER
SPORTS/CONVOCATION CENTER, (V) CONSTRUCTION/RENOVATIONS TO EAST CAMPUS
UTILITY PLANT, (VI) THE CONSTRUCTION OF HOUSING FOR APPROXIMATELY 800
DORMITORY BEDS, (VII) RECREATION UPGRADES TO FRAZIER FIELD AND (2)
FUNDING THE COSTS OF ISSUANCE OF THE 2010A BONDS.

SCHEDULE K, PART II, COLUMN A PROCEEDS - BOND ISSUE 2004A/B

LINE 3 - INCLUDES INTEREST EARNINGS \$1,132,732

LINE 6 - NET OF DEBT SERVICE RESERVE FUND

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

AND THE DEBT SERVICE FUND

\$2,697,958

SCHEDULE K, PART II, COLUMN B PROCEEDS - BOND ISSUE 2005

LINE 3 - INCLUDES INTEREST EARNINGS \$1,465,087

LINE 7 - INCLUDES CREDIT ENHANCEMENT FEES \$30,000

SCHEDULE K, PART II, COLUMN C PROCEEDS - BOND ISSUE 2013

THE SERIES 2013A BONDS WERE ISSUED FOR THE PURPOSES OF PROVIDING FUNDS

(I) TO FINANCE THE ACQUISITION, CONSTRUCTION, EQUIPPING AND INSTALLATION

OF CERTAIN PROJECT FACILITIES INCLUDING BUT NOT LIMITED TO RENOVATIONS OF

HARRINGTON HALL AND CARPENTER SPORTS CENTER, PURCHASE OF POD EQUIPMENT

AND CONSTRUCTION OF NEW STUDENT HOUSING, (II) TO REFUND A PORTION OF

CERTAIN PRIOR BONDS OF THE UNIVERSITY, (III) TO PAY THE TERMINATION

PAYMENTS WITH RESPECT TO A PORTION OF CERTAIN INTEREST RATE EXCHANGE

AGREEMENTS AND (IV) TO PAY THE COSTS OF ISSUING THE 2013A BONDS.

THE SERIES 2013B BONDS WERE ISSUED FOR THE PURPOSE OF PROVIDING FUNDS (I)

TO FINANCE THE ACQUISITION, CONSTRUCTION, EQUIPPING AND INSTALLATION OF A

NEW DINING HALL AND (II) TO PAY THE COSTS OF ISSUING THE SERIES 2013B

BONDS.

THE 2013 C BONDS WERE ISSUED FOR THE PURPOSE OF PROVIDING FUNDS (I) TO

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

CURRENTLY REFUND THE UNIVERSITY'S VARIABLE RATE REVENUE BONDS, SERIES

2009A AND (II) TO PAY THE COSTS OF ISSUING THE 2013C BONDS.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered**
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

2012

**Open To Public
Inspection**

Name of the organization

UNIVERSITY OF DELAWARE

Employer identification number

51-6000297

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												

Total ▶ \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1) SCHOLARSHIP		3,500.	SCHOLARSHIP	
(2) TUITION		35,458.	TUITION	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990 or 990-EZ) 2012

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) PATRICK HARKER	UNIVERSITY PRESIDENT	1,603,538.	PEPCO UTILITY PAYMENTS		X
(2) JAMES BOREL	UNIVERSITY TRUSTEE	397,404.	DUPONT CO RESEARCH GRANTS		X
(3) MICHAEL MOORE	SPOUSE OF KATHLEEN MATT	156,181.	EMPLOYMENT		X
(4) TIMOTHY TARGETT	SPOUSE OF NANCY TARGETT	164,815.	EMPLOYMENT		X
(5) PHILLIP MINK	SPOUSE OF ANN ARDIS	80,229.	EMPLOYMENT		X
(6) HOWARD COSGROVE	UNIVERSITY TRUSTEE	383,989.	NRG RESEARCH GRANTS		X
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

LINE 1 PATRICK HARKER

DR. HARKER, PRESIDENT OF THE UNIVERSITY, IS A DIRECTOR ON THE BOARD OF DIRECTORS OF PEPCO HOLDINGS, INC. PEPCO HOLDINGS, INC OWNS DELMARVA POWER AND LIGHT, INC. AS WELL AS PEPCO ENERGY SERVICES, INC., WHICH PROVIDES ELECTRIC UTILITY SERVICES TO THE UNIVERSITY OF DELAWARE. THESE ELECTRIC UTILITY SERVICES ARE PROVIDED TO THE UNIVERSITY OF DELAWARE ON AN ARM'S LENGTH BASIS. THE SERVICES DURING FISCAL 2013 WERE IN THE AMOUNT OF \$1,603,538.

