



# **2020 Income Tax Return**

**UNIVERSITY OF DELAWARE**

EXTENDED TO MAY 16, 2022

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**Open to Public  
Inspection**A** For the 2020 calendar year, or tax year beginning JUL 1, 2020 and ending JUN 30, 2021

<b>B</b> Check if applicable:  Address change Name change Initial return Final return/terminated Amended return Application pending	<b>C</b> Name of organization UNIVERSITY OF DELAWARE		<b>D</b> Employer identification number 51-6000297
	Doing business as		<b>E</b> Telephone number (302) 831-2175
	Number and street (or P.O. box if mail is not delivered to street address) 220 HULLIHEN HALL	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code NEWARK, DE 19716		<b>G</b> Gross receipts \$ 2,296,330,461.
	<b>F</b> Name and address of principal officer: DIONISSIOS ASSANIS 104A HULLIHEN HALL, NEWARK, DE 19716		<b>H(a)</b> Is this a group return for subordinates? ..... Yes <input checked="" type="checkbox"/> No
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527			<b>H(b)</b> Are all subordinates included? Yes No
<b>J</b> Website: WWW.UDEL.EDU			<b>H(c)</b> Group exemption number ▶
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶			<b>L</b> Year of formation: 1833
			<b>M</b> State of legal domicile: DE

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: INSTRUCTION, RESEARCH, AND PUBLIC SERVICES ARE THE UNIVERSITY'S MOST SIGNIFICANT ACTIVITIES.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	32
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	30
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	13251
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	30
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	169,022,967.	182,867,274.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,000,432,671.	975,285,226.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	87,772,798.	163,851,821.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	55,363,082.	58,682,840.
		1,312,591,518.	1,380,687,161.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	200,943,966.	248,696,715.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	714,999,080.	695,312,958.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	650,482.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 15,289,769.		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	415,726,918.	334,099,513.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,331,669,964.	1,278,759,668.
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-19,078,446.	101,927,493.
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	4,006,103,766.	4,592,733,130.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	1,562,928,044.	1,577,507,594.
		2,443,175,722.	3,015,225,536.

**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.

<b>Sign Here</b>	Signature of officer <i>John Long</i>	Date 5/12/2022			
	JOHN LONG, EXECUTIVE VICE PRESIDENT & COO Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name JONATHAN LIST	Preparer's signature <i>Jonathan List</i>	Date 05/12/2022	Check if self-employed <input type="checkbox"/>	PTIN P01679255
	Firm's name ▶ KPMG LLP	Firm's EIN ▶ 13-5565207	Phone no. 703-286-8000		
	Firm's address ▶ 8350 BROAD STREET, SUITE 900 MCLEAN, VA 22102				

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes No

Form **8868**  
(Rev. January 2020)Department of the Treasury  
Internal Revenue Service**Application for Automatic Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-0047

- **File a separate application for each return.**  
 ► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions.  UNIVERSITY OF DELAWARE	Taxpayer identification number (TIN)  51-6000297
	Number, street, and room or suite no. If a P.O. box, see instructions. 220 HULLIHEN HALL	
	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 (other than individual)	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

LISA MARRA KELLY, CONTROLLER

- The books are in the care of ► 220 HULLIHEN HALL - NEWARK, DE 19716  
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 TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until MAY 16, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ► ☐ calendar year \_\_\_\_\_ or  
 ► ☒ tax year beginning JUL 1, 2020, and ending JUN 30, 2021.

- 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

<b>3a</b> 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.	<b>3a</b>	\$	0.
<b>b</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.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**Form **8868** (Rev. 1-2020)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:

SEE SCHEDULE O.

**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 \$ 480,444,214. including grants of \$ ) (Revenue \$ 617,495,720. )

INSTRUCTION AND DEPARTMENTAL RESEARCH ARE PROVIDED TO OVER 23,000

STUDENTS INCLUDING APPROXIMATELY 21,700 FULL TIME AND 2,400 PART-TIME

STUDENTS AT 4 CAMPUSES THROUGHOUT THE STATE OF DELAWARE.

**4b** (Code: ) (Expenses \$ 176,624,690. including grants of \$ ) (Revenue \$ 272,738,143. )

SPONSORED RESEARCH IS ADVANCING LEADING-EDGE RESEARCH THAT SOLVES

MYSTERIES, TACKLES PROBLEMS, AND INVENTS NEW TECHNOLOGIES, ALL AIMED AT  
ENHANCING OUR QUALITY OF LIFE.**4c** (Code: ) (Expenses \$ 86,697,307. including grants of \$ ) (Revenue \$ 49,935,814. )AUXILIARY SERVICES MANAGES MANY OF THE UNIVERSITY OF DELAWARE'S SUPPORT  
UNITS, PROVIDING A WIDE RANGE OF PRODUCTS AND SERVICES FOR STUDENTS,  
FACULTY, AND STAFF INCLUDING THE UNIVERSITY'S RESIDENCE HALLS,  
BOOKSTORE, CONFERENCE SERVICES, DINING SERVICES, GREEN RESERVATIONS  
(AREAS OUTSIDE OF RESIDENCE HALLS AND CAMPUS BUILDINGS), RESIDENCE HALL  
LAUNDRY, UNIVERSITY PARKING, BUS SERVICE, AND PRINTING.**4d** Other program services (Describe on Schedule O.)

(Expenses \$ 381,697,172. including grants of \$ 248,696,715. ) (Revenue \$ 35,115,549. )

**4e** Total program service expenses ► 1,125,463,383.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>22</b> X	
<b>23</b> 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> .....	<b>23</b> X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	<b>24a</b> X	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	X
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	X
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	X
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> .....	<b>25a</b>	X
<b>b</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> .....	<b>25b</b>	X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b> X	
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b> X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b> X	
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> 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> .....	<b>32</b>	X
<b>33</b> 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> .....	<b>33</b> X	
<b>34</b> 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> .....	<b>34</b> X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b> X	
<b>b</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> .....	<b>35b</b> X	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> 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> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	<b>38</b> X	

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b> 1132	
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Yes	No
<b>2a</b> 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 ..... <b>2a</b> 13251		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? ..... <b>2b</b>	X	
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) .....		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? ..... <b>3a</b>	X	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O ..... <b>3b</b>	X	
<b>4a</b> 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)? ..... <b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country ► ..... See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? ..... <b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? ..... <b>5b</b>	X	
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T? ..... <b>5c</b>	X	
<b>6a</b> 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? ..... <b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? ..... <b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> 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? ..... <b>7a</b>	X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? ..... <b>7b</b>	X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? ..... <b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year ..... <b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ..... <b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ..... <b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... <b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? <b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? ..... <b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? ..... <b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? ..... <b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 ..... <b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ..... <b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders ..... <b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) ..... <b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? ..... <b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year ..... <b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? ..... <b>13a</b>		
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</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 ..... <b>13b</b>		
<b>c</b> Enter the amount of reserves on hand ..... <b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? ..... <b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O ..... <b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? ..... <b>15</b>	X	
If "Yes," see instructions and file Form 4720, Schedule N.		
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? ..... <b>16</b>		X
If "Yes," complete Form 4720, Schedule O.		

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**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 on Schedule O. See instructions.

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

☒**Section A. Governing Body and Management**

	1a	1b	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	32			
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent .....		30		
<b>2</b> 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? .....			<b>2</b>	X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .....			<b>3</b>	X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....			<b>4</b>	X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .....			<b>5</b>	X
<b>6</b> Did the organization have members or stockholders? .....			<b>6</b>	X
<b>7a</b> 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? .....			<b>7a</b>	X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....			<b>7b</b>	X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body? .....			<b>8a</b>	X
<b>b</b> Each committee with authority to act on behalf of the governing body? .....			<b>8b</b>	X
<b>9</b> 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 on Schedule O .....			<b>9</b>	X

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? .....	<b>10a</b>	X
<b>b</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? .....	<b>10b</b>	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	<b>11a</b>	X
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990. ....		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	<b>12a</b>	X
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	<b>12b</b>	X
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done .....	<b>12c</b>	X
<b>13</b> Did the organization have a written whistleblower policy? .....	<b>13</b>	X
<b>14</b> Did the organization have a written document retention and destruction policy? .....	<b>14</b>	X
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official .....	<b>15a</b>	X
<b>b</b> Other officers or key employees of the organization .....	<b>15b</b>	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). ....		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....	<b>16a</b>	X
<b>b</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? .....	<b>16b</b>	X

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► **SEE SCHEDULE O**

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 on Schedule O)

**19** Describe on 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, address, and telephone number of the person who possesses the organization's books and records ►  
 LISA MARRA KELLY, CONTROLLER - 302-831-2175  
 220 HULLIHEN HALL, NEWARK, DE 19716



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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DIONISSIOS ASSANIS PRESIDENT	55.00 0.00	X		X				1,386,351.	0.	46,260.
(2) KEITH WALTER CHIEF INVESTMENT OFFICER	55.00 0.00					X		795,825.	0.	55,943.
(3) JAMES DICKER JR. VP FOR DEV AND ALUMNI RELATIONS	55.00 0.00			X				683,333.	0.	55,869.
(4) JOHN LONG EXECUTIVE VP & COO	55.00 0.00			X				570,833.	0.	50,785.
(5) ROBIN MORGAN PROVOST	55.00 0.00			X				559,417.	0.	61,065.
(6) DANIEL ROCCO HEAD FOOTBALL COACH	55.00 0.00					X		517,852.	0.	50,709.
(7) MARTIN INGELSBY HEAD BASKETBALL COACH	55.00 0.00					X		494,809.	0.	55,892.
(8) LAURE ERGIN VP AND GENERAL COUNSEL	55.00 0.00			X				469,000.	0.	57,600.
(9) CHRISTINE STETSON RAWAK DIR OF INTERCOLLEGIATE ATHL & REC SR	55.00 0.00					X		450,309.	0.	55,944.
(10) CHARLES RIORDAN VP FOR RESEARCH SCHOLARSHIP AND INNO	55.00 0.00			X				419,867.	0.	55,869.
(11) LEVI THOMPSON DEAN	55.00 0.00				X			417,270.	0.	55,869.
(12) MARY REMMLER VP FOR STRATEGIC PLANNING AND ANALYS	55.00 0.00			X				402,000.	0.	70,189.
(13) SHARON PITT VP FOR INFORMATION TECHNOLOGIES	55.00 0.00			X				402,000.	0.	67,506.
(14) JOHN PELESKO DEAN	55.00 0.00				X			392,000.	0.	76,957.
(15) MICHAEL KLEIN UNIDEL DAN RICH CHAIR IN ENERG	55.00 0.00					X		424,246.	0.	33,297.
(16) BABATUNDE OGUNNAIKE FORMER DEAN/ PROFESSOR	55.00 0.00						X	390,219.	0.	57,449.
(17) GLENN CARTER VP FOR COMM & MARKETING	55.00 0.00			X				402,000.	0.	35,575.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) GREG OLER VP- FINANCE AND TREASURY	55.00 0.00			X				349,517.	0.	72,949.
(19) RODNEY MORRISON VP ENROLLMENT MANAGEMENT	55.00 0.00			X				354,290.	0.	58,662.
(20) PETER KRAWCHYK VP FOR FACILITIES, RE AND AUX SRCV &	55.00 0.00			X				356,217.	0.	52,456.
(21) MOHSEN BADIEY FORMER INTERIM DEAN/ PROFESSOR	55.00 0.00						X	321,126.	0.	59,423.
(22) BETH BRAND VP & UNIVERSITY SECRETARY	55.00 0.00			X				333,706.	0.	46,524.
(23) JOSE-LUIS RIERA VP FOR STUDENT LIFE	55.00 0.00			X				322,191.	0.	57,734.
(24) JEFFREY GARLAND UNIVERSITY SECRETARY	55.00 0.00			X				314,763.	0.	48,730.
(25) WAYNE GUTHERIE VP AND CHIEF HUMAN RESOURCES OFFICER	55.00 0.00			X				335,101.	0.	5,517.
(26) GEORGE WATSON FORMER DEAN/ PROFESSOR	55.00 0.00						X	315,520.	0.	14,867.
<b>1b Subtotal</b>								12,179,762.	0.	1,359,640.
<b>c Total from continuation sheets to Part VII, Section A</b>								842,241.	0.	151,440.
<b>d Total (add lines 1b and 1c)</b>								13,022,003.	0.	1,511,080.

**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

1,378

- 3** Did the organization list any **former** officer, director, 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
<b>3</b>	X	
<b>4</b>	X	
<b>5</b>		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
WHITING-TURNER CONTRACTING COMPANY, 131 CONTINENTAL DRIVE, SUITE 404, NEWARK, DE	CONSTRUCTION	61,091,198.
BARTON MALOW-EDIS II, A JV, 300 WEST PRATT STREET SUITE #310, BALTIMORE, MD 21201	CONSTRUCTION	39,166,714.
SKANSKA USA BUILDING INC., 350 FIFTH AVENUE, 32ND FLOOR, NEW YORK, NY 10118	CONSTRUCTION	26,896,248.
ARAMARK ARAMARK TOWER, PHILADELPHIA, PA 19107	FOOD SERVICES	23,032,512.
HAMMEL, GREEN AND ABRAHAMSON, 420 N 5TH STREET SUITE 100, MINNEAPOLIS, MN 55401	CONSTRUCTION	4,560,678.

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

325

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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			
(27) DEBRA HESS NORRIS TRUSTEE, PROFESSOR	55.00 0.00	X		X				270,141.	0.	39,244.
(28) JARED AUPPERLE INTERIM VICE PRESIDENT FOR HR	55.00 0.00			X				197,877.	0.	46,216.
(29) JASON CASH FORMER INTERIM VP IT/ DEPUTY CIO	55.00 0.00					X		201,150.	0.	38,009.
(30) JOHN BRENNAN FORMER VP OF COMMUNICATIONS	55.00 0.00					X		173,073.	0.	27,971.
(31) CAROL A. AMMON TRUSTEE	2.00 0.00	X						0.	0.	0.
(32) NISHA LODHAVIA TRUSTEE	2.00 0.00	X						0.	0.	0.
(33) KENNETH C. WHITNEY TRUSTEE	2.00 0.00	X						0.	0.	0.
(34) ALLISON BURRIS CASTELLANOS TRUSTEE	2.00 0.00	X						0.	0.	0.
(35) MICHAEL S. GELTZEILER TRUSTEE	2.00 0.00	X						0.	0.	0.
(36) TERRI L. KELLY BOARD VICE CHAIR	6.00 0.00	X						0.	0.	0.
(37) TERENCE M. MURPHY BOARD VICE CHAIR	6.00 0.00	X						0.	0.	0.
(38) IRWIN G. BURTON III BOARD SECRETARY/TREASURER	6.00 0.00	X						0.	0.	0.
(39) JAMES C. BOREL TRUSTEE	2.00 0.00	X						0.	0.	0.
(40) CHRISTOPHER W. BAKER TRUSTEE	2.00 0.00	X						0.	0.	0.
(41) JOAN F. COKER TRUSTEE	2.00 0.00	X						0.	0.	0.
(42) JAMES CORRELL TRUSTEE	2.00 0.00	X						0.	0.	0.
(43) JOHN W. PARADEE TRUSTEE	2.00 0.00	X						0.	0.	0.
(44) BETH COOPER TRUSTEE	2.00 0.00	X						0.	0.	0.
(45) CLAIRE DEMATTEIS TRUSTEE	2.00 0.00	X						0.	0.	0.
(46) DONNA M. FONTANA TRUSTEE	2.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

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

Section A: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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			
(47) CHAITANYA GADDE TRUSTEE	2.00 0.00	X						0.	0.	0.
(48) GUY F. MARCOZZI TRUSTEE	2.00 0.00	X						0.	0.	0.
(49) CLAUDIA PEA PORRETTI TRUSTEE	2.00 0.00	X						0.	0.	0.
(50) WHITNEY TOWNSEND SWEENEY TRUSTEE	2.00 0.00	X						0.	0.	0.
(51) WILLIAM J. DIMONDI TRUSTEE	2.00 0.00	X						0.	0.	0.
(52) DONALD J. PUGLISI TRUSTEE	2.00 0.00	X						0.	0.	0.
(53) JOHN CARNEY TRUSTEE	2.00 0.00	X						0.	0.	0.
(54) KATHLEEN V. HAWKINS TRUSTEE	2.00 0.00	X						0.	0.	0.
(55) EDMOND J. SANNINI TRUSTEE	2.00 0.00	X						0.	0.	0.
(56) ROBERT F. RIDER JR TRUSTEE	2.00 0.00	X						0.	0.	0.
(57) WILLIAM M. LAFFERTY TRUSTEE	2.00 0.00	X						0.	0.	0.
(58) DAVID W. SPARTIN TRUSTEE	2.00 0.00	X						0.	0.	0.
(59) SEAN X. WANG TRUSTEE	2.00 0.00	X						0.	0.	0.
(60) JOHN R. COCHRAN BOARD CHAIR	8.00 0.00	X						0.	0.	0.

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	21,435.				
	<b>d</b> Related organizations .....	<b>1d</b>	13,324,358.				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	129,200,014.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	40,321,467.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 6,336,212.				
	<b>h Total.</b> Add lines 1a-1f .....		182,867,274.				
	<b>Program Service Revenue</b>	<b>2 a</b> TUITION AND FEES	<b>Business Code</b>	611310	617,495,720.	617,495,720.	
<b>b</b> RESEARCH CONTRACTS			541700	272,738,143.	272,738,143.		
<b>c</b> ROOM/BOARD/AUX SERVICE			900004	49,935,814.	49,935,814.		
<b>d</b> OTHER PGM REV SOURCES			900004	35,115,549.	35,115,549.		
<b>e</b> .....							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....				975,285,226.			
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			19,503,130.		
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....			2,534,293.			2,534,293.
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real (ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss) .....	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities (ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>		1058604352. 1,385,191.			
	<b>c</b> Gain or (loss) .....	<b>7c</b>		915,640,852. 0.			
	<b>d</b> Net gain or (loss) .....			42,963,500. 1,385,191.			
	<b>e</b> Net gain or (loss) .....			144,348,691.			144,348,691.
	<b>8 a</b> Gross income from fundraising events (not including \$ 21,435. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		0.			
	<b>b</b> Less: direct expenses .....	<b>8b</b>		2,448.			
	<b>c</b> Net income or (loss) from fundraising events .....			-2,448.			-2,448.
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> INTRA UNIVERSITY REVENUE	<b>Business Code</b>	900099	57,487,421.	57,487,421.		
	<b>b</b> INSURANCE PROCEEDS		900099	1,000,073.	1,000,073.		
	<b>c</b> LOSS FROM AFFILIATE		721110	-2,336,499.	-2,336,499.		
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....			56,150,995.			
	<b>12 Total revenue.</b> See instructions .....			1,380,687,161.	1,031,436,221.	0.	166,383,666.

**Part IX Statement of Functional Expenses**

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

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

☒ X

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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	39,558,697.	39,558,697.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	184,072,164.	184,072,164.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	25,065,854.	25,065,854.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	8,845,644.	1,220,289.	7,021,551.	603,804.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,266,510.	824,498.	442,012.	
<b>7</b> Other salaries and wages	492,689,323.	433,383,616.	50,546,606.	8,759,101.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	69,314,885.	60,971,355.	7,111,240.	1,232,290.
<b>9</b> Other employee benefits	91,667,136.	80,633,034.	9,404,431.	1,629,671.
<b>10</b> Payroll taxes	31,529,460.	27,734,215.	3,234,710.	560,535.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	2,387,269.	578,185.	1,809,084.	
<b>c</b> Accounting	464,243.		464,243.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17	650,482.			650,482.
<b>f</b> Investment management fees	7,647,148.		7,647,148.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	26,903,192.	20,313,241.	6,336,886.	253,065.
<b>12</b> Advertising and promotion	1,355,762.	1,041,926.	280,205.	33,631.
<b>13</b> Office expenses	45,002,558.	37,649,174.	6,399,032.	954,352.
<b>14</b> Information technology	33,596,143.	10,069,915.	23,073,052.	453,176.
<b>15</b> Royalties	191,975.	164,396.	27,579.	
<b>16</b> Occupancy	79,647,884.	77,222,720.	2,282,060.	143,104.
<b>17</b> Travel	2,682,632.	2,405,737.	260,337.	16,558.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	263,871.	218,550.	45,321.	
<b>20</b> Interest	27,919,014.	27,901,684.	17,330.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	87,790,941.	81,827,775.	5,963,166.	
<b>23</b> Insurance	3,255,448.	1,509,354.	1,746,094.	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> OTHER EXPENSES	13,671,763.	9,777,334.	3,894,429.	
<b>b</b> BOND FEES	728,228.	728,228.		
<b>c</b> LOSS ON DISPOSAL	591,442.	591,442.		
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	1,278,759,668.	1,125,463,383.	138,006,516.	15,289,769.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	198,667.	<b>1</b>	142,590.
	<b>2</b> Savings and temporary cash investments .....	211,070,022.	<b>2</b>	201,633,276.
	<b>3</b> Pledges and grants receivable, net .....	69,903,402.	<b>3</b>	69,323,278.
	<b>4</b> Accounts receivable, net .....	14,876,578.	<b>4</b>	16,896,278.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	426,184.	<b>8</b>	348,115.
	<b>9</b> Prepaid expenses and deferred charges .....	1,897,257.	<b>9</b>	8,087,320.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 3,186,326,876.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,325,612,977.		
		1,837,581,204.	<b>10c</b>	1,860,713,899.
	<b>11</b> Investments - publicly traded securities .....	847,972,267.	<b>11</b>	891,208,428.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	1,013,914,780.	<b>12</b>	1,525,270,544.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	8,252,469.	<b>13</b>	6,576,017.
	<b>14</b> Intangible assets .....	10,936.	<b>14</b>	8,436.
<b>15</b> Other assets. See Part IV, line 11 .....	0.	<b>15</b>	12,524,949.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	4,006,103,766.	<b>16</b>	4,592,733,130.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	148,917,623.	<b>17</b>	138,812,669.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	44,071,182.	<b>19</b>	63,461,406.
	<b>20</b> Tax-exempt bond liabilities .....	504,549,718.	<b>20</b>	494,896,502.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	204,793,523.	<b>24</b>	201,982,150.
	<b>25</b> 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 .....	660,595,998.	<b>25</b>	678,354,867.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	1,562,928,044.	<b>26</b>	1,577,507,594.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	1,246,616,445.	<b>27</b>	1,453,851,621.
	<b>28</b> Net assets with donor restrictions .....	1,196,559,277.	<b>28</b>	1,561,373,915.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	2,443,175,722.	<b>32</b>	3,015,225,536.
	<b>33</b> Total liabilities and net assets/fund balances .....	4,006,103,766.	<b>33</b>	4,592,733,130.

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**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,380,687,161.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,278,759,668.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	101,927,493.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	2,443,175,722.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	473,329,537.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-3,207,216.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	3,015,225,536.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b> 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 on Schedule O.	X	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
<b>b</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 on Schedule O and describe any steps taken to undergo such audits _____	X	

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**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	164,318,423.	174,608,928.	190,418,811.	169,022,967.	182,867,274.	881,236,403.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	164,318,423.	174,608,928.	190,418,811.	169,022,967.	182,867,274.	881,236,403.
<b>5</b> 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) .....						34,326,240.
<b>6 Public support.</b> Subtract line 5 from line 4.						846,910,163.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	164,318,423.	174,608,928.	190,418,811.	169,022,967.	182,867,274.	881,236,403.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	25,082,321.	28,500,570.	36,437,368.	28,228,264.	22,037,423.	140,285,946.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	26,156.	257,340.		9,298,373.		9,581,869.
<b>11 Total support.</b> Add lines 7 through 10						1031104218.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	5,178,632,044.
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	82.14	%
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	82.08	%
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			
<div style="text-align: right;"> <input checked="" type="checkbox"/> <b>X</b> </div>			
<b>b 33 1/3% support test - 2019.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....			
<div style="text-align: right;"> <input type="checkbox"/> </div>			
<b>17a 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			
<div style="text-align: right;"> <input type="checkbox"/> </div>			
<b>b 10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			
<div style="text-align: right;"> <input type="checkbox"/> </div>			
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			
<div style="text-align: right;"> <input type="checkbox"/> </div>			

Schedule A (Form 990 or 990-EZ) 2020

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..... ☐ ►

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** 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 - 2019.** 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 Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

	Yes	No
<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>2a</b>		
<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI</b> .		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		
<b>3b</b>		

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

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). See instructions.  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

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

Section D - Distributions		Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>	
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>	
<b>7</b> <b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>	
<b>9</b> Distributable amount for 2020 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

GAMING ACTIVITIES

2019 AMOUNT: \$ 8,450.

OTHER REVENUE

2016 AMOUNT: \$ 26,156.

2017 AMOUNT: \$ 257,340.

2019 AMOUNT: \$ 9,289,923.



**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

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 foundationCheck 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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- ☒ For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

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

# PUBLIC INSPECTION COPY

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Page **2**

Name of organization  UNIVERSITY OF DELAWARE	Employer identification number  51-6000297
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**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		\$ 13,324,358.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
2		\$ 6,344,000.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
3		\$ 3,863,080.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
		\$	<b>Person</b> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
		\$	<b>Person</b> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
		\$	<b>Person</b> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
		\$	<b>Person</b> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)

# PUBLIC INSPECTION COPY

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Page **3**

Name of organization	Employer identification number
UNIVERSITY OF DELAWARE	51-6000297

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ _____	_____
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_____	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ _____	_____
_____	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ _____	_____
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_____	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ _____	_____
_____	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ _____	_____

# PUBLIC INSPECTION COPY

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Page **4**

Name of organization  UNIVERSITY OF DELAWARE	Employer identification number  51-6000297
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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 info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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	<div></div>	<div></div>	<div></div>
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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	<div></div>	<div></div>	<div></div>
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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	<div></div>	<div></div>	<div></div>
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
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**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.**  
 ► **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020****Open to Public  
Inspection****If the organization answered "Yes," on 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," on 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," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then**

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

Name of 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 campaign activity expenditures ..... ► \$ \_\_\_\_\_

3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

**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 ☐ No4a 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-.

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

Schedule C (Form 990 or 990-EZ) 2020

LHA

032041 12-02-20

**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												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)															
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)															
<b>d</b> Other exempt purpose expenditures															
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)															
<b>f</b> 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.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)															
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-															
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-															
<b>j</b> 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?															

☐ Yes ☐ 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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2020

**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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....	X		
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	X		118,571.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....	X		
<b>j</b> Total. Add lines 1c through 1i .....			118,571.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity 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."**

<b>1</b> Dues, assessments and similar amounts from members .....	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	2a	
<b>b</b> Carryover from last year .....	2b	
<b>c</b> Total .....	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	3	
<b>4</b> 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	
<b>5</b> Taxable amount of lobbying and political expenditures (See instructions) .....	5	

**Part IV Supplemental Information**

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, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

1B: UNIVERSITY PERSONNEL MET WITH MEMBERS OF CONGRESS AND THEIR STAFF

IN WASHINGTON D.C. TO DISCUSS RESEARCH PROJECTS AND OTHER MATTERS

AFFECTING HIGHER EDUCATION. UNIVERSITY PERSONNEL MET AND DISCUSSED WITH

STATE REPRESENTATIVES CONCERNING APPROPRIATIONS AND OTHER MATTERS

AFFECTING HIGHER EDUCATION.

**Part IV** Supplemental Information (continued)

1G: A PORTION OF THE UNIVERSITY'S DIRECTOR OF GOVERNMENT RELATIONS,

STRATEGIC ENGAGEMENTS (15%), THE DIRECTOR OF GOVERNMENT RELATIONS

LEGISLATIVE AFFAIRS (25%), THE GOVERNMENT RELATIONS ASSISTANT (20%),

AND THE UNIVERSITY'S ASSISTANT VICE PRESIDENT FOR FEDERAL RELATIONS

TIME (45%) ARE ASSOCIATED WITH LOBBYING ACTIVITIES.

1I: NO DUES IN FY21.



**SCHEDULE D**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**Open to Public  
Inspection

Name of the organization

UNIVERSITY OF DELAWARE

Employer identification number

51-6000297

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	1	
2 Aggregate value of contributions to (during year) .....	0.	
3 Aggregate value of grants from (during year) .....	3,411.	
4 Aggregate value at end of year .....	39,885.	
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" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
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 7/25/06, 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, handling of violations, and enforcing conservation easements during the year ▶ .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB 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 FASB 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) Revenue included on Form 990, Part VIII, line 1 ..... ▶ \$ 677,670.

(ii) Assets included in Form 990, Part X ..... ▶ \$ 9,544,939.

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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ..... ▶ \$

b Assets included in Form 990, Part X ..... ▶ \$

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

Schedule D (Form 990) 2020

**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 make significant use of its collection items (check all that apply):

- a** ☒ Public exhibition **d** ☒ Loan or exchange program  
**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" on 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
<b>c</b> Beginning balance	<b>1c</b> 1,010,288.
<b>d</b> Additions during the year	<b>1d</b> 128,299,437.
<b>e</b> Distributions during the year	<b>1e</b> 129,685,176.
<b>f</b> Ending balance	<b>1f</b> -375,451.

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☒ No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	1,376,354,000.	1,387,414,579.	1,336,129,985.	1,289,925,621.	1,192,718,242.
<b>b</b> Contributions	19,137,000.	15,040,000.	17,202,000.	13,216,000.	6,753,000.
<b>c</b> Net investment earnings, gains, and losses	523,635,423.	28,584,422.	87,957,623.	88,938,543.	142,392,590.
<b>d</b> Grants or scholarships	8,405,874.	8,225,663.	7,992,998.	7,687,856.	7,569,621.
<b>e</b> Other expenditures for facilities and programs	44,989,126.	44,607,916.	44,239,408.	46,635,047.	42,878,000.
<b>f</b> Administrative expenses	1,597,423.	1,851,422.	1,642,623.	1,627,276.	1,490,590.
<b>g</b> End of year balance	1,864,134,000.	1,376,354,000.	1,387,414,579.	1,336,129,985.	1,289,925,621.

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

- a** Board designated or quasi-endowment ☐ 25.7300 %  
**b** Permanent endowment ☐ 20.9900 %  
**c** Term endowment ☐ 53.2800 %

The percentages on 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:

- (i) Unrelated organizations  
(ii) Related organizations

	Yes	No
<b>3a(i)</b>		X
<b>3a(ii)</b>		X
<b>3b</b>		

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

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		58,942,079.		58,942,079.
<b>b</b> Buildings		2,233,320,511.	753,298,627.	1,480,021,884.
<b>c</b> Leasehold improvements		85,853,444.	12,934,236.	72,919,208.
<b>d</b> Equipment		356,013,842.	240,952,070.	115,061,772.
<b>e</b> Other		452,197,000.	318,428,044.	133,768,956.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,860,713,899.

Schedule D (Form 990) 2020

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A) LIMITED PARTNERSHIPS	1,427,675,270.	END-OF-YEAR MARKET VALUE
(B) FUNDS HELD IN TRUST	93,659,058.	END-OF-YEAR MARKET VALUE
(C) MORTGAGES	459,565.	END-OF-YEAR MARKET VALUE
(D) OTHER	3,476,651.	COST
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	1,525,270,544.	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) POST RETIREMENT OBLIGATION	582,143,487.
(3) INTEREST RATE SWAP	27,688,776.
(4) ASSET RETIREMENT OBLIGATION	21,846,801.
(5) ENDOWMENT LIABILITY	4,965,008.
(6) STUDENT LOAN PAYABLE	8,585,642.
(7) ANNUITY & LIFE INCOME FUNDS	18,304,077.
(8) OTHER LIABILITIES	2,567,526.
(9) OPERATING LEASE LIABILITIES	12,253,550.
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	678,354,867.

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

Schedule D (Form 990) 2020

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....	<b>1</b>	1,583,804,804.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments .....	<b>2a</b>	473,329,537.
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	-90,002.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	473,239,535.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	1,110,565,269.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	7,647,148.
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	262,474,744.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	270,121,892.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....	<b>5</b>	1,380,687,161.

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

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

<b>1</b>	Total expenses and losses per audited financial statements .....	<b>1</b>	1,011,754,990.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>	
<b>b</b>	Prior year adjustments .....	<b>2b</b>	
<b>c</b>	Other losses .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	1,011,754,990.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	7,647,148.
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	259,357,530.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	267,004,678.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....	<b>5</b>	1,278,759,668.

**Part XIII Supplemental Information.**

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

PART 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

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Schedule D (Form 990) 2020

UNIVERSITY OF DELAWARE

51-6000297

Page 5

**Part XIII** Supplemental Information (continued)

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, LINE 1B:

AGENCY ACCOUNTS \$ 546,730

EXTERNAL FINANCIAL (1,606,144)

STUDENT GROUPS 683,963

\$ (375,451)

THE UNIVERSITY IS REGULARLY REQUESTED TO ACT AS FISCAL AGENT FOR FUNDS

THAT BELONG TO A RELATED THIRD PARTY. NORMALLY A CURRENT OR EXPECTED

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 ARE TO PROVIDE EDUCATIONAL AND GENERAL SUPPORT

SUCH AS SCHOLARSHIPS, PRIZES AND AWARDS, FACILITIES AND EDUCATIONAL

Schedule D (Form 990) 2020

032055 12-01-20

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20440512 153541 8184QO

2020.05094 UNIVERSITY OF DELAWARE

8184QO\_1

**Part XIII** Supplemental Information *(continued)*

PROGRAM SUPPORT, AND GENERAL OPERATIONAL SUPPORT.

PART X, LINE 2:

THE UNIVERSITY AND ITS AFFILIATES HAVE 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

PROVISIONS FOR INCOME TAXES HAVE BEEN MADE IN THE ACCOMPANYING

CONSOLIDATED FINANCIAL STATEMENTS. MANAGEMENT HAS ANALYZED THE TAX

POSITIONS TAKEN BY THE UNIVERSITY AND HAS CONCLUDED THAT AS OF JUNE 30,

2021 AND 2020, THERE ARE NO UNCERTAIN POSITIONS. 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 - OTHER ADJUSTMENTS:

CHANGE IN NONOPERATING LIABILITIES

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SCHOLARSHIPS

INTRA UNIVERSITY REVENUE

CHANGE IN POST EMPLOYMENT OBLIGATION

OTHER CHANGES

PART XII, LINE 4B - OTHER ADJUSTMENTS:

SCHOLARSHIPS

INTRA UNIVERSITY REVENUE

OTHER CHANGES

**SCHEDULE E**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Schools**▶ **Complete if the organization answered "Yes" on Form 990,  
Part IV, line 13, or Form 990-EZ, Part VI, line 48.**▶ **Attach to Form 990 or Form 990-EZ.**▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2020****Open to Public  
Inspection**

Name of the organization

UNIVERSITY OF DELAWARE

Employer identification number

51-6000297

**Part I**

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

	YES	NO
<b>1</b>	X	
<b>2</b>	X	
<b>3</b>	X	
<b>4a</b>	X	
<b>4b</b>	X	
<b>4c</b>	X	
<b>4d</b>	X	
<b>5a</b>		X
<b>5b</b>		X
<b>5c</b>		X
<b>5d</b>		X
<b>5e</b>		X
<b>5f</b>		X
<b>5g</b>		X
<b>5h</b>		X
<b>6a</b>	X	
<b>6b</b>		X
<b>7</b>	X	

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

Schedule E (Form 990 or 990-EZ) 2020

# PUBLIC INSPECTION COPY

Schedule E (Form 990 or 990-EZ) 2020 UNIVERSITY OF DELAWARE

51-6000297

Page 2

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

LINE 3 - EXPLANATION OF NONDISCRIMINATION POLICY:

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, OR

DISABILITY 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.

LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

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 AND TEACH GRANT.



**SCHEDULE F  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**Open to Public  
Inspection

Name of the organization

UNIVERSITY OF DELAWARE

Employer identification number

51-6000297

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on 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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
CENT. AMERICA/CARIBBEAN			INVESTMENTS		237,538,222.
EUROPE/ICELAND/GREENL AND			INVESTMENTS		12,339,676.
EUROPE/ICELAND/GREENL AND			GRANTMAKING	RESEARCH	585,973.
CENT. AMERICA/CARIBBEAN			GRANTMAKING	RESEARCH	63,625.
EAST ASIA/PACIFIC			GRANTMAKING	RESEARCH	22,831.
NORTH AMERICA			GRANTMAKING	RESEARCH	54,317.
<b>3 a Subtotal</b> .....	0	0			250,604,644.
<b>b Total from continuation sheets to Part I</b> .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			250,604,644.

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

Schedule F (Form 990) 2020

# PUBLIC INSPECTION COPY

Schedule F (Form 990) 2020

UNIVERSITY OF DELAWARE

51-6000297

Page 2

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on 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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH SUBAWARD	585,973.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	RESEARCH SUBAWARD	63,625.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	RESEARCH SUBAWARD	22,831.	WIRE	0.		
		NORTH AMERICA	RESEARCH SUBAWARD	54,317.	WIRE	0.		

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... 6
- 3 Enter total number of other organizations or entities ..... 0

Schedule F (Form 990) 2020

# PUBLIC INSPECTION COPY

Schedule F (Form 990) 2020

UNIVERSITY OF DELAWARE

51-6000297

Page 3

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on 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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
UNDERGRADUATE SCHOLARSHIP	CENT. AMERICA/CARIBBEAN	7	202,108.	CREDIT TO AR	0.		
UNDERGRADUATE SCHOLARSHIP	SOUTH AMERICA	8	172,649.	CREDIT TO AR	0.		
UNDERGRADUATE SCHOLARSHIP	NORTH AMERICA	23	741,408.	CREDIT TO AR	0.		
UNDERGRADUATE SCHOLARSHIP	EAST ASIA/PACIFIC	36	491,654.	CREDIT TO AR	0.		
UNDERGRADUATE SCHOLARSHIP	SUB-SAHARAN AFRICA	19	774,935.	CREDIT TO AR	0.		
UNDERGRADUATE SCHOLARSHIP	EUROPE/ICELAND/GRE ENLAN	35	1,588,267.	CREDIT TO AR	0.		
UNDERGRADUATE SCHOLARSHIP	SOUTH ASIA	27	316,640.	CREDIT TO AR	0.		
UNDERGRADUATE SCHOLARSHIP	MIDDLE EAST/ NORTH AFRICA	12	74,412.	CREDIT TO AR	0.		
GRADUATE SCHOLARSHIPS	CENT. AMERICA/CARIBBEAN	13	383,488.	CREDIT TO AR	0.		

Schedule F (Form 990) 2020

# PUBLIC INSPECTION COPY

Schedule F (Form 990)

UNIVERSITY OF DELAWARE

51-6000297

Page 3

**Part III** Continuation of Grants and Other Assistance to Individuals Outside the United States. (Schedule F (Form 990), Part III)

(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)
GRADUATE SCHOLARSHIPS	CENTRAL ASIA	2	44,139.	CREDIT TO AR	0.		
GRADUATE SCHOLARSHIPS	EAST ASIA/PACIFIC	395	7,708,689.	CREDIT TO AR	0.		
GRADUATE SCHOLARSHIPS	EUROPE/ICELAND/GREENLAND	60	1,483,676.	CREDIT TO AR	0.		
GRADUATE SCHOLARSHIPS	MIDDLE EAST/NORTH AFRICA	62	1,398,465.	CREDIT TO AR	0.		
GRADUATE SCHOLARSHIPS	NORTH AMERICA	15	191,950.	CREDIT TO AR	0.		
GRADUATE SCHOLARSHIPS	RUSSIA/NEIGHBORING STATES	10	262,279.	CREDIT TO AR	0.		
GRADUATE SCHOLARSHIPS	SOUTH ASIA	228	5,623,425.	CREDIT TO AR	0.		
GRADUATE SCHOLARSHIPS	SOUTH AMERICA	50	1,047,911.	CREDIT TO AR	0.		
GRADUATE SCHOLARSHIPS	SUB-SAHARAN AFRICA	59	1,427,331.	CREDIT TO AR	0.		

# PUBLIC INSPECTION COPY

Schedule F (Form 990)

UNIVERSITY OF DELAWARE

51-6000297

Page 3

**Part III** Continuation of Grants and Other Assistance to Individuals Outside the United States. (Schedule F (Form 990), Part III)

(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)
GRADUATE SCHOLARSHIPS	WEST AFRICA	1	40,958.	CREDIT TO AR	0.		
GRADUATE FELLOWSHIP	CENT. AMERICA/CARIBBEAN	3	38,994.	WIRE	0.		
GRADUATE FELLOWSHIP	EAST ASIA/PACIFIC	49	131,572.	WIRE	0.		
GRADUATE FELLOWSHIP	EUROPE/ICELAND/GRE ENLAN	5	20,406.	WIRE	0.		
GRADUATE FELLOWSHIP	MIDDLE EAST/ NORTH AFRICA	2	11,109.	WIRE	0.		
GRADUATE FELLOWSHIP	NORTH AMERICA	2	6,910.	WIRE	0.		
GRADUATE FELLOWSHIP	SOUTH ASIA	18	60,955.	WIRE	0.		
GRADUATE FELLOWSHIP	SOUTH AMERICA	6	55,682.	WIRE	0.		
GRADUATE FELLOWSHIP	SUB-SAHARAN AFRICA	7	39,096.	WIRE	0.		

**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 separately 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; don't file with Form 990)* ..... ☐ 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* ..... ☐ Yes ☒ No

Schedule F (Form 990) 2020

**Part V** Supplemental Information

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

PART I, LINE 2:

MONITORING THE USE OF GRANT FUNDS: THE UNIVERSITY'S OVERSIGHT AND

CONTROLS OVER RESEARCH FUNDS IS FACILITATED BY PROCESSES AND CONTROLS

INHERENT IN OUR UNIVERSITY'S ERP SYSTEM. DISBURSEMENT OF FUNDS ARE

CONTROLLED BY THE RESEARCH OFFICE AND INSTITUTIONAL CRITERIA THAT IS

MONITORED BY THE SYSTEM, THE RESEARCH OFFICE AND COLLABORATION BETWEEN

VARIOUS DEPARTMENTS OF THE UNIVERSITY.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020****Open to Public  
Inspection**

Name of the organization

UNIVERSITY OF DELAWARE

Employer identification number

51-6000297

**Part I****Fundraising Activities.**

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

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.**a** ☒ Mail solicitations**e** ☐ Solicitation of non-government grants**b** ☒ Internet and email solicitations**f** ☐ Solicitation of government grants**c** ☒ Phone solicitations**g** ☒ Special fundraising events**d** ☒ In-person solicitations**2 a** 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 10 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			
RUFFALO NOEL LEVITZ - 1025 KIRKWOOD PARKWAY SW, CEDAR	FUNDRAISING		X	353,425.	621,082.	-267,657.
MARTS AND LUNDY, INC. - 1200 WALL STREET W, 5TH FL,	FUNDRAISING		X	0.	15,600.	-15,600.
DAN SAFTIG CONSULTING - 9624 E TURQUOISE AVE, SCOTTSDALE,	FUNDRAISING		X	0.	13,800.	-13,800.
<b>Total</b> .....				353,425.	650,482.	-297,057.

**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.

AL, AK, AR, CA, CO, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MO, MS, NH, NJ, NM, NY, NC, ND, OH

OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI



**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		WVUD RADIOTHON (event type)	(event type)	(total number)	
Revenue	1 Gross receipts .....	21,435.			21,435.
	2 Less: Contributions .....	21,435.			21,435.
	3 Gross income (line 1 minus line 2) .....				
Direct Expenses	4 Cash prizes .....	2,088.			2,088.
	5 Noncash prizes .....				
	6 Rent/facility costs .....				
	7 Food and beverages .....				
	8 Entertainment .....				
	9 Other direct expenses .....	360.			360.
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				2,448.
	11 Net income summary. Subtract line 10 from line 3, column (d) .....				-2,448.

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

		(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 checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) .....				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

9 Enter the state(s) in which the organization conducts gaming activities: DE

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

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_

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Schedule G (Form 990 or 990-EZ) 2020 UNIVERSITY OF DELAWARE

51-6000297

Page 3

- 11 Does the organization conduct 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 conducted in:
- |                               |     |        |   |
|-------------------------------|-----|--------|---|
| a The organization's facility | 13a | 100.00 | % |
| 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 ► ANDREA YOUNG

Address ► 108 D DELAWARE FIELD HOUSE - NEWARK, DE 19716

- 15a 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 ► ANDREA YOUNG

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► RECORDKEEPER

☐ 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.** Provide the explanations 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 provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: RUFFALO NOEL LEVITZ

(I) ADDRESS OF FUNDRAISER:

1025 KIRKWOOD PARKWAY SW, CEDAR RAPIDS, IA 52404

(I) NAME OF FUNDRAISER: MARTS AND LUNDY, INC.

(I) ADDRESS OF FUNDRAISER: 1200 WALL STREET W, 5TH FL, LYNTHURST, NJ 07071

**Part IV** Supplemental Information *(continued)*

(I) NAME OF FUNDRAISER: DAN SAFTIG CONSULTING

(I) ADDRESS OF FUNDRAISER: 9624 E TURQUOISE AVE, SCOTTSDALE, AZ 85258

# PUBLIC INSPECTION COPY

## SCHEDULE I (Form 990)

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

# 2020

Open to Public  
Inspection

Name of the organization

UNIVERSITY OF DELAWARE

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

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 noncash assistance	(h) Purpose of grant or assistance
908 DEVICES INC. 645 SUMMER STREET, SUITE 201 BOSTON, MA 02210	45-4524096		163,104.	0.			RESEARCH SUBAWARD
ACCUGENOMICS, INC. 1410 COMMONWEALTH DR. SUITE 130 WILMINGTON, NC 28403	27-4451532		19,668.	0.			RESEARCH SUBAWARD
AGORANET INCORPORATED 314 EAST MAIN STREET NEWARK, DE 19711	51-0373241		189,693.	0.			RESEARCH SUBAWARD
ALBANY STATE UNIVERSITY 2400 GILLIONVILLE RD ALBANY, GA 31707	58-6001996	115	17,397.	0.			RESEARCH SUBAWARD
APEFW (ANNIE'S PROJECT EDUCATION FOR FARM WOMEN) - 16591 N WHITE SWAN LANE - WOODLAWN, IL 62898	26-3995913	501(C)(3)	12,323.	0.			RESEARCH SUBAWARD
APPLIED BIOSENSORS LLC 2500 S STATE ST SALT LAKE CITY, UT 84115	46-2551284		209,248.	0.			RESEARCH SUBAWARD

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ 82.
- 3 Enter total number of other organizations listed in the line 1 table ..... ▶ 84.

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

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APTIM FEDERAL SERVICES, LLC 1725 DUKE STREET, SUITE 400 ALEXANDRIA, VA 22314	41-2042864		48,839.	0.			RESEARCH SUBAWARD
ARIZONA STATE UNIVERSITY PO BOX 876011 TEMPE, AZ 85287	86-0196696	501(C)(3)	48,441.	0.			RESEARCH SUBAWARD
ARKEMA INC. 900 1ST AVE KING OF PRUSSIA, PA 19406	23-0960890		1,500,000.	0.			RESEARCH SUBAWARD
ARTEMIS BIOSYSTEMS, INC. 11 TILESTON STREET QUINCY, MA 02113	27-2020157		8,453.	0.			RESEARCH SUBAWARD
ATC MANUFACTURING 1224 N LEAN STREET POST FALLS, ID 83854	20-1012697		68,040.	0.			RESEARCH SUBAWARD
AUBURN UNIVERSITY 208 M WHITE SMITH HALL AUBURN UNIVERSITY, AL 36849	63-6000724	501(C)(3)	16,709.	0.			RESEARCH SUBAWARD
AUTISM SOCIETY OF DELAWARE 924 OLD HARMONY ROAD NEWARK, DE 19713	20-2110190	501(C)(3)	7,135.	0.			RESEARCH SUBAWARD
BALLYDEL TECHNOLOGIES INC 1 INNOVATION WAY NEWARK, DE 19711	83-1067091		25,000.	0.			RESEARCH SUBAWARD
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030	74-1613878	501(C)(3)	40,743.	0.			RESEARCH SUBAWARD

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BOISE STATE UNIVERSITY 1910 UNIVERSITY DR BOISE, ID 83725	82-0290701	501(C)(3)	80,734.	0.			RESEARCH SUBAWARD
BUCKS COUNTY COMMUNITY COLLEGE 275 SWAMP ROAD NEWTOWN, PA 18940	23-1646982		5,929.	0.			RESEARCH SUBAWARD
CALIFORNIA INSTITUTE OF TECHNOLOGY 1200 E CALIFORNIA BLVD PASADENA, CA 91125	95-1643307	501(C)(3)	169,156.	0.			RESEARCH SUBAWARD
CARNEGIE MELLON UNIVERSITY 5000 FORBES AVENUE PITTSBURGH, PA 15213	25-0969449	501(C)(3)	579,929.	0.			RESEARCH SUBAWARD
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501(C)(3)	146,415.	0.			RESEARCH SUBAWARD
CELLFE INC 980 ATLANTIC AVENUE ALAMEDA, CA 94501	82-3696009		73,880.	0.			RESEARCH SUBAWARD
CHPT MANUFACTURING INC 21388 CEDAR CREEK AVENUE GEORGETOWN, DE 19947	51-0363403		8,179.	0.			RESEARCH SUBAWARD
CHRISTIANA CARE HEALTH SERVICES 200 HYGEIA DRIVE NEWARK, DE 19713	51-0103684	501(C)(3)	1,345,949.	0.			RESEARCH SUBAWARD/ HEALTH SERVICES
CHROMATAN CORPORATION 3624 MARKET ST, STE. 5E PHILADELPHIA, PA 19104	22-3974248		382,820.	0.			RESEARCH SUBAWARD

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CLEMSON UNIVERSITY 108 SILAS N. PEARMAN BLVD CLEMSON, SC 29634	57-0426335	501(C)(3)	26,658.	0.			RESEARCH SUBAWARD
COLUMBIA UNIVERSITY 722 WEST 168TH STREET NEW YORK, NY 10032	13-5598093	501(C)(3)	197,594.	0.			RESEARCH SUBAWARD
COMMUNITY HEALTH CENTER, INC 575 MAIN STREET, 2ND FLOOR MIDDLETOWN, CT 06457	06-0897105	501(C)(3)	26,695.	0.			RESEARCH SUBAWARD
COMMUNITY INVOLVED IN SUSTAINING AGRICULTURE - 1 SUGARLOAF STREET - SOUTH DEERFIELD, MA 01373	04-3416862	501(C)(3)	42,114.	0.			RESEARCH SUBAWARD
CORNELL COOPERATIVE EXTENSION-CHENANGO COUNTY - 99 NORTH BROAD STREET - NORWICH, NY 13815	16-6072876	501(C)(3)	11,194.	0.			RESEARCH SUBAWARD
CORNELL UNIVERSITY 341 PINE TREE ROAD ITHACA, NY 14850	15-0532082	501(C)(3)	154,136.	0.			RESEARCH SUBAWARD
COUNTY EXTENSION SVC IN THE STATE OF NY - 232 PLAZA RD - KINGSTON, NY 12401	14-6013200		7,999.	0.			RESEARCH SUBAWARD
CYGNUS TECHNOLOGIES LLC PO BOX 399233 SAN FRANCISCO, CA 94139	61-1442121		25,791.	0.			RESEARCH SUBAWARD
DANFORTH PLANT SCIENCE CENTER 975 NORTH WARSON ROAD ST. LOUIS, MO 63132	31-1584621	501(C)(3)	246,903.	0.			RESEARCH SUBAWARD

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DELAWARE CENTER FOR THE INLAND BAYS - 39375 INLET ROAD - REHOBOTH BEACH, DE 19971	51-0365565	501(C)(3)	5,664.	0.			RESEARCH SUBAWARD
DELAWARE EARLY CHILDHOOD CENTER 100 W MISPELLION STREET HARRINGTON, DE 19952	51-6000279	115	447,692.	0.			RESEARCH SUBAWARD
DELAWARE MUSEUM OF NATURAL HISTORY 4840 KENNETT PIKE WILMINGTON, DE 19807	51-0083535	501(C)(3)	5,087.	0.			RESEARCH SUBAWARD
DELAWARE STATE UNIVERSITY 1200 NORTH DUPONT HIGHWAY DOVER, DE 19901-2202	51-0305893	115	2,493,800.	0.			RESEARCH SUBAWARD/ TUITION EXCHANGE
DELAWARE TECHNICAL COMMUNITY COLLEGE - 400 STANTON-CHRISTIANA RD - NEWARK, DE 19713-2197	51-6000279	115	264,634.	0.			RESEARCH SUBAWARD
DREXEL UNIVERSITY 3141 CHESTNUT STREET PHILADELPHIA, PA 19104	23-1352630	501(C)(3)	196,891.	0.			RESEARCH SUBAWARD
DUKE UNIVERSITY 324 BLACKWELL STREET DURHAM, NC 27701	56-0532129	501(C)(3)	235,617.	0.			RESEARCH SUBAWARD
DVTI (DIRECTED VAPOR TECHNOLOGIES INTERNATIONAL) - 4006 HUNTERSTAND CT. - CHARLOTTESVILLE, VA 22911	54-1999724		108,784.	0.			RESEARCH SUBAWARD
EAST CAROLINA UNIVERSITY OFFICE OF RESEARCH ADMINISTRATION GREENVILLE, NC 27858	56-6000403	IRC 170(C)	75,100.	0.			RESEARCH SUBAWARD

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EAST TENNESSEE STATE UNIVERSITY P O BOX 70732 JOHNSON CITY, TN 37614	62-6021046	170(C)(1)	30,169.	0.			RESEARCH SUBAWARD
FIRST STATE ORTHOPAEDICS 4745 OGLETOWN-STANTON ROAD NEWARK, DE 19713	51-0297303		23,830.	0.			RESEARCH SUBAWARD
FOOD BANK OF DELAWARE INC 14 GARFIELD WAY NEWARK, DE 19713	51-0258984	501(C)(3)	301,527.	0.			SNAP GRANT
FRAUNHOFER USA INC. 44795 HELM STREET PLYMOUTH, MI 48170	38-3203030	501(C)(3)	5,591.	0.			RESEARCH SUBAWARD
FRED HUTCHINSON CANCER RESEARCH CENTER - 1100 FAIRVIEW AVENUE N - SEATTLE, WA 98109	23-7156071	501(C)(3)	34,781.	0.			RESEARCH SUBAWARD
FREDERICK COMMUNITY COLLEGE 7932 OPOSSUMTOWN PIKE FREDERICK, MD 21702	52-0743590	170(B)(1)(A)(IV)	5,484.	0.			RESEARCH SUBAWARD
FUTURE HARVEST, INC. 1114 SHAWAN ROAD SUITE 1 COCKEYSVILLE, MD 21030	52-2132982	501(C)(3)	19,115.	0.			RESEARCH SUBAWARD
GENEVA FOUNDATION 917 PACIFIC AVENUE TACOMA, WA 98402	91-6056767	501(C)(3)	46,285.	0.			RESEARCH SUBAWARD
GEORGETOWN UNIVERSITY 37TH AND O STREETS, NW WASHINGTON, DC 20057	53-0196603	501(C)(3)	40,162.	0.			RESEARCH SUBAWARD

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GEORGIA TECH RESEARCH CORPORATION 926 DALNEY STREET, NW ATLANTA, GA 30332	58-0603146	501(C)(3)	415,217.	0.			RESEARCH SUBAWARD
HARVARD UNIVERSITY P.O. BOX 415649 BOSTON, MA 02241	04-2103580	501(C)(3)	72,443.	0.			RESEARCH SUBAWARD
HEALTH RESEARCH INC 150 BROADWAY, SUITE 280 MENANDS, NY 12204	14-1402155	501(C)(3)	109,390.	0.			RESEARCH SUBAWARD
HENRY M JACKSON FNDN ADV OF MILITARY MED - 6720-A ROCKLEDGE DRIVE - BETHESDA, MD 20817	52-1317896	501(C)(3)	118,790.	0.			RESEARCH SUBAWARD
HILLTOP LUTHERAN NEIGHBORHOOD CENTER - 1018 WEST 6TH STREET - WILMINGTON, DE 19805	51-0256896	501(C)(3)	221,947.	0.			RESEARCH SUBAWARD
HUNTSMAN POLYURETHANES PO BOX 842832 BOSTON, MA 02284	87-0630358		2,365,664.	0.			RESEARCH SUBAWARD
INDIANA UNIVERSITY 107 S. INDIANA AVENUE BLOOMINGTON, IN 47405	35-6001673	115	449,455.	0.			RESEARCH SUBAWARD
INDUSTRIAL MICROBES, INC. 1250 45TH ST. EMERYVILLE, CA 94608	46-2802556		368,881.	0.			RESEARCH SUBAWARD
INTABIO, INC. 39655 EUREKA DR NEWARK, CA 94560	47-5596227		154,966.	0.			RESEARCH SUBAWARD

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INTERNATIONAL ACADEMY OF AUTOMATION ENGINEERING - 1777 SENTRY PARKWAY WEST, VEVA 11 - BLUE BELL, PA 19422	82-2984263		43,471.	0.			RESEARCH SUBAWARD
JOBY AERO, INC. 340 WOODPECKER RIDGE SANTA CRUZ, CA 95060	81-4458866		7,843.	0.			RESEARCH SUBAWARD
JOHNS HOPKINS UNIVERSITY 3910 KENSWICK ROAD BALTIMORE, MD 21211	52-0595110	501(C)(3)	489,517.	0.			RESEARCH SUBAWARD
KENT STATE UNIVERSITY BURSAR'S OFFICE, FUND #210635-13302 KENT, OH 44242	31-6402079	501(C)(3)	22,802.	0.			RESEARCH SUBAWARD
KESSLER FOUNDATION INC 120 EAGLE ROCK AVE EAST HANOVER, NJ 07936	31-1562134	501(C)(3)	31,449.	0.			RESEARCH SUBAWARD
KIRSTEN LEE HILL EDUCATION CONSULTING - 310 BROAD STREET, APT 608 - CHARLESTON, SC 29401	81-3344545		86,302.	0.			RESEARCH SUBAWARD
LINDY BIOSCIENCES, INC. PO BOX 12804 DURHAM, NC 27709	81-5178025		42,865.	0.			RESEARCH SUBAWARD
LUMACYTE, LLC 1145 RIVER RD, SUITE 16 CHARLOTTESVILLE, VA 22901	80-0875593		105,376.	0.			RESEARCH SUBAWARD
MAINE AQUACULTURE ASSOCIATION P.O. BOX 148 HALLOWELL, ME 04347	01-0375969	501(C)(4)	23,144.	0.			RESEARCH SUBAWARD

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MASSACHUSETTS INSTITUTE OF TECHNOLOGY - 77 MASSACHUSETTS AVENUE - CAMBRIDGE, MA 02139	04-2103594	501(C)(3)	795,973.	0.			RESEARCH SUBAWARD
MEDICAL UNIVERSITY OF SOUTH CAROLINA - 19 HAGOOD AVE - CHARLESTON, SC 29425	57-6007222	115	660,758.	0.			RESEARCH SUBAWARD
METALYTICS INC PO BOX 231 MORRISVILLE, NC 27560	82-4069894		269,706.	0.			RESEARCH SUBAWARD
MICHIGAN STATE UNIVERSITY 426 AUDITORIUM RD ROOM 360 EAST LANSING, MI 48824	38-6005984	501(C)(3)	130,254.	0.			RESEARCH SUBAWARD
MONTGOMERY COUNTY COMMUNITY COLLEGE - 340 DEKALB PIKE - BLUE BELL, PA 19422	23-1670325		14,129.	0.			RESEARCH SUBAWARD
NATIONAL CROP INSURANCE SERVICES INC. - P.O. BOX 505341 - ST. LOUIS, MO 63150	48-1066701	501(C)(6)	9,900.	0.			RESEARCH SUBAWARD
NATIONAL INST PHARMACEUTICAL TECH & EDU - 717 DELAWARE ST SE - MINNEAPOLIS, MN 55414	26-0636598	501(C)(3)	35,014.	0.			RESEARCH SUBAWARD
NEIGHBORHOOD HOUSE INC 1218 B STREET WILMINGTON, DE 19801	51-0065747	501(C)(3)	250,315.	0.			RESEARCH SUBAWARD
NEMOURS 10140 CENTURION PARKWAY N JACKSONVILLE, FL 32256	59-0634433	501(C)(3)	1,907,262.	0.			RESEARCH SUBAWARD

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NEW YORK UNIVERSITY 25 WEST 4TH STREET NEW YORK, NY 10003	13-5562308	501(C)(3)	86,802.	0.			RESEARCH SUBAWARD
NORTH CAROLINA BIOTECHNOLOGY CENTER - 15 T.W. ALEXANDER DRIVE - RESEARCH TRIANGLE PARK, NC 27709	56-1434024	501(C)(3)	25,118.	0.			RESEARCH SUBAWARD
NORTH CAROLINA CENTRAL UNIV 1801 FAYETTEVILLE STREET, 304 HUBBARD TOTTON BLDG. - DURHAM, NC 27707	56-6000730	115	28,040.	0.			RESEARCH SUBAWARD
NORTH CAROLINA STATE UNIVERSITY NCSU BOX 7214 RALEIGH, NC 27695	56-6000756	115	2,976,475.	0.			RESEARCH SUBAWARD
NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVE BOSTON, MA 02115	04-1679980	501(C)(3)	16,941.	0.			RESEARCH SUBAWARD
NORTHWESTERN UNIVERSITY 633 N. ST, CLAIR STREET 19TH FLOOR CHICAGO, IL 60611	36-2167817	501(C)(3)	7,832.	0.			RESEARCH SUBAWARD
OHIO STATE UNIVERSITY 1960 KENNY ROAD, 4TH FLOOR COLUMBUS, OH 43210	31-6025986	501(C)(1)	94,907.	0.			RESEARCH SUBAWARD
OLD DOMINION UNIV RESEARCH FOUNDATION - PO BOX 6369 - NORFOLK, VA 23508	54-6068198	501(C)(3)	86,102.	0.			RESEARCH SUBAWARD
PENNSYLVANIA FARM LINK 2301 NORTH CAMERON STREET HARRISBURG, PA 17110	23-2846913	501(C)(3)	12,488.	0.			RESEARCH SUBAWARD

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PENNSYLVANIA STATE UNIVERSITY 227 W. BEAVER AVE STE 401 STATE COLLEGE, PA 16801	24-6000376	501(C)(3)	223,690.	0.			RESEARCH SUBAWARD
PHYSICAL SCIENCES INC. 20 NEW ENGLAND BUSINESS CENTER DRIV ANDOVER, MA 01810	04-2517090		145,056.	0.			RESEARCH SUBAWARD
PMT USA LLC 2015 IONOSPHERE ST. UNIT 203 LONGMONT, CO 80504	27-4713329		87,106.	0.			RESEARCH SUBAWARD
POTOMAC AFFINITY PROTEINS, LLC 11305 DUNLEITH PLACE NORTH POTOMAC, MD 20878	20-2913258		45,680.	0.			RESEARCH SUBAWARD
PROMECHSYS 1450 SOUTH ROLLING ROAD #100 BALTIMORE, MD 21227	83-1405391		115,261.	0.			RESEARCH SUBAWARD
PURDUE UNIVERSITY 610 PURDUE MALL WEST LAFAYETTE, IN 47907	35-6002041	501(C)(3)	775,479.	0.			RESEARCH SUBAWARD
RED CLAY CONSOLIDATED SCHOOL DISTRICT - 1502 SPRUCE AVE - WILMINGTON, DE 19805	20-3453422		39,000.	0.			RESEARCH SUBAWARD
REDBUD LABS INC. PO BOX 13195 RESEARCH TRIANGLE PARK, NC 27709	27-3681746		12,477.	0.			RESEARCH SUBAWARD
REGENTS OF THE UNIVERSITY OF CALIFORNIA - 1156 HIGH STREET - SANTA CRUZ, CA 95064	94-6036494	115	461,579.	0.			RESEARCH SUBAWARD

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RENSSELAER POLYTECHNIC INSTITUTE 110 8TH STREET TROY, NY 12180	14-1340095	501(C)(3)	506,730.	0.			RESEARCH SUBAWARD
RESEARCH FOUNDATION OF SUNY 35 STATE STREET ALBANY, NY 12201	14-1368361	501(C)(3)	215,852.	0.			RESEARCH SUBAWARD
ROBERT BOSCH LLC 38000 HILLS TECH DRIVE FARMINGTON HILLS, IL 48331	36-2903176		16,290.	0.			RESEARCH SUBAWARD
ROGER WILLIAMS UNIVERSITY ONE OLD FERRY ROAD BRISTOL, RI 02809	05-0277222	501(C)(3)	43,087.	0.			RESEARCH SUBAWARD
ROOSTERBIO, INC. 5295 WESTVIEW DR, #275 FREDERICK, MD 21703	46-0637361		61,921.	0.			RESEARCH SUBAWARD
RPS GROUP INC. 55 VILLAGE SQUARE DRIVE SOUTH KINGSTOWN, RI 02879	80-0520991		127,545.	0.			RESEARCH SUBAWARD
RUTGERS UNIVERSITY 33 KIGHTSBRIDGE ROAD PISCATAWAY, NJ 08854	22-6001086	115	1,790,271.	0.			RESEARCH SUBAWARD
SALISBURY UNIVERSITY FOUNDATION INC - 1101 CAMDEN AVENUE - SALISBURY, MD 21801	80-0520991	501(C)(3)	6,342.	0.			RESEARCH SUBAWARD
SANTA CLARA UNIVERSITY 500 EL CAMINO REAL SANTA CLARA, CA 95053	94-1156617	501(C)(3)	90,777.	0.			RESEARCH SUBAWARD

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SHORELINE COMMUNITY COLLEGE 16101 GREENWOOD AVE NORTH SHORELINE, WA 98133	91-0822848		59,289.	0.			RESEARCH SUBAWARD
SHORERIVERS 114 S. WASHINGTON ST., SUITE 301 EASTON, MD 21601	23-3187608	501(C)(3)	14,880.	0.			RESEARCH SUBAWARD
SMITH COLLEGE 10 COLLEGE HALL NORTHAMPTON, MA 01063	04-1843040	501(C)(3)	14,947.	0.			RESEARCH SUBAWARD
SMITHSONIAN INSTITUTION 24351 NETWORK PLACE CHICAGO, IL 60673	53-0206027	501(C)(3)	7,065.	0.			RESEARCH SUBAWARD
SPAULDING REHABILITATION HOSPITAL CORP - 399 REVOLUTION DRIVE - SOMERVILLE, MA 02145	04-2551124	501(C)(3)	52,613.	0.			RESEARCH SUBAWARD
SPRINGACTIVE INC 2414 W 12TH ST, SUITE 4 TEMPE, AZ 85281	13-4339017		117,684.	0.			RESEARCH SUBAWARD
STANFORD UNIVERSITY 651 SERRA STREET STANFORD, CA 94305	94-1156365	501(C)(3)	119,434.	0.			RESEARCH SUBAWARD
STATE OF LOUISIANA SOUTHERN UNIVERSITY - PO BOX 9494 - BATON ROUGE, LA 70813	72-6000817	115	46,486.	0.			RESEARCH SUBAWARD
STROUD WATER RESEARCH CENTER 970 SPENCER ROAD AVONDALE, PA 19311	52-2081073	501(C)(3)	28,784.	0.			RESEARCH SUBAWARD

Schedule I (Form 990)



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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEMPLE UNIVERSITY 3400 NORTH BROAD STREET PHILADELPHIA, PA 19182	23-3529192	501(C)(3)	347,845.	0.			RESEARCH SUBAWARD
TENNESSEE TECHNOLOGICAL UNIVERSITY PO BOX 5037 COOKEVILLE, TN 38505	62-0646806	115	12,863.	0.			RESEARCH SUBAWARD
TEXAS A&M ENGINEERING EXPER STATION 400 HARVEY MITCHELL PKWY S COLLEGE STATION, TX 77845	74-6000531	115	380,236.	0.			RESEARCH SUBAWARD
THE VANDERBILT UNIVERSITY PMB 401591 NASHVILLE, TN 37240	62-0476822	501(C)(3)	24,843.	0.			RESEARCH SUBAWARD
THE WAREHOUSE 1121 THATCHER STREET WILMINGTON, DE 19802	82-3855379	501(C)(3)	128,496.	0.			RESEARCH SUBAWARD
THIRD SECTOR NEW ENGLAND, INC. 89 SOUTH ST, STE 700 BOSTON, MA 02111	04-2261109	501(C)(3)	10,847.	0.			RESEARCH SUBAWARD
THOMAS JEFFERSON UNIVERSITY 1020 WALNUT STREET PHILADELPHIA, PA 19107	23-1352651	115	250,280.	0.			RESEARCH SUBAWARD
TIRR MEMORIAL HERMANN 1333 MOURSUND ST HOUSTON, TX 77030	74-1152597		59,479.	0.			RESEARCH SUBAWARD
TRUSTEES OF DARTMOUTH COLLEGE 11 ROPE FERRY RD HANOVER, NH 03755	02-0222111	501(C)(3)	224,630.	0.			RESEARCH SUBAWARD

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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TRUSTEES OF BOSTON UNIVERSITY 881 COMMONWEALTH AVENUE BOSTON, MA 02215	04-2103547	501(C)(3)	197,524.	0.			RESEARCH SUBAWARD
TRUSTEES OF CLARK UNIVERSITY 950 MAIN STREET WORCESTER, MA 01610	04-2111203	501(C)(27)	23,933.	0.			RESEARCH SUBAWARD
TRUSTEES OF THE UNIV OF PENNSYLVANIA - 3451 WALNUT STREET - PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	442,028.	0.			RESEARCH SUBAWARD
TRUSTEES OF TUFTS COLLEGE 136 HARRISON AVE BOSTON, MA 02111	04-2103634	501(C)(3)	55,369.	0.			RESEARCH SUBAWARD
U.S. DEPARTMENT OF AGRICULTURE USDA NATIONAL FINANCE CENTER ST. LOUIS, MO 63179	72-0564838	501(C)(3)	42,645.	0.			RESEARCH SUBAWARD
UGA RESEARCH FOUNDATION INC 310 E CAMPUS RD ATHENS, GA 30602	58-1353149	501(C)(3)	35,360.	0.			RESEARCH SUBAWARD
UNITED TECHNOLOGIES RESEARCH CORP 411 SILVER LN EAST HARTFORD, CT 06118	06-0570975		192,422.	0.			RESEARCH SUBAWARD
UNIV OF TEXAS HEALTH SCIENCE CTR AT HOUSTON - 7000 FANNIN STREET, - HOUSTON, TX 77030	74-1761309	115	81,466.	0.			RESEARCH SUBAWARD
UNIVERISTY OF NORTH CAROLINA 104 AIRPORT DRIVE CHAPEL HILL, NC 27599	56-6001393	115	586,907.	0.			RESEARCH SUBAWARD

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CHICAGO 6054 SOUTH DREXEL AVENUE CHICAGO, IL 60637	36-2177139	501(C)(3)	111,215.	0.			RESEARCH SUBAWARD
UNIVERSITY OF COLORADO PO BOX 910220 DENVER, CO 80291	84-6000555	501(C)(3)	65,841.	0.			RESEARCH SUBAWARD
UNIVERSITY OF CONNECTICUT 438 WHITNEY RD EXTENSION, UNIT 1138 STORRS, CT 06269	06-0772160	501(C)(3)	58,658.	0.			RESEARCH SUBAWARD
UNIVERSITY OF FLORIDA PO BOX 113001 GAINESVILLE, FL 32611	59-6002052	501(C)(3)	52,277.	0.			RESEARCH SUBAWARD
UNIVERSITY OF HAWAII 2440 CAMPUS ROAD HONOLULU, HI 96822	99-6000354	115	278,754.	0.			RESEARCH SUBAWARD
UNIVERSITY OF ILLINOIS 28395 NETWORK PLACE CHICAGO, IL 60673	37-6000511	115	135,273.	0.			RESEARCH SUBAWARD
UNIVERSITY OF KANSAS 2385 IRVING HILL ROAD LAWRENCE, KS 66045	48-1124839	115	45,000.	0.			RESEARCH SUBAWARD
UNIVERSITY OF MAINE 5717 CORBETT HALL ORONO, ME 04469	01-6000769	115	133,870.	0.			RESEARCH SUBAWARD
UNIVERSITY OF MARYLAND 7901 REGENTS DRIVE COLLEGE PARK, MD 20742	52-6002033	115	604,978.	0.			RESEARCH SUBAWARD

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MASSACHUSETTS 100 VENTURE WAY STE 201 HADLEY, MA 01035	04-6002284	115	824,471.	0.			RESEARCH SUBAWARD
UNIVERSITY OF MICHIGAN 500 SOUTH STATE STREET ANN ARBOR, MI 48109	38-6006309	115	292,090.	0.			RESEARCH SUBAWARD
UNIVERSITY OF MINNESOTA 200 OAK STREET SE MINNEAPOLIS, MN 55455	41-6007513	115	313,044.	0.			RESEARCH SUBAWARD
UNIVERSITY OF NEBRASKA 2200 VINE STREET LINCOLN, NE 68583	47-0049123	115	443,529.	0.			RESEARCH SUBAWARD
UNIVERSITY OF NEVADA, RENO 1664 NORTH VIRGINIA STREET RENO, NV 89557	88-6000024	115	306,638.	0.			RESEARCH SUBAWARD
UNIVERSITY OF NEW HAMPSHIRE OFFICE OF SPONSORED RESEARCH DURHAM, NH 03824	02-6000937	501(C)(3)	73,409.	0.			RESEARCH SUBAWARD
UNIVERSITY OF PITTSBURGH 500 ROSS ST PITTSBURGH, PA 15251	25-0965591	501(C)(3)	345,670.	0.			RESEARCH SUBAWARD
UNIVERSITY OF SOUTHERN CALIFORNIA 3500 SOUTH FIGUEROA STREET LOS ANGELES, CA 90089	95-1642394	115	54,935.	0.			RESEARCH SUBAWARD
UNIVERSITY OF TENNESSEE 210 STUDENT SERVICES BLDG KNOXVILLE, TN 37996	62-6001636	115	61,790.	0.			RESEARCH SUBAWARD

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF TEXAS AT AUSTIN PO BOX 841765 DALLAS, TX 75284	74-6000203	115	217,683.	0.			RESEARCH SUBAWARD
UNIVERSITY OF VERMONT 85 SOUTH PROSPECT STREET BURLINGTON, VT 05405	03-0179440	115	59,467.	0.			RESEARCH SUBAWARD
UNIVERSITY OF VIRGINIA 1001 EMMET STREET CHARLOTTESVILLE, VA 22903	54-6001796	115	28,480.	0.			RESEARCH SUBAWARD
UNIVERSITY OF WASHINGTON 12455 COLLECTIONS DRIVE CHICAGO, IL 60693	91-6001537	115	14,187.	0.			RESEARCH SUBAWARD
UNIVERSITY OF WISCONSIN OFFICE OF RESEARCH MILWAUKEE, WI 53278	39-1805963	115	31,309.	0.			RESEARCH SUBAWARD
VILLANOVA UNIVERSITY 800 EAST LANCASTER AVENUE VILLANOVA, PA 19085	23-1352688	501(C)(3)	25,634.	0.			RESEARCH SUBAWARD
VIRGINIA INSTITUTE OF MARINE SCIENCE - 1375 GREATER RD - GLOUCESTER POINT, VA 23062	54-6001802	115	61,884.	0.			RESEARCH SUBAWARD
VIRGINIA POLYTECHNIC INSTITUTE & STATE - 300 TURNER STREET STE 4200 - BLACKSBURG, VA 24061	51-6001805	115	66,898.	0.			RESEARCH SUBAWARD
WASHINGTON UNIVERSITY 700 ROSEDALE AVENUE ST LOUIS, MO 63112	43-0653611	501(C)(3)	182,205.	0.			RESEARCH SUBAWARD

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESLEY COLLEGE 120 NORTH STATE STREET DOVER, DE 19901	51-0064335	501(C)(3)	600,318.	0.			RESEARCH SUBAWARD
WEST CHESTER UNIVERSITY OF PENNSYLVANIA - 201 CARTER DRIVE - WEST CHESTER, PA 19383	23-2417773	501(C)(3)	57,374.	0.			RESEARCH SUBAWARD
WEST ED P O BOX 399001 SAN FRANCISCO, CA 94139	94-3233542	115	76,208.	0.			RESEARCH SUBAWARD
WEST VIRGINIA UNIVERSITY RESEARCH CORP - PO BOX 6001 - MORGANTOWN, WV 26506	55-0665758	501(C)(3)	16,229.	0.			RESEARCH SUBAWARD
WHIRLCELL LLC 1 BROADWAY 14TH FLOOR CAMBRIDGE, MA 02142	34-7547833	'	45,884.	0.			RESEARCH SUBAWARD
WOODS HOLE OCEANOGRAPHIC INSTITUTION - 569 WOODS HOLE ROAD MS #14 - WOODS HOLE, MA 02543	04-2105850	501(C)(3)	21,210.	0.			RESEARCH SUBAWARD
WORCESTER POLYTECHNIC INSTITUTE 100 INSTITUTE ROAD WORCESTER, MA 01609	04-2121659	501(C)(3)	74,536.	0.			RESEARCH SUBAWARD

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**Part III** **Grants and Other Assistance to Domestic Individuals.** 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 noncash assistance
ATHLETIC SCHOLARSHIPS	1294	10,989,814.	0.		
UNIVERSITY OF DELAWARE COMMITMENT TO DELAWAREANS	671	3,776,682.	0.		
UNIVERSITY ENDOWMENT SCHOLARSHIPS	2054	4,586,547.	0.		
FEDERAL SUPPLEMENTAL EDUCATION OPPORTUNITY GRANT	965	934,541.	0.		
UNIVERSITY GIFT SCHOLARSHIPS	207	3,140,646.	0.		

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

PART I, LINE 2:

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

PROCESSES AND CONTROLS INHERENT IN OUR UNIVERSITY'S ERP SYSTEM.

DISBURSEMENT OF FUNDS ARE CONTROLLED BY DONOR AND INSTITUTIONAL CRITERIA

THAT ARE MONITORED BY BOTH THE SYSTEM AND 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.

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**Part III** Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)

(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 noncash assistance
MERIT SCHOLARSHIPS	499.	2,067,036.	0.		
DELAWARE NEED BASED GRANTS	5,919.	31,191,927.	0.		
OTHER SCHOLARSHIPS AND GRANTS	262.	886,345.	0.		
STUDENT EXCELLENCE EQUALS DEGREE SCHOLARSHIP	741.	3,993,306.	0.		
UNIVERSITY OF DELAWARE SCHOLARSHIPS FOR STUDENTS	9,562.	71,213,290.	0.		
GRADUATE STUDENT SCHOLARSHIPS	1,493.	0.	36,599,464.		GRADUATE SCHOLAR WP
GRADUATE STUDENT FELLOWSHIPS	880.	0.	7,748,570.		GRADUATE SCHOLAR WP

Schedule I (Form 990)



**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" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.☐ First-class or charter travel☒ Housing allowance or residence for personal use☒ Travel for companions☐ Payments for business use of personal residence☐ Tax indemnification and gross-up payments☒ Health or social club dues or initiation fees☐ Discretionary spending account☒ Personal services (such as maid, chauffeur, chef)**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....**1b**

X

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

X

**3** Indicate which, if any, of the following the 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.☒ Compensation committee☒ Written employment contract☒ Independent compensation consultant☐ Compensation survey or study☐ Form 990 of other organizations☒ Approval by the board or compensation committee**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:**a** Receive a severance payment or change-of-control payment? .....**4a**

X

**b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....**4b**

X

**c** Participate in or receive payment from an equity-based compensation arrangement? .....**4c**

X

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.****5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:**a** The organization? .....**5a**

X

**b** Any related organization? .....**5b**

X

If "Yes" on line 5a or 5b, describe in Part III.

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

X

**b** Any related organization? .....**6b**

X

If "Yes" on line 6a or 6b, describe in Part III.

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

X

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

X

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

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

Schedule J (Form 990) 2020

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**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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't 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 in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DIONISSIOS ASSANIS PRESIDENT	(i)	792,883.	510,500.	82,968.	24,200.	22,060.	1,432,611.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KEITH WALTER CHIEF INVESTMENT OFFICER	(i)	435,825.	360,000.	0.	31,349.	24,594.	851,768.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JAMES DICKER JR. VP FOR DEV AND ALUMNI RELATIONS	(i)	483,333.	200,000.	0.	31,350.	24,519.	739,202.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JOHN LONG EXECUTIVE VP & COO	(i)	470,833.	100,000.	0.	31,350.	19,435.	621,618.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ROBIN MORGAN PROVOST	(i)	461,417.	98,000.	0.	36,365.	24,700.	620,482.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DANIEL ROCCO HEAD FOOTBALL COACH	(i)	417,852.	100,000.	0.	31,349.	19,360.	568,561.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MARTIN INGELSBY HEAD BASKETBALL COACH	(i)	407,309.	87,500.	0.	31,351.	24,541.	550,701.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) LAURE ERGIN VP AND GENERAL COUNSEL	(i)	406,000.	63,000.	0.	30,381.	27,219.	526,600.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) CHRISTINE STETSON RAWAK DIR OF INTERCOLLEGIATE ATHL & REC SR	(i)	400,309.	50,000.	0.	31,350.	24,594.	506,253.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) CHARLES RIORDAN VP FOR RESEARCH SCHOLARSHIP AND INNO	(i)	363,467.	56,400.	0.	31,350.	24,519.	475,736.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) LEVI THOMPSON DEAN	(i)	394,400.	22,870.	0.	31,350.	24,519.	473,139.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) MARY REMMLER VP FOR STRATEGIC PLANNING AND ANALYS	(i)	348,000.	54,000.	0.	31,350.	38,839.	472,189.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) SHARON PITT VP FOR INFORMATION TECHNOLOGIES	(i)	348,000.	54,000.	0.	30,257.	37,249.	469,506.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) JOHN PELESKO DEAN	(i)	377,000.	15,000.	0.	31,350.	45,607.	468,957.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) MICHAEL KLEIN UNIDEL DAN RICH CHAIR IN ENERG	(i)	143,813.	0.	280,433.	15,819.	17,478.	457,543.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) BABATUNDE OGUNNAIKE FORMER DEAN/ PROFESSOR	(i)	300,425.	0.	89,794.	30,987.	26,462.	447,668.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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**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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't 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 in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) GLENN CARTER	(i)	348,000.	54,000.	0.	26,070.	9,505.	437,575.	0.
VP FOR COMM & MARKETING	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) GREG OLER	(i)	302,567.	46,950.	0.	31,350.	41,599.	422,466.	0.
VP- FINANCE AND TREASURY	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) RODNEY MORRISON	(i)	285,167.	44,250.	24,873.	31,368.	27,294.	412,952.	0.
VP ENROLLMENT MANAGEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) PETER KRAWCHYK	(i)	308,367.	47,850.	0.	30,971.	21,485.	408,673.	0.
VP FOR FACILITIES, RE AND AUX SRCV &	(ii)	0.	0.	0.	0.	0.	0.	0.
(21) MOHSEN BADIEY	(i)	210,290.	0.	110,836.	32,694.	26,729.	380,549.	0.
FORMER INTERIM DEAN/ PROFESSOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(22) BETH BRAND	(i)	303,706.	30,000.	0.	21,930.	24,594.	380,230.	0.
VP & UNIVERSITY SECRETARY	(ii)	0.	0.	0.	0.	0.	0.	0.
(23) JOSE-LUIS RIERA	(i)	278,541.	43,650.	0.	30,640.	27,094.	379,925.	0.
VP FOR STUDENT LIFE	(ii)	0.	0.	0.	0.	0.	0.	0.
(24) JEFFREY GARLAND	(i)	267,000.	16,955.	30,808.	29,370.	19,360.	363,493.	0.
UNIVERSITY SECRETARY	(ii)	0.	0.	0.	0.	0.	0.	0.
(25) WAYNE GUTHERIE	(i)	35,750.	0.	299,351.	3,932.	1,585.	340,618.	0.
VP AND CHIEF HUMAN RESOURCES OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(26) GEORGE WATSON	(i)	12,931.	0.	302,589.	5,690.	9,177.	330,387.	0.
FORMER DEAN/ PROFESSOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(27) DEBRA HESS NORRIS	(i)	213,335.	0.	56,806.	19,809.	19,435.	309,385.	0.
TRUSTEE, PROFESSOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(28) JARED AUPPERLE	(i)	115,544.	10,000.	72,333.	20,667.	25,549.	244,093.	0.
INTERIM VICE PRESIDENT FOR HR	(ii)	0.	0.	0.	0.	0.	0.	0.
(29) JASON CASH	(i)	201,150.	0.	0.	22,126.	15,883.	239,159.	0.
FORMER INTERIM VP IT/ DEPUTY CIO	(ii)	0.	0.	0.	0.	0.	0.	0.
(30) JOHN BRENNAN	(i)	168,073.	5,000.	0.	18,488.	9,483.	201,044.	0.
FORMER VP OF COMMUNICATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2020

# PUBLIC INSPECTION COPY

Schedule J (Form 990) 2020

UNIVERSITY OF DELAWARE

51-6000297

Page **3**

**Part III** Supplemental Information

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

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 - ONE UNIVERSITY OFFICER WAS PROVIDED BENEFITS

TO A SOCIAL CLUB TOTALING \$13,610. IT IS THE UNIVERSITY'S POLICY TO TREAT

THE ABOVE ITEMS AS TAXABLE COMPENSATION AND REPORT THE APPLICABLE AMOUNTS

ON THE INDIVIDUAL'S FORM W-2.

PERSONAL SERVICES - ONE UNIVERSITY OFFICER RECEIVED PERSONAL SERVICES IN

THE FORM OF HOUSEKEEPING SERVICES IN THE AMOUNT OF \$819. 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.

PART I, LINE 4A:

THE FORMER VICE PRESIDENT OF HUMAN RESOURCES RECEIVED A SEVERANCE PAYMENT

IN THE AMOUNT OF \$286,000.

Schedule J (Form 990) 2020

# PUBLIC INSPECTION COPY

Schedule J (Form 990) 2020

UNIVERSITY OF DELAWARE

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Page **3**

**Part III** Supplemental Information

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

PART I, LINE 5:

THE UNIVERSITY'S CHIEF INVESTMENT OFFICER, A HIGHLY COMPENSATED EMPLOYEE,  
RECEIVED A BONUS PAYMENT OF \$360,000 WHICH IS PARTIALLY BASED UPON THE  
PERFORMANCE OF THE UNIVERSITY'S INVESTMENT PORTFOLIO. THIS TYPE OF  
COMPENSATION IS SUBJECT TO THE UNIVERSITY'S EXECUTIVE COMPENSATION PROCESS  
WHICH ENSURES THAT THE AMOUNT OF TOTAL COMPENSATION IS FAIR AND REASONABLE.

PART I, LINE 7:

BONUS PAYMENTS TOTALING \$1,709,925 WERE PAID BASED UPON ACHIEVING  
DOCUMENTED GOALS. THIS TYPE OF COMPENSATION IS PURSUANT TO THE  
UNIVERSITY'S EXECUTIVE COMPENSATION PROCESS WHICH ENSURES THAT THE AMOUNT  
OF TOTAL COMPENSATION IS FAIR AND REASONABLE.

Schedule J (Form 990) 2020

ENTITY

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**SCHEDULE K  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Information on Tax-Exempt Bonds**

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

► **Attach to Form 990.** ► **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020****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
<b>A</b>	UNIVERSITY OF DELAWARE (SERIES 2005)	51-6000297	91425MAZ0	07/14/05	49,945,000.	SEE PART VI		X		X		X
<b>B</b>	UNIVERSITY OF DELAWARE (SERIES 2013A/C)	51-6000297	91425MDU8	04/18/13	196,950,353.	SEE PART VI	X			X		X
<b>C</b>	UNIVERSITY OF DELAWARE (SERIES 2019)	51-6000297	914245CS2	06/20/19	136,482,603.	SEE PART VI		X		X		X
<b>D</b>	UNIVERSITY OF DELAWARE (SERIES 2019A)	51-6000297	914245DV4	10/09/19	65,279,513.	SEE PART VI		X		X		X

**Part II Proceeds**

	A		B		C		D	
1 Amount of bonds retired .....	21,255,000.		35,885,000.		12,800,000.		2,850,000.	
2 Amount of bonds legally defeased .....			87,465,000.					
3 Total proceeds of issue .....	51,410,087.		196,950,353.		136,482,603.		65,279,513.	
4 Gross proceeds in reserve funds .....								
5 Capitalized interest from proceeds .....								
6 Proceeds in refunding escrows .....								
7 Issuance costs from proceeds .....	307,595.		760,633.		694,834.		338,616.	
8 Credit enhancement from proceeds .....	30,000.							
9 Working capital expenditures from proceeds .....	1,465,087.							
10 Capital expenditures from proceeds .....	36,752,258.		116,924,000.		135,787,769.		64,940,897.	
11 Other spent proceeds .....	12,855,147.		79,265,720.					
12 Other unspent proceeds .....								
13 Year of substantial completion .....	2006		2015		2020		2020	
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? .....		X	X			X		X
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? .....	X			X		X		X
16 Has the final allocation of proceeds been made? .....	X		X		X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds? .....	X		X		X		X	

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

Schedule K (Form 990) 2020

ENTITY

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**SCHEDULE K  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Information on Tax-Exempt Bonds**

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

► **Attach to Form 990.** ► **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020****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
UNIVERSITY OF DELAWARE (SERIES A 2004A/B)	51-6000297	91425MAY3	04/08/04	53,457,434.	SEE PART VI		X		X		X
B											
C											
D											

**Part II Proceeds**

	A	B	C	D
1 Amount of bonds retired .....	23,600,000.			
2 Amount of bonds legally defeased .....				
3 Total proceeds of issue .....	54,590,166.			
4 Gross proceeds in reserve funds .....				
5 Capitalized interest from proceeds .....				
6 Proceeds in refunding escrows .....				
7 Issuance costs from proceeds .....	366,674.			
8 Credit enhancement from proceeds .....				
9 Working capital expenditures from proceeds .....	1,132,732.			
10 Capital expenditures from proceeds .....	44,554,078.			
11 Other spent proceeds .....	8,536,682.			
12 Other unspent proceeds .....				
13 Year of substantial completion .....	2005			
	Yes	No	Yes	No
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? .....	X			
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? .....		X		
16 Has the final allocation of proceeds been made? .....	X			
17 Does the organization maintain adequate books and records to support the final allocation of proceeds? .....	X			

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

Schedule K (Form 990) 2020

# PUBLIC INSPECTION COPY

ENTITY 1

Schedule K (Form 990) 2020

UNIVERSITY OF DELAWARE

51-6000297

Page 2

## 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		X
2 Are there any lease arrangements that may result in private business use of bond-financed property? .....		X		X		X		X
3a Are there any management or service contracts that may result in private business use of bond-financed property? .....		X		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		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		X
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		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		X	

## Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .....		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet? .....		X		X	X		X	
b Exception to rebate? .....	X			X		X		X
c No rebate due? .....		X	X			X		X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....								
3 Is the bond issue a variable rate issue? .....	X			X		X		X



# PUBLIC INSPECTION COPY

ENTITY 2

Schedule K (Form 990) 2020

UNIVERSITY OF DELAWARE

51-6000297

Page 2

## 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						
2 Are there any lease arrangements that may result in private business use of bond-financed property? .....		X						
3a Are there any management or service contracts that may result in private business use of bond-financed property? .....		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						
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						
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
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							

## Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .....		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet? .....		X						
b Exception to rebate? .....	X							
c No rebate due? .....		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....								
3 Is the bond issue a variable rate issue? .....		X						

# PUBLIC INSPECTION COPY

ENTITY 1

Schedule K (Form 990) 2020

UNIVERSITY OF DELAWARE

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**Part IV Arbitrage** (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? .....	X			X		X		X
<b>b</b> Name of provider .....	MORGAN STANLEY		MORGAN STANLEY					
<b>c</b> Term of hedge .....	30.6000000		24.3000000					
<b>d</b> Was the hedge superintegrated? .....		X		X				
<b>e</b> Was the hedge terminated? .....		X		X				
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)? .....		X		X		X		X
<b>b</b> Name of provider .....								
<b>c</b> Term of GIC .....								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? .....								
<b>6</b> Were any gross proceeds invested beyond an available temporary period? .....		X		X		X		X
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? .....	X		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 isn't available under applicable regulations? .....	X		X		X		X	

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions.

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ENTITY 2

Schedule K (Form 990) 2020

UNIVERSITY OF DELAWARE

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**Part IV Arbitrage** (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? .....	X							
<b>b</b> Name of provider .....	MORGAN STANLEY							
<b>c</b> Term of hedge .....	30.6000000							
<b>d</b> Was the hedge superintegrated? .....		X						
<b>e</b> Was the hedge terminated? .....		X						
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)? .....		X						
<b>b</b> Name of provider .....								
<b>c</b> Term of GIC .....								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? .....								
<b>6</b> Were any gross proceeds invested beyond an available temporary period? .....		X						
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? .....	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 isn't available under applicable regulations? .....	X							

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions.

PART I, LINE B, COLUMN F- BOND ISSUE 2013A/C

THE 2013A BONDS HAVE BEEN LEGALLY DEFEASED. IN 2019, THE UNIVERSITY FUNDED AN ESCROW ACCOUNT THAT WAS IRREVOCABLY PLACED WITH AN ESCROW AGENT TO MEET THE PRINCIPAL AND INTEREST PAYMENTS OF THE 2013A ISSUE UNTIL THEIR REDEMPTION. THE 2013C BONDS WERE ISSUED FOR THE PURPOSE OF PROVIDING FUNDS (I) TO REFUND A PORTION OF THE UNIVERSITY'S VARIABLE RATE REVENUE BONDS, SERIES 2009A THAT WERE ORIGINALLY ISSUED ON 03/17/2009, AND (II) TO PAY THE COSTS OF ISSUING THE 2013C BONDS.

PART I, LINE C, COLUMN F- BOND ISSUE 2019

IN JUNE 2019, THE UNIVERSITY ISSUED ITS \$113,295,000 TAX-EXEMPT BONDS, SERIES 2019 TO PROVIDE FINANCING FOR: (I) THE ACQUISITION CONSTRUCTION, EQUIPPING AND INSTALLATION OF CERTAIN FACILITIES OF THE UNIVERSITY AND (II) THE PAYMENT OF THE COSTS OF ISSUING THE 2019 BONDS.

PART I, LINE D, COLUMN F- BOND ISSUE 2019A

IN OCTOBER 2019, THE UNIVERSITY ISSUED ITS \$49,390,000 TAX-EXEMPT BONDS, SERIES 2019A TO PROVIDE FINANCING FOR: (I) THE ACQUISITION CONSTRUCTION, EQUIPPING AND INSTALLATION OF CERTAIN FACILITIES OF THE UNIVERSITY AND (II) THE PAYMENT OF THE COSTS OF ISSUING THE 2019A

# PUBLIC INSPECTION COPY

Schedule K (Form 990) 2020

UNIVERSITY OF DELAWARE

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

BONDS.

PART I, LINE A, COLUMN F - BOND ISSUE 2004 A/B

IN APRIL 2004, THE UNIVERSITY ISSUED ITS \$12,070,000 REVENUE BONDS, SERIES 2004A AND \$40,835,000 VARIABLE RATE DEMAND REVENUE BONDS, SERIES 2004B. THE 2004A BONDS WERE ISSUED: (I) TO CURRENTLY REFUND THE UNIVERSITY'S OUTSTANDING SERIES 1993 BONDS; (II) TO FINANCE A PORTION OF THE COSTS ASSOCIATED WITH THE CONSTRUCTION OF A PARKING GARAGE, THE DEMOLITION OF EXISTING UNIVERSITY DORMITORIES, THE CONSTRUCTION OF THREE NEW DORMITORY BUILDINGS, AND FOR OTHER CAPITAL IMPROVEMENTS; AND (III) TO PAY COSTS OF ISSUING THE 2004A BONDS. THE 2004A BONDS MATURED ON NOVEMBER 1, 2010 AND ARE NO LONGER OUTSTANDING.

THE 2004B BONDS WERE ISSUED (I) TO FINANCE A PORTION OF THE COSTS ASSOCIATED WITH THE CONSTRUCTION OF A PARKING GARAGE, THE DEMOLITION OF EXISTING UNIVERSITY DORMITORIES, THE CONSTRUCTION OF THREE NEW DORMITORY BUILDINGS, AND FOR OTHER CAPITAL IMPROVEMENTS, AND (II) TO PAY COSTS OF ISSUING THE 2004B BONDS.

PART I, LINE A, COLUMN F - BOND ISSUE 2005

IN JULY 2005, THE UNIVERSITY ISSUED ITS \$49,945,000 VARIABLE RATE DEMAND REVENUE BONDS, SERIES 2005. 2005 BOND PROCEEDS IN THE AMOUNT OF \$37,880,000 WERE USED TO COMPLETE THE CONSTRUCTION OF THREE NEW DORMITORY BUILDINGS, THE DEMOLITION OF SOME EXISTING UNIVERSITY DORMITORIES, AND OTHER CAPITAL IMPROVEMENTS. 2005 BOND PROCEEDS IN THE AMOUNT OF \$12,065,000 WERE USED TO ADVANCE REFUND A PORTION OF THE UNIVERSITY'S OUTSTANDING SERIES 1997 BONDS, WHICH WERE ORIGINALLY ISSUED ON 06/05/1997.

PART II, COLUMN A PROCEEDS - BOND ISSUE 2005

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

PART II, COLUMN A PROCEEDS - BOND ISSUE 2004B

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

PART IV, COLUMN B, LINE 2C - BOND ISSUE 2013AC

ARBITRAGE REPORT COMPLETED APRIL 18, 2018 RESULTING IN NO REBATE DUE.

**SCHEDULE L**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Transactions With Interested Persons**

OMB No. 1545-0047

**2020****Open To Public  
Inspection**▶ **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.**▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

UNIVERSITY OF DELAWARE

Employer identification number

51-6000297

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) 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

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

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
TUITION		80,895.	DISCOUNT TUIT	

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

Schedule L (Form 990 or 990-EZ) 2020

SEE PART V FOR CONTINUATIONS

## Schedule L (Form 990 or 990-EZ) 2020 UNIVERSITY OF DELAWARE

Page 2

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

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

(D) TYPE OF ASSISTANCE: DISCOUNT TUITION

**SCHEDULE M  
(Form 990)****Noncash Contributions**

OMB No. 1545-0047

**2020****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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	322	677,670.	OPINION OF EXPERT
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....	X		23,357.	OPINION OF EXPERT
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	207	5,179,716.	FMV
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....	X	12	7,425.	OPINION OF EXPERT
23 Scientific specimens .....	X	22	4,700.	OPINION OF EXPERT
24 Archeological artifacts .....				
25 Other ▶ ( EQUIPMENT ) .....	X	11	439,629.	OPINION OF EXPERT
26 Other ▶ ( MISCELLANEOUS ) .....	X	226	3,715.	OPINION OF EXPERT
27 Other ▶ ( ) .....				
28 Other ▶ ( ) .....				

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

29

5

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it  
must hold for at least three years from the date of the initial contribution, and which isn't required to be used for  
exempt purposes for the entire holding period? .....

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash  
contributions? .....

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,  
describe in Part II.

Yes No

30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) 2020





**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**Open to Public  
Inspection

Name of the organization

UNIVERSITY OF DELAWARE

Employer identification number

51-6000297

FORM 990, PART I, LINE 1 MISSION STATEMENT

INSTRUCTION, RESEARCH, AND PUBLIC SERVICES ARE THE MOST SIGNIFICANT

ACTIVITIES OF THE UNIVERSITY.

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

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, WHICH IS MANIFESTED IN ITS RESEARCH AND

CREATIVE ACTIVITIES, TEACHING, AND SERVICE, IN LINE WITH ITS COMMITMENT

TO INCREASING AND DISSEMINATING SCIENTIFIC, HUMANISTIC, ARTISTIC, 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 WITH

EXTENSIVE GRADUATE PROGRAMS THAT IS ALSO DEDICATED TO OUTSTANDING

UNDERGRADUATE AND PROFESSIONAL EDUCATION. UD FACULTY ARE COMMITTED TO

THE INTELLECTUAL, CULTURAL, AND ETHICAL DEVELOPMENT OF STUDENTS AS

CITIZENS, SCHOLARS AND PROFESSIONALS. UD GRADUATES ARE PREPARED TO

CONTRIBUTE TO A GLOBAL AND DIVERSE 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

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

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Schedule O (Form 990 or 990-EZ) 2020

Page **2**

Name of the organization UNIVERSITY OF DELAWARE	Employer identification number 51-6000297
--	--

INCREASINGLY DIVERSE POPULATION.

AN INSTITUTION ENGAGED IN ADDRESSING THE CRITICAL NEEDS OF THE STATE,  
NATION, AND GLOBAL COMMUNITY, THE UNIVERSITY OF DELAWARE CARRIES OUT  
ITS MISSION WITH THE SUPPORT OF ALUMNI WHO SPAN THE GLOBE AND IN  
PARTNERSHIP WITH PUBLIC, PRIVATE, AND NONPROFIT INSTITUTIONS IN  
DELAWARE AND BEYOND.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ACADEMIC SUPPORT

EXPENSES \$ 80,711,930. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

EXTENSION AND PUBLIC SERVICE

EXPENSES \$ 50,370,508. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

STUDENT SERVICES

EXPENSES \$ 35,635,635. INCLUDING GRANTS OF \$ 0. REVENUE \$ 35,115,549.

STUDENT AID

EXPENSES \$ 214,979,099. INCLUDING GRANTS OF \$ 248,696,715. REVENUE \$ 0.

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

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

FORM 990, PART VI, SECTION B, LINE 11B:

THE UNIVERSITY'S FORM 990 IS PREPARED BY INDEPENDENT TAX ADVISORS FROM

# PUBLIC INSPECTION COPY

Schedule O (Form 990 or 990-EZ) 2020

Page **2**

Name of the organization UNIVERSITY OF DELAWARE	Employer identification number 51-6000297
--	--

INFORMATION PROVIDED BY UNIVERSITY PERSONNEL AND SIGNED BY THE EXECUTIVE

VICE PRESIDENT & CHIEF OPERATING OFFICER. THE FORM 990 IS REVIEWED BY

ADDITIONAL MEMBERS OF UNIVERSITY MANAGEMENT. THE AUDIT VISITING COMMITTEE

OF THE BOARD OF TRUSTEES REVIEWS AND DISCUSSES THE FULL FORM 990 AT ITS

SPRING MEETING HELD IN APRIL 2022. A FINAL FORM 990 IS PROVIDED TO THE

FULL BOARD OF TRUSTEES PRIOR TO THE FILING OF THE FORM 990 WITH THE IRS.

THE FINAL FORM 990 PROVIDED TO THE BOARD OF TRUSTEES HAD ONE DONOR'S NAME

AND ADDRESS REDACTED FROM SCHEDULE B, BUT WAS OTHERWISE A COMPLETE COPY.

FORM 990, PART VI, SECTION B, LINE 12C:

PER UNIVERSITY POLICY, EACH COVERED PERSON\* SHALL COMPLETE A

CONFLICT-OF-INTEREST DISCLOSURE STATEMENT PROVIDED BY THE UNIVERSITY

ANNUALLY, AND AT SUCH OTHER TIMES AS A POTENTIAL CONFLICT OF INTEREST MAY

ARISE. EACH COVERED PERSON SHALL BE REQUIRED TO ACKNOWLEDGE, NOT LESS THAN

ANNUALLY, THAT HE OR SHE HAS RECEIVED, READ, AND UNDERSTAND THE POLICY AND

AGREES TO COMPLY WITH THE POLICY. COMPLETED DISCLOSURE STATEMENTS ARE

REVIEWED BY THE OFFICE OF GENERAL COUNSEL, OTHER OFFICES AS APPLICABLE, AND

THE OFFICE OF THE SECRETARY OF THE BOARD AND CHAIRPERSON OF THE BOARD IN

THE CASE OF BOARD OF TRUSTEE DISCLOSURES.

\*COVERED PERSONS SHALL INCLUDE: 1) MEMBERS OF THE BOARD OF TRUSTEES, AND

2) SENIOR ADMINISTRATORS. SENIOR ADMINISTRATOR MEANS A) ANY OFFICER OF

THE UNIVERSITY, B) ANY OTHER UNIVERSITY EMPLOYEE WHO MAY BE DESIGNATED BY

THE PRESIDENT TO BE A SENIOR ADMINISTRATOR FOR PURPOSES OF THE POLICY

BECAUSE OF SUCH EMPLOYEE'S FIDUCIARY, FINANCIAL, OR OTHER DUTIES, AND C)

ANY EMPLOYEE HOLDING THE FOLLOWING POSITIONS: I) DEANS, DEPUTY DEANS,

ASSOCIATE DEANS, AND ASSISTANT DEANS; II) THE DIRECTOR OF INTERCOLLEGIATE

ATHLETICS AND RECREATION SERVICES, ASSOCIATE ADS, AND ASSISTANT ADS; III)

# PUBLIC INSPECTION COPY

Schedule O (Form 990 or 990-EZ) 2020

Page **2**

Name of the organization UNIVERSITY OF DELAWARE	Employer identification number 51-6000297
--	--

THE GENERAL COUNSEL AND ALL ATTORNEYS REPORTING TO THE GENERAL COUNSEL; IV)

THE DEPUTY PROVOST, ASSOCIATE PROVOSTS, AND VICE PROVOST; AND V) ALL VICE

PRESIDENTS, ASSOCIATE VICE PRESIDENTS, AND ASSISTANT VICE PRESIDENTS.

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

THE COMPENSATION COMMITTEE OF THE UNIVERSITY'S BOARD OF TRUSTEES IS

COMPRISED OF NO MORE THAN FIVE AND NO LESS THAN THREE INDEPENDENT BOARD

MEMBERS, ALL CHOSEN BY THE CHAIR OF THE BOARD. THE COMMITTEE IS DELEGATED

BY THE BOARD TO REVIEW AND APPROVE THE COMPENSATION OF THE PRESIDENT,

OFFICERS, ANY OTHER PERSONS CONSIDERED TO BE A "DISQUALIFIED PERSON" (AS

DEFINED BY CODE SECTION 4958), AND ANY OTHER PERSONS IDENTIFIED BY THE

COMMITTEE ("COVERED EXECUTIVES"). THE COMMITTEE REGULARLY REVIEWS

COMPENSATION PROPOSALS FOR COVERED EXECUTIVES AND MARKET DATA, DELIBERATE

OVER SUCH COMPENSATION, AND DOCUMENT ITS COMPENSATION DECISIONS, INCLUDING

THE BASIS FOR SUCH DECISIONS. THE COMMITTEE ENGAGES AN INDEPENDENT THIRD

PARTY TO SERVE AS A CONSULTANT ON THESE MATTERS.

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.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AK,AZ,CA,CO,GA,HI,ID,IL,KY,MD,MA,MI,NH,OH,OK,OR,SC,WA

FORM 990, PART VI, SECTION C, LINE 19:

THE UNIVERSITY'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES,

# PUBLIC INSPECTION COPY

Schedule O (Form 990 or 990-EZ) 2020

Page **2**

Name of the organization UNIVERSITY OF DELAWARE	Employer identification number 51-6000297
--	--

AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE AS PUBLIC

INFORMATION ON THE UNIVERSITY'S WEBSITE. IN ADDITION, THE UNIVERSITY'S

FORM 990-T AND IRS DETERMINATION LETTER ARE MADE AVAILABLE FOR PUBLIC

REVIEW UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER FEES FOR SERVICES:

PROGRAM SERVICE EXPENSES 20,313,241.

MANAGEMENT AND GENERAL EXPENSES 6,336,886.

FUNDRAISING EXPENSES 253,065.

TOTAL EXPENSES 26,903,192.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 26,903,192.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN POSTEMPLOYMENT OBLIGATION -13,762,620.

CHANGE IN SWAP 10,355,479.

RELATED PARTY EXPENSES 420,030.

DECREASE IN NONOPERATING LIABILITIES -90,002.

NON-CAPITAL PROJECT EXPENSES -130,103.

TOTAL TO FORM 990, PART XI, LINE 9 -3,207,216.

# PUBLIC INSPECTION COPY

**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

## Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization

UNIVERSITY OF DELAWARE

Employer identification number

51-6000297

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
BLUE HEN HOTEL LLC - 51-0411499 HULLIHEN HALL STE 220 NEWARK, DE 19716	HOTEL	DELAWARE	1,454,687.	13,877,165.	UNIV OF DE
1743 HOLDINGS LLC - 27-1332816 HULLIHEN HALL STE 220 NEWARK, DE 19716	RESEARCH	DELAWARE	954,934.	62,014,728.	UNIV OF DE

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
UNIVERSITY OF DE ALUMNI ASSOC INC. - 51-6016065, 24 E MAIN STREET, NEWARK, DE 19716	SCHOLARSHIP	DELAWARE	501(C)(3)	LINE 12C, III-FI	N/A		X
UNIVERSITY OF DELAWARE RESEARCH FDN - 51-6017306, 220 HULLIHEN HALL, NEWARK, DE 19716	RESEARCH	DELAWARE	501(C)(3)	LINE 12D, III-O	N/A		X
FRIENDS OF THE UNIV OF DE LIBRARY INC - 51-6017971, UNIVERSITY OF DE LIBRARY, NEWARK, DE 19716	DONATIONS	DELAWARE	501(C)(3)	LINE 12C, III-FI	N/A		X
KARL W BOER SOLAR ENERGY MEDAL OF MERIT - 39-6596448, 222 SOUTH CHAPEL STREET, NEWARK, DE 19716	AWARD	DELAWARE	501(C)(3)	LINE 12A, I	N/A		X

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

Schedule R (Form 990) 2020

## Schedule R (Form 990)

51-6000297

[illegible]

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
FIRST STATE MARINE WIND LLC - 38-3809186, 2050 CABOT BLVD W, LANGHORNE, PA 19047	PWR GENERATION	DE		RELATED	525,424.	4,774,209.		X	N/A		X	97.50%
PERFORMANCE VC OPP FUND - 83-3206186, 5 GREENWICH OFFICE PARK, 3RD FLOOR, GREENWICH, CT 06831	INVESTMENTS	CT		EXCLUDED	66,067.	7,693,785.		X	N/A		X	99.00%
KNIGHTSBRIDGE B LP - 82-3938272, 122 SW FRANK PHILLIPS BOULEVARD, BARTLESVILLE, OK 74003	INVESTMENTS	OK		EXCLUDED	1,465,997.	20,059,749.		X	N/A		X	98.07%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
BLUE HEN WIND INC. - 35-2377140 124 C HULLIHEN HALL NEWARK, DE 19716	INVESTMENTS	DE	N/A	C CORP	0.	3,029,703.	100%		X
UNIVERSITY OF DE STUDENT HOUSING FNDN - 31-1779506, 220 HULLIHEN HALL, NEWARK, DE 19716	INACTIVE	DE	N/A	C CORP			100%		X
CHARITABLE REMAINDER ANNUITY TRUST (5) 220 HULLIHEN HALL NEWARK, DE 19716	INVESTMENTS	DE	N/A	TRUST					X
CHARITABLE REMAINDER UNITRUST TRUST (8) 220 HULLIHEN HALL NEWARK, DE 19716	INVESTMENTS	DE	N/A	TRUST					X



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

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	<b>1a</b>	X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>	X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>	X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>	X
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>	X
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>	X
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>	X
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>	X
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>	X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>	X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b>	X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b>	X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b>	X
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b>	X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b>	X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b>	X
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>	X
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1s</b>	X
<b>2</b> If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) PERFORMANCE VC OPPORTUNITIES FUND I, LP	B	10,162,350.	CASH
(2) KNIGHTSBRIDGE B LP	B	22,819,983.	CASH
(3) FRIENDS OF THE UNIVERSITY OF DE LIBRARY INC.	C	90,183.	CASH DIST
(4) UNIVERSITY OF DE RESEARCH FOUNDATION	C	612,500.	CASH DIST
(5) UNIDEL FOUNDATION INC.	C	13,324,358.	CASH DIST
(6) UNIVERSITY OF DE ALUMNI ASSOCIATION INC.	C	45,496.	CASH DIST

# PUBLIC INSPECTION COPY

Schedule R (Form 990)

UNIVERSITY OF DELAWARE

51-6000297

**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) PERFORMANCE VC OPPORTUNITIES FUND I, LP	S	504,516.	CASH DIST
(8) SEE SCH. R, PART VII, SUPPLEMENTAL INFO	O	0.	
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			



**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

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

THE UNIVERSITY PROVIDES, WITHOUT COMPENSATION, BOOKKEEPING AND OTHER

ADMINISTRATIVE SERVICES TO THE UNIVERSITY OF DELAWARE ALUMNI

ASSOCIATION, UNIVERSITY OF DELAWARE RESEARCH FOUNDATION, FRIENDS OF THE

UNIVERSITY OF DELAWARE LIBRARY, INC., KARL W BOER SOLAR ENERGY MEDAL OF

MERIT AWARD TRUST, BLUE HEN WIND INC., AND FIRST STATE MARINE WIND LLC.

UNIVERSITY PERSONNEL RECEIVE NO COMPENSATION FROM THESE ORGANIZATIONS.