

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493196010100

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

WALSH COLLEGE OF ACCOUNTANCY & BUSINESS use IRS label or ADMINISTRATION 38-1308480 Doing Business As E Telephone number print or type. See (248) 689-8282 Specific Instruc-**G Gross receipts** \$ 27,308,784

A For the 2008 calendar year, or tax year beginning 09-01-2008 and ending 08-31-2009 D Employer identification number B Check if applicable Address change Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite 3838 LIVERNOIS RD PO BOX 7006 Termination tions. City or town, state or country, and ZIP + 4 TROY, MI 480077006 Amended return Application pending Name and address of Principal Officer H(a) Is this a group return for HELEN C KIEBA-TOLKSDORF affiliates? 3838 LIVERNOIS RD PO BOX 7006 TROY,MI 480077006 H(b) Are all affiliates included? Tax-exempt status (If "No," attach a list See instructions) H(c) Group Exemption Number ▶ **Web site:** ► www walshcollege edu K Type of organization ✓ Corporation ✓ trust ✓ association ✓ other ► L Year of Formation 1922 M State of legal domicile MI Part I Summary 1 Briefly describe the organization's mission or most significant activities WALSH COLLEGE IS AN INDEPENDENT, NON-PROFIT INSTITUTION OFFERING A BROAD RANGE OF BUSINESS AND Activities & Governance RELATED TECHNOLOGY DEGREE PROGRAMS, THE COLLEGE GRANTS DEGREES AT THE BACHELOR'S, MASTER'S, AND DOCTORAL LEVELS THAT ARE RESPONSIVE TO STUDENT, EMPLOYER AND COMMUNITY NEEDS Check this box 🗔 if the organization discontinued its operations or disposed of more than 25% of its assets Number of voting members of the governing body (Part VI, line 1a) . 24 21 Number of independent voting members of the governing body (Part VI, line 1b) . . 394 Total number of employees (Part V, line 2a) . . 0 Total number of volunteers (estimate if necessary) . 0 Total gross unrelated business revenue from Part VIII, line 12, column (C) . .

	ь	Net unrelated business taxable income from Form 990-T, line 34	7b	0
			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	952,639	624,926
Revenue	9	Program service revenue (Part VIII, line 2g)	23,805,708	24,955,419
<u> </u>	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-1,398,235	146,971
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	161,821	176,427
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	23,521,933	25,903,743
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	405,835	442,118
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
\$	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	12,245,307	13,304,684
<u>8</u>	16a	Professional fundraising fees (Part IX, column (A), line 11e)	24,638	22,920
Бхрепзез	ь	(Total fundraising expenses, Part IX, column (D), line 25 851,406		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	11,311,492	10,543,855
	18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	23,987,272	24,313,577
	19	Revenue less expenses Subtract line 18 from line 12	-465,339	1,590,166
\$ 0			Beginning of Year	End of Year
sets and	20	Total assets (Part X, line 16)	48,725,230	46,728,632
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	12,030,817	14,365,375
25 25 25	22	Net assets or fund balances Subtract line 21 from line 20	36,694,413	32,363,257

黑選 | 22 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

Please Sign

Here

***** 2010-07-08

helen kieba-tolksdorf VP CFO & TREASURER Type or print name and title

Preparer's signature

Signature of officer

Paid Preparer's Firm's name (or yours ıf self-employed), **Use Only** address, and ZIP + 4

PLANTE & MORAN PLLC

2601 CAMBRIDGE CT SUITE 500 Phone no (248) 375-7100 AUBURN HILLS, MI 48326

Check If

empolyed 🕨 🦵

May the IRS discuss this return with the preparer shown above? (See instructions) .

Preparer's PTIN (See Gen Inst)

FTN ▶

Form 990 (2008)

Dart III	Statement of Program	Service Accomplishments	(See the instructions
12:11	Statement of Program	Service Accumumsimients	s caee me manucuons

	Briefly describe the organization' WALSH COLLEGE DELIVERS A BU		T INTEGRATES ,	APPLICATION AND THEORY	TO PREPARE GRADUATES FOR SU	CCESSFUL CAREERS
2	Did the organization unde the prior Form 990 or 990 If "Yes," describe these n	0-EZ?		rvices during the year	which were not listed on	┌ Yes ┌ No
3	Did the organization ceas services?			changes in how it cor	nducts any program	┌ Yes ┌ No
4	If "Yes," describe these c					
4) organizations and 4	1947(a)(1) t	rusts are required to r	largest program services by eport the amount of grants a ed	
4a	EDUCATION THAT INTEGRATE	ES APPLICATION AND THE D TEACHERS, WHILE THE	ORY TO PREPAI ADMINISTRAT	RE GRADUATES FOR SUCC IVE STAFF ENSURES EACH) (Revenue \$ COLLEGE EXPERIENCE OUR MISS ESSFUL CAREERS THE FACULTY A STUDENT RECEIVES PERSONALIZE ATE 7,378 DOCTORAL 23	RE EXPERIENCED PROFESSIONALS
4b	(Code) (Expenses \$	3,213,528	ıncludıng grants of \$) (Revenue \$	0)
	Student Services					
4c	(Code INCOMING UNDERGRADUATE SCHOLARSHIPS ARE OFFERED) (Expenses \$ STUDENTS ARE INVITED) IN THREE CATEORGIES	442,118 TO APPLY FOR COMMUNITY (including grants of \$ A WALSH COLLEGE SCHOL COLLEGE EXCELLENCE AWA	442,118) (Revenue \$ ARSHIP TO ASSIST THEM IN FINAN RDS, ACADEMIC AWARDS, AND MU	0) CING THEIR EDUCATION ULTICULTURAL AWARDS
	(Code) (Expenses \$	895,975	including grants of \$) (Revenue \$	5,794)
4d	Other program services (Expenses \$		ule O) ing grants of	\$) (Revenue \$)
4e	Total program service e	xpenses \$	14,716,439	Must equal Part IX,	Line 25, column (B).	

Part IV	Checklis	st of Re	eauired	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt[4]{3}$	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12		No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νo
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part VI . . .

Part IV Checklist of Required Schedules (Continued)

			res	NO
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νo
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related	37		Νο