LINE 2 JAMES BOREL

JAMES BOREL, A UNIVERSITY TRUSTEE, IS AN OFFICER OF THE DUPONT COMPANY. THE UNIVERSITY RECEIVED \$397,404 IN GRANT PAYMENTS FOR SPONSORED RESEARCH FROM THE DUPONT COMPANY DURING FISCAL 2013.

LINE 6 HOWARD COSGROVE

HOWARD COSGROVE, A UNIVERSITY TRUSTEE, IS CHAIRMAN OF THE BOARD OF NRG ENERGY, INC. THE UNIVERSITY RECEIVED \$383,989 IN GRANT PAYMENTS FOR SPONSORED RESEARCH FROM NRG ENERGY DURING FISCAL 2013.

**SCHEDULE M
(Form 990)**Department of the Treasury
Internal Revenue Service**Noncash Contributions**

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

OMB No. 1545-0047

2012**Open To Public
Inspection**

Name of the organization

UNIVERSITY OF DELAWARE

Employer identification number

51-6000297

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	24 .	224,697 .	OPINIONS OF EXPERTS
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		59,581 .	OPINIONS OF EXPERTS
5 Clothing and household goods	X		700 .	OPINIONS OF EXPERTS
6 Cars and other vehicles				
7 Boats and planes	X	2 .	191,185 .	OPINIONS OF EXPERTS
8 Intellectual property				
9 Securities - Publicly traded	X	68 .	3,062,374 .	MEDIAN STOCK VALUE
10 Securities - Closely held stock	X	1 .	4,914,000 .	OPINIONS OF EXPERTS
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts	X	1 .	140 .	OPINIONS OF EXPERTS
23 Scientific specimens	X	2 .	1,350 .	OPINIONS OF EXPERTS
24 Archeological artifacts				
25 Other ► (<u>ATCH 1</u>)		64 .	29,927 .	
26 Other ► (<u> </u>)				
27 Other ► (<u> </u>)				
28 Other ► (<u> </u>)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 11 .

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

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

Schedule M (Form 990) (2012)

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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
LAB EQUIPMENT	X	3.	10,010.	OPINIONS OF EXPERTS
HISTORICAL COSTUMES	X	13.	2,428.	OPINIONS OF EXPERTS
FUNDRAISER ITEMS	X	48.	17,489.	COST/SELLING PRICE
TOTALS		<u>64.</u>	<u>29,927.</u>	

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.**

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

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BUSINESS RELATIONSHIPS

PART VI, SECTION A, LINE 2

ONE TRUSTEE, WHO IS A FINANCIAL ADVISOR, HAS A BUSINESS RELATIONSHIP WITH
THREE OTHER TRUSTEES.

MEMBERS WHO MAY ELECT ONE OR MORE MEMBERS OF THE GOVERNING BODY

PART VI, SECTION A, LINE 7A

EIGHT OF THE UNIVERSITY'S TRUSTEES SHALL BE APPOINTED BY THE GOVERNOR,
BY AND WITH THE CONSENT OF A MAJORITY OF THE MEMBERS ELECTED TO THE
SENATE.

FORM 990 REVIEW

PART VI, SECTION B, LINE 11B

THE UNIVERSITY'S FORM 990 IS PREPARED BY THE UNIVERSITY'S FINANCE OFFICE
AND SIGNED BY THE EXECUTIVE VICE PRESIDENT AND UNIVERSITY TREASURER. THE
FORM 990 IS REVIEWED BY ADDITIONAL MEMBERS OF UNIVERSITY MANAGEMENT,
INCLUDING THE VICE PRESIDENT AND GENERAL COUNSEL. IT IS ALSO REVIEWED BY
THE UNIVERSITY'S INDEPENDENT TAX ADVISORS WHO SIGN THE RETURN AS "PAID
PREPARERS."

THE AUDIT VISITING COMMITTEE OF THE BOARD OF TRUSTEES REVIEWS AND
DISCUSSES THE FULL FORM 990 AT ITS SPRING MEETING (HELD IN APRIL 2014).
ADDITIONALLY, THE FULL FORM 990 IS PROVIDED TO THE FULL BOARD OF TRUSTEES

Name of the organization

UNIVERSITY OF DELAWARE

Employer identification number

51-6000297

PRIOR TO THE FILING OF THE FORM 990 WITH THE IRS.

CONFLICT OF INTEREST

PART VI, SECTION B, LINE 12C

THE BOARD OF TRUSTEES, OFFICERS AND KEY EMPLOYEES OF THE UNIVERSITY, BY VIRTUE OF THEIR OFFICES, HAVE A FIDUCIARY RELATIONSHIP WITH THE UNIVERSITY WHICH REQUIRES THAT THEY ACT IN GOOD FAITH AND WITH FIDELITY TO THE UNIVERSITY'S BEST INTERESTS. THE UNIVERSITY HAS WRITTEN CONFLICT OF INTEREST POLICIES WHICH ARE INTENDED TO PERMIT THE UNIVERSITY AND ITS TRUSTEES, OFFICERS AND OTHER KEY EMPLOYEES TO IDENTIFY, EVALUATE AND ADDRESS ANY CONFLICT OF INTEREST THAT MIGHT CALL INTO QUESTION THIS FIDUCIARY DUTY TO THE UNIVERSITY. THE CONFLICT OF INTEREST POLICY COVERING TRUSTEES IS DOCUMENTED IN THE BYLAWS OF THE BOARD OF TRUSTEES OF THE UNIVERSITY, SECTION 1.4.

THE CONFLICT OF INTEREST POLICIES COVERING OFFICERS AND OTHER SENIOR ADMINISTRATORS IS DOCUMENTED IN UNIVERSITY POLICY 4-26, POLICY ON DISCLOSING AND MANAGING SENIOR ADMINISTRATORS' FINANCIAL CONFLICTS OF INTEREST. CONFLICT OF INTEREST POLICIES COVERING OTHER KEY EMPLOYEES ARE DOCUMENTED IN THE FOLLOWING UNIVERSITY POLICIES: 4-41, PROFESSIONAL AND SALARIED STAFF CODE OF ETHICS AND 6-11, FACULTY AND PROFESSIONAL STAFF INVOLVEMENT IN COMMERCIAL ENTERPRISES THAT HAVE RELATIONSHIPS WITH THE UNIVERSITY OF DELAWARE. EACH TRUSTEE, OFFICER AND KEY EMPLOYEE IS REQUIRED TO REPORT ANY CONFLICTS OF INTEREST TO THE UNIVERSITY AS SOON AS PRACTICAL AFTER THEY BECOME AWARE OF SUCH A CONFLICT.

Name of the organization UNIVERSITY OF DELAWARE	Employer identification number 51-6000297
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EACH TRUSTEE, OFFICER AND KEY EMPLOYEE SHALL ALSO ANNUALLY COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE. THE UNIVERSITY MONITORS COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICIES BY REVIEW OF THE ANNUAL CONFLICT OF INTEREST QUESTIONNAIRES BY THE OFFICE OF GENERAL COUNSEL AND THE OFFICE OF THE VICE PRESIDENT FOR FINANCE.

IF CONFLICTS OF INTEREST EXIST FOR OFFICERS AND KEY EMPLOYEES, GENERAL COUNSEL DETERMINES THE CORRECTIVE MEASURE, IF ANY, TO BE TAKEN TO RESOLVE THE CONFLICT, OR WILL IMPOSE APPROPRIATE RESTRICTIONS, IF ANY, ON THE PERSON WITH THE CONFLICT. FOR CONFLICTS OF INTEREST INVOLVING THE PRESIDENT, THE CHAIR OF THE BOARD OF TRUSTEES WILL BE NOTIFIED OF THE CONFLICT AND WILL RECOMMEND TO THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES THE CORRECTIVE MEASURES, IF ANY, TO BE TAKEN TO RESOLVE THE CONFLICT OR APPROPRIATE RESTRICTIONS, IF ANY, TO BE IMPOSED ON THE PERSON WITH THE CONFLICT. THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES, EXCLUDING SUCH CONFLICTED PERSON, HAS THE FINAL APPROVAL OF ANY RECOMMENDED CORRECTIVE MEASURES OR IMPOSED RESTRICTIONS. SUCH RESTRICTIONS REQUIRE EXCLUDING CONFLICTED PERSONS FROM DISCUSSION AND APPROVAL OF TRANSACTIONS BENEFITTING THEM, DIRECTLY OR INDIRECTLY.

OFFICER AND KEY EMPLOYEES COMPENSATION PROCESS

PART VI, SECTION B, LINES 15 A & B

THE COMPENSATION OF ALL OFFICERS OF THE UNIVERSITY IS REVIEWED AND APPROVED ANNUALLY BY THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES, AND IS SUBSEQUENTLY REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES. SUCH PROCESS INCLUDES THE USE OF BENCHMARK

Name of the organization

UNIVERSITY OF DELAWARE

Employer identification number

51-6000297

COMPENSATION DATA AND 3RD PARTY EXPERTS. THE OFFICERS' COMPENSATION PROCESS IS CONTEMPORANEOUSLY DOCUMENTED BY THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES.

THE COMPENSATION OF KEY EMPLOYEES IS SET BY THEIR RESPECTIVE SUPERVISING OFFICER WITHIN THE CONSTRAINTS OF THE UNIVERSITY'S OPERATING BUDGET, WHICH IS REVIEWED AND APPROVED BY THE FINANCE COMMITTEE OF THE BOARD OF TRUSTEES, AND SUBSEQUENTLY BY THE FULL BOARD OF TRUSTEES. THE KEY EMPLOYEES' COMPENSATION PROCESS IS CONTEMPORANEOUSLY DOCUMENTED BY THE UNIVERSITY.

JOINT VENTURE POLICY

PART VI, SECTION B, LINES 16A & 16B

ALTHOUGH THE UNIVERSITY DOES NOT HAVE AN APPROVED JOINT VENTURE POLICY, IT DOES HAVE A DRAFT POLICY AND DOES REVIEW ITS PARTICIPATION IN A JOINT VENTURE AS IT RELATES TO THE FEDERAL TAX LAWS, AND IT TAKES APPROPRIATE STEPS TO SAFEGUARD THE UNIVERSITY'S EXEMPT STATUS.

DISCLOSURE OF GOVERNING DOCUMENTS

PART VI, SECTION C, LINE 19

THE UNIVERSITY'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES AND AUDITED CONSOLIDATED FINANCIAL STATEMENTS ARE AVAILABLE AS PUBLIC INFORMATION ON THE UNIVERSITY'S WEBSITE, AND IN HARDCOPY UPON REQUEST. IN ADDITION, THE UNIVERSITY'S FORM 990, FORM 990-T AND IRS DETERMINATION LETTER ARE MADE AVAILABLE FOR PUBLIC REVIEW UPON REQUEST.

Name of the organization UNIVERSITY OF DELAWARE	Employer identification number 51-6000297
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OTHER CHANGES IN NET ASSETS OF FUND BALANCE

PART XI, LINE 5

DECREASE IN POSTRETIREMENT OBLIGATION 38,387,477

ATTACHMENT 1FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

MISSION STATEMENT: THE UNIVERSITY OF DELAWARE EXISTS TO CULTIVATE LEARNING, DEVELOP KNOWLEDGE, AND FOSTER THE FREE EXCHANGE OF IDEAS. STATE-ASSISTED YET PRIVATELY GOVERNED, THE UNIVERSITY HAS A STRONG TRADITION OF DISTINGUISHED SCHOLARSHIP, RESEARCH, TEACHING, AND SERVICE THAT IS GROUNDED IN A COMMITMENT TO INCREASING AND DISSEMINATING SCIENTIFIC, HUMANISTIC, AND SOCIAL KNOWLEDGE FOR THE BENEFIT OF THE LARGER SOCIETY. FOUNDED IN 1743 AND CHARTERED BY THE STATE IN 1833, THE UNIVERSITY OF DELAWARE TODAY IS A LAND-GRANT, SEA-GRANT, AND SPACE-GRANT UNIVERSITY. THE UNIVERSITY OF DELAWARE IS A MAJOR RESEARCH UNIVERSITY OFFERING A BROAD RANGE OF DEGREE PROGRAMS: 3 ASSOCIATE PROGRAMS, 147 BACHELOR'S PROGRAMS, 119 MASTER'S PROGRAMS, 54 DOCTORAL PROGRAMS, AND 15 DUAL GRADUATE PROGRAMS THROUGH OUR SEVEN COLLEGES AND IN COLLABORATION WITH MORE THAN 70 RESEARCH CENTERS. UNIVERSITY FACULTY ARE COMMITTED TO THE INTELLECTUAL, CULTURAL, AND ETHICAL DEVELOPMENT OF STUDENTS AS CITIZENS, SCHOLARS AND PROFESSIONALS. UNIVERSITY GRADUATES ARE PREPARED TO CONTRIBUTE TO A GLOBAL SOCIETY THAT REQUIRES LEADERS WITH CREATIVITY, INTEGRITY, AND A DEDICATION TO SERVICE. THE UNIVERSITY OF DELAWARE PROMOTES AN ENVIRONMENT IN WHICH ALL PEOPLE ARE INSPIRED TO LEARN, AND ENCOURAGES INTELLECTUAL CURIOSITY, CRITICAL THINKING, FREE INQUIRY, AND RESPECT FOR THE VIEWS AND VALUES OF AN INCREASINGLY DIVERSE POPULATION.

Name of the organization

UNIVERSITY OF DELAWARE

Employer identification number

51-6000297

ATTACHMENT 2FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
ACADEMIC SUPPORT		66,008,224.	16,466,130.
EXTENSION AND PUBLIC SERVICE		47,996,702.	15,660,269.
STUDENT SERVICES		31,546,109.	
TOTALS		<u>145,551,035.</u>	<u>32,126,399.</u>

ATTACHMENT 3FORM 990, PART VI, LINE 17 - STATES

AK,AZ,CO,

HI,KY,MD,MA,MI,

NH,OH,OK,OR,

SC,WA,

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
WHITING-TURNER CONTRACTING COMPANY 131 CONTINENTAL DRIVE, SUITE 404 NEWARK, DE 19713	CONSTRUCTION SITEWRK	51,937,304.
SKANSKA USA BUILDING INC 1633 LITTLETON ROAD PARSIPPANY, NJ 07054	GENERAL CONTRACTOR	35,354,411.
ARAMARK 1101 MARKET STREET PHILADELPHIA, PA 19107	DINING SERV MGR	28,777,990.
BANCROFT CONSTRUCTION 1300 GRANT AVENUE WILMINGTON, DE 19806	GENERAL CONTRACTOR	15,058,215.
NASON CONSTRUCTION INC 2000 FOULK ROAD	GENERAL CONTRACTOR	3,777,013.

Name of the organization

UNIVERSITY OF DELAWARE

Employer identification number

51-6000297

ATTACHMENT 4 (CONT'D)990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORSNAME AND ADDRESSDESCRIPTION OF SERVICESCOMPENSATION

WILMINGTON, DE 19810

ATTACHMENT 5FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
VAR PUBLICLY TRADED SECURITIES	823,666,100.	948,861,178.	FMV
TOTALS	<u>823,666,100.</u>	<u>948,861,178.</u>	

**SCHEDULE R
(Form 990)**Department of the Treasury
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

2012**Open to Public
Inspection**▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**▶ **Attach to Form 990.**▶ **See separate instructions.**

Name of the organization

UNIVERSITY OF DELAWARE

Employer identification number

51-6000297

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) BLUE HEN HOTEL LLC 51-0411499 HULLIHEN HALL SUITE 220 NEWARK, DE 19716	HOTEL	DE	5,481,327.	16,535,124.	UNIV. OF DE
(2) 1743 HOLDINGS LLC 27-1332816 HULLIHEN HALL SUITE 220 NEWARK, DE 19716	RESEARCH	DE	4,008,064.	41,552,502.	UNIV. OF DE
(3) -----					
(4) -----					
(5) -----					
(6) -----					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) ALUMNI ASSOCIATION OF THE UNIV OF DE 51-6016065 24 E MAIN STREET NEWARK, DE 19716	SCHOLARSHIP	DE	501(C)(3)	TYPE III-FI	N/A		X
(2) UNIVERSITY OF DELAWARE RESEARCH FDN 51-6017306 220 HULLIHEN HALL NEWARK, DE 19716	RESEARCH	DE	501(C)(3)	TYPE III-O	N/A		X
(3) UNIVERSITY OF DE LIBRARY ASSOCIATES INC 51-6017971 UNIVERSITY OF DELAWARE LIBRARY NEWARK, DE 19717	DONATIONS	DE	501(C)(3)	TYPE III-FI	N/A		X
(4) BARTOL RESEARCH FDN, C/O FRANKLIN INSTIT 23-2482657 222 N 20TH ST PHILADELPHIA, PA 19103	RESEARCH	PA	501(C)(3)	TYPE 1	FRANKLIN INS		X
(5) KARL W BOER SOLAR ENERGY MEDAL OF MERIT 39-6596448 C/O RALF R BOER, TRUSTEE MILWAUKEE, WI 53202	AWARD	DE	501(C)(3)	TYPE I	N/A		X
(6) UNIDEL FOUNDATION INC 51-6015046 PO BOX 1146 WILMINGTON, DE 19899	GRANTS	DE	501(C)(3)	TYPE III-O	N/A		X
(7) -----							

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ARLINGTON FND 1, LLC 47-090022 100 SUMMER STREET, BOSTON, MA	INVESTMENTS	DE	N/A	RELATED	5,176,356.	190,800,461.		X	-18,213.	X		99.0000
(2) FIRST STATE MARINE WIND, LLC 3 2050 CABOT BLVD W.	PWR GENERAT	DE	N/A	UNRELATED	-182,254.	2,661,558.		X	0	X		67.0000
(3) 83 EAST MAIN STREET, LLC 322 A STREET NEWARK, DE 19716	INACTIVE	DE	N/A	REALTED	0	0		X	0	X		61.0000
(4) US OFFSHORE WIND INNOV AND RES 124 HULLIHEN HALL	INACTIVE	DE	BLUE HEN WIND	RELATED	0	0		X	0	X		50.0000
(5) -----												
(6) -----												
(7) -----												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percen- tage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) BLUE HEN WIND INC ----- 35-2377140 124 C HULLIHEN NEWARK, DE 19716	INVESTMENTS	DE	UDEL	C CORP	0	2,739,467.	100.0000	X	
(2) UNIVERSITY OF DE STUDENT HOUSING FND ----- 31-1779506 220 HULLIHEN HALL NEWARK, DE 19716	INACTIVE	DE	N/A	C CORP	0	0			
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									

Schedule R (Form 990) 2012

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a X	
b Gift, grant, or capital contribution to related organization(s)	1b X	
c Gift, grant, or capital contribution from related organization(s)	1c X	
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n X	
o Sharing of paid employees with related organization(s)	1o X	
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r X	
s Other transfer of cash or property from related organization(s)	1s	X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) UNIVERSITY OF DE LIBRARY ASSOCIATES, INC.	C	81,000.	CASH DIST.
(2) UNIVERSITY OF DE RESEARCH FOUNDATION	C	415,000.	CASH DIST.
(3) UNIDEL FOUNDATION INC.	C	15,100,000.	CASH DIST.
(4) UNIVERSITY OF DE ALUMNI ASSOCIATION, INC.	C	141,039.	CASH DIST.
(5) SEE SCH. R, PART VII, SUPPLEMENTAL INFO	M		
(6) SEE SCH. R, PART VII, SUPPLEMENTAL INFO	N		

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													
(2) -----													
(3) -----													
(4) -----													
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(16) -----													

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Part VII **Supplemental Information**

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

SCHEDULE R, PART V, LINE 2 (M) & (N)

THE UNIVERSITY PROVIDES, WITHOUT COMPENSATION, BOOKKEEPING AND OTHER ADMINISTRATIVE SERVICES TO THE UNIVERSITY OF DELAWARE ALUMNI ASSOCIATION, UNIVERSITY OF DELAWARE RESEARCH FOUNDATION, UNIVERSITY OF DELAWARE LIBRARY ASSOCIATES, INC., BLUE HEN WIND, INC. , AND FIRST STATE MARINE WIND, LLC. UNIVERSITY PERSONNEL RECEIVE NO COMPENSATION FROM THESE ORGANIZATIONS.