Pai	t V Statements Regarding Other IRS Filings and Tax Compliance	e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	16			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
_	Did the agreement on comply with health withhelding vides for reportable neumonts to					
С	Did the organization comply with backup withholding rules for reportable payments to gaming (gambling) winnings to prize winners?	o ven	oors and reportable	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements filed for the calendar year ending with or within the year covered by this	20	394			
L	return	2a				
ь	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file thi			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during	g the	year covered by this			
	return?			3a		Νο
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch		1	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a sover, a financial account in a foreign country (such as a bank account, securities acacount)?	_	•	4a		No
h	·					110
	If "Yes," enter the name of the foreign country	enort o	f Foreign Bank and			
	Financial Accounts.		, oreign bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		Νο
ь	Did any taxable party notify the organization that it was or is a party to a prohibited		· •	5b		Νο
	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp		ŀ	<u> </u>		
	Tax Shelter Transaction?	•	• • •	5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement the	hat su	ch contributions or gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			_		
а	Did the organization provide goods or services in exchange for any quid pro quo cor more?	itributi	on of \$75 or	7a		N o
Ь	If "Yes," did the organization notify the donor of the value of the goods or services p	rovide	d?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal properties file Form 8282?		•	7c		No
a	If "Yes," indicate the number of Forms 8282 filed during the year	7d		<i>/</i> c		110
u	in res, indicate the number of rorms 5252 fried during the year					
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay	y prem	nums on a personal			
	benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers			7f		No
g	For all contributions of qualified intellectual property, did the organization file Form		ľ	7g		No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization frequired?	file a F	orm 1098-C as	7h		Νο
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds a	· · and se	ction 509(a)(3)			
-	supporting organizations. Did the supporting organization, or a fund maintained by a excess business holdings at any time during the			8		
	year?					
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.			_		
	Did the organization make any taxable distributions under section 4966?		ľ	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person	٠, ١		9b		
10	Section 501(c)(7) organizations. Enter	۔ م	I			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section FO1/c)/12) organizations Enter					
11	Section 501(c)(12) organizations Enter Gross income from members or shareholders	ı				
		11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 ii	n lieu (I	of Form 10417	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

Section A. Governing Body and Management

No

Yes

11

Νo

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below	, des	cribe the circumstances,
processes, or changes in Schedule O. See instructions.		
	_	1

11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at

the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body 1a 24			
b	Enter the number of voting members that are independent 1b 21			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	. 3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a	Yes	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	Yes	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	

Section B. Policies

		Yes	No
Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
Does the organization have a written whistleblower policy?	13	Yes	
Does the organization have a written document retention and destruction policy?	14	Yes	
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			
The organization's CEO, Executive Director, or top management official?	15a	Yes	
Other officers or key employees of the organization?	15b	Yes	
Describe the process in Schedule O			
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Does the organization have a written conflict of interest policy? If "No", go to line 13 . Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed MI
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website another's website upon request
- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Helen Kieba-Tolksdorf 3838 Livernois Road PO Box 7006 troy, MI 480077006 (248) 689-8282

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

The check this box in the organization and i		(C) Position (check all that apply)							(5)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							-			

Part VII Continued

		(C) Position (check all that apply)							(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
			\vdash	$\vdash\vdash$	\vdash		\vdash			
				Ш.			<u> </u>	1,747,628	s l c	280,705

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►10

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		Νο
4	For any individual listed online 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			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Νο

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

(A) Name and business address	(B) Description of services	(C) Compensation
CareTech SOLUTIONS 901 Wilshire Troy, MI 48084	IT SYSTEMS SUPPORT	1,851,100
harrison media agency 24116 CROCKER CLINTON TOWNSHIP, MI 48036	MARKETING	1,104,800
Perich 117 N First St Ann Arbor, MI 48104	marketing/advertising	551,200
GW AUCH COMPANY 735 S PADDOCK PONTIAC, MI 48341	CONSTRUCTION MANAGEMENT	537,100
BUMLER MECHANICAL 6260 18 1/2 MILE STERLING HEIGHTS, MI 48314	HVAC SERVICES	115,400
2 Total number of independent contractors (including those in 1) who red from the organization		6

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated campaigns :	 1a		Revenue		512,513,01514
# # # # # # # # # # # # # # # # # # #	ь	Membership dues					
ᄪ			.b				
£3	С	Fundraising events					
iits #a	d	Related organizations	Ld 515,117				
2 <u>%</u>	e		61,418				
Contributions, gifts, grants and other similar amounts	_	All other contributions, gifts, grants, and					
	f	similar amounts not included above	46,391				
e Eige	_		Lf				
E DE	g	Noncash contributions included lines 1a-1f \$	ın				
O a	h	Total (Add lines 1a-1f)	-	624,926			
			•				
<u> 9</u>	7-	Tuition and fees	Business Code	24 670 022	24 670 022		
He.	2a		611,600		24,670,832		
Fe	b	Bookstore Commissions	611,600	·	175,398		
- e	С	BUSINESS LEADERS INST	611,600	103,395	103,395		
7.	d	library revenue	611,600	5,794	5,794		
<u>ي</u>	e						
ran	f	All other program service revenu	ıe				
Program Service Revenue	g	Total. Add lines 2a-2f					
		> \$ 24,955,419					
	3	Investment income (including di		406.620			406.630
		other sımılar amounts)		486,630			486,630
	4	Income from investment of tax-exempt	bond proceeds				
	-	Davaltina	•				
	5	Royalties	(u) Darsanal				
	6a	(1) Real Gross Rents 176,42	(II) Personal				
	b	Less rental					
		expenses	_				
	С	Rental income 176,42 or (loss)	/				
	d	Net rental income or (loss) .		176,427			176,427
		(ı) Securities	(II) O ther				
	7a	Gross amount 1,065,38.					
		from sales of assets other					
	_	than inventory	2 239				
	Ь	Less cost or 1,404,800 other basis and	2 239				
	С	sales expenses Gain or (loss) -339,420	0 -239				
	d	Net gain or (loss)		-339,659			-339,659
				ŕ			,
	8a	Gross income from fundraising events (not including					
ne ne		\$					
Other Revenue		of contributions reported on line 1c) See Part IV, line 18					
٩		Attach Schedule G if total exceeds					
<u>.</u>		\$15,000	а				
he	b	'	ь				
ō	С	Net income or (loss) from fundra	ısıng events ▶-				
	9a	Gross income from gaming					
		activities See part IV , line 19 Complete Schedule G if total					
		exceeds \$15,000					
			а				
	b	Less direct expenses	ь				
	С	Net income or (loss) from gamin					
	10a	Cross sales afternoon to	<u> </u>				
	IUa	Gross sales of inventory, less returns and allowances .					
			а				
	b	Less cost of goods sold	ь				
	С	Net income or (loss) from sales	of inventory . 🕨				
		Miscellaneous Revenue	Business Code				
	11a						
	ь						
	С		_				
		A II abbanini					
	d	All other revenue	- [
	e 13	Total Passassa Add large 11 2		25,903,743	24,955,419	0	323,398
	12	Total Revenue. Add lines 1h, 2g, 8c, 9c, 10c, and 11e	_	23,903,743	24,955,419	U	323,398

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) but are not required to complete columns (B), (C), and (D).								
Do ı	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21							
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	442,118	442,118					
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16							
4	Benefits paid to or for members							
5	Compensation of current officers, directors, trustees, and key employees	1,207,000	284,000	739,000	184,000			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$							
7	Other salaries and wages	9,830,262	8,112,478		350,191			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	67,385	46,530	16,993	3,862			
9	Other employee benefits	1,441,968	1,079,479	273,202	89,287			
10	Payroll taxes	758,069	586,096	134,334	37,639			
11	Fees for services (non-employees)							
а	Management	30,000		30,000				
b	Legal	43,986		43,986				
c	Accounting	93,480		93,480				
d	Lobbying	72,000		72,000				
e	Professional fundraising See Part IV, line 17	22,920			22,920			
f	Investment management fees	59,727		59,727				
g	Other	550,406	172,429	363,641	14,336			
12	Advertising and promotion	2,306,517	21,017	2,270,364	15,136			
13	Office expenses	1,005,978	337,921	610,157	57,900			
14	Information technology	1,618,230	809,115	809,115				
15	Royalties							
16	Occupancy	1,569,615	661,654	885,453	22,508			
17	Travel	255,843	157,677	67,016	31,150			
18	Payments of travel or entertainment expenses for any Federal, state or local public officials							
19	Conferences, conventions and meetings	115,495	94,910	20,585				
20	Interest	326,925		326,925				
21	Payments to affiliates							
22	Depreciation, depletion, and amortization	1,283,274	1,199,947	69,512	13,815			
23	Insurance	175,381		175,381				
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)							
а	library services	458,792	458,792					
ь	BAD DEBT EXPENSE	299,379	44,083	255,296				
c	MISCELLANEOUS	278,827	208,193	61,972	8,662			
f	All other expenses							
25	Total functional expenses. Add lines 1 through 24f	24,313,577	14,716,439	8,745,732	851,406			
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation							

Part X	Balance	Sheet
	Dalalice	SHEEL

					(A) Beginning of year		(B End of	
	1	Cash—non-interest-bearing			901,075	1		2,744,776
	2	Savings and temporary cash investments			88,244	2		120,186
	3	Pledges and grants receivable, net			118,618	3		16,421
	4	Accounts receivable, net			639,300	4		415,729
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L				5		
	6	Receivables from other disqualified persons (as defined under s persons described in section 4958(c)(3)(B) Complete Part II of			6			
	7	Notes and loans receivable, net				7		
	8	Inventories for sale or use				8		
22	9	Prepaid expenses and deferred charges			427,581	9		395,063
Assets	10a	Land, buildings, and equipment cost basis	_{10a}	37,533,476				
*	Ь	Less accumulated depreciation Complete Part VI of Schedule D	10b	13,769,687		10c	2	3,763,789
	11	Investments—publicly traded securities			20,618,588	11	1	7,157,914
	12	Investments—other securities See Part IV, line 11 Complete Poschedule D	art VII	of		12		817,172
	13	Investments—program-related See Part IV, line 11 Complete F of Schedule D .	Part VII.	I		13		
	14	Intangible assets		14				
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D	1,751,135	15		1,297,582		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			48,725,230	16	4	6,728,632
	17	Accounts payable and accrued expenses .			1,281,732	17		956,083
	18	Grants payable		18				
	19	Deferred revenue	1,761,578	19		1,536,698		
	20	Tax-exempt bond liabilities		8,845,000	20		8,135,000	
eS	21	Escrow account liability Complete Part IV of Schedule D			21			
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
Lia		persons Complete Part II of Schedule L		•		22		
	23	Secured mortgages and notes payable to unrelated third parties		-		23		
	24	Unsecured notes and loans payable				24		
	25	Other liabilities Complete Part X of Schedule D		142,507	25		3,737,594	
	26	Total liabilities. Add lines 17 through 25			12,030,817	26	1	4,365,375
5		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	lete lii	nes 27				
<u>jç</u>		through 29, and lines 33 and 34.						
Balance	27	Unrestricted net assets			34,121,087	27		0,049,935
Ba	28	Temporarily restricted net assets			1,553,826	28		1,293,822
Fund	29	Permanently restricted net assets			1,019,500	29		1,019,500
or Fu		Organizations that do not follow SFAS 117, check here ► and lines 30 through 34.	d com	olete				
	30	Capital stock or trust principal, or current funds	•			30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31		
	32	Retained earnings, endowment, accumulated income, or other fu	nds			32		
Net	33	Total net assets or fund balances	36,694,413	33	3	2,363,257		
_	34	Total liabilities and net assets/fund balances			48,725,230	34	4	6,728,632
Pa	rt XI	Financial Statements and Reporting						
							Yes	No

Deat VI	Financial Ctatements and Beneutice	_
Part XI	Financial Statements and Reporting	1

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
ь	Were the organization's financial statements audited by an independent accountant?	2b		Νo
С	If "Yes" to lines 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?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Νo
ь	If "Yes," did the organization undergo the required audit or audits?	3b		

As Filed Data -

DLN: 93493196010100

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

2008

Open to Public Inspection

	ISTRAT		NIANCY & BUSINES	55				38	-1308480	1		
Pai	τI	Reason	for Public C	harity Status (to be co	mpleted	bv all or	ganizatio					
				ation because it is (Please						<u> </u>		
1	Γ	A church, c	onvention of ch	urches, or association of ch	urches de	scribed in	Section 1	170(b)(1)((A)(i).			
2	<u>~</u>	A school de	escribed in Sect	ion 170(b)(1)(A)(ii). (Attac	h Schedu	le E)						
3	\sqcap	A hospital	or a cooperative	e hospital service organizati	on describ	oed in Sec	t ion 170(l	b)(1)(A)(i	ii). (Attac	h Schedul	e H)	
4	Γ	A medical i	A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the									
		hospital's name, city, and state										
5	Γ	An organiza	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
		Section 170	D(b)(1)(A)(iv).	(Complete Part II)								
6	\sqcap	A federal, s	tate, or local go	overnment or governmental	unıt descr	ıbed ın Se	ction 170	(b)(1)(A)	(v).			
7	Γ	An organiza	ation that norma	ally receives a substantial p	art of its s	support fro	m a gove	rnmental u	ınıt or fron	n the gene	ral public	:
		described i	n Section 170(b)(1)(A)(vi) (Complete Par	tII)							
8	Γ	A communi	ty trust describ	ed in Section 170(b)(1)(A)	(vi) (Com	plete Part	tII)					
9	Γ	An organiza	ation that norma	ally receives (1) more than	331/3% o	fits supp	ort from co	ontributior	ıs, membe	rship fees	, and gro	ss
		receipts fro	m activities rel	ated to its exempt functions	—subject	to certair	n exceptio	ns, and (2) no more	than 331/	3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess sectio	on 511 tax	() from bus	sinesses	
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III)			
10		An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ction 509((a)(4). (Se	ee instruct	tions)	
11	Γ			and operated exclusively fo								
				orted organizations describe type of supporting organiza						Section 5	09(a)(3)	. Check
			ype I b				nally Integ		'' d	Гтуре	III - Ot	her
e	\sqcap		• •	rtify that the organization is	not contro	olled direc	tly or ındı	rectly by o	ne or mor	e dısqualı	fied pers	ons
				agers and other than one or	more publ	ıcly suppo	orted orga	nızatıons (described	ın section	509(a)(1) or
		section 50		d a western data emination from	+b - TDC	. + +	n Tuna I	Tuna II a	. Tuna III			
f		check this		d a written determination fro	in the IRS	tilat it is	a Type I,	Type II o	r Type III	Supportin	g organiz	
g				as the organization accepted	d any gift	or contribi	utıon from	any of the	!			•
		following pe										
			•	r indirectly controls, either a		_	th persons	describe	d in (ii)		Yes	No
			· -	ng body of the the supported	_	tion				11g(
			•	erson described in (i) above		2				11g(_	
				ty of a person described in (11g(<u> </u>
h		Provide the	rollowing infor	nation about the organizatio	ns the org	anization	supports					
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did v	ou notify	(vi) ī	s the	(vii) An	nount of
	Supp		(11) 2111	(described on lines 1- 9		ation in	1 * .*	nization		ation in	supp	
(ızatıon		above or IRC section	col (i)			i) of your	col (i) o	rganızed		
				(See Instructions))	yourgo	_	supp	oort?	ın the	US?		
		document?										
					Yes	No	Yes	No	Yes	No		
								-				
								 				
								-				

Total

Part II	Support Schedule for Organizations Described in IRC 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.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, check this	oox an	u see	▶ □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched)(2)		
	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
·	line 6)						
To	tal Support		•	•			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income Do not include gain or loss						
12	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organization's fi	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶□
	mputation of Public Support Perc						
15	Public Support Percentage for 2008 (line		•	olumn (f))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
	mputation of Investment Income			40 1 1			
17	Investment Income Percentage for 2008 (-))	17	
18	Investment Income Percentage from 2007	'Schedule A , Pa	rt IV-A, line 27	h		18	

19a 33 1/3% Tests - 2008. 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 **33 1/3% Tests - 2007.** 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

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)						
	Facts and Circumstances Test						

Schedule A (Form 990 or 990-EZ) 2008

Software ID: Software Version:

EIN: 38-1308480

Name: WALSH COLLEGE OF ACCOUNTANCY & BUSINESS

ADMINISTRATION

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa	1										
		Posit t	(C tion (hat a	chec		I			(5)	(F) Estimated amount of other compensation from the organization and related organizations	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)		
STEPHANIE BERGERON , President, CEO	40 00	×		х				263,724	0	38,708	
Richard D Aginian , TRUSTEE		Х						0	0	0	
Barbara J Dobb , TRUSTEE		Х						0	0	0	
Patrick T Duerr , TRUSTEE		Х						0	0	0	
Walter B Fisher , TRUSTEE		Х						0	0	0	
SHIRLEY GOFRANK , TRUSTEE		Х						0	0	0	
EDWARD T GWILT , TRUSTEE		Х						0	0	0	
WILLIAM F JONES JR , TRUSTEE		Х						0	0	0	
ALAN KAUFMAN , TRUSTEE		Х						0	0	0	
KATHLEEN KOSMATKA , TRUSTEE		Х						0	0	0	
N PATRICIA KURTZ , TRUSTEE		Х						0	0	0	
AUBREY W LEE , TRUSTEE		Х						0	0	0	
MARK MCCAMMON , TRUSTEE		Х						0	0	0	
BARBARA J MAHONE , TRUSTEE		Х						0	0	0	
THOMAS F MCNULTY , TRUSTEE		Х						0	0	0	
RONALD D MOORE , TRUSTEE		Х						0	0	0	
ROBERT H NAFTALY , TRUSTEE		Х						0	0	0	
David J Petoskey , TRUSTEE		Х						0	0	0	
Michael J Plotzke , TRUSTEE		Х						0	0	0	
William C Roney III , TRUSTEE		Х						0	0	0	
Michael A Semanco , TRUSTEE		Х						0	0	0	
Richard T Walsh , TRUSTEE		Х						0	0	0	
Neal F Zalenko , TRUSTEE		Х						0	0	0	
A MARK ZEFFINO , TRUSTEE		Х						0	0	0	
Helen Kıeba-Tolksdorf , VP, cfo and treasurer	40 00			х				154,085	0	35,332	
Elizabeth Barnes , VP, Chief HR & Admin Of	40 00			х				153,449	0	15,151	
Robert Minter , ExecUTIVE VP & CAO	40 00			Х				87,015	0	5,019	
John Lichtenberg , VP, Chief MARKETING & En	40 00			х				112,032	0	20,957	
Audrey Olmstead , VP, Chief DEVELOPMENT Of	40 00			х				115,346	0	20,324	
Lında Wiechowski , PROFESSOR	40 00					Х		166,310	0	11,576	

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa	•									
			(C tion (hat a	chec		I				(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	II	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
RICHARD D BERSCHBACK, PROFESSOR	40 00					х		179,519	0	31,441
MICHAEL P LEVENS , PROFESSOR	40 00					Х		167,494	0	31,038
MARLA SCAFE , PROFESSOR	40 00					Х		183,296	0	38,296
DAVID ALLARDICE , PROFESSOR	40 00					Х		165,358	0	32,863
RICHARD CZARNECKI , FORMER TRUSTEE							х	0	0	0
JON F DANSKI , FORMER TRUSTEE							Х	0	0	0
BHUSHAN KALKARNI , FORMER TRUSTEE							х	0	0	0

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

OMB No 1545-0047

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

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

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

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

◆ 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

		t have NOT filed Form 5768 (election s," to Form 990, Part IV, Line 5 (P		(h)) Complete Part II-B Do n	ot complete Part II-A				
N a	ection 501(c)(4), (5), or (6) organi me of the organization LISH COLLEGE OF ACCOUNTANCY & BUS MINISTRATION	·			tification number				
	t I-A To be completed b	by all organizations exempt te the instructions for Schedule		38-1308480 n 501(c) and section	527				
1	<u> </u>	ganızatıon's dırect and ındırect polıt		tivities in Part IV					
2	Political expenditures				\$				
3	V olunteer hours								
Par	t I-B To be completed be for Schedule C for d	oy all organizations exempt etails.)	under sectio	n 501(c)(3). (See the	instructions				
1	Enter the amount of any excise	e tax incurred by the organization ur	nder section 4955	5	\$				
2	Enter the amount of any excise	e tax incurred by organization mana	gers under sectio	n 4955	\$				
3	If the organization incurred in	a section 4955 tax, did it file Form 4	4720 for this yea	r?	┌ Yes				
4a	Was a correction made?				┌ Yes				
ь	If "Yes," describe in Part IV								
Par		by all organizations exempt s for Schedule C for details.)	under sectio	n 501(c), except sect	ion 501(c)(3).				
1	•	ended by the filing organization for s	ection 527 exem	pt function activities	\$				
2		organization's internal funds contribi			\$				
3	Total of direct and indirect exe 1120-POL, line 17b	empt function expenditures Add line	s 1 and 2 and en	ter here and on Form	\$				
4	Did the filing organization file I	Form 1120-POL for this year?			┌ Yes				
5	State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which paym were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and 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) A mount paid from filing organization's internal funds If none, enter - 0 -	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-				
			-						
Ear'	Danamuark Dadustian Ast Nation	and the instructions for Form 000	Cat No E	00046	Form 900 or 900-E7) 200				

d Grassroots non-taxable amount

f Grassroots lobbying expenditures

e Grassroots ceiling amount (150% of line d, column (e))

P	art II-A To be completed by (election under sec						768
	Check If the filing organization	belongs to an affili	ated group				
<u>B</u>	Check If the filing organization Limits on Lo (The term "expenditure	bbying Expend	litures—		olly	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influe	nce public opinion	(grass roots lob	bying)			
ь	Total lobbying expenditures to influe	nce a legislative b	ody (direct lobby	yıng)			
c	Total lobbying expenditures (add lin	es 1a and 1b)					
d	Other exempt purpose expenditures						
e	Total exempt purpose expenditures	(add lines 1c and 1	d)				
f	Lobbying nontaxable amount Entercolumns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000		taxable amount				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% o	of the excess over \$	500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% o	of the excess over \$	51,000,000			
	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					
	Grassroots nontaxable amount (ente	er 25% of line 1f)					
h	Subtract line 1g from line 1a Enter	0- ıflıne g ıs more	than line a				
i	Subtract line 1f from line 1c Enter -	0- ıflıne fıs more t	han line c				
j	If there is an amount other than zero section 4911 tax for this year?	on either line 1h o	r line 1ı, dıd the	organization file	Form 4720 rep	orting	┌ Yes ┌ No
	(Some organizations tha columns below.		on 501(h) el	ection do not	have to cor		he five
	Lobb	ying Expendit	ures During	4-Year Avera	ging Period		
	Calendar year (or fisca beginning in)	l year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
_2a	Lobbying non-taxable amount						
	Lobbying ceiling amount (150% of line 2a, column(e))						
	: Total lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2008

Part II-B	To be completed by	organizations exempt under section 501(c)(3) that h	nave NOT file	ed Form
	5768 (election unde	r section 501(h)). (See the instructions for Schedule C for	r details.)	

		(a)		(b)
		Yes	No	A mount
L	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			
а	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines c through i)?		Νo	
c	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?		Νo	
e	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?		Νo	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		72,000
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		Νo	
i	Other activities If "Yes," describe in Part IV		Νo	
j	Total lines 1c through		'	72,000
	11			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
)ar	+ To be completed by all organizations exempt under section $501(c)(4)$ s	ection	501/6	\(5) or

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). (See the instructions for Schedule C for details.)

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

Part III-B
To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.)

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1, Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation				
Part II-B, Line 1i	Explanation of Other Lobbying Activities	Lobbying activity represents fees paid to an outside consult firm that specialized in government relations, with the intent establish direct contact with legislators in regard to distributed fappropriations				

Part IV Supplemental Information								
Ident if ier	Return Reference	Explanation						

Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

2008

Open to Public Inspection

ear

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

Employer identification number Name of the organization WALSH COLLEGE OF ACCOUNTANCY & BUSINESS ADMINISTRATION 38-1308480 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ۷o

	funds are the organization's property, subject to the organization's ex	clus	ıve legal control?		☐ Yes ☐ N
6	Did the organization inform all grantees, donors, and donor advisors i used only for charitable purposes and not for the benefit of the donor impermissible private benefit?	Г Yes			
Pa	rt II Conservation Easements. Complete if the organiza	tion	answered "Yes" to Form	990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (checomology of preservation of land for public use (e.g., recreation or pleasure) Protection of natural habitat Preservation of open space	_		•	•
2	Complete lines 2a-2d if the organization held a qualified conservatio on the last day of the tax year	ı cor	ntribution in the form of a cor	nserva	ation easement
					Held at the End of the Y
а	Total number of conservation easements			2a	

- Total acreage restricted by conservation easements

 C Number of conservation easements on a certified historic structure included in (a)

 C Number of conservation easements included in (c) acquired after 8/17/06

 2b

 2c

 2d
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds?
- 6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$
- B Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

- 1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items
- **b** If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

For Paperwork Reduction Act Notice, see the Intructions for Form 990

(ii) Assets included in Form 990, Part X

- \$

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- a Revenues included in Form 990, Part VIII, line 1

- \$

b Assets included in Form 990, Part X

3	Using the organization's accession and othe									nanuea)
	items (check all that apply)			_	•	_				
а	Public exhibition		d	ı	Loan or exc	hange programs				
b	Scholarly research		e	Γ	Other					
С	Preservation for future generations									
4	Provide a description of the organization's co Part XIV	ollections and explai	n hov	w the	y further the	organızatıon's ex	empt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t						nılar	Г	Yes	Г No
Pai	rt IV Trust, Escrow and Custodial A Part IV, line 9, or reported an an					anızatıon answ	ered "Yes	" to Fo	orm 9	90,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	dıary	for c	ontributions	or other assets	not	Γ	Yes	┌ No
b	If "Yes," explain why in Part XIV and comple	te the following tabl	е				1			
								A mou	ınt	
с	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?					Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV									
Pa	rt V Endowment Funds. Complete									
		(a)Current Year	(b) Prior	Year (c)T	wo Years Back (d)	Three Years E	Back (e)Four Y	ears Back
1a	Beginning of year balance	2,573,327								
Ь	Contributions	563,408								
С	Investment earnings or losses	64,927								
d	Grants or scholarships	888,250								
e	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance	2,313,412								
2	Provide the estimated percentage of the yea	r end balance held a	s							
а	Board designated or quasi-endowment 🕨									
b	Permanent endowment 🕨 44 000 %									
c	Term endowment ▶ 56 000 %									
3a	Are there endowment funds not in the posses	ssion of the organiza	tion	that	are held and	admınıstered for	the			
	organization by						1		Yes	No
	(i) unrelated organizations							3a(i)		No
L	(ii) related organizations			•				3a(ii)	 v	No
ь 4	Describe in Part XIV the intended uses of th	·						3b	Yes	<u> </u>
	rt VI Investments—Land, Buildings					Part X line 10				
		<i>y</i> and Equipmen			Cost or other	(b)Cost or other				
	Description of investment				is (investment)	basis (other)	(c) Depreci	ation	(d) Bo	ok value
1a	Land			+		2,692,659	<u> </u>			2,692,659
	Buildings					21,520,054	1	75,380		6,444,674
	Leasehold improvements					21,320,034	3,07	2,300		-,,077
	Equipment	· · · · · ·	•			9,203,869	7 22	28,804		1,975,065
	Other					4,116,894	· ·	55,503		2,651,391
	II. Add lines 1a-1e (Column (d) should equal Fo	orm 990. Part X. colum	nn (B)	l). line	10(c)) -	4,110,694	· · · · ·	,,,,,,,,		2,651,391 3,763,789
	The state of the s	556, 1416 11, 651411	(5)	,,	(-/-/-			-1- 5 (90) 200i

Part VII Investments—Other Securities. Se	e Form 990, Part X, line 1	2.	
(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Related. S	ee Form 990, Part X, line		
(a) Description of investment type	(b) Book value		d of valuation ·year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	<u> </u>		
Part IX Other Assets. See Form 990, Part X,	•		
(a) Desc			(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line	: 15.)		
Part X Other Liabilities. See Form 990, Part			
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
ACCRUED PENSION	3,397,989		
OTHER LONG TERM LIABILITIES	339,605		
Table (Calcar (I) should be a construction of the construction of			
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	3,737,594		

2 24,313, 3 Excess or (deficit) for the year Subtract line 2 from line 1 Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Investment expens	
4 -2,052, 5 Donated services and use of facilities 6 Investment expenses 6 Investment expenses 7 Prior period adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 9 Total adjustments (net) Add lines 4 - 8 9 Fart XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements With Revenue per Return 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments	166
5 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 7 Other (Describe in Part XIV) 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 9 -5,921, 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements With Revenue per Return 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments	
6 Investment expenses 7 Prior period adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements	<u></u> 313
7 Prior period adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 -4,331, Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements	
8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 9 -5,921, 10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 10 -4,331, Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements	
Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements	
10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements	009
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements With Revenue per Return 2 A mounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments	322
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements	 156
statements	
A mounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments	 911
a Net unrealized gains on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	
e Add lines 2a through 2d	836
3 Subtract line 2e from line 1	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a Investment expenses not included on Form 990, Part VIII, line 7b . 4a	
b Other (Describe in Part XIV)	
c Add lines 4a and 4b	996
5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	 743
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return	
1 Total expenses and losses per audited financial statements	943
2 A mounts included on line 1 but not on Form 990, Part IX, line 25	
a Donated services and use of facilities	
b Prior year adjustments	
c Losses reported on Form 990, Part IX, line 25	
d Other (Describe in Part XIV)	
e Add lines 2a through 2d	
3 Subtract line 2e from line 1	<u>698</u>
4 A mounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b Other (Describe in Part XIV)	
Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	879

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
Part V , Line 4	Description of Intended Use of Endowment Funds	THE COLLEGE HAS A TOTAL OF FORTY-THREE ENDOWMENTS FORTY OF THESE ENDOWMENTS ARE FOR UNDERGRADUATE AND GRADUATE SCHOLARSHIPS, TWO ENDOWMENTS PROVIDE TUTORING SUPPORT AND ONE ENDOWMENT PROVIDES AN AWARD FOR ACADEMIC EXCELLENCE IN ACCOUNTING
		PART XI, LINE 8 - PENSION ACCRUAL \$3,869,010 PART XII, LINE 2D - REVENUE OF WALSH COLLEGE FOUNDATION (SEPARATE 990 FILED) \$524,647 PART XII, LINE 4B - SCHOLARSHIPS \$442,118 SALE OF ASSETS \$ -239 TRANSFER OF ENDO WMENTS \$515,117 PART XIII, LINE 2D - EXPENSES OF WALSH COLLEGE FOUNDATION (SEPARATE 990 FILED) \$21,235 PENSION ACCRUAL \$3,869,010 PART XIII, LINE 4B - SCHOLARSHIPS \$442,118 SALE OF ASSETS \$-239

Employer identification number

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Schools

Attach to Form 990 or Form 990-EZ. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

OMB No 1545-0047

2008

Open to Public

	H COLLEGE OF ACCOUNTANCY & BUSINESS IISTRATION 38-1308	480		
	30 1300	100	YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter other governing instrument, or in a resolution of its governing body?	r, bylaws,	Yes	
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?		Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast medithe period of solicitation for students, or during the registration period if it has no solicitation program, in a that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "	a during i way 'No,"		
	please explain THE COLLEGE'S NONDISCRIMINATORY POLICY IS ON ALL STUDENT APPLICATIONS, COLLEGE PUBLICATIONS, AND IS POSTED ON THE WEBSITE	3	Yes	
	Does the organization maintain the following?		,	
	Records indicating the racial composition of the student body, faculty, and administrative staff?		Yes	
D	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscri basis?	4b	Yes	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public deali with student admissions, programs, and scholarships?	ng 4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate state	ement)		
5 a	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	5a		Νο
b	Admissions policies?	5b		Νο
c	Employment of faculty or administrative staff?	<u>5c</u>		No
d	Scholarships or other financial assistance?	5d		No
е	Educational policies?			No
f	Use of facilities?	5f		Νo
g	Athletic programs?	5g		No
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate state.	5h		No
	Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	6a 6b	Yes	No
_	If you answered "Yes" to either 6a or b, please explain using an attached statement	3-		
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	gh 4 05	Yes	

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493196010100

OMB No 1545-0047

2008

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

Statement of Activities Outside the United States

Open to Public **Inspection**

Employer identification number

WA L	SH COLLÉGE OF ACCOU	UNTANCY & BUS	INESS			• ,		
	1INISTRATION					38-130848		
Pa	General Info "Yes" to Form S			de the United States	s. Complete	e if the orgar	nization answer	ed
1	For grantmakers. Do	es the organiza	ation maintain r	ecords to substantiate	the amount	of the grant	s or	
	assistance, the grant	ees' eligibility fo	or the grants or	assistance, and the se	lection crite	rıa used to a	ward	
	the grants or assistar	nce					☐ Yes	┌ No
2	For grant makers. Descr United States	ibe in Part IV the	organization's pr	ocedures for monitoring th	ne use of grar	nt funds outsid	e the	
3	Activites per Region (U	se Schedule F-1	(Form 990) if add	ditional space is needed)				
		(b) Number of	(c) Number of	(d) Activities conducted in region (by type) (i.e.,		ty listed in (d)		
	(a) Region	offices in the	employees or	fundraising, program services,		am service, pecific type of	(f) Total expend region	itures ir
		region	agents in region	grants to recipients located in the region)		s) in region	region	
	TRAL AMERICA AND CARIBBEAN			INVESTMENT				
Tota	ıls ▶							

Pa	Part IV,	line 15, for any edule F-1 if add	sistance to Orga recipient who rec litional space is ne	nizations or Entiti eived more than \$5, eded.	es Outside the Ur ,000. Check this bo	nited States. Composite of the composition of the c	plete if the organiza received more thai	tion answered "Yes n \$5,000	" to Form 990, ▶ 厂
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		_							
		-							
		-							
		-							
		-							
		-							
		- -							
		-							
		-							
		-							
		-							
		-							
		-							
		-							
2	Enter total nu has provided	mber of organi a section 501(c	zations that are re	cognized as charities	s by the foreign cou	ntry or for which th	e grantee or counse	el . ▶	
3	Enter total nu	mber of other o	organizations or er	ntities				. ▶	

	F-1 (Form 990) if a			ted States. Complete	ii ule organization a	iliswered tes to form	990, Part IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2008

Complete this part t	o provide the information required	ın Part I, line 2, and any other additional information.
Identifier	ReturnReference	Explanation

Software ID:

Software Version:

EIN: 38-1308480

Name: WALSH COLLEGE OF ACCOUNTANCY & BUSINESS

ADMINISTRATION

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
-----------------------------	---	------------	-------------------------	------------------------------	------------------------------------	---	--	--

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493196010100

OMB No 1545-0047

Schedule I

(Form 990)

Governments and Individuals in the U.S.

Grants and Other Assistance to Organizations,

Open to Public

Department of the Treasury Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990. Internal Revenue Service Inspect ion Name of the organization Employer identification number WALSH COLLEGE OF ACCOUNTANCY & BUSINESS 38-1308480 ADMINISTRATION Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 if additional space is needed...... 1(a) Name and address of (c) IRC section (d) A mount of cash (e) A mount of non-(f) Method of valuation (q) Description of (h) Purpose of grant **(b)** EIN organization ıf applıcable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other)

Enter total number of section 501(c)(3) and government

Part III	Grants and Other Assistance to Individuals in the United States	. Complete if the organization	answered "Ye	s" on Form 990,	Part IV,	line 22
	Use Schedule I-1 (Form 990) if additional space is needed.					

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
SCHOLARSHIPS	174	442,118		CASH	N/A

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

See Additional Data Table

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 DIRECT COSTS INCURRED TO SUPPORT THE PRIMARY FUNCTIONS OF WALSH COLLEGE ARE SPECIFICALLY IDENTIFIED TO THE BENEFITING ACTIVITY RESTRICTED FUNDS, INCLUDING FEDERAL AWARDS, ARE RECORDED IN SEPARATE FUNDS AND DIRECT EXPENDITURES OF THESE PROGRAMS ARE RESTRICTED TO THE EXCLUSIVE PURPOSE OF THE AWARD ALL SPONSORED PROJECTS ARE INCLUDED IN THE DIRECT COST BASE INDIRECT COSTS ARE ALLOCATED PRPPORTIONALLY AS PRESCRIBED IN OMB CIRCULAR A-21 ANY UNDER RECOVERY OF INDIRECT COSTS FROM ANY SPONSORED ACTIVITY IS NOT CHARGED TO ANY OTHER SPONSORED PROJECT EITHER DIRECTLY OR INDIRECTLY

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493196010100

Employer identification number

OMB No. 1545-0047

Schedule J (Form 990)

Department of the Treasury

Name of the organization

WALSH COLLEGE OF ACCOUNTANCY & BUSINESS

Internal Revenue Service

Compensation Information

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

2008 2008

Open to Public Inspection

ADN	1INISTRATION		38-1308480			
Pa	rt I Questions Regarding Compensatio	n				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First class or charter travel	Г	Housing allowance or residence for personal use			
	Travel for companions		Payments for business use of personal residence			
	Tax idemnification and gross-up payments	<u> </u>				
	Discretionary spending account	ı	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "N			1b	Yes	
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executive			2	Yes	
3	Indicate which, if any, of the following the organizationganization's CEO/Executive Director Check all t	hat a <u>pp</u> l	у			
	Compensation committee	·	Written employment contract			
	Independent compensation consultant	 -	Compensation survey or study			
	Form 990 of other organizations	<u> - </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	Part VI	I, Section A, line 1a			
а	Receive a severance payment or change of control	payment	t?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	mplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a,	, did the organization pay or accrue any			
а	The organization?			5a		No
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes,"		,	7		No
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III		•			N.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

								
(A) Name		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form
				(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
STEPHANIE BERGERON	(ı) (ıı)	258,724	5,000			38,708	302,432	177,378
Helen Kıeba-Tolksdorf	(ı) (ıı)	149,085	5,000			35,332	189,417	102,777
Elizabeth Barnes	(ı) (ıı)	147,599	5,000	850		15,151	168,600	103,699
Lında Wıechowskı	(ı) (ıı)	100,511	1,397	64,402		11,576	177,886	105,890
RICHARD D BERSCHBACK	(ı) (ıı)	167,473	1,463	10,583		31,441	. 210,960	121,141
MICHAEL P LEVENS	(ı) (ıı)	111,677	1,572	54,245		31,038	198,532	116,922
MARLA SCAFE	(ı) (ıı)	103,286	1,456	78,554		38,296	221,592	
DAVID ALLARDICE	(ı) (ıı)	101,383	1,429	62,546		32,863	198,221	
	(i)							
	(ii)							1
	(i)	<u></u>	!			T		1
	(ii)		<u> </u>		 		<u> </u>	1
	(i)		<u> </u>		 			4
	(ii)		 	 	 		<u> </u> '	4
	(i)		 		 		<u> </u>	4
1	(ii)	1	'	Į J	1		'	1

Part III Supplemental Information

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

Ident if ier	Return Reference	Explanat ion
	Part I, Line 1a	HEALTH CLUB DUES ARE PAID FOR DIRECTLY BY THE COLLEGE TO THE HEALTH CLUB FOR THE OFFICERS AND IS INCLUDED IN THEIR W-2'S
·		
-		

Schedule J (Form 990) 2008

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493196010100

OMB No 1545-0047

Open to Public **Inspection**

Schedule K (Form 990)

Department of the Treasury

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O.

Supplemental Information on Tax Exempt Bonds

Internal Revenue Service

Name of the organization WALSH COLLEGE OF ACCOUNTANCY & BUSINESS

Employer identification number

38-1308480

ΑD	MINISTRATION									130 1300	7-100			
Р	art I Bond Issues (Required	for 2008)								•				
	(a) Issuer Name	(b) Issuer EIN (c) CUSIP #		(d) Date Issued		(e) Issue Price		(f) Description of Purp		Purpose	urpose (g) De		Beh	On alf of suer
											Yes	No	Yes	No
A	MICHIGAN HIGHER EDUCATION FACILITIES AUTHORITY			06-01-2	2005	10,8	345,000	TO FUND CO				х		х
Pā	art III Proceeds (Optional for	2008)												
1	Total Proceeds of Issue			-	Α	E	3		:	C)		E	
2	Gross Proceeds in Reserve Funds													
3	Proceeds in Refunding or Defeasai	nce Escrows												
4	Other Unspent Proceeds													
5	Issuance Costs from Proceeds													
6	Working Capital Expenditures from	n Proceeds												
7	Capital Expenditures from Proceed	ds												
8	Year of Substantial Completion					•				•				
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
9	Were the bonds issued as part of a	a current refunding issue	?											
10	Were the bonds issued as part of a	an advance refunding iss	sue?											
11	Has the final allocation of proceed	ls been made?												
12	Does the organization maintain ad final allocation of proceeds?	lequate books and recor	ds to support the											
Pa	rt Private Business Use	(Optional for 2008)										1		
						_	3		}	<u> </u>			E	
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
_1 	Was the organization a partner in a which owned property financed by		per of an LLC,											
2	Are there any lease arrangements which may result in private busine	•	nced property											
For	Panerwork Reduction Act Notice see the	e Instructions for Form 99	90			Cat No. 501	93F			S	hedule K	(Form 99	01 2008	2

Schedule K (Form 990) 2008	· · · · · · · · · · · · · · · · · · ·
Part III Private Business Use	(Continued)

			A	В		(ı	D		E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or 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 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 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	t IV Arbitrage (Optional for 2008)							_		_	
		ı	Ą	E	3		<u> </u>	l	<u> </u>	1	E
	,	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
b	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?										
6	Did the bond issue qualify for an exception to rebate?										

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

DLN: 93493196010100

Transactions with Interested Persons

► Attach to Form 990 or Form 990-EZ. ► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

OMB No 1545-0047

Open to Public Inspection

Internal Nevenue Service
Internal Revenue Service
Department of the Treasury

(Form 990 or 990-EZ)

Schedule L

Name of the organization WALSH COLLEGE OF ACCOUNTANCY & BUSINESS ADMINISTRATION

Employer identification number 38-1308480

1 (a) Name of disqualifie	d narcon	(b) Description of transaction								(c) Corrected?			
1 (a) Name of disqualifie	u person									No			
									+				
2 Enter the amount of tax imposed on section 4958	=	agers or disqualified per			ear ui	nder F	\$						
Bnter the amount of tax, if any, on lir	ne 2, above, reimburs	ed by the organization .				•	\$						
art III Loans to and/or From	Interested Pers	nns											
To be completed by organiza			IV. li	ne 26. or Fo	orm 9	90-F	7. Part	V. line	38a				
			Τ	,			(f		T				
	(b) Loan to or				(e)	In	Appr		(g)W	'rıtte			
(a) Name of interested person and	from the organization?	(c)O riginal principal amount	(d)B	alance due	defa	ult?	1 '	ard or	1 -				
purpose	organization.	amount					comm	ıttee?					
	To From				Yes	No	Yes	No	Yes	No			
										1			
										1			
										1			
al		> \$					<u> </u>		1	ı			
	amafittina Tutau												
To be completed by organ			ם חם	Dart TV Jun	no 27								
To be completed by organ				-arciv, iii	IC Z/								
(a) Name of interested person		ip between interested pe d the organization	erson	(c)A m	ount d	of grai	nt or ty	pe of a	ıssısta	nce			
	un	d the organization											
art IV Business Transactions							_						
To be completed by organ	nizations that answ	ered "Yes" on Form 9	990, F	Part IV, lir	ne 28	a, 28	b, or						
	(b) Relationsh								e) Sha				
(a) Name of interested person	between interes	1 ,	f	(d) Descr	rption	oftra	ansacti	ion C	rganız				
	person and th	e transaction		. ,	•			-	reven				
	organization								Yes	No			
CHARD AGINIAN	CHAIRMAN	2	,400	ADJUNCT I	INST	RUCT	O R			Νo			

OMB No 1545-0047

Open to Public Inspection

SCHEDULE 0 (Form 990)

Department of the Treasury

Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Supplemental Information to Form 990

Name of the organization WALSH COLLEGE OF ACCOUNTANCY & BUSINESS ADMINISTRATION **Employer identification number**

38-1308480

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	THE WALSH COLLEGE LIBRARY COLLECTION CONSISTS OF APPROXIMATELY 27,000 VOLUMES TOTALLY FOCUSED TO SUPPORT THE BUSINESS PROGRAMS OFFERED AT WALSH IN ADDITION, THERE ARE OVER 4,700 E-BOOKS AND 37 ONLINE DATABASES Expenses \$ 895975 including grants of \$ 0 Revenue \$ 5794

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		TRUSTEES SHALL BE ELECTED BY THE BOARD OF TRUSTEES AT ITS ANNUAL MEETING VACANCIES OCCURRING IN THE BOARD OF TRUSTEES FOR ANY REASON SHALL BE FILLED BY THE AFFIRMATIVE VOTE OF A MAJORITY OF THE REMAINING TRUSTEES ALTHOUGH LESS THAN A QUORUM OF THE BOARD OF TRUSTEES

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		THE BOARD OF TRUSTEES VOTES ON ACTION ITEMS AND REQUIRES A QUORUM OF THE BOARD

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		THE FORM 990 IS REVIEWED BY ALL OFFICERS AND THEN SUBMITTED TO THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES, IT IS THEN SUBMITTED TO THE FULL BOARD

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		TRUSTEES, OFFICERS, EXECUTIVE AND SELECTIVE KEY ADMINISTRATORS ARE REQUIRED TO FILE A CONFLICT OF INTEREST STATEMENT ANNUALLY AND EVERY TIME THERE IS A DECISION UNDER CONSIDERATION IN WHICH SUCH A PERSON MAY HAVE AN INTEREST

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		THE COMPENSATION OF THE OFFICERS AND KEY EMPLOYEES IS APPROVED BY THE ORGANIZATION & COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES THE COMPENSATION IS EITHER SET BY WRITTEN CONTRACT OR ANNUALLY BASED ON COMPENSATION SURVEY'S AND/OR INDEPENDENT COMPENSATION CONSULTANT

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC THROUGH THE WEBSITE OR THROUGH WRITTEN OR VERBAL REQUESTS

ldentifier	Return Reference	Explanation
PAGE 3, LINE 12 AND PAGE 11, PART XI, LINE 2B		THE COLLEGE'S FINANCIAL STATEMENTS WERE AUDITED AS PART OF A CONSOLIDATED GAAP AUDIT WITH A RELATED ORGANIZATION

ldentifier	Return Reference	Explanation
FORM 990 PART XI, LINE 2C		THE PROCESS FOR THE OVERSIGHT OF THE FINANCIAL STATEMENTS HAS NOT CHANGED FROM PRIOR YEAR

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

DLN: 93493196010100

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2008

Open to Public Inspection

Schedule R (Form 990) 2008

Department of the Treasury Internal Revenue Service Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 See separate instructions.

Remai Nevenue Gervice					
Name of the organization VALSH COLLEGE OF ACCOUNTANCY & BUSINESS NDMINISTRATION				Employer iden 38-1308480	tification number
Part I Identification of Disregarded Entities				38-1308480	
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) egal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
Part II Identification of Related Tax-Exempt Organiza	itions	_	_	1	
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code sect	(E) Public charity st (if section 501(c	tatus (F) Direct controlling c)(3)) entity
THE WALSH COLLEGE FOUNDATION 3838 LIVERNOIS TROY, MI480077006 20-0664128	RAISE FUNDS FOR SCHOLARSHIPS AND GENERAL SUPPORT OF WALSH COLLEGE	МІ	501(C)(3)	7	WALSH COLLEGE

Cat No 50135Y

(A) Name, address, and EIN of related organization	Prim	(B) nary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	incom	(E) lominant le(related, lestment, related)	Share	(F) e of total income	(G) Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		(D) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of l-of-yea assets	(H) Percentage r ownership		

(5)

(6)

Part V	Transactions with Related Organizations
--------	---

	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No		
1 D	During the tax year, did the orgranization engage in any of the following transactions with one or mo	ore related organizations listed in Parts II-IV?						
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		No		
ь	Gift, grant, or capital contribution to other organization(s)			1b		No		
c	Gift, grant, or capital contribution from other organization(s)			1c	Yes			
d	Loans or loan guarantees to or for other organization(s)			1d		No		
e	Loans or loan guarantees by other organization(s)			1e		No		
f	Sale of assets to other organization(s)			1f		No		
g	Purchase of assets from other organization(s)			1g		No		
h	Exchange of assets			1h		No		
i	Lease of facilities, equipment, or other assets to other organization(s)			1i		No		
j	Lease of facilities, equipment, or other assets from other organization(s)			1j		No		
k	Performance of services or membership or fundraising solicitations for other organization(s)			1k		No		
- 1	Performance of services or membership or fundraising solicitations by other organization(s)							
m	n Sharıng of facılıtıes, equipment, mailing lists, or other assets			1m	Yes			
n	Sharing of paid employees			1n	Yes			
o	Reimbursement paid to other organization for expenses			10	Yes			
р	Reimbursement paid by other organization for expenses			1р	Yes			
q	Other transfer of cash or property to other organization(s)			1 q		No		
r	O ther transfer of cash or property from other organization(s)			1r		No		
2	If the answer to any of the above is "Yes," see the instructions for information on who must comp	plete this line, including covered relationships	and transaction thresholds					
	(A)	(B) Transaction	(C)					
	Name of other organization(s)	type(a-r)	Amount Involved					
(1)) WALSH COLLEGE FOUNDATION	С			515,11	7		
(2)								
(3)								
(4)								

Part VI Unrelated Organizations Taxable as a Partnership

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

									_					
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		(E) Share of end-of-year assets			(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?)
			Yes	No		Yes	No		Yes	No				
			•	•		•		Cabadul	D / Form